

New Hampshire



Preventing Falls—Step by Step

Did you know that in the United States, one of every three adults aged 65 or older falls each year, and fewer than half of them talk to their health care provider about it? Falls can cause injuries, including severe ones such as hip fractures and head traumas, and can increase the risk of early death. Furthermore, in 2010, falls totaled \$30 billion in direct medical costs.

Fall prevention experts report that using evidence-based tools and strategies can save money, reduce deaths, and enhance the quality of life for older adults. A 2-year project led by the New Hampshire Falls Risk Reduction Task Force helped more than 100,000 seniors and reduced fall-related costs for the state.

Public Health Problem

The room was spinning and suddenly, 67-year-old Gretchen Goode found herself looking up from the floor. She groaned, “This can’t be happening to me in my own kitchen!”

Sound familiar? Falls are the leading cause of injury-related deaths, hospitalizations, and emergency room visits for New Hampshire’s citizens aged 65 or older.

- Among older adults, falls are the leading cause of injury and death, and most falls (60%) happen at home.
- On average, in New Hampshire, more than 90 people die each year as a result of falls; 9,000 are treated at the emergency room; and 3,000 are hospitalized.
- Hospital costs related to falls exceed \$105.6 million each year.
- After being released, more than 80% of these patients cannot return home to live independently.
- Fall risk assessments can be an important first step to prevention, and include a review of fall history, medications, underlying conditions, functional status tests, and environmental factors.

Contrary to popular belief, falls are not an inevitable consequence of aging; they are preventable.

Taking Action

The Injury Prevention Program in the Division of Public Health Services leads the New Hampshire Falls Risk Reduction Task Force. With support from the PHHS Block Grant, the task force sponsored the program,

Best Practice, Falls Risk Reduction Project.

This 2-year project leveraged partnerships, trained providers, and collaborated with health systems to decrease the risk of falling. Their work involved the following key steps:

- Leadership was provided by the Injury Prevention Program at Dartmouth College and the Department of Health and Human Services’ Injury Prevention Program.
- Organizations were recruited statewide to receive specialized training on effective tools and strategies to prevent falls.
- Teams from seven area hospitals, four long-term care homes, and eight community inpatient and outpatient agencies worked with the task force to implement fall prevention recommendations.
- Teams were asked to connect the aims of the task force to initiatives in their organizations by collecting data relating to each group’s goals and sharing information with other teams, thus increasing the likelihood that initiatives would be adopted.
- All teams collected information on falls treated in their settings, including falls per hospital day, self-reported falls, patient functional status, and environmental changes such as replacing bed equipment.
- National fall prevention experts provided educational and scientific updates to teams at quarterly meetings and annual conferences, while state team coaches provided ongoing support.

Healthy People Objective
Unintentional Injury Deaths

PHHS Block Grant Funding
50%–74%—Significant source of funding



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For more information on the
PHHS Block Grant, go to
www.cdc.gov/phhsblockgrant



For more information on
Healthy People, go to
www.healthypeople.gov

Impact

Thanks to the PHHS Block Grant and New Hampshire Falls Risk Reduction Task Force, the 2-year *Best Practice, Falls Risk Reduction Project* achieved several successes:

- The rates of falls and related injuries declined in locations that made suggested changes.
- More signage and environmental changes improved safety at hospitals and senior living spaces. Changes included more appropriate beds, better lighting, the addition of floor mats, and safer bathroom design.
- New and improved practices were established for high risk patients, such as making further assessments, reviewing medications, establishing care plans, and assigning trained staff to patients who are likely to fall.
- Increasing referrals to fitness classes and making more classes available greatly improved the physical status of those who attended.
- More opportunities were created to provide education for patients, their families, and adults aged 65 or older in hospitals, clinics, and community-based settings.

The task force continues to pursue its long-term goals of encouraging older adults to adopt healthy behaviors, become more physically active, have their medications reviewed, and make appropriate safety modifications to their homes.

Fortunately, Mrs. Goode's fall didn't cause serious injury; it turned out that she had vertigo. Still afraid of falling after treatment, she decided to attend fall prevention classes at her local senior center. Today Mrs. Goode, along with several friends, enjoys a more active lifestyle.

The Preventive Health and Health Services Block Grant is managed by the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health, in collaboration with state health departments. The PHHS Block Grant supports prevention efforts in all 50 states, the District of Columbia, 8 US territories, and 2 American Indian tribes.

PHHS Block Grant Supports

New Hampshire Healthy People Priorities

The PHHS Block Grant provides flexible funding that states can use to prevent and control chronic diseases, respond quickly to outbreaks of infections and waterborne diseases, and address their specific public health needs. States can align their programs with health objectives from [Healthy People 2020](#).

New Hampshire uses its funds to address 14 health objective priorities, including:

- Dental Caries Experience.
- Comprehensive Laboratory Services.
- Continuing Education and Training.
- Tuberculosis.
- Stroke.

For a complete list of funded health objectives, go to
<http://www.cdc.gov/phhsblockgrant/stateHPprior.htm>.