

FALLS FREE™ INITIATIVE

Advancing and Sustaining a  
State-Based Falls Prevention  
Agenda: The Role of Legislation,  
Policy, and Regulation



## Acknowledgments

We often look to the creativity, ingenuity, and partnership of the states to inform our work, which is evident in this publication. State coalitions across the country are working to effect legislative initiatives, policy strategies, and regulatory reform to advance and sustain their collaborative efforts to reduce falls among their most vulnerable citizens. This publication represents a snapshot in time of their many activities; since its completion, more states have joined the States Coalitions on Fall Prevention Workgroup and are advancing solutions of their own. We salute them and the ongoing, enthusiastic work of the states.

We also extend our appreciation to the agencies and foundations that have supported the National Falls Free™ Initiative and the State Coalitions on Fall Prevention Workgroup, the Archstone Foundation, US Administration on Aging, and CDC's National Center Injury Prevention and Control.

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State-Based  
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Policy, and Regulation**

**Spring 2010**

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## Introduction

The growing public health issue of falls and falls-related injuries in older adults has been gaining national attention since the 2005 publication of the [Falls Free™ National Action Plan](#) and the subsequent passage of the [Safety of Seniors Act \(PL 110-202\)](#). National advocacy efforts have resulted in small appropriation increases for injury prevention programs at the Centers for Disease Control and Prevention (CDC) and for evidence-based prevention programs from the U.S. Administration on Aging (AoA). In the absence of a defined falls prevention benefit under Medicare, a clarifying V code was also approved to facilitate payer recognition of significant falls risk and need for follow-up intervention.

In response, national health care provider associations are developing education and training programs to advance efforts to prevent falls in older adults, while the aging services network and public health services are collaborating to offer evidence-based falls prevention programs through community-based organizations. This growing awareness has led to an opportunity to partner with the Ad Council to sponsor a national awareness campaign and an effort by the Agency for Healthcare Research and Quality's [U.S. Preventive Services Task Force](#) to examine the clinical evidence of effectiveness of falls prevention.

Despite the highly visible progress, there is still a need to bring increased focus on falls-prevention strategies to communities in which older adults reside, and to leverage these national initiatives for reducing falls and injuries for the benefit of states and, ultimately, communities across the country.

Since 2006 states have been organizing their own coalitions to address falls prevention. As they grapple with issues of falls and fall-related injuries affecting their residents, state coalitions must consider how state legislative action, policy, and regulatory reform can advance and sustain coalition goals and leverage the work being done at the national level. To maximize impact, state coalitions are finding it important to develop a formal policy agenda that is well grounded in research on how to prevent falls, takes into account the unique characteristics of state and local communities, and is agreed upon by key stakeholders. It is also important for coalitions to build a network of state and community advocates and community leaders for whom falls prevention is a passion, and who can help bring a policy agenda to fruition.

## Purpose of this Document

This document was conceived as a resource for state and local advocacy efforts. It provides a menu of strategies and initiatives for advancing and sustaining a state falls prevention agenda through legislative, policy, and regulatory initiatives. It also outlines a number of considerations that should be weighed when planning strategies. While not all strategies and approaches will be applicable in all states, this document offers coalitions a set of ideas for strengthening and sustaining falls prevention efforts. This document also includes resources for seeking more in-depth information on state legislation and regulations, and for building alliances and effective state advocacy.

The initiatives and strategies described in this document are intended primarily to provoke dialogue within coalitions. They have not undergone systematic evaluation to show effective outcomes nor are they cited as best practice. As a result, it is important that state coalitions establish evaluation processes for policy or legislative actions they undertake. Evaluation is one step of coalition building, as described in [\*Falls and Fall Related Injuries Among Older Adults: A Practical Guide to State Coalition Building to Address a Growing Public Health Issue.\*](#)

This document supports the thesis of the 2005 [\*Falls Free™ National Action Plan\*](#), which envisions everyone having a role and a contribution to make in preventing falls in older adults. It will be maintained online and updated as information and initiatives become available for inclusion. It will also serve as a supplement to the practice guide for coalition building.

## How this Document was Created

The [\*State Coalitions on Fall Prevention Workgroup\*](#) recognized the need for a resource like this. The workgroup, formed by the National Council on Aging, enhances cross-state learning opportunities and facilitates collaboration among states. In the workgroup, states were eagerly sharing creative and innovative ideas for legislative initiatives and policy and regulatory changes that could advance and sustain state fall coalitions' objectives. Members requested the development of a review document that compiled existing strategies and initiatives, and that captured their discussion points.

Information in this document was collected from several sources, including an in-depth search of state legislative data tools (see [\*Appendix C\*](#) for links to search tools used); falls prevention

documents and reports produced by state coalitions (see [References and Sources](#)); and numerous web-based and published reports. Consultations were also obtained from members of the Falls Free™ Advocacy Workgroup, comprised of National Falls Free™ Coalition member, nonprofit organizations dedicated to improving the safety and health of older adults; and the [National Conference of State Legislators](#), a bipartisan organization that provides research, technical assistance, and opportunities for policymakers to exchange ideas on the most pressing state issues. Additionally, the chairs of many state falls prevention coalitions were interviewed and shared their experience and knowledge about advocacy initiatives and needs in their states. This guide could not have been developed without their thoughtful contributions and suggestions. A list of contributors is included in [Appendix A](#).

### How this Document is Structured

The guide first offers four insights acquired in the course of its development; it is then divided into six broad areas of potential advocacy impact. Each section includes an overview of the topic area, strategies to consider, and selected examples of legislation, policy, or regulations related to the area. The sections are:

- Councils or Coalitions: Established via Legislation
- Using Advocacy to Redirect Existing Resources
- Using Advocacy to Acquire Funding Support
- Using Advocacy to Affect Licensing, Training, and Education
- Data Collection and Research
- Influencing the Built Environment: Home and Community Safety

A subsequent section entitled Fall Prevention Awareness Campaigns: A Strategy for Advancing the Advocacy Agenda highlights the strategic value of these campaigns in creating greater awareness and commitment by local and state leadership. It also shows how garnering public support can help coalitions achieve their advocacy agendas. Finally, a concluding section entitled Policy Development and Advocacy Resources provides the user with additional resources. Appendices include a table of applicable legislation and regulations; links to the text of the

legislation and regulations, when available; legislative search tools; and partnership-building and advocacy tools.

*There are three kinds of groups: those which make things happen; those which wait for things to happen; and those which wonder what happened.*

*Anonymous – quoted by Winer & Ray in “Creating, Sustaining  
And Enjoying the Journey” (2005)*

## Four Key Insights

Four key insights emerged from this effort, which help provide the context for this document.

### Consider the unique characteristics and needs of each state

State legislative, policy, and regulatory initiatives in support of falls prevention or other public health issues are extremely varied. So are the composition, dynamics, and functional relationships and affiliations of state governments. Each state and its coalition have developed strategies that work best for their own unique governance structure and demographic profile, so the suggestions contained within this document may not be broadly generalizable or applicable across all states.

### Strategize statewide, but act locally

Although many policy initiatives relate to state-level efforts, strong local actions are equally important, particularly when it comes to regulatory changes relating to facilities, infrastructure, and housing codes that are developed and administered on the local level.

### Design and use a wide array of approaches

Advocating for legislative initiatives, policy, or regulatory change is one important strategy for achieving falls prevention goals but state coalitions have also identified other relevant and

creative approaches for leveraging influence. A wide array of approaches increases the likelihood of success.

### **Build state and local capacity**

Mobilizing available resources, programs, and interventions to build community capacities is a key strategy for coalitions. Working with partners and local advocates can also be an effective strategy for building community capacity. Accordingly, advocacy initiatives frequently include strategies to increase the availability of, and access to the following: evidence-based fall prevention programs and services; the number of trained providers offering effective quality interventions; the number of trained volunteers and staff providing effective programming; the number of well-informed community leaders and local champions who advocate for this effort; and the number of effective local coalitions or partnerships working on community solutions.

Although capacity building is a common goal among coalitions, each state must consider the characteristics of its communities, the availability of resources and partners, and the level of awareness of the issue. California, Kentucky, Minnesota, and New Hampshire secured grant funds or used Core Injury Prevention Grants funding from CDC's National Center for Injury Prevention and Control to build local coalitions or teams that promote evidence-based programs and services, and community solutions. Other states use partnering organizations and local resources to build capacity. Washington uses a state Long Term Care fund to support capacity building efforts.

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### **Councils or Coalitions: Established via Legislation**

*The key to changing policy was to make people realize that this is an issue that affects everybody's life. So if you're going to be effective in changing it, you can't just bring in one voice.*

*A grantmaker on collaboration, from "Advocacy Funding:  
The Philanthropy of Changing Minds"*

## Overview

Falls prevention requires collaborative efforts by a number of diverse representative groups, including public health agencies, health care providers, community service providers, state and community leaders, and older adults and their families. Coalitions are an effective means to bring such groups together. Twenty-three states are currently operating falls prevention coalitions with several more in development; most have grown from the efforts of dedicated state and local activists. Maine's coalition was conceived as a legislatively mandated coalition designed to reduce falls and fall-related injuries. In New York legislation is pending to formalize their growing coalition. In Massachusetts, the Senate Committee on Elder Affairs recently approved legislation to codify the state falls coalition in statute. Often such coalitions are given a mandate that may include issuing a report on specific recommendations, conducting community forums, or implementing program activities. Typically such legislative support is short-term in its commitment and may or may not include initial or sustainable funding support.

Coalition membership itself may be specified within legislation. [Maine's](#) legislation clearly spells out coalition membership. In [New York](#), pending legislation dictates specific membership including appointments by legislators and the governor. Adopting this strategy, the 2007 California Fall Prevention Summit recommended that a permanent statewide falls prevention task force be established by the legislature. The proposed task force would be comprised of representatives from the departments of aging, public health, health care services, housing, and transportation. Such a task force would be charged with coordinating state-level programs and activities. (Proceedings, Fall Prevention Center of Excellence, 2007).

## Implications for councils or coalitions

If a strategy of mandating or legislating coalitions is pursued, legislators must be made aware that forming a coalition is only one of many actions needed to address and impact the issue of falls and fall related injuries within the state. Additional implications include:

- The need for coalitions with politically appointed members to take time to build expertise and commitment. This is especially true with the increased state-level visibility that comes from a legislatively mandated coalition.
- The prospect of funding cuts, expiration, or phasing out that legislatively mandated coalitions face as new administrations or elected leadership come to power.
- The need to ensure long-term viability by establishing more sustainable coalitions. This may include seeking a variety of funding sources, such as private entities, to supplement or replace state funding.
- Activating grassroots advocacy to sustain legislative support of a coalition is of paramount importance. Additional strategies for maintaining funding support include:
  - Sharing testimonials and personal stories.
  - Publicly recognizing the work of the coalition.
  - Bringing visibility to legislative champions who worked to create the coalition.
  - Expanding the number of legislative champions.
  - Bringing attention to effective outcomes of legislative support.

## Selected examples of councils or coalitions

- **[Maine](#)**: Legislation directs the Commissioner of Health and Human Services to appoint a statewide coalition known as the Falls Prevention Coalition. The coalition includes members of the Southern Maine Area Agency on Aging's Project Advisory Committee for "A Matter of Balance." The coalition reviews and vets falls prevention initiatives.
- **[Massachusetts](#)**: Massachusetts has fielded such a strong voluntary coalition and effectively advocated a need to address falls thus the Senate Committee on Elder Affairs recently approved legislation to codify the state falls coalition in statute. The legislation establishes the membership of the commission, to include representatives of political, public health, aging, and health care interests, as well as appointees from legislators and the Governor.

- [New York](#): Pending legislation would establish a fall and injury prevention coordinating council made up of 18 members, including the commissioner of health, the director and the commissioner of education, or their designated representatives. The Governor, the president of the state Senate and the Speaker of the State Assembly each would appoint five members. No fewer than five members would represent nonprofit organizations that address senior citizen issues and no fewer than two would represent statewide nonprofit senior citizen organizations.

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### Using Advocacy to Re-Direct Existing Funding Support

*Community coalitions often work on integrating services at the local level; state coalitions serve to address federal or state policies and regulations that affect eligibility for those programs and services or how resources are allocated.*

*Frances Dunn Butterfoss,*

*“Coalitions and Partnerships in Community Health” (2007)*

### Overview

Although the recent economic downturn has hampered development of some legislative and regulatory falls prevention initiatives, many changes can be made to existing statutes, policy, or regulatory requirements without the need for substantial new resources.

Strategies for redirecting established state funding streams include legislative earmarks, tax levies, lottery monies, and incorporating falls prevention programming into existing programs.

Falls prevention programs could be incorporated into established funding streams such as Medicaid reimbursement and [dual eligible waiver programs](#) (Medicare and Medicaid). To bring

the falls issue to the attention of Medicaid, a state-administered program, coalitions can advocate for quality improvement in data collection and in External Cause of Injury Coding to identify the cost burden shouldered by the state.

State Housing Finance Agencies may have resources to promote home modification funding for low- and moderate-income households. Advocating for the use of those funds for improving safety and reducing the risk of falls can help support initiatives in aging in place, long term care and nursing home diversion.

State Departments of Aging can urge or require (depending on the state) Area Agencies on Aging to adopt falls prevention as part of their mission; to incorporate falls prevention into needs assessments and area plans; and to encourage and support the use of Older Americans' Act (OAA) Title III D health promotion funds for evidence-based falls prevention programs. ([Fall Prevention Center of Excellence](#), 2007).

Similarly, state and local public health departments and community health centers could be urged or required to provide falls prevention education, assessment and interventions. The relationship between falls and chronic diseases such as diabetes and arthritis has been well established so it makes sense to advocate the incorporation of falls prevention into chronic disease programs that are part of aging services and public health networks. This can both maximize existing funding streams and enhance prevention efforts that address multiple risk factors.

Real property tax levies have been used in a number of states or counties to fund senior service programs. Advocating for levies to support falls prevention -- or advocating for financial support for falls prevention programs in states that already have levies -- can make a valuable contribution to state efforts.

Several states use lottery money to fund senior service programs. Advocating for the targeted use of lottery funds is a policy strategy that could support state efforts on falls prevention.

### **Implications for funding**

There are a number of avenues worth exploring in the quest for funding for falls reduction programs through the reallocation of existing resources. These include advocating to include:

- home modifications aimed at falls prevention in the state Medicaid program and in Medicaid home and community-based services waivers (1915(c)).

- home safety assessment and modification programs within home and community-based programs, thereby maximizing the impact of existing resources.
- raised eligibility caps on the number of participants served by Medicaid waiver programs that provide community-based services and opening services to more low-income persons.
- Integrating falls prevention programs, provider education, and public awareness into long-term care programs and home- and community-based care service programs, including nursing home diversion programs.
- Embedding falls prevention into other relevant programs that are already mandated by the state through strategic use of policy and regulatory reform.
- Bringing disability coalitions and interest groups into falls prevention advocacy. This strategy draws on the 1999 U.S. Supreme Court decision in *Olmstead v. L.C.*, in which the Court ruled that states could not legally require people with disabilities to remain institutionalized in order to receive health care services. Thus each state must assure that home- and community-based care and falls prevention programs and services for individuals with disabilities are incorporated into state Olmstead plans.

### State-based Examples of Re-Directing Existing Funding Support

- **California:** The State Office on Aging is encouraging Area Agencies on Aging to 1) incorporate falls prevention education into service provider contracts, such as those for home services or Meals on Wheels; and 2) make falls prevention education a requirement in requests for proposals. A [health and safety code regulation](#) mandates that the California Department of Health develop effective protocols for prevention of falls and fractures and introduce these protocols into community practice to improve the prevention and management of osteoporosis.
- **Iowa:** Leveraging the growing interest in falls prevention, Iowa's Department of Public Health used existing resources from its CDC grant for physical activity to train three Master Trainers in "Matter of Balance," an evidence-based falls risk management/fear of falling program for older adults.
- **Massachusetts:** Since medication is a risk factor for falls, an annual medication review program and appropriate modifications can be made a requirement of state prescription drug

programs and can be expanded to other insurance plans (Massachusetts Department of Public Health, 2008). In response to the CMS decision not to reimburse hospitals on the medical costs of a fall-related injury occurring within the facility, the Massachusetts Department of Public Health introduced regulations that require hospitals to develop strategic plans to reduce falls in hospital settings.

- **Washington:** State injury prevention programs funded through the state Office of Emergency Medical Services and Trauma Services have been expanded to include falls prevention efforts.

## Property Tax Levies and Lotteries

Writing in *Generations: Journal of the American Society on Aging* in 2008, Payne & Applebaum identified a number of states that use property tax levies and state lottery funds to support senior services. In general, funds from levies are used on a county-wide level with county discretion on how the funds are spent, so falls prevention programs and services could be included.

## Property Tax Levies

- **Illinois:** The Illinois General Assembly passed legislation for countywide levies for senior services; counties have discretion on how to spend funds, which can include falls prevention programs and services.
- **Kansas:** Property tax levies are used for senior services; some county money is used to draw matching funds from the state's [Senior Care Act](#).
- **Louisiana:** Almost half of the state counties use property taxes to support senior services. Funds are used to supplement basic Older Americans Act (OAA) services, including meals and transportation.
- **Michigan:** Property tax levies are used for senior services; counties have discretion on how to spend funds, which may include wellness and falls prevention programs.
- **Missouri:** "Senior Citizens' Services Fund" allows counties to pass referenda that provide a portion of property tax funds for services.
- **Montana:** Some counties initiated property tax levies for senior services via referendum, which complement OAA and statewide senior services funding.

- **North Dakota:** Most counties have property tax levies for senior services; the state is mandated to provide a two-thirds match to county funding.
- **Ohio:** Counties rely on senior service property tax levies, thus doubling the amount the state receives from yearly OAA allocation. A portion of funding covers home modification and repair.

## State Lotteries

- **Pennsylvania:** Lottery funds are specifically dedicated to services for older residents including those outside the scope of traditional OAA services such as in-home care, meal delivery, and other benefits.
- **West Virginia:** Fifty-nine million dollars from the state lotteries are reserved each year for aging services. Some of this amount supports Medicaid; most of the rest goes to the Legislative Initiatives for the Elderly (LIFE) program. LIFE services vary by county and are modeled on those provided by the Older Americans Act.

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## Using Advocacy to Acquire Funding Support

*Lack of money is no obstacle. Lack of an idea is an obstacle.*

*Ken Hakula as cited in Frances Butterfoss's*

*"Coalitions and Partnerships in Community Health"*

## Overview

Advocating for primary legislative funding of specific programs is an important falls prevention strategy. Such efforts have resulted in national, state, and local funding of pilot programs to establish and evaluate community interventions. Once such legislative support is attained, a

combination of advocacy efforts should be deployed to maintain funding support. These can include sharing of testimonials and a clear demonstration of effective outcomes.

Even so, programs and services remain subject to funding cuts, expiration, or being phased out with the advent of new administrations or elected leadership. Accordingly, it is advisable to raise the issue of long-term sustainability during the funding process, and to vary or diversify funding sources in order to enhance programs' sustainability.

Working with universities and foundations to secure grants for programs is a promising, though non-policy related, tactic for funding and capacity building. These efforts in turn strengthen data collection and analysis and provide effective program examples that can be used when seeking legislative and regulatory changes.

Finally, seeking local foundation support for specific pilot programs and services may also provide effective program examples that can be used when seeking legislative and regulatory changes.

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## Implications for programs and services

Educating legislators and other policy makers about the merits of sustainable investments of state and local funds for falls prevention is a crucial step. The [National Conference of State Legislatures](#), which works to educate state legislators in the issues, is a good resource for this effort. The Conference hosts legislative summits that bring together state lawmakers, legislative staff, and national policy experts to share ideas, best practices, and strategies. At the state level, summits, symposia, and legislative briefings may also serve to educate legislators and their staff. Community-based organizations have also increased the visibility of their efforts and the issue of healthy aging by inviting legislators and staff to attend community programs and meet with constituents who benefit from their services.

Some other considerations for coalitions might include:

- Seeking ways to incorporate program funding, mandates, and pilot programs into legislation that addresses falls prevention awareness and/or establishes coalitions.
- Collaborating with state chapters of professional associations to influence continuing education training requirements. Increasing awareness and continuing education requirements for providers can, in the long run, increase the availability of programs and services.
- Sponsoring provider training opportunities to raise awareness and to promote prevention services – working collaboratively with state chapters can ensure the inclusion and quality of fall prevention programming.

## Selected examples of programs and services

- [California](#): A health and safety code regulation (California Codes: Health and Safety Code, Section 125700-125710: [California Osteoporosis Prevention and Education Act](#) mandates that the California Department of Health develop effective protocols for prevention of falls and fractures and introduce these protocols into community practice to improve the prevention and management of osteoporosis.
- [Iowa](#): The Senate joined policy board members of the Generations Area Agency on Aging to promote awareness of the high incidence and adverse impact of falls among older Iowans. These partners encouraged Iowa's 13 Area Agencies on Aging to disseminate information

and use best practices to reduce the incidence of falls, which led to successful partnership of the Area Agency on Aging and local health care facilities. This partnership now provides falls prevention programs and services to their clients.

Iowa is also using CDC nutrition and physical activity grant resources, *Fit for Life*, to train three Master Trainers in the falls prevention program “A Matter of Balance.” These Master Trainers will train a cadre of peer leaders to support four Area Agencies on Aging.

- **Massachusetts:** The Senate Committee on Elder Affairs has approved legislation ([S. 2240](#)) to codify the state falls coalition in statute. Another bill reported out of the Elder Affairs Committee legislation ([S. 318](#)) will establish grants for education programs to reduce seniors’ risk of falls as well as establish a falls prevention program that increases services and conducts research to identify, synthesize, and translate information on falls prevention into best practices. The bill calls for disseminating findings to target audiences to promote the most effective approaches to preventing and treating falls among older adults. It also creates a clearinghouse of information and resources about falls and best practices for falls prevention. After receiving approval from the Elder Affairs Committee in December 2009, the bill is now before the Joint Committee on Health Care Financing.
- **New Hampshire:** The state’s Department of Health and Human Services has added the following language to funding contracts with 13 community health centers across the state: “The Contractor shall provide office-based primary care services to populations in need who reside in the contractor’s service area. Primary care services shall include: ... falls prevention screening for patients 65 years and older, using the algorithm and guidelines of the American Geriatric Society.” Funding for primary care is provided by DHHS’s Health Resources and Services Administration’s (HRSA) Maternal and Child Health Block Grant and by state general funds. Clinical contract requirements are based on best practice guidelines; site visits are made every few years for clinical chart reviews.
- **New Jersey:** A bill was introduced, but not passed, calling for the establishment within the Department of Health and Senior Services of a three-year “Comprehensive Geriatric Fall Prevention Pilot Program.” The program targets at least 6,000 Medicaid recipients, 60 years of age or over, to receive proven falls-prevention services, including interventions that prevent falls and rehabilitative services for fall victims to help prevent subsequent falls. The bill is under revision for reintroduction in late 2009.

- [New York](#): Pending legislation would authorize the Commissioner of Health to award funds to design and carry out state-level professional campaigns to educate physicians, allied health professionals, nurses, home care, care managers, and care coordinators about falls risk, assessment and prevention. The funds would be available to providers under contract with a designated Area Agency on Aging, among others.
- [Washington](#): As part of the state's long-term care act, the State Health Department is required to develop a statewide falls prevention program. The legislation calls for networking community services; identifying service gaps; making affordable senior-based evaluated exercise programs more available; providing consumer education to older adults, their adult children, and the community at large; and conducting professional education on falls risk identification and reduction. This legislation passed in part because the high costs of falls, especially those resulting in hip fractures, were brought to the attention of a state legislator serving on the committee responsible for long-term care services.
- Other proposed state legislative initiatives are posted on the National Conference of State Legislatures [web page](#).

## Using Advocacy to Affect Licensing, Training, and Education

*Never doubt that a small group of thoughtful, committed citizens can change the world.*

*Indeed, it's the only thing that ever has.*

*Margaret Mead*

### Overview

Most states have professional licensing boards to oversee health care provider standards and requirements, although these vary widely from state to state and across professions. Targeting these regulatory agencies may be useful to falls prevention coalitions, on issues including healthcare

professionals' education requirements, continuing education and licensure requirements, and defining falls prevention services as part of a professional practice act.

In any effort to affect practice, it is important to involve state chapters of provider associations. These associations can influence practice within the state and develop education programs and continuing education for falls prevention that can be used to meet existing license renewal requirements.

Some states also collaborate with the Geriatric Education Centers (GEC) or the Area Health Education Center (AHEC) network to infuse falls prevention into basic professional education programs. The [California GEC](#) at UCLA is bringing [falls prevention awareness and education](#) to professional curricula across a broad array of health care providers.

Using state/area health plan and insurance plan certification processes is yet another opportunity to require provider falls risk training programs and, more importantly, the screening of patients age 65 and older.

Area Agencies on Aging and Aging & Disability Resource Centers (ADRC) can help health care providers and others whose practice acts, protocols, or clinical guidelines recommend training in falls prevention, awareness, and access to up-to-date programs and services for referral purposes. ADRCs in Minnesota and Wisconsin have successfully incorporated information and referrals on falls prevention.

## Implications for Licensing, Training, and Education

- Change in professional licensing is probably the most difficult policy strategy to pursue as it is often complex, difficult to navigate, and politically sensitive; in some professions licensure may be under control of the National Professional Association.
- Encouraging national professional associations and academic programs to include falls prevention education as a core subject area in professional courses of study may take more time, but could achieve similar results without the difficulty of changing regulations; however, this strategy does not address those already in practice.
- Infusing falls prevention considerations into building codes and regulations can in turn influence education requirements for the building trades.

- Coalitions can also advocate for evidence-based, standardized training of home safety assessors and re-modelers to enhance safety of older adults and support aging in place.

### Selected examples of Licensing, Training, and Legislation

- **[New York](#)**: Legislation called for the Director of a Fall and Injury Prevention Coordinating Council to oversee and support a statewide campaign to educate physicians, allied health professionals, nurses, home care, care managers and care coordinators about falls risk, assessment, and prevention.
- **North Carolina**: The University of North Carolina at Chapel Hill’s School of Medicine requires all third year medical students to complete a training unit on falls risks and prevention, and to pass a skills exam for conducting falls risk assessments for older adults. The School of Medicine is in the process of piloting a complex geriatric case that focuses on falls risk. All medical students must successfully pass the geriatric case exam to begin their fourth year of study. As a result of these trainings, several of the residency programs at the UNC School of Medicine, including family practice and physical medicine and rehabilitation, are also incorporating falls evaluation and prevention training modules.
- **[Virginia](#)**: In its definition of the phrase “professional services in nursing homes,” the state code includes [falls assessment or interventions](#). This list of the services a patient receives from a health care provider places falls assessment on a par with other services including psycho-social services, personal hygiene, hydration, nutrition, patient monitoring, prevention and treatment of medical conditions, and diagnosis or therapy. Although clearly a medical malpractice liability strategy, the definition offers an opportunity to enforce falls risk assessments and follow-up.
- **[Washington](#)**: Proposed legislation would establish a voluntary certification program, run by the University of Washington geriatric education center, for adult family homes. Fifty-two hours of class time would be required to obtain the certification, including classes addressing falls prevention.

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## Data Collection and Research

*(Data collection) can improve public policy making by enriching the amount and quality of information available to policy makers – even without forming an explicit opinion on the issue.*

*Advocacy Funding: The Philanthropy of Changing Minds*

### Overview

Currently states are implementing unique data collection and analysis systems that are crucial to advancing the state agenda while demonstrating effective outcomes and return on investments. Quality data collection and analysis can help target settings in which falls prevention efforts are most needed. Good data can also support the inclusion of falls prevention education and programming in broader injury prevention programs and chronic disease-related programs.

California's Fall Prevention Center of Excellence workgroup recognized the need to gather accurate information on falls from multiple data sets. The workgroup recommended the development of a standard definition and set of reporting methods for falls from relevant sources across the spectrum of care (Fall Prevention Center of Excellence, 2007). Among its resources the Fall Prevention Center of Excellence offers an informative issue brief entitled [Falls among Older Adults in California: Public Health Surveillance Issues](#) in which barriers to data collection are addressed along with recommendations for improvement.

[External cause of injury coding](#) (E-coding) is an important element of injury surveillance which allows states to track injury trends. A variety of national and state efforts are currently focused on obtaining accurate E-coding information at the time of service in the emergency room. Although some states and the District of Columbia mandate E-coding in their databases, E-coding in most state data systems is incomplete ([Annest, et al., 2008](#)). Accurately capturing those data helps disentangle the costs of services directly attributable to falls and provides a more accurate assessment of injury-related costs and payors' share of those costs. If payers such as Medicaid

appreciate the costs of falls, especially falls-related fractures, investments in prevention become more cost-effective.

Advocating for improvements in E-coding and data collection and analysis is crucial. States can look to legislation, policy, and regulatory reforms to bring greater accuracy to data collection efforts.

Coalitions can work with individual hospitals and their state hospital associations to enhance coding activities within member emergency rooms.

## Implications for data collection

Falls related injuries and deaths data can help to make the case for investment in falls prevention efforts.

- Data collection used to tell a story of the magnitude of the issue and the costs incurred by specific payers can influence decision and policy making to implement evidence-based cost avoidance or prevention strategies.
- Include data that reflects the full impact of those injuries, such as loss of quality of life for older adults and family members, to reach the broadest possible audience.
- Leverage growing interest in electronic recordkeeping related to health care reform, strategically linking electronic medical records systems to ensure the collection of falls data.
- Leverage state hospital associations' interest in ensuring better falls data collection to assess the magnitude of the issue within member organizations; Florida and Arkansas have been exploring mutual interests in data collection needs with state hospital associations.
- Consider the value of collecting data related to ambulance runs that are solely to help an older adult who has fallen with or without injury. Coalitions may then use such analyses to advocate for effective management of identified issues and enrolling first responders into prevention efforts.
- Improving data collection across a range of settings including hospitals, nursing homes and long-term care facilities would make a valuable contribution to a state effort to identify sector issues and to better define cost of service.
- Collaborate with universities and researchers to strengthen data collection and analysis, as well as bring greater visibility to the issue.

- Provide data to state and local policymakers in the form they prefer. According to a study by the Kansas Health Foundation, this can mean receiving testimony at hearings or in committee, talking one-on-one with informed individuals, and reading brief summary information.
- An informative terminal project completed for degree requirements entitled [Oregon State Legislators' Use Of Oregon Benchmark Data in Legislative Decision-Making](#), discusses a variety of methods legislators use/prefer to gather data.

### Selected Examples of Data Collection Legislation and Policy Initiatives

- **California:** Legislation known as the [Health Data and Advisory Council Consolidation Act](#) calls for the California Health and Human Services Agency to develop standardized definitions and reporting methods that will improve available information on falls. California's Safe California Plan includes a recommendation that the Office of State Health Planning and Development capture falls-related data across a range of settings, including emergency services, acute care, and long-term care.
- **Maine:** Legislation directs the Falls Prevention Coalition, Department of Health and Human Services, Office of Elder Services, to conduct a review of the effects of falls of older adults on health care costs, the potential for reducing the number of falls of older adults, and the most effective strategies for reducing falls and health care costs associated with falls.
- **Massachusetts:** The state Public Health Council directed the Massachusetts Department of Public Health to issue a report on hospital patient safety data for calendar year 2008. Falls were noted to be the leading cause of serious reportable events (224 events).
- **Missouri:** A bill would have required first responders to report data on injuries and responder calls to a centralized data base. Ultimately this bill was not enacted, as first responders are not regulated in Missouri and thus not subject to such mandates. In states where first responders are regulated, however, such a reporting requirement may help accurately assess first-responder trips for fall-related calls that do not result in transport.
- **Nebraska:** Hospitals and rehabilitation centers are now required to report within 30 days any brain or head injuries that result in admission or treatment. The previous requirement

was for annual reporting. Early reporting helps track injuries as well as monitoring practice variations and outcomes.

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### Influencing the Built Environment: Home and Community Safety

*The pooling of resources and the mobilization of talents and diverse approaches inherent in a successful coalition approach make it a logical strategy for disease prevention based on a social-ecological model that acknowledges the significance of the environment on health.*

*Frances Dunn Butterfoss in*

*“Coalitions and Partnerships in Community Health”*

## **Overview**

Environmental risk factors for falling are often thought of in two distinct arenas: (1) the home and immediate outside environment and (2) the community at large. Home and community environments can either facilitate safety or add to the risk for falls. Advocating for local environmental solutions through creative partnerships is an effective strategy for bringing local resources to the falls prevention issue. (See [\*\*Appendix D\*\*](#) for resources on working with partners.)

Programs that support home modifications and community/environmental infrastructure improvements should be part of an overall strategy of falls prevention. Advocacy strategies are key components of such programs. While there is some overlap, this report will address them as separate issues.

## **Home Safety**

The homes of older adults rarely undergo remodeling and safety improvements due to problems within the home modifications delivery system. Advocating for remodeling resources, trained assessors, and cost effective remodeling are important targets for coalitions and local advocacy groups. The [\*National Action Plan\*](#) outlines some evidence-based consumer strategies to improve safety of the home of older adults. Strategies include raising awareness, identifying existing funding resources and services, identifying gaps in those services, and advocating for an expanded and enhanced delivery system for home modification, home safety, and related safety services.

### Community Safety

Coalitions also need to consider how falls risks are affected by community infrastructure, including transportation availability, program and service access, sidewalk conditions, lighting and community safety, and crosswalks. The [\*National Action Plan\*](#) outlines some evidence-based, consumer strategies to improve the safety of the environment in which older adults reside as well as the environmental safety of all communities. Specific strategies that may resonate with community advocates include:

- Improving information gathering and performing a comprehensive assessment of community hazards.
- Increasing the awareness among local, state, and federal policy makers and regulatory officials of the scope and nature of the impact of falls and falls-related injuries and death among older adults.
- Providing advocacy tools to targeted populations and their caregivers to empower them to make changes within their communities.
- Focusing on sidewalk safety with a clear priority of public environmental safety for older adults.

The Fall Prevention Center of Excellence offers an informative power point presentation entitled [\*Conveying Fall Risk to Local Policy Makers and Service Providers\*](#) that offers a variety of community safety initiatives including walkability audits with suggestions to inform policy makers of this work.

City and community planning boards have appropriated funds to improve the safety of the public areas, sidewalk repair efforts, and enhanced transportation. Many organizations involved in

"new urbanism" and "livable communities" are also working on improved pedestrian access. Local falls prevention advocates may have success in partnering with these organizations for creative policy solutions. Other important and often overlooked strategies may include:

- Advocating for older adult safety needs as part of local community planning efforts.
- Zoning changes.
- Basic transportation service planning to enhance program accessibility and safety improvements to the built environments.
- Department of Public Works (DPW) policies that include community assessments for slip and trip hazards.
- Partnerships, as in Canada, with volunteers who identify hazardous areas which the DPW is then required by local community ordinances to repair in a timely manner.
- Tax credits for retrofitting homes for improved accessibility, already in use in [Hawaii](#).

### Implications for influencing the Built Environment

- Consider how tax incentives, reimbursement streams, and building code changes can enhance home environments, accessible housing, and livable communities.
- Include falls prevention guidelines in state and local planning documents related to overall development (e.g., city general plans), aging services, housing, parks/recreation, transportation, circulation, street/sidewalk repair, and emergency/disaster plans contributes to safe communities for all age groups including older adults (Fall Prevention Center of Excellence, 2007).
- Advocate for Universal Design elements for both public access and commercial construction projects, by means of city ordinances.
- Advocate for community design elements that are safe for all users of all ages and abilities. Specific examples can be found in [Complete Streets](#), an initiative that formalizes a community's intent to plan, design, and maintain streets so they are.
- Partner with the many active transportation coalitions and community action groups to obtain local ordinance changes that will enhance the safety of all ages.

- Collaborate with [Smart Growth](#) community efforts and their national sponsoring agencies to significantly strengthen local advocacy and awareness and bring creative policy solutions to enhance safety and age-friendly status of communities.
- Other similar “new urbanism” movements to consider include [Safe Communities](#) and [Active Living by Design](#).
- Leverage national initiatives such as the Surgeon General’s [Call to Action to Promote Healthy Homes](#) to bring needed services to communities. This initiative, which specifically cites falls prevention, outlines a society-wide approach to enhancing collaboration to make homes and communities safer and healthier. Presently unfunded, it could be leveraged to acquire funding support at the local and state level. It promises to result in the greatest possible public health impact and reduction of disparities in the availability of healthy, safe, affordable, accessible, and environmentally friendly homes.
- Find recommendations and action steps to promote home modifications in [Blueprint for Action: Resource Guide for Home Modifications](#). The five major areas covered are leadership and coalition building, research, education and awareness, service delivery, and funding policies.

### Selected Examples of the Built Environment Legislation and Regulations

- **California:** The state's [Welfare and Institution Code](#) stipulates that the "aging in place" concept be recognized and supported by the state, that funding for education and making home improvements be facilitated through public and private sources, that recommendations be developed for changes in home modification policies, and that information for home modification projects be made available. Legislation also recommends that falls prevention guidelines be incorporated into state and local planning documents that affect housing, transportation, parks, recreational facilities, and other public facilities.
- **Florida:** Legislation required the Department of Corrections to establish and operate a geriatric facility where generally healthy elderly offenders can perform general work appropriate for their physical and mental condition in order to decrease the likelihood of falls, accidental injury, and other conditions known to be particularly hazardous to the elderly.

- **Hawaii:** Pending legislation provides a refundable income tax credit for up to 50% of costs incurred in retrofitting a primary residence for purposes of accommodating aging and disability access.
- **New Jersey:** Pending legislation appropriates \$10 million to establish the "Senior Citizen Home Repair and Modification Program." Eligible repairs or modifications include, but need not be limited to, alterations to facilitate safe movement of senior citizens inside the home, such as the installation of hand rails in a bathroom and other accessibility modifications.
- **New York:** New York's City Council considered a **Grab Bar Bill** that would create a tax credit for landlords to help cover the costs of installation of bathroom grab bars for the elderly and disabled.
- **Other locations:** The state of California and the cities of Seattle, WA and DeSoto, MO passed legislation to require "**Complete Streets**" within their jurisdictions, defined as, "entire roadways [designed with] with all users in mind - including bicyclists, public transportation vehicles and riders, and pedestrians of all ages and abilities."
- City Councils in North Little Rock, AR and Columbus, OH adopted resolutions setting a guiding principle for city staff to include all users in transportation projects.

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Falls Prevention Awareness Campaigns: A Strategy for Advancing the Advocacy Agenda

*An Awareness Campaign is organized, systematic effort through various communications media to alert the general population of a given area to anything of significant interest or concern.*

*EIONET, the European Environment Information and Observation Network*

## Overview

The awareness campaign is a key strategy in advancing state and local falls prevention agendas. By highlighting how falls and falls-related injuries affect the lives of older adults and their families, and by raising the profile of local and statewide advocacy efforts, these campaigns can inform the general public about the magnitude of this growing public health issue. They can also deliver important help to those who need falls prevention interventions. This increased awareness can, in turn, generate support for greater investment in falls prevention services. Additional traction can come from states linking their efforts to national efforts, and designing awareness campaigns aimed at building citizen support for policy and/or legislative initiatives.

In 2009, 22 state coalitions sponsored a variety of state-wide falls prevention awareness initiatives, laying important groundwork for policy change. They served as part of an overall awareness campaign linked to a national proclamation on September 22, the first day of fall. States developed fact sheets and other resources to bring awareness to policy makers and policy-shapers and to encourage discourse. These materials identify specific falls prevention initiatives that need public support. Awareness campaigns can also encourage outreach to members of Congress through contacts to district staff and during recesses when members are in their district offices.

Several strategies can help increase media attention for falls prevention awareness campaigns. These include planning a formal link to national activities and obtaining a governor's and/or legislative proclamation. The proclamation is a no-cost strategy that can bring important positive visibility of the falls issue. Local governments can enhance state efforts by releasing their own proclamations and by holding press conferences to highlight local programs and personal stories.

### Implications for Awareness Campaigns

- State proclamations can serve as "news hooks" for media attention on falls prevention.
- Other good "news hooks" include falls-related stories involving local people or groups and testimonials from older adults.
- Community advocates can also advocate to obtain local falls awareness proclamations.
- Community advocates can partner with county and city-level falls prevention allies to boost efforts for official recognition.

- Awareness events can and should highlight the successes of state activities, the availability of programs and resources, and the need to increase services.
- Statewide awareness initiatives can build coalitions' organizational commitment and can develop into annual events.
- Awareness events can recognize the valuable contributions of coalition member organizations, sponsors and partners, promoting long-term commitment to the effort.

### Selected Examples of Awareness Campaigns, Proclamations, and Resolutions

- **[California](#)**: State legislation declares the first week of fall each year to be "Fall Prevention Awareness Week." Participation by foundations and other nonprofit entities reinforces public awareness of falls prevention and facilitates state campaigns. Uniquely California has a proclamation in perpetuity negating the need to advocate annually for the bill's passage.
- **[Florida](#)**: An interactive, live satellite broadcast and Webinar was held to raise awareness and encourage prevention of falls among older adults. The broadcast targeted adults ages 60 and older, caregivers, family members, and the public. Participants included the Secretary of the Department of Elder Affairs, the State Surgeon General and a community mayor. State leaders voiced greater interest and commitment as a direct result of their participation.
- **[Iowa](#)**: A Senate resolution declared that April 2008 was "Fall Prevention Awareness Month for Older Iowans." The Senate joined board members of the Generations Area Agency on Aging in a major local project promoting awareness and disseminating information about the incidence and adverse impact of falls among older Iowans.
- **[Massachusetts](#)**: Pending legislation would further disseminate "Keys to Independence, a statewide social marketing campaign to reduce falls among older adults and to educate older adults, family members, employers, caregivers, and the public. The public education campaign has been run with private funds and existing DPH resources since 2007.
- **[Texas](#)**: Legislation established "Fall Prevention Awareness Week" as the week beginning with the first Sunday following the fall equinox.
- Links to proclamations can be found in **[Appendix B](#)**.

- Other examples are found in the survey of state coalitions campaigns.

## Policy Development and Advocacy Resources

*Advocacy is all about connections and personal communications.*

*Stephanie Russell, [Safe Kids Worldwide](#)*

The health field has for decades recognized policy as an essential tool for improving health. In 1988, the Institute of Medicine defined policy development as an essential function of public health. The Centers for Disease Control (CDC) define policy as:

“...the concerted action of governments and other institutions to use mechanisms of influence or control to achieve a desired outcome. Policies generally operate at the systems level, applying to large sectors or populations, and set the context in which individual decisions and actions are made. Within the context of public health, policy development includes the advancement and implementation of public health law, regulations, or voluntary practices that influence systems development, organizational change, and individual behavior to promote improvements in health.”

A number of resources included offer guidance for engaging in policy development or policy change. Here are descriptions of a few such resources:

- The Center for Health Improvement's [Health Policy Guide](#) is a database of policy-based strategies to improve health and well being. *Health Policy Coach* is designed to guide users through the process of creating and influencing public policies using five broad determinants of health – health care, education, work, safety, and the environment.
- [RE-AIM](#) is being used by The University of North Carolina's Center for Health Promotion and Disease Prevention, is a method to assess the actual or potential public health impact of a policy or environmental change.
- The [Community Tool Box](#) is a comprehensive online resource for community health programs that includes information on working with allies, policy changes and ordinances.

These and other resources offer advocacy strategies. While providing training on effective advocacy is beyond the scope of this document, it is important to activate a broad-based network of advocates to bring visibility to issue, urgency to the action, and personal stories to the face of falls prevention.

Examples of advocacy include holding public forums, educating others, writing or visiting legislators to encourage their support, writing letters to the editor of local newspapers to bring visibility to action or inaction, and monitoring the legislative process.

A statewide program of advocacy that includes broad grassroots support sends a powerful message to policy makers and is best accomplished by having many people and organizations, using a consistent message, voice their concerns. In addition, other potential funding organizations will take notice of strong advocacy networks and may offer additional sources of funding to the issue.

Below are some examples of groups that can be effective in advocacy.

- **Professional associations:** Professional associations generally have a two-fold function: to promote and support the represented profession through capacity building, practice expertise, legislation, and policy; and to support the clients or consumers they serve and their interests. Professional associations may have government relations departments and often have state chapters with expertise in statewide policy. Additionally, they have access to membership with expertise and interest in specific areas that may be leveraged to promote falls prevention efforts. Examples of professional associations that may be helpful in falls prevention include:
  - the American Physical Therapy Association.
  - the American Occupational Therapy Association.
  - the Case Management Society of America.
  - the National Association of Home Builders, which offers a Certified Aging-in-Place Specialist credential. Partnering with NAHB could help in efforts to promote policy related to improving facilities to prevent falls.
  - the National Community Pharmacists Association, which could be a strong advocate for prescription review programs for older adults.

- **Civic organizations:** Civic organizations can bring together people who are passionate about a cause. Partnering with these organizations can be advantageous because they often include people with personal experiences of a given issue and real-world connections to the conditions in a community. A few ways civic organizations could support a falls prevention advocacy effort include:
  - pedestrian safety organizations mobilizing members to advocate for improved sidewalks, crosswalks, and lighting;
  - neighborhood associations can often provide links to members of the community who are affected by issues such as falls.
  - the organization Rebuilding Together, bringing volunteer solutions for remodeling unsafe low-income housing.
- **Disability Community:** Disability organizations are crucial allies in advocating for falls prevention and safe communities because of their long and successful history of effecting public policy on matters that impact the visually impaired, and of advocating for the rights of all persons with disabilities.
- **Community coalitions and workgroups:** Community planning groups that are already working on one or more health promotion initiatives may be natural allies and partners in falls prevention. They include local injury prevention initiatives as well as national initiatives like:
  - Healthy Communities.
  - Livable Communities.
  - Active Communities.
- **Older adults:** Older adults can provide the perspective of real-world experience and bring a public face to advocacy efforts. Older adults who have experienced a fall, or who have family members who have fallen, can provide specific examples of how falls have affected their families, while those who have successfully completed falls prevention and health promotion programs can be strong advocates for recruiting new participants and for continued funding of those programs and services. Often older adults and family members have legislative contacts and can serve a broader advocacy function. Organizations such as AARP, as well as local and state-level organizations for older adults, should be contacted to identify older adults who are interested in working to promote falls prevention efforts.

- **Public health officials:** Many falls prevention coalitions are organized and facilitated through state public health departments. State and local public health officials have access to injury data useful for making the case for falls prevention, and generally have a clearer understanding of the challenges their particular communities face. Linking local public health officials within the state is a valuable way to ensure that local community experiences, needs, and efforts are represented. Public health offices are often viewed by the community and the legislature as trusted sources of information, and can make valuable contributions to coalition-building efforts.
- **Aging Services Network (ASN):** The national aging network, supported by the Administration on Aging, provides funding for services through the State Units on Aging and, in turn, through the Area Agencies on Aging. Services are based on the needs of the older adults in the service area. The ASN is particularly adept at reaching at-risk older adults and receives some limited funding to implement evidence-based health promotion programs, including falls prevention. In general, the ASN is viewed as a trusted resource for older adults and their families. In some states, the ASN serves a strong advocacy role through their professional associations such as individual practitioner associations representing social workers or other professionals, and organizational associations like the State Senior Center Association.

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## Appendix A: Contributors to this Report

The following state coalition leads provided thoughtful contributions and suggestions this review; without them this report would not have been possible.

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## Appendix B: State Legislation and Proclamations

STATE	BILL #	YEAR	DESCRIPTION and LINK TO TEXT	TYPE	STATUS
California	SCR77	2008	<p>Urges the California Department of Aging and the area agencies on aging to incorporate falls prevention in their upcoming state and local area master plans and recommends that the California Health and Human Services Agency develop standardized definitions and reporting methods that will improve available information on falls; also recommends that falls prevention guidelines be incorporated into state and local planning documents that affect housing, transportation, parks, recreational facilities, and other public facilities. Proclaims first week of fall as Falls Prevention Awareness Week</p> <p><a href="http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=scr_77&amp;sess=PREV&amp;house=B&amp;author=lowenthal">http://www.leginfo.ca.gov/cgi-bin/postquery?bill_number=scr_77&amp;sess=PREV&amp;house=B&amp;author=lowenthal</a></p>	<p>Programs Data/Research Facilities Awareness</p>	Adopted
California	Health and Safety Code 125704	1999	<p>Requires the Department of Health Services to develop effective protocols for the prevention of falls and fractures and establish these protocols in community practice to improve the prevention and management of osteoporosis.</p> <p><a href="http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=1351054943+0+0+0&amp;WAIAction=retrieve">http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=1351054943+0+0+0&amp;WAIAction=retrieve</a></p>	Programs	Established
California	Welfare and Institutions Code 9450	2000	<p>Requires the development of the "aging in place" concept be recognized and supported by the state as a means to retaining elders in their home with less injury. Requires that funding for education and making home improvements be facilitated through public and private sources. Requires that recommendations for changes in home modification policies and information for home modification projects and</p>	<p>Facilities Funding</p>	Established

			products be developed. <a href="http://www.leginfo.ca.gov/calaw.html">http://www.leginfo.ca.gov/calaw.html</a>		
Florida	Title XLVII Criminal Procedure and Corrections 944.804	2008	Requires the Department of Corrections to establish and operate a geriatric facility where generally healthy elderly offenders can perform general work appropriate for their physical and mental condition in order to decrease the likelihood of falls, accidental injury, and other conditions known to be particularly hazardous to the elderly.  <a href="http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&amp;Search_String=&amp;URL=Ch0944/SEC804.HTM&amp;Title=-%3e2008-%3eCh0944-%3eSection%20804#0944.804">http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&amp;Search_String=&amp;URL=Ch0944/SEC804.HTM&amp;Title=-%3e2008-%3eCh0944-%3eSection%20804#0944.804</a>	Programs Facilities	Established
Hawaii	SB3117/HB3195	2008	Provides a refundable income tax credit for up to 50% of costs incurred in retrofitting a primary residence for purposes of accommodating aging and disability access.  <a href="http://www.capitol.hawaii.gov/session2008/bills/SB3117_.htm">http://www.capitol.hawaii.gov/session2008/bills/SB3117_.htm</a>	Facilities Funding	Referred to committee

Iowa	SR133	2008	<p>The Senate proclaims the month of April 2008 to be "Fall Prevention Awareness Month for Older Iowans" in the state of Iowa; the Senate joins the policy board members of the Generations Area Agency on Aging, who have initiated a major local project in promoting awareness and disseminating information regarding the high incidence and adverse impact of falls among older Iowans, and encourages Iowa's thirteen area agencies on aging to disseminate information regarding, and encourage the use of, the best possible practices intended to reduce the incidence of falls and their devastating consequences.</p> <p><a href="http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&amp;Service=Billbook&amp;hbill=SR133&amp;menu=text&amp;ga=82">http://coolice.legis.state.ia.us/Cool-ICE/default.asp?category=billinfo&amp;Service=Billbook&amp;hbill=SR133&amp;menu=text&amp;ga=82</a></p>	Awareness	Adopted
Maine	149	2006	<p>Requires the Commissioner of Health and Human Services to appoint a statewide Falls Prevention Coalition to review the effects of falls of older adults on health care costs, the potential for reducing the number of falls of older adults, and the most effective strategies for reducing falls and health care costs associated with falls.</p> <p><a href="http://www.legislature.maine.gov/legis/bills_122nd/chapters/RESOLVE149.asp">http://www.legislature.maine.gov/legis/bills_122nd/chapters/RESOLVE149.asp</a></p>	Coalitions Data/Research	Established
Massachusetts	SR2240	2009	<p>Establishes a special commission on falls prevention to make an investigation and comprehensive study of the effects of falls on older adults and the potential for reducing the number of falls of older adults.</p> <p><a href="http://www.mass.gov/legis/bills/senate/186/st02pdf/st02240.pdf">http://www.mass.gov/legis/bills/senate/186/st02pdf/st02240.pdf</a></p>	Coalitions	Introduced in Senate and referred to Joint Committee on Elder Affairs January 19, 2009.

Massachusetts	SB318	2009	<p>Establishes a Falls Prevention Program to: (1) develop effective public education strategies in a statewide initiative to reduce falls among older adults and to educate older adults, family members, employers, and caregivers; (2) intensify services and conduct research to identify, synthesize and translate information on falls prevention from interdisciplinary research into best practices and to disseminate information to target audiences; (3) support demonstration projects designed to reduce the risk of falls and/or injuries caused by falls; and (4) require the Secretary of Elder Affairs to evaluate the effect of falls on health care costs, the potential for reducing falls, and the most effective strategies for reducing health care costs associated with falls.</p> <p><a href="http://www.mass.gov/legis/bills/senate/186/st00/st00318.htm">http://www.mass.gov/legis/bills/senate/186/st00/st00318.htm</a></p>	Programs Data/Research	Introduced in Senate and referred to Joint Committee on Elder Affairs January 19, 2009.
Nebraska	LB738	2008	<p>Changes brain injury notification and reporting requirements to require hospitals and rehabilitation centers to report within 30 days any brain or head injuries that result in admission or treatment. (Changes from annual reporting to 30 days.)</p> <p><a href="http://uniweb.legislature.ne.gov/FloorDocs/100/PDF/CS/LB738.pdf">http://uniweb.legislature.ne.gov/FloorDocs/100/PDF/CS/LB738.pdf</a></p>	Data/Research	Added as amendment to state public health and welfare bill

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### State Proclamations

STATE	YEAR	LINK
Alaska	2009	<a href="http://www.gov.state.ak.us/proclamations.php?id=1670">http://www.gov.state.ak.us/proclamations.php?id=1670</a>
Maine	2008	<a href="http://www.une.edu/images/userImages/sdefilipp/Page_10223/pevwkproclamation.pdf">http://www.une.edu/images/userImages/sdefilipp/Page_10223/pevwkproclamation.pdf</a>
Massachusetts	2007	
Minnesota	2007	<a href="http://www.sos.state.mn.us/docs/fallpreventionday.pdf">http://www.sos.state.mn.us/docs/fallpreventionday.pdf</a>
Missouri	2008	<a href="http://www.mocps.org/docs/Missouri_Fall_Awareness_Day_September_22.pdf">http://www.mocps.org/docs/Missouri_Fall_Awareness_Day_September_22.pdf</a>
Washington	2008	<a href="http://www.co.pierce.wa.us/xml/abtus/ourorg/humsvcs/ALTC/FallsPreventionProclamation08.pdf">http://www.co.pierce.wa.us/xml/abtus/ourorg/humsvcs/ALTC/FallsPreventionProclamation08.pdf</a>
Wisconsin	2008	<a href="http://dhs.wisconsin.gov/health/InjuryPrevention/pdffiles/GovProclamationFalls08.pdf">http://dhs.wisconsin.gov/health/InjuryPrevention/pdffiles/GovProclamationFalls08.pdf</a>

Kentucky, New Jersey, and North Carolina's 2009 proclamations are posted at [www.healthyagingprograms.org/content.asp?sectionid=149](http://www.healthyagingprograms.org/content.asp?sectionid=149)

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Appendix C: State Legislative Information Resources

NAME	CONTACT	RESOURCES
National Conference of State Legislatures	<a href="http://www.ncsl.org">www.ncsl.org</a>	News; issue area briefings; legislative tracking; publications. Additional services for members.
CQ State Track	<a href="http://www.trendtrack.com">www.trendtrack.com</a>	Free search engine for legislation in Congress and 50 states; search by key word.
StateScape policy tracking and analysis	<a href="http://www.statescape.com">www.statescape.com</a>	Free Billfinder tool to find state and federal bills.
<a href="http://www.whpgs.org">www.whpgs.org</a>	<a href="http://www.whpgs.org/f.htm">www.whpgs.org/f.htm</a>	Links to sites with full text of state statutes and legislation;

		categorized by state.
Council of State Governments	<a href="http://www.csg.org/programs">www.csg.org/programs</a>	Provides pages with suggested state legislation, searchable by topic.
National Governor's Association, Center for Best Practices, Health Division	<a href="http://www.nga.org">www.nga.org</a>	Covers a broad range of health financing, service delivery, and policy issues, including health insurance trends and innovations, state initiatives in public health, and aging and long-term care.

Appendix D: Resources on Lobbying and Partnerships

NAME	CONTACT	RESOURCES
		Comprehensive online resource for community

The Community Tool Box	<a href="http://ctb.ku.edu/en/">ctb.ku.edu/en/</a>	health programs; includes information on working with allies, policy changes, ordinances, etc.
STIPDA (The State and Territorial Injury Prevention Directors Association)	<a href="http://www.stipda.org">www.stipda.org</a>	Sample documents, letters to the editor, templates for fact sheets, newsletters, press releases related to falls prevention. Members only.
National Center for Injury Prevention and Control	<a href="http://www.cdc.gov/injury/CDCFramingGuide-a.pdf">http://www.cdc.gov/injury/CDCFramingGuide-a.pdf</a>	"Adding Power to Our Voices": A Framing Guide for Communicating About Injury
The Praxis Project	<a href="http://www.thepraxisproject.org/toolkit/index.html">http://www.thepraxisproject.org/toolkit/index.html</a>	Tools for building an ally matrix and choosing partners; media

		advocacy tools
American League of Lobbyists	<a href="http://www.alldc.org/publicresources/index.cfm">http://www.alldc.org/publicresources/index.cfm</a>	Resources for the public on lobbying; links to state lobbying organizations
Injury Prevention & Public Policy: Strategies and Opportunities for Action	<a href="http://www.sophe.org/content/ce_self_study.asp">http://www.sophe.org/content/ce_self_study.asp</a>	Webinar on injury advocacy presented by the Society for Public Health Education
Kansas Health Policy Authority	<a href="http://www.statecoverage.org/files/Presentation%204-Farmer.pdf">http://www.statecoverage.org/files/Presentation%204-Farmer.pdf</a>	Coordinating State Health Reform in Kansas – a PPT presentation that lays out elements of proposed plan of action

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