Checklist for Fall Prevention Programs

This checklist provides a brief guide to assessing the quality of fall prevention programs. It was developed by selected experts involved in the National Falls Free Coalition (www.healthyagingprograms.org/content.asp?sectionid=113). The purpose of the checklist is to help community teams to “ask the right questions” about a specific fall prevention intervention and to weigh the pros and cons of different interventions.

A number of meta-analyses have identified three specific types of interventions that are effective in reducing falls. Each of these types can be effective, and projects that include more than one are likely to add to the effectiveness. The three types of interventions are:

- Clinical assessment to identify an individual’s risk factors, followed by a tailored intervention to reduce as many of these factors as possible.
- Exercise programs that improve leg strength and balance, such as Strong for Life, Tai Chi, or a multi-component exercise program with adequate attention to strength and balance.
- Multi-component interventions that include education about fall prevention, exercise programs or physical therapy, and medication management, such as Matter of Balance. These programs may also include vision correction, and home modification.

Checklist Questions

1. Does the program clearly target a population in need of fall prevention programs?

2. Is the program suitable for diverse participants (e.g., age, gender, ethnicity, functional status)?

3. Can this program be implemented in a variety of settings?

4. Does the program offer strategies to modify program components to meet older adult needs, especially the more frail older adult?

5. Does the program provide a systematic strategy to reduce the risk of activity-related injuries?

6. Are there materials and training manuals available to support implementation? Is there a Web site or contact information to obtain these materials and other assistance?

7. Does the program offer effective strategies for linking participants and the program itself with health care providers as needed?

8. Does the program offer a group-based physical activity component that includes trained, qualified instructors, supervision, and opportunities for social interaction?
9. Does the program include safe and effective endurance, lower body strength, balance, and flexibility components that are tailored to meet the needs of the participants?

10. Are there strategies that address fall prevention education, and opportunities for social support to promote the adoption of healthy behaviors?

11. Does the program address motivation for exercise and other types of positive behavior change?

12. Does the program promote falls self-efficacy among the participants?

13. Does the program include methods for maintaining fidelity to the key elements of the original program and for monitoring and maintaining program quality over time?

14. Does the program include appropriate and easy-to-administer performance measures?

15. Does the program improve functional ability? Can these improvements be documented with simple pre- and post-functional measures?