The awareness that health is dependent upon habits that we control makes us the first generation in history that to a large extent determines its own destiny.

—Jimmy Carter
Acknowledgments

This publication could not have been possible without the creative and enthusiastic contributions of states working tirelessly to bring awareness to the growing public health issue of falls and fall-related injuries among their most vulnerable citizens. More importantly, they are bringing evidence-based solutions and resourceful partnerships to bear in communities across the country. Many states are active members of the State Coalitions on Fall Prevention Workgroup—a dynamic, peer-learning network that works collectively to address the growing public health issue of falls and fall-related injuries among older adults. These coalitions, led by energetic and devoted leaders in public health, aging, and health care, are making a real difference in the lives of older adults. We salute them for their foresight and dedication.

We also extend our appreciation to the agencies and foundations that have supported the Falls Free™ Initiative and the State Coalitions on Fall Prevention Workgroup under which this publication was prepared: The Archstone Foundation, the CDC’s National Center for Injury Prevention and Control, and the US Administration on Aging.
Falls Prevention Awareness: Findings and Lessons Learned
From State Coalitions on Fall Prevention

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Lessons Learned:

Knowledge, both positive and negative, gained through experience, which, if shared, would benefit the work of others.

United States General Accounting Office (2002)

I. Overview of NCOA Falls Prevention Awareness Findings and Lessons Learned Project

State-level agencies across the country are realizing that they must address the growing number of older adult falls and falls-related injuries to prevent a significant public health issue from becoming an epidemic. Falls are the leading cause of fatal and nonfatal injuries of older adults in the United States, and every 35 minutes an older adult in our country dies from a fall (Centers for Disease Control and Prevention & The Merck Company Foundation, 2007). Falls are the leading cause of emergency department injury visits for older adults in our nation, and falls-related injuries create a significant financial burden for our nation’s health care system, recently accounting for 6% of all medical expenditures for persons age 65 and older (American Geriatrics Society, British Geriatrics Society, & American Academy of Orthopaedic Surgeons Panel on Falls Prevention, 2001; Centers for Disease Control and Prevention & The Merck Company Foundation, 2007). In 2000, the estimated direct medical care cost for falls-related injuries among older adults in the United States was $19 billion (Stevens & Sogolow, 2008). With baby boomers eventually swelling the older adult population and an overall increased life expectancy, this number may reach over $32 billion by 2020 (American Geriatrics Society et al., 2001). The good news is that many falls are preventable.

Several states, often through the financial support of their public health departments and with the assistance of their falls prevention coalitions, have undertaken efforts to promote the awareness of falls risk factors and prevention. Awareness is having or showing realization, knowledge, or perception of an issue (Merriam-Webster Online, 2009). In the National Council on Aging’s State Coalitions on Fall Prevention: Working Collaboratively to Make a Difference report, many states indicate that increasing awareness of the issue is part of their states’ initiative to address falls prevention (NCOA, 2008). And as discussed in Section V, twenty-two states observed Falls Prevention Awareness Day in 2009, raising falls prevention awareness among decision-makers such as state legislators, members of county boards of supervisors, planners, health care providers, and many others. State falls prevention coalition representatives note that increasing awareness is the first step in achieving the ultimate goal of changing behaviors to reduce falls risk factors, falls, and falls-related injuries.
To better understand the falls prevention awareness campaigns that states and their falls prevention coalitions have implemented, and the lessons learned from their awareness initiatives, the UNC Institute on Aging interviewed ten state agencies and one national organization between October, 2008 and February, 2009 (see Table 1). Survey questions are provided in Appendix A. To contribute additional information, California, Massachusetts, New Hampshire, and Washington provided results from focus groups with older adults that their states had conducted on falls prevention awareness.

All states interviewed for this report used a variety of methods to increase awareness of falls risk factors and prevention, and the findings from the interviewees were consistent across the states.

Following this Overview, section II of this paper describes the target audiences for states’ falls prevention awareness campaigns. Sections III and IV include the states’ awareness messaging and the media and methods used to reach target audiences. The next section, Section V, addresses Falls Prevention Awareness Day, an important initiative in many states to increase understanding of the issue. The final sections outline tips for future campaigns and next steps.

II. Target Audiences

The target audience is the specified group or segment of people that the message is intended to reach. Target audiences are defined in terms of demographic and sometimes psychographic characteristics such as age, sex, education, and income. States reportedly attempted an array of approaches to segmenting their audience and awareness messages to include older adults and their caregivers, health care providers, and community service providers.

Lessons learned included:

- Women may be more receptive to falls prevention messaging than men.
- California found that their target population breaks into two significant cohorts: those individuals that identify as older adults and those who are opposed to any categorization or identification related to age (Two Oceans Consulting Group, 2006).
- Many states target community-dwelling older adults, not those living in nursing homes and other residential facilities.
  - To reach nursing home or other group settings, administrators or health care providers are often the primary target audiences.
- Physical therapists are often more receptive to falls prevention messaging and interventions than physicians.
- Health insurers may be open to sponsoring falls prevention messaging initiatives.
Target Audience Challenges

Several states shared their challenges about targeting health care providers.

- Washington State generally found that, “health care providers don’t ask about falls -- it’s too complicated or time-consuming. Seniors don’t tell their health care providers about falls -- they are too embarrassed, ashamed, or afraid of losing their independence.”

- Michigan had limited success with outreach to physicians. Engaging physical therapists was much more successful.

- In Hamilton County, OH, physicians frequently reported they had little time to learn about falls prevention.

III. Messaging

The message is the underlying idea or theme that is tailored to reach to the target audience. For a message to be successfully transmitted and internalized, it must “matter” or appeal to the target audience. Most of the feedback from states focused on messaging to older adult target audiences.

- **Keep messaging positive.** Based on focus group input from older adults, states found that older adults perceive “falls prevention” as a negative message. Thus, the majority of states interviewed are using positive falls prevention messaging. Example slogans include:
  
  - “Stay Active and Independent for Life” (Washington)
  - “Catch Yourself: Simple Steps to Prevent Falls” (California)
  - “Keeping Seniors Independent” (New York)
  - “Keys to Independence” (Massachusetts)
  - “Promoting Independence - Preventing Falls” (Ohio)
  - “Keep Minnesotans Right-Side Up” (Minnesota message targeted at professionals)
  - “Stay Independent. Take Action” (Minnesota message targeted at older adults and caregivers)

- **Do not use fear-based messaging.** Similarly, focus groups with older adults show that fear-based messaging can be alienating.
• **Stress maintaining independence.** Older adults in focus groups conducted in Minnesota consistently expressed maintaining their independence as their primary concern.

• **Avoid using the term “exercise” in messaging.** Older adults respond more positively to “moving” or “physical activity.”

• **Make falls prevention tips easy, fun, doable, and inexpensive.**

• **Consider characterizing falls prevention as a life span issue, not an aging issue** ([Two Oceans Consulting Group, 2006](#)).

**Older Adult Attitudes about Falls**

Through focus groups with older adults, states (California, Massachusetts, New Hampshire, and Washington) consistently discovered the following attitudes and ideas about falls.

• **“Falls just happen when you age.”** Seniors often do not realize that falls are not a normal part of aging.

• **A fall is something that happens to someone else; older adults often think that they are not at risk until they actually fall themselves.** Therefore, the message should advise that anyone can fall.

• **Most seniors do not want to think about falling or are embarrassed about falling.** They do not want to face their limitations. Messaging should be crafted to help remove the stigma and embarrassment of falling.

• **Fear of falling is pervasive.** Many older adults in the focus groups are limiting activities because of their fear of falling.

• **Seniors are often unaware of their own health falls risk factors.** They do have some knowledge of how to avoid falls, but most are focused on modifying the home environment and not on addressing other falls risk factors. Seniors need to know about the multifactorial nature of falls.

• **Many older adults are uncomfortable talking with their health care provider about falling, and they also do not tell their adult children about their falls.** Why? Fear of loss of independence may play a role.
Seniors trust paramedics, firefighters, nurses, physicians, pharmacists, spouses, peers, and friends as communicators of falls prevention information. Images in public service announcements or other media campaigns should include these individuals and/or these individuals could be part of outreach campaigns to attend senior centers and other gathering places (Two Oceans Consulting Group, 2006).

- Low income older adults may have financial concerns regarding many of the issues that surround home modification, vision testing, new glasses, replacing light bulbs, appropriate shoes, and/or enrolling in exercise classes (Two Oceans Consulting Group, 2006).

- Nonprofit organizations may be able to help with providing resources, or other community organizations, businesses, health care providers, or adult children may be willing to support falls prevention initiatives.

- Older adults are interested in reducing their modifiable risk factors. But they need information and encouragement, preferably from a trusted source. Additionally, they should have access to falls prevention resources and interventions.

IV. Media/Methods

Media and methods are the means of communication to convey the messages to the target audiences. General media and methods findings will first be addressed, with specific attention then given to Evidence-based Programs and Falls Prevention Summits.

General Media/Methods

State budgets typically were very limited. Therefore, states used a wide variety of less expensive messaging vehicles such as:

- “Viral” marketing (word of mouth, social media, making connections between groups or through networking on the Internet).

- Listservs and e-mail to interested groups, such as coalition members, senior organizations, or other partners.

- Presentations to various target groups (older adults, health care professionals, community services providers, senior centers, or “anywhere that there is interest”).

- Websites. Many states are tracking hits on their sites. State falls prevention websites are listed in Table 2.
• **Newsletters.** Electronic newsletters can reach constituents quickly and inexpensively.

• **Brochures and posters.** States often use the CDC’s falls prevention brochures and posters available at [http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallsmaterial.html](http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallsmaterial.html) or they create their own.

• **Earned media** (“free” articles or publicity gained through promotional advertising rather than through paid media).
  
  o Capitalize on opportunities for stories (i.e., a famous person falling).

  o Local media often is more interested in publishing falls prevention stories; regional or statewide media may be more difficult to engage.

• **800 falls prevention “hotline” numbers.** The number of calls can be tracked to evaluate the effectiveness of the website or other communication modes and to gauge interest.

• **Public Service Announcements.**

• **Giveaways** such as bookmarks, t-shirts, or refrigerator magnets.

• **TV and local newspapers are good media vehicles to reach seniors,** but can be expensive if purchasing air time or advertising space.

• **Radio.** Massachusetts was able to conduct a radio campaign using donated funds from Senior Whole Health, an insurer.

• **Older adult acting troupe.** New Hampshire had a senior troupe perform skits about falls prevention. These skits engaged the audience in a non-threatening way.

**Evidence-Based Programs**

As a method to raise awareness and address falls prevention, over 50 percent of all states are implementing evidence-based, community-based programs. These programs are typically marketed to community service providers who then reach out to older adults. Anecdotally, community service providers report that these falls prevention programs are popular and fill quickly.

**Falls Prevention Summits**

In response to the growing concern related to falls injuries among the older adult population, many states have hosted statewide Falls Prevention Summits as another method to raise falls prevention awareness, educate target audiences on the issue and falls prevention strategies,
develop partnerships with key falls prevention stakeholders and other organizations that serve older adults, and build consensus on strategies to address falls prevention in the state.

**V. Falls Prevention Awareness Day**

Falls Prevention Awareness Day is observed on the first day of fall as a strategy and a “news hook” to bring added attention to the issue. Typically the Governor signs a proclamation that includes information about the issue of falls, preferably with state-specific data. The process of obtaining a state proclamation is usually not arduous; some states have forms on their Governors’ websites to make the request (for an example, see North Carolina’s process at [http://www.governor.state.nc.us/PublicService/certificatesAwardsProclamation.aspx](http://www.governor.state.nc.us/PublicService/certificatesAwardsProclamation.aspx).


In both 2008 and 2009, a resolution was passed by the U.S. Senate to observe National Falls Prevention Awareness Day. The Advocacy Workgroup of the National Falls Free™ Coalition, a growing broad-based coalition of organizations dedicated to improving the health and safety of older adults, worked diligently with Senate members to introduce and pass the resolutions. To view the 2009 full resolution, please see [Appendix B](#). This national proclamation supported the proclamations of the twenty-two states that planned falls prevention activities and campaigns. States in turn were instrumental in obtaining sponsorship of the national proclamation by their respective Senators; without their help, the proclamation could have failed passage.

**Ideas for Observing Falls Prevention Awareness Day**

The National Council on Aging’s Center for Healthy Aging created a compiled a Falls Prevention Awareness Day webpage with lists of example activities, resources, and materials for communities to use to observe Falls Prevention Awareness Day. Major contributors to the site include the CA Fall Prevention Center of Excellence and the Washington State Senior Fall Prevention Coalition. Several ideas from these sites, plus contributions from other states, are listed below.

**Sample Falls Prevention Awareness Day Activities**
• **State level**
  
  o Hold a press conference with legislators or other champions to announce Falls Prevention Awareness Day.
  
  o Celebrate the day by having older adults converge on the state capitol to exercise.

• **Community level**
  
  o Create a Falls Prevention display showing safety items.
  
  o Distribute a different flyer each day of the week - each having a falls prevention message with such topics as:
    ✓ Physical Activity
    ✓ Medication Management
    ✓ Home Safety
    ✓ Outdoor Falls
    ✓ Vision
    ✓ Preventing Falls with Pets

  • Host a [Falls Prevention Discussion Group](#).

  • Print [placemats for dining tables](#) with Falls Prevention messages.

  • Host a contest with older adults for the best Falls Prevention Poem.

  • Organize a walk (possibly with a neighborhood walking group):
    
    o Make/carry signs.
    
    o Write a slogan or chant to say while walking.
    
    o Write down areas where sidewalks are cracked or other hazards exist and send the list to Public Works.

  • Offer a Tai Chi demonstration.
• Ask your exercise leaders to incorporate **falls prevention information** into their sessions.

• Offer vision exams.

• Offer Balance and Gait testing.
  
  o See Causes of **Balance and Mobility Problems** Fact Sheet.

  o See **Balance and Mobility Information for Service Providers**.

• Offer blood pressure checks.

• Invite a podiatrist to offer foot exams.

• Invite a Physical Therapist to talk about **proper use of assistive devices like canes and walkers**.

• Ask a local pharmacist to offer medication reviews.

• Offer fitness checks, administered by fitness/health care professionals.

• Host a Falls Prevention dance at a senior center or other community organization.

• Arrange a “Sloppy Slipper Swap” and give out safe slippers in return for old, unsafe ones.

• Consider distributing safety items along with key falls prevention messages and brochures:
  
  o Nightlights.

  o Non-skid strips for bathtubs and showers.

  o Double-sided tape for throw rugs.

  o Textured tread tape for stairs.

  o Garbage bags for clutter removal.

• Host a “Falls Prevention Quiz” during lunchtime with a prize for the person who comes up with the most ideas for lowering falls risk.
• Contact any media connections you have and let them know about Falls Prevention Awareness Day/Week and your planned activities.

• Organize falls prevention workshops.

• Play Falls Prevention Bingo.

• Set up tables or displays with falls prevention information.
  
  o Provide information on where to exercise locally.
  
  o Outline the benefits of exercise.

• Distribute CDC Falls Prevention brochures.
  
  o See What You Can Do To Prevent Falls
  
  o See Home Falls Prevention Checklist

• Distribute Stay Active and Independent for Life information guides

• Conduct falls risk assessments:
  
  o My Falls Free Plan: Checklist of Risks
  
  o My Falls Free Plan: Instructions for Health Care Providers

• Hold exercise demonstrations and provide information and resources.

• Distribute vision impairment information and resources.

• Clean eyeglasses at malls, senior centers, or other places seniors may visit.

• Educate community-level policy-makers on the importance of falls prevention activities.

Locations most often reported for Falls Prevention Awareness Events

• Hospitals
• Physical therapy clinics
• Senior centers
• Community centers
• Fitness centers
• Senior meal sites
• Pharmacies
• Opticians
• Hearing aid vendors
• Churches
• Libraries
• Hardware stores, home improvement stores (Lowe’s, Home Depot) and others such as Walmart
• Specialist footwear stores

Community Partners most often reported for Falls Prevention Awareness Events

• Churches
• Libraries
• Hospital systems
• Meals on Wheels
• Volunteer organizations
• Local businesses
• Fire departments
• Local newspapers
• Elected officials
• Healthcare day clinics

VI. Tips for Future Campaigns

When asked what they would do differently if conducting a falls prevention awareness campaign, states gave the following responses.

• Specify the goals of campaign and your target audience(s).
  
  o Understand the goals that you are trying to accomplish with the awareness campaign and clearly define the target audience. The messaging for an older adult will be different than the messaging for a physician.

• Target messaging to a wide variety of audiences that interact with older adults.
Minnesota reflected that targeting housing providers (independent senior housing and assisted living), nutrition providers, and pharmacists might have improved results.

Additionally, Minnesota would like to have reached out to employers, human resource professionals, and employee assistance programs to reach baby boomers and working caregivers.

- **Engage legislators in your falls prevention efforts.**
  - State and county-level decision-makers and community advocates can promote legislation or policies to address falls prevention.

- **Embed evaluation into falls awareness campaign efforts.**
  - Several states (New Hampshire, Minnesota, Ohio) wish that they had conducted pre- and post-awareness tests/surveys/evaluations on falls risks and prevention.

- **Establish a falls prevention coalition.** Interviewees were very enthusiastic about the ability of their coalitions to raise falls prevention awareness and mobilize their members and their members’ networks to promote falls prevention.

- **Establish a coalition before pursuing falls prevention legislation.** One state highly recommended having a coalition firmly established BEFORE pursuing legislation.
  - This way, committed and interested parties are in place to build relationships and work on falls prevention together rather than protecting their own interests.

- **Enlist health care providers to help with behavioral change.**
  - Hamilton County, OH found that they could increase awareness by targeting seniors, but that they needed to work with health care providers in order to change behaviors. As previously mentioned, they had better success targeting health care professionals other than physicians.
• Promote the falls prevention message that “we all have a role to play.”
  
  o This message should be conveyed to health care providers, community service providers, older adults, and others who may have an interest in falls prevention.

VII. Next Steps

  Although much has been done to advance falls prevention awareness, the work is just beginning. Awareness of falls risk factors and of how best to prevent falls is just the first step in the critical campaign to reduce falls and falls-related injuries in our country. As the population of the United States ages, the impact of falls-related injuries will increase dramatically unless we take steps now to address the issue. In addition to addressing falls prevention awareness, we must implement initiatives at the individual, interpersonal, institutional, community, and policy levels to effectively and systematically address the growing public health issue of older adult falls and falls-related injuries in our country.

  The Awareness and Advocacy Committee of the State Coalitions on Falls Prevention Workgroup is diligently working with its state and national partners to increase awareness of the issue. One goal of the Awareness and Advocacy Committee is to develop consistent falls prevention messaging. To that end, the Centers for Disease Control and Prevention (CDC) is coordinating efforts and seeking financial support to launch a falls prevention campaign with the Ad Council.

  Through the assistance of the National Council on Aging, the Falls Prevention Awareness and Advocacy Committee created a Falls Prevention Awareness Day webpage. Given that twenty-two states observed Falls Prevention Awareness Day in 2009, there is a need for these tools, particularly in smaller communities with limited staffing. The site provides ideas and resources for states and communities to observe and promote Falls Prevention Awareness Day.

  States have also requested assistance at the national level to identify a well-known, highly respected, credible falls prevention spokesperson. Examples of spokespeople for health issues affecting older adults include Sally Field (osteoporosis) and David Hyde Pierce (Alzheimer’s Disease). Perceived benefits of having a nationally-known personality are increased attention to and awareness of the issue, generation of publicity and visibility, and positive media exposure.

  Readers may also wish to access the companion report, (Pending Release) Advancing and Sustaining a State-based Falls Prevention Agenda: The Role of Legislation, Policy, and Regulation, in which states provided thoughtful and creative ideas to advance the state and national agenda on falls prevention. The National Conference of State Legislatures also collaborated in this effort, posting legislative initiatives on their web site for easy access: Elderly Falls Injury Prevention Legislation and Statutes.

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VIII. References


Two Oceans Consulting Group. (2006). Report on lexicon and images for a marketing campaign for the Fall Prevention Center for Excellence


IX. Appendix A

Interview Questions

1. What have been the themes and components of your falls prevention awareness efforts? What vehicles did you use to get out the message?

2. Did you tie your efforts to your advocacy campaigns?
3. What have been your lessons learned -- what would you do differently in your falls prevention campaign?

4. Are you measuring the success of your campaigns? If so, how? If not, what tools would be helpful to measure success?

X. Appendix B

Designating September 22, 2009, as ‘National Falls Prevention Awareness Day’. (Agreed to by Senate)

111th CONGRESS
1st Session
S. RES. 276

Designating September 22, 2009, as ‘National Falls Prevention Awareness Day’.

IN THE SENATE OF THE UNITED STATES

September 21, 2009

Mr. KOHL (for himself, Ms. MIKULSKI, Mr. ENZI, Mr. CASEY, Mr. SANDERS, and Mrs. MURRAY) submitted the following resolution; which was considered and agreed to

RESOLUTION

Designating September 22, 2009, as ‘National Falls Prevention Awareness Day’.

Whereas older adults age 65 and over are the fastest growing segment of our population and whose numbers will increase from 35,000,000 in 2000 to 55,000,000 in 2020;

Whereas 1 in every 3 people in the United States who are 65 years of age or older falls each year;

Whereas falls are the leading cause of injury, deaths, and hospital admissions for traumatic injuries among adults 65 years of age and older;

Whereas, in 2007, approximately 1,900,000 people with fall-related injuries were treated in hospital emergency departments and approximately 492,000 were hospitalized after treatment;
Whereas, in 2006, more 16,600 people aged 65 and older died from injuries related to unintentional falls;

Whereas, in 2000, direct medical costs for fall-related injuries for adults aged 65 and older totaled more than $19,000,000,000;

Whereas the Centers for Disease Control and Prevention estimate that if the rate of increase in falls is not slowed, annual direct treatment costs under the Medicare program will reach $32,400,000,000 by 2020;

Whereas evidence-based programs show promise in reducing falls and facilitating cost-effective interventions, such as comprehensive clinical assessments, exercise programs to improve balance and health, management of medications, correction of vision, and reduction of home hazards;

Whereas research indicates that fall prevention programs for high-risk older adults have a net-cost savings of almost $9 in benefits to society for each $1 invested;

Whereas the Safety of Seniors Act of 2007 (Public Law 110-202) was enacted to amend the Public Health Service Act (42 U.S.C. 280b et seq.) to create a national education campaign aimed at older adults, their families, and healthcare providers, and injury prevention programs that focus on the reduction and prevention of falls among older adults; and

Whereas the Falls Free Coalition Advocacy Work Group and its numerous national and State supporting organizations should be commended for their efforts to raise awareness and to promote better understanding, research, and programs to prevent falls among older adults: Now, therefore, be it

Resolved, That the Senate—

(1) designates September 22, 2009, as ‘National Falls Prevention Awareness Day’;

(2) commends the Falls Free Coalition Advocacy Work Group and the 22 State falls coalitions for their efforts to work together to increase education and awareness about the prevention of falls among older adults;

(3) encourages businesses, individuals, Federal, State, and local governments, the public health community, and health care providers to work together to promote the awareness of falls in an effort to reduce the incidence of falls among older people in the United States;
(4) urges the Centers for Disease Control and Prevention to continue developing and evaluating interventions to prevent falls among older adults that can be used in effective community-based fall prevention programs;

(5) encourages State health departments to use their significant leadership to reduce injuries and injury-related health care costs by collaborating with colleagues and a variety of organizations and individuals to reduce falls among older adults; and

(6) recognizes proven, cost effective fall prevention programs and policies and encourages experts in the field of fall prevention to share their best practices so that their success can be replicated by others.

Table 1.

State coalition leads contributing to this publication

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel Zerbo</td>
<td>California Department of Public Health</td>
</tr>
<tr>
<td>Margaret Haynes</td>
<td>MaineHealth’s Partnership for Healthy Aging</td>
</tr>
<tr>
<td>Lewis Howe</td>
<td>Massachusetts Department of Health</td>
</tr>
<tr>
<td>Linda Scarpetta</td>
<td>Michigan Department of Community Health</td>
</tr>
<tr>
<td>Emily Farah-Miller</td>
<td>Minnesota Metropolitan Area Agency on Aging</td>
</tr>
<tr>
<td>Rhonda Siegel</td>
<td>New Hampshire Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>Susan Hardman</td>
<td>New York State Department of Health</td>
</tr>
<tr>
<td>Ana Rojas</td>
<td>Hamilton County, Ohio Public Health</td>
</tr>
<tr>
<td>Lisa Millet</td>
<td>Oregon Dept. of Human Services, Health Services</td>
</tr>
<tr>
<td>Ilene Silver</td>
<td>Washington State Department of Health</td>
</tr>
<tr>
<td>Amber Williams</td>
<td>State and Territorial Injury Prevention Directors Association (STIPDA)</td>
</tr>
</tbody>
</table>

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### Table 2.
State or Regional Falls Prevention Websites

<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>StopFalls Network California: <a href="http://www.stopfalls.org">http://www.stopfalls.org</a></td>
</tr>
<tr>
<td>Connecticut</td>
<td>Connecticut Collaboration for Fall Prevention: <a href="http://www.fallprevention.org">http://www.fallprevention.org</a></td>
</tr>
</tbody>
</table>
| Massachusetts  | Massachusetts Prevent Injuries NOW! Network: [www.masspinn.org](http://www.masspinn.org)  
Massachusetts Senior Care Association: [http://www.maseniorcare.org/](http://www.maseniorcare.org/) |
| Michigan       | Michigan Fall Prevention Partnership: [www.michigan.gov/injuryprevention](http://www.michigan.gov/injuryprevention) |
| Minnesota      | Minnesota Falls Prevention Initiative: [www.mnfallsprevention.org](http://www.mnfallsprevention.org) |
| Ohio           | Hamilton County Fall Prevention Task Force: [http://www.fallpreventiontaskforce.org/index.html](http://www.fallpreventiontaskforce.org/index.html) |
| Pennsylvania   | Pennsylvania Violence and Injury Prevention:  
[http://www.dsf.health.state.pa.us/health/cwp/browse.asp?a=174&bc=0&c=35475](http://www.dsf.health.state.pa.us/health/cwp/browse.asp?a=174&bc=0&c=35475) |
| Rhode Island   | Rhode Island Fall Prevention Partnership: [http://www.fallprevention.ri.gov/index.htm](http://www.fallprevention.ri.gov/index.htm) |
and [www.adsa.dshs.wa.gov/pubinfo/falls/](http://www.adsa.dshs.wa.gov/pubinfo/falls/) |

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### Acknowledgments

This publication would not have been possible without the creative and enthusiastic contributions of states working tirelessly to bring awareness to the growing public health issue of falls and falls-related injuries among their most vulnerable citizens. More importantly, they are bringing evidence-based solutions and resourceful partnerships to bear in communities across the country. Many states are active members of the State Coalitions on Fall Prevention Workgroup - a dynamic, peer-learning network that works collectively to address the growing public health issue of falls and falls-related injuries among older adults. These coalitions, led by energetic and devoted leaders in public health, aging, and health care, are making a real difference in the lives of older adults. We salute them for their foresight and dedication.
We also extend our appreciation to the agencies and foundations that have supported the Falls Free™ Initiative and the State Coalitions on Fall Prevention Workgroup under which this publication was prepared: The Archstone Foundation, the National Center for Injury Prevention and Control, and the US Administration on Aging.

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