

PREVENTING & DECREASING FALLS IN THE COMMUNITY

PROVIDED BY: MONASH HEALTH LIBRARY

DATE: 24 APRIL 2023

Please find following a summary of a literature search and relevant results. All articles can be provided in full - email library@monashhealth.org for a list of the articles you require.

QUESTION

What public health interventions exist for preventing and/or decreasing falls in the community.

SEARCH LIMITS

English-language, last 5 years.

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by two librarians using [Covidence](#). See the Appendix for the PRISMA chart, search terms, and Medline search strategy.

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Cochrane Library – collection of databases containing high-quality independent evidence.
- ProQuest Nursing & Allied Health – scholarly journals, theses, and books for nursing & AH.
- UpToDate & BMJ Best Practice – synthesised evidence for patient care.
- Grey literature – Google, Google Scholar, Trip database, Biomed Central Proceedings.

LITERATURE RESULTS

All articles can be provided in full text - email library@monashhealth.org a list of articles you require.

GENERAL RESOURCES

GUIDELINES

Montero-Odasso, M., et al. (2022). **World guidelines for falls prevention and management for older adults: a global initiative.** *Age and ageing*, 51(9), afac205. [Click for full-text.](#)

All older adults should be advised on falls prevention and physical activity. Opportunistic case finding for falls risk is recommended for community-dwelling older adults. Those considered at high risk should be offered a comprehensive multifactorial falls risk assessment with a view to co-design and implement personalised multidomain interventions. Other recommendations cover

details of assessment and intervention components and combinations, and recommendations for specific settings and populations.

World Health Organisation. (2021). **Step Safely: Strategies for preventing and managing falls across the life-course.** [Web link.](#)

The Step Safely technical package provides concrete recommendations for evidence-based strategies to prevent and manage falls for children and adolescents, workers, and older people. Among others, effective prevention measures include parenting programmes for low-income and marginalized families, stricter worker safety regulations, and strength and balance training for older people.

National Institute for Health and Care Excellence. (2017). **Falls in older people.** [Web link.](#)

Older people living in the community who have a known history of recurrent falls are referred for strength and balance training

World Health Organisation. (2017). **Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity.** [Web link.](#)

Multimodal exercise (balance, strength, flexibility and functional training) should be recommended for older people at risk of falls. Quality of the evidence: moderate. Strength of the recommendation: strong.

National Institute for Health and Care Excellence. (2013). **Falls in older people: assessing risk and prevention.** [Web link.](#)

This guideline includes recommendations on:

- multifactorial risk assessment of older people who present for medical attention because of a fall, or report recurrent falls in the past year
- multifactorial interventions to prevent falls in older people who live in the community
- multifactorial risk assessment of older peoples' risk of falling during a hospital stay
- multifactorial interventions to prevent falls in inpatients at risk of falling

Tiedemann, A., et al. (2011). **Exercise and Sports Science Australia position statement on exercise and falls prevention in older people.** *Journal of science and medicine in sport*, 14(6), 489–495. [Click for full-text.](#)

There is now extensive evidence to demonstrate that many falls are preventable, with exercise playing a crucial role in prevention. Research evidence has identified that programs which include exercises that challenge balance are more effective in preventing falls than those which do not challenge balance. It is important for exercise to be progressively challenging, ongoing and of sufficient dose to maximise its benefits in reducing falls.

Australian Commission on Safety and Quality in Healthcare. (2009). **Preventing falls and harm from falls in older people.** [Web link.](#)

Multifactorial interventions (ie a combination of interventions tailored to the individual) are effective for reducing the rate of falls in the community setting. In the community setting, some single interventions (eg certain exercise programs and home safety programs in high-risk subgroups, and vitamin D with calcium supplementation for older people with low blood levels) can reduce falls and the number of fallers.

CLINICAL DECISION SUPPORT TOOLS

Kiel, D. (2022). **Falls: Prevention in community-dwelling older persons.** In UpToDate. [Web link.](#)

Multiple strategies for fall prevention have been evaluated in different settings. For patients with a history of falling, we suggest instituting a multidisciplinary risk factor screening/intervention program, home hazard assessment, and an exercise program combining several categories of exercise for muscle strengthening and balance.

Gill, A. (2023). **Prevention of falls and fall-related injuries in children.** In UpToDate. [Web link.](#)

Discusses specific strategies for prevention of falls in children due to windows, walkers, nursery products and furniture, playground equipment, shopping trolleys, and recreational activities.

ONLINE RESOURCES (GREY LITERATURE)

National Council on Aging. (2023). **2023 Otago Exercise Program Guidance Statement.** [Web link.](#)

The OEP is considered to be one of the most appropriate fall prevention programs for older adults at a high risk for a fall, or as an entry program for older adults starting their fall risk management journey.

Stepping On. (2023). **The Research.** [Web link.](#)

Stepping On is the public health program for falls prevention in NSW. This site discusses the evidence for the program. You can request a copy of the original randomised controlled trial [here.](#)

Australian and New Zealand Falls Prevention Society. (2022). **Why investing in falls prevention across Australia can't wait.** [Web link.](#)

Discusses the need for a co-ordinated government strategy on falls prevention.

Center for Disease Control. (2023). **STEADI – Older adult fall prevention.** [Web link.](#)

Information on the US STEADI public health program for falls prevention in the elderly. Includes several resources for professionals.

PEER-REVIEWED LITERATURE - IN REVERSE CHRONOLOGICAL ORDER

Articles are grouped by theme:

- Multi-component and Multifactorial Interventions – p. 4.
- Fall Prevention Programs – p. 5.
- Community Exercise Programs – p. 7.
- Technology – p. 8.
- Environment – p. 10.
- Screening & Prediction – p. 10.
- Economic Considerations p. 12.
- Consumer Experience – p. 13.
- Paediatric Falls – p. 14.

Each article summary contains excerpts from the abstract and an online link.

MULTI-COMPONENT & MULTIFACTORIAL INTERVENTIONS

La Porta, F., et al. (2022). **Efficacy of a multiple-component and multifactorial personalized fall prevention program in a mixed population of community-dwelling older adults with stroke, Parkinson's Disease, or frailty compared to usual care: The PRE.C.I.S.A. randomized controlled trial.** *Frontiers in neurology*, 13, 943918. [Click for full-text.](#)

The intervention was ineffective in reducing the number of falls, the falling probability, and the time to the first fall at 12 months in a mixed population of community-dwelling elderly. A significant improvement for two balance indicators was recorded in the intervention group.

Gawrońska, K., et al. (2020). **Falls, Aging and Public Health - a Literature Review.** *Ortopedia, traumatologia, rehabilitacja*, 22(6), 397–408. [Request full-text.](#)

We believe that the use of at least two different tools in the risk assessment should be encouraged in view of the complexity and multitude of the risk factors. An optimal approach to the problem assumes interdisciplinary collaboration of all medical staff in assessment, rehabilitation, as well as fall prevention strategies, which is the most economical method of treatment.

Koh, J. S. G., et al. (2020). **Evaluating a Novel Multifactorial Falls Prevention Activity Programme for Community-Dwelling Older People After Stroke: A Mixed-Method Feasibility Study.** *Clinical interventions in aging*, 15, 1099–1112. [Click for full-text.](#)

Participating in the programme helped participants to perceive improved balance, strength and empower them to make meaningful changes, improving their daily lived experiences.

Cheng, P., et al. (2018). **Comparative Effectiveness of Published Interventions for Elderly Fall Prevention: A Systematic Review and Network Meta-Analysis.** *International journal of environmental research and public health*, 15(3), 498. [Click for full-text.](#)

MFI and exercise appear to be effective to reduce falls among older adults, and should be considered first as service delivery options.

Hopewell, S., et al. (2018). **Multifactorial and multiple component interventions for preventing falls in older people living in the community.** *The Cochrane database of systematic reviews*, 7(7), CD012221. [Click for full-text.](#)

Multifactorial interventions may reduce the rate of falls compared with usual care or attention control. However, there may be little or no effect on other fall-related outcomes. Multiple component interventions, usually including exercise, may reduce the rate of falls and risk of falling compared with usual care or attention control.

FALL PREVENTION PROGRAMS

Mazza, N. Z., et al. (2021). **A Statewide Approach to Falls Prevention: Widespread Implementation of A Matter of Balance in North Carolina, 2014-2019.** *Journal of applied gerontology*, 40(11), 1447–1454. [Click for full-text.](#)

This study showcases the statewide strategies used to implement and sustain an evidence-based fall prevention program. Statistically significant improvements ($p < .05$) across health status measurements, times fallen, and falls resulting in injury were observed.

Tiedemann, A., et al. (2021). **Fall prevention behaviour after participation in the Stepping On program: a pre-post study.** *Public health research & practice*, 31(1), 30122004. [Click for full-text.](#)

This study demonstrates the appeal of the Stepping On program, and its positive impact on fall prevention behaviours among adults in the community aged 65 years and older. It is important to note the study limitations - namely, the self-reported nature of the measures used and the large amount of missing data.

Arkkukangas, M., et al. (2020). **Health promotion and prevention: The impact of specifically adapted judo-inspired training program on risk factors for falls among adults.** *Preventive medicine reports*, 19, 101126. [Click for full-text.](#)

The 10-week exercise program performed in a workplace setting improved physical and psychological functions, as well as techniques for falling safely, factors of great importance to prevent falls and fall-related injuries among men and women.

Malik, H., et al. (2020). **Fall Prevention Program Characteristics and Experiences of Older Adults and Program Providers in Canada: A Thematic Content Analysis.** *Journal of applied gerontology*, 39(10), 1124–1133. [Request full-text.](#)

Easily accessible information about fall prevention programs for older adults and no-cost, ongoing initiatives were critical. Health care providers play key roles in disseminating information, facilitating referrals, and advocating for initiatives that best meet the needs of older adults in their communities.

Ožić, S., et al. (2020). **Interventions aimed at loneliness and fall prevention reduce frailty in elderly urban population.** *Medicine*, 99(8), e19145. [Click for full-text.](#)

Public health interventions to prevent falls and to prevent loneliness have a positive effect on the frailty and independent living of the elderly living in their own homes in an urban community.

Thiamwong, L., et al. (2020). **Physio-Feedback and Exercise Program (PEER) Improves Balance, Muscle Strength, and Fall Risk in Older Adults.** *Research in gerontological nursing*, 13(6), 289–296. [Click for full-text.](#)

The physio-feedback, cognitive reframing, and peer coaching facilitate older adults to align their perceived fall risk with physiological fall risk and motivate them to stay active. PEER intervention is feasible; safe; improves balance, muscle strength, and fall risk; and may enhance activity engagement.

Khong, L., et al. (2018) **Design and development of a theory-informed peer-led falls prevention education programme to translate evidence into practice: a systematic approach,** *International Journal of Health Promotion and Education*, 56(4-5), 195-210. [Click for full-text.](#)

It is recommended that falls prevention education programmes designed for older adults seek key stakeholders' feedback, identify elements that would promote engagement of the intended messages to the older adults concerned, and are delivered using behaviour change techniques, relevant adult learning principles and pedagogical strategies.

Shubert, T. E., et al. (2018). **Disseminating the Otago Exercise Program in the United States: Perceived and Actual Physical Performance Improvements From Participants.** *Journal of applied gerontology*, 37(1), 79–98. [Click for full-text.](#)

Findings support that participation in the U.S. OEP as part of a plan of care can result in significant improvements in objective functional mobility, balance measures, and self-reported ability.

Singh, S., et al. (2018). **Fall Prevention Mobile Clinic: A Novel Fall Prevention Program for Community-Dwelling Older Adults.** *Canadian journal on aging*, 37(4), 482–495. [Click for full-text.](#)

After attending the FPMC, participants acted on recommendations, improved mobility and decreased their risk of future falls.

COMMUNITY EXERCISE PROGRAMS

Klima, D., et al. (2021). **Community-Based Fall Prevention and Exercise Programs for Older Adults.** *Current Geriatrics Reports*, 10, 58–65. [Click for full-text.](#)

All of the programs are supported by randomized control or quasi- experimental designs and have been found to reduce falls, reinforce falls efficacy, or improve some aspect of functional mobility.

Vella-Burrows, T., et al. (2021). **'Dance to Health': an evaluation of health, social and dance interest outcomes of a dance programme for the prevention of falls.** *Arts & health*, 13(2), 158–172. [Click for full-text.](#)

The findings support the case for recommending the Dance to Health programme in falls-prevention services in relation to its ability to promote a wide range of health and wellbeing benefits.

Easwaran, K., et al. (2021). **Effectiveness of Tai Chi for health promotion for adults with health conditions: a scoping review of Meta-analyses.** *Disability and rehabilitation*, 43(21), 2978–2989. [Click for full-text.](#)

Tai Chi is a form of safe, enjoyable, light-to-moderate aerobic physical activity for adults that is inexpensive to implement in diverse community settings.

Coyle, P. C., et al. (2020). **Potential long-term impact of "On The Move" group-exercise program on falls and healthcare utilization in older adults: an exploratory analysis of a randomized controlled trial.** *BMC geriatrics*, 20(1), 105. [Click for full-text.](#)

Compared to a community-based seated group exercise program, participation in OTM may result in a reduced risk of hospitalization. When OTM is adhered to, the risk for falling and hospitalizations are attenuated.

Miyawaki, C. E., et al. (2020). **The Potential of Optometrists' Referrals of Older Patients to Community-Based Exercise Programs: Findings From a Mixed-Methods Study.** *Journal of aging and physical activity*, 28(2), 194–207. [Click for full-text.](#)

The vast majority of optometry patients (90%) indicated that they would follow such a prescription for exercise from their optometrists. The results suggest that there is an opportunity for community-clinical partnerships to prevent falls and to improve the health of older patients.

Nicklas, B. J., et al. (2020). **Implementation of a Community Walking Program (Walk On!) for Functionally-Limited Older Adults.** *The Journal of frailty & aging*, 9(3), 165–171. [Click for full-text.](#)

The results of the initial evaluation of Walk On! show high feasibility and acceptability of the program, as well as efficacy for improving physical function.

Arkkukangas, M., et al. (2018). **One-Year Adherence to the Otago Exercise Program With or Without Motivational Interviewing in Community-Dwelling Older Adults.** *Journal of aging and physical activity*, 26(3), 390–395. [Request full-text.](#)

Activity habits and exercise in combination with motivational interviewing had a significant association with adherence to the exercise program at a 1-year follow-up.

TECHNOLOGY

Lach, H. W., et al. (2023). **Developing online fall prevention program: Older adult recommendations.** *Geriatric nursing*, 50, 255–259. [Click for full-text.](#)

Older adults had concerns related to technology, engagement, and interaction with peers that they valued during face-to-face programs. They provided suggestions they felt would improve the success of online fall prevention programs, especially including synchronous sessions and getting input during program development from older adults.

Kohn, M. J., et al. (2023). **Adapting Evidence-Based Falls Prevention Programs for Remote Delivery - Implementation Insights through the RE-AIM Evaluation Framework to Promote Health Equity.** *Prevention science*, 1–11. Advance online publication. [Click for full-text.](#)

Findings demonstrate remote EBFPPs made planned and fidelity-consistent adaptations to remote delivery in partnership with researchers and community organizations, focusing on participant safety both in program content and delivery. While remote EBFPP delivery has increased access to EBFPPs for some populations from the perspective of program administrator, leaders, and staff, the digital divide remains a barrier in access to and comfort using technology.

Ambrens, M., et al. (2022). **Effect of eHealth-delivered exercise programmes on balance in people aged 65 years and over living in the community: a systematic review and meta-analysis of randomised controlled trials.** *BMJ open*, 12(6), e051377. [Click for full-text.](#)

This review provides preliminary evidence that eHealth-delivered exercise programmes improved balance and reduced fall risk in people aged ≥ 65 years.

Close, J. C. T., et al. (2022). **Fall prevention in older people: past, present and future.** *Age and ageing*, 51(6), afac105. [Click for full-text.](#)

new technologies such as devices and software programs that can offer low-cost interventions which may be more sustainable than our traditional time- and resource-limited approach to prevention. There is still more to be done and a translational focus is needed.

Fernández-Bermejo Ruiz, J., et al. (2022). **Bedtime Monitoring for Fall Detection and Prevention in Older Adults.** *International journal of environmental research and public health*, 19(12), 7139. [Click for full-text.](#)

The proposed system was experimentally validated with young adults. Results show that falls can be detected, in real time, with an accuracy of 93.51%. Furthermore, risk situations, such as transiting from lying on the bed to sitting on the bed side, are recognized with a 96.60% accuracy, and those where the user exits the bed are recognized with a 100% accuracy.

Gaspar, A. G. M., et al. (2022). **A Digital Health Service for Elderly People with Balance Disorders and Risk of Falling: A Design Science Approach.** *International journal of environmental research and public health*, 19(3), 1855. [Click for full-text.](#)

The digital healthcare service evaluation revealed a significant potential for clinical applicability of this digital solution for elderly people with balance disorders and risk of falling.

Collins, K., et al. (2021). **Exploring the Opportunities and Challenges of a Virtual Community-Based Older Adult Fall Prevention Program during COVID-19.** *Topics in Geriatric Rehabilitation*, 37(3), 145-151. [Click for full-text.](#)

There are strengths and challenges to both traditional community-based care models and the virtual models that have arisen as a result of the global pandemic. The future of community-based practice will likely be a combination of these models.

Monash Health Library

de Oliveira, F. S., et al. (2021). **Assessment of mHealth Solutions Applied to Fall Detection for the Elderly.** *Studies in health technology and informatics*, 285, 239–244. [Click for full-text.](#)

It can be concluded that the fall detection and prevention applications for the elderly available for Android and IOS showed good quality after rigorous evaluation.

Li, F., Harmer, P., Voit, J., & Chou, L. S. (2021). **Implementing an Online Virtual Falls Prevention Intervention During a Public Health Pandemic for Older Adults with Mild Cognitive Impairment: A Feasibility Trial.** *Clinical interventions in aging*, 16, 973–983. [Click for full-text.](#)

Findings from this study suggest the feasibility, with respect to intervention fidelity, compliance, and potential efficacy, of implementing an at-home, virtual, interactive Tai Ji Quan program, delivered in real-time, as a potential balance training and falls prevention intervention for older adults with MCI.

Sá, G. G. M., et al. (2019). **Technologies that promote health education for the community elderly: integrative review.** *Revista latino-americana de enfermagem*, 27, e3186. [Click for full-text.](#)

Falls in the elderly were the most discussed theme. The studies have shown that the types of technology found are feasible to promote health education for the community elderly.

ENVIRONMENT

Chippendale T. (2021). **Outdoor Falls Prevention Strategy Use and Neighborhood Walkability Among Naturally Occurring Retirement Community Residents.** *Health education & behavior*, 48(6), 899–906. [Click for full-text.](#)

Some strategies, such as visual scanning and holding rails on stairs, were used by 70% or more of participants while others, such as route planning, were infrequently or inconsistently used. With the exception of avoiding cell phone use while walking outdoors, no significant associations were found between walkability categories and outdoor falls prevention strategy use.

Edwards, N., et al. (2019). **Advocating for improvements to building codes for the population's health.** *Canadian journal of public health*, 110(4), 516–519. [Click for full-text.](#)

Ergonomic and epidemiologic evidence indicates that construction code improvements can reduce falls and fall-related injuries. Public health advocates have an important role to play in strengthening these codes.

Lee, S., et al. (2019). **Association between Recent Falls and Changes in Outdoor Environments near Community-Dwelling Older Adults' Homes over Time: Findings from the NHATS Study.** *International journal of environmental research and public health*, 16(18), 3230. [Click for full-text.](#)

Our findings suggest that safe and well-maintained outdoor environments may help prevent falls among community-dwelling older adults who engage in outdoor activities. Clinical and environmental interventions for promoting both safe walking and safe environments are warranted.

SCREENING & PREDICTION

Lim, M. L., et al. (2022). **Development and initial validation of the falls health literacy scale.** *Maturitas*, 159, 40–45. [Click for full-text.](#)

The novel, context-specific FHLS displayed good construct validity and reliability. The FHLS holds promise as a screening tool to differentiate individuals with different degrees of fall-related health literacy, which may help guide fall prevention interventions.

Brannen, D. E., et al. (2021). **Syndromic Surveillance Data for Accidental Fall Injury.** *Online journal of public health informatics*, 13(3), e18. [Click for full-text.](#)

The study found the indicators of increased risk of FI including freezing temperature, repeat acute care visits, older age groups, female gender, November, and December months.

Santhagunam, S. N., et al. (2021). **A theoretical framework to improve adherence among older adults to recommendations received at a falls prevention clinic: A narrative review.** *Applied nursing research*, 62, 151493. [Click for full-text.](#)

The theoretical framework categorizes two dominant factors that affect adherence among older adults who fall. Intrinsic factors comprised of three domains included: demographics (age, gender, ethnicity), individual factors (participation, control, behavioural habits) and health factors (physical health, mental state, perceived severity).

Lamb, S. E., et al. (2020). **Screening and Intervention to Prevent Falls and Fractures in Older People.** *The New England journal of medicine*, 383(19), 1848–1859. [Click for full-text.](#)

Advice by mail, screening for fall risk, and a targeted exercise or multifactorial intervention to prevent falls did not result in fewer fractures than advice by mail alone.

Byun, J., et al. (2019). **Tracking Senior Fall and Fall-Related Injury EMS Calls to Target Fall Prevention Programs, Salt Lake County, Utah.** *Preventing chronic disease*, 16, E48. [Click for full-text.](#)

Results were used by community partners to secure pilot funding and implement programs, collaborate with social services to better reach the senior population vulnerable to falls, develop one-on-one prevention programs at sites with a high prevalence of falls, implement collaborative fall prevention programs with EMS community paramedicine programs, and evaluate program interventions.

Ek, S., et al. (2019). **Predicting First-Time Injurious Falls in Older Men and Women Living in the Community: Development of the First Injurious Fall Screening Tool.** *Journal of the American Medical Directors Association*, 20(9), 1163–1168.e3. [Click for full-text.](#)

The FIF screening tool for first injurious fall in older persons consists of 3 questions and a physical test (5-second 1-leg standing balance with eyes open). Quick and easy to administer, it could be ideal for use in primary care or public health to identify older men and women at high fall risk, who may benefit from primary preventive interventions.

Pettee Gabriel, K. et al. (2019). **Physical activity trajectories and subsequent fall risk: ARIC Study.** *Preventive medicine*, 121, 40–46. [Click for full-text.](#)

Findings support public health campaigns targeting habitual moderate to vigorous intensity physical activity or exercise for fall prevention and suggest that interventions should be initiated in midlife; a time when individuals may be more able and willing to change behavior.

ECONOMIC CONSIDERATIONS

Kwon, J., et al. (2023). **Economic model of community-based falls prevention: seeking methodological solutions in evaluating the efficiency and equity of UK guideline recommendations.** *BMC geriatrics*, 23(1), 187. [Click for full-text.](#)

Methodological advances addressed several key challenges associated with falls prevention modelling. Guideline-recommended strategy appears cost-effective and equitable versus usual care.

Kwon, J., et al. (2022). **Systematic review and critical methodological appraisal of community-based falls prevention economic models.** *Cost effectiveness and resource allocation*, 20(1), 33. [Click for full-text.](#)

Existing community-based falls prevention models contain methodological limitations spanning four challenge areas relevant for public health modelling. There is scope for further methodological research to inform the development of falls prevention and other public health models.

Goldsmith, S., et al. (2021). **A cost-effectiveness evaluation of Dance to Health: a dance-based falls prevention exercise programme in England.** *Public health*, 198, 17–21. [Click for full-text.](#)

Findings from the research show that under the suggested health intervention, there was a 58% reduction in the number of falls. Furthermore, the results also demonstrate that Dance to Health offers a potential cost saving of more than £196m over a 2-year period, of which £158m is a potential cost saving for the NHS.

Mikos, M., et al. (2021). **Falls - the socio-economic and medical aspects important for developing prevention and treatment strategies.** *Annals of agricultural and environmental medicine*, 28(3), 391–396. [Click for full-text.](#)

This review elaborated on the nature of falls in different populations and analyzed the influence falls have on the healthcare system, in society, and on the economy.

Deverall, E., et al. (2019). **Exercise programmes to prevent falls among older adults: modelling health gain, cost-utility and equity impacts.** *Injury prevention*, 25(4), 258–263. [Click for full-text.](#)

The intervention generating the greatest health gain and costing the least was the home-based exercise programme intervention.

Smith, M. L., et al. (2018). **Examination of sustainability indicators for fall prevention strategies in three states.** *Evaluation and program planning*, 68, 194–201. [Click for full-text.](#)

Findings suggest the importance of grantees to identify potential barriers and enablers influencing program sustainability during the planning phase of the programs.

CONSUMER EXPERIENCE

Cavill, N., et al. (2022). **A qualitative exploration of English black adults' views of strength and balance activities in mid-life.** *BMC public health*, 22(1), 2109. [Click for full-text.](#)

This study has shown that among the black middle-aged adults we interviewed, the knowledge and salience of this message is low. Public health approaches should be taken to communicate the importance of enhancing strength and balance as people approach older age, including communication and education programmes led by health professionals, who were viewed with authority amongst these participants.

Ye, P., et al. (2022). **Perceptions of Facilitators and Barriers to Implementation of Falls Prevention Programs in Primary Health Care Settings in China.** *JAMA network open*, 5(8), e2228960. [Click for full-text.](#)

Clear recognition of the challenges and benefits of falls prevention, adaptive regionally tailored guidance plans, and continuous governmental policy and financial support were the major facilitators, whereas the major barriers consisted of insufficient confidence in delivering interventions and poor understanding of the falls burden, low recognition of the importance of falls prevention, limited multisectoral collaboration, and weak financial incentives.

Vincenzo, J. L., et al. (2021). **Older Adults' Experience With Fall Prevention Recommendations Derived From the STEADI.** *Health promotion practice*, 22(2), 236–247. [Request full-text.](#)

An unexpected facilitator to participation in fall prevention efforts emerged – older adults' perception that they were positively influencing society by participating in research and working with students and the university.

Kiami, S. R., et al. (2019). **Facilitators and barriers to enrolling in falls prevention programming among community dwelling older adults.** *Archives of gerontology and geriatrics*, 82, 106–113. [Click for full-text.](#)

History of falling, fear of falling, self-efficacy, and recognition of program benefits were all associated with a greatly likelihood to enroll in falls prevention programming. Additionally, seven facilitators were associated with greater likelihood to enroll, including offered close to home, free vision screen, friendly leader, coffee hour to socialize, no cost, group exercise, and safe place. Physician advice to attend a program was not associated with likelihood to register, supporting the need for a paradigm shift from physicians serving as the key change-agent in falls prevention to multiple partnerships. In addition, although 72% of participants were likely to register for a falls prevention program, only 28% knew if a program was being offered in their community.

PAEDIATRIC FALLS

Del Castillo-Andrés, Ó., et al. (2019). **Effects of Fall Training Program on Automatization of Safe Motor Responses During Backwards Falls in School-Age Children.** *International journal of environmental research and public health*, 16(21), 4078. [Click for full-text.](#)

Students' natural response to falls was associated with a high risk of injury in more than 90% of the cases. The implementation of the Safe Fall program resulted in a considerable decrease in this risk, with percentages lowered to levels between 8.7% and 18.3%.

MEDLINE SEARCH STRATEGY

Ovid MEDLINE(R) ALL <1946 to April 17, 2023>

- 1 ((Public health or community health or population health) adj3 (program* or promot* or model* or review* or framework* or intervention* or guideline* or strateg* or approach* or policies or policy*)).tw. 47663
- 2 Population Health/ or Residence Characteristics/ or Population Surveillance/ or Public Health/ or Health promotion/ or Delivery of health care/ 376287
- 3 1 or 2 409934
- 4 ((Prevent* or decrease or avoid or limit or declin*) adj3 (fall or falls or falling)).tw. 10127
- 5 Accidental Falls/ 27923
- 6 4 or 5 32567
- 7 3 and 6 1226
- 8 limit 7 to last 5 years 237
- 9 limit 8 to english language 233

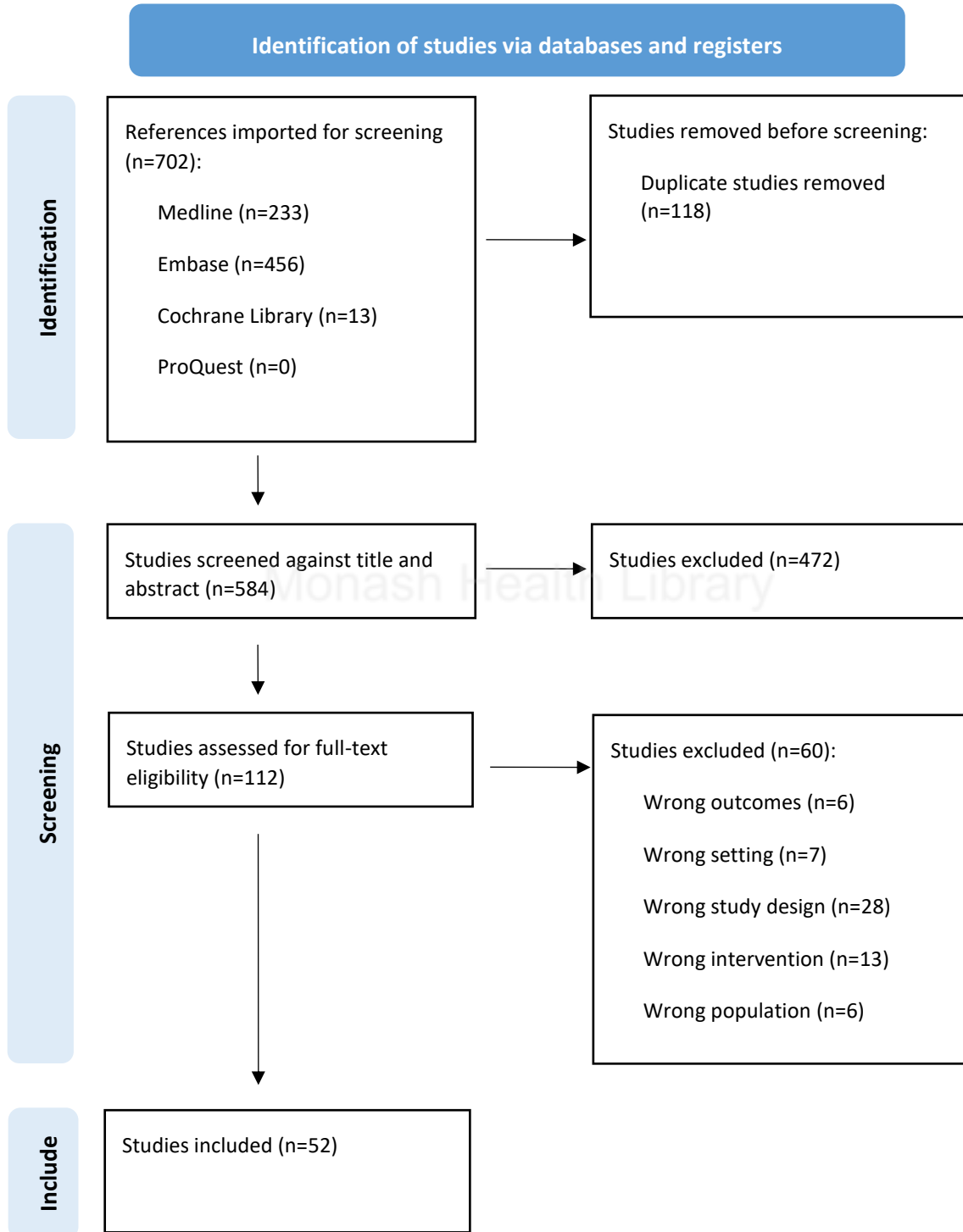
Monash Health Library

SEARCH TERMS

Concept	MeSH headings	Keywords
Public health interventions	Population Health; Residence Characteristics; Population Surveillance; Public Health; Health promotion; Delivery of health care	Public health; Community health; Population health; Program(me); Promot(e)(ions)(ional); Model(s)(ling); Review(s); Framework(s); Intervention(s); Guideline(s); Strateg(y)(ies)(ic); Approach(es)(ed); Policies; Policy
Preventing or Decreasing Falls	Accidental falls	Prevent(s)(ed)(ing); Decrease; Avoid; Limit; Declin(e)(es)(ing); Fall; Falls; Falling

APPENDIX

PRISMA CHART



This report contains curated literature results against a unique set of criteria at a particular point in time. Users of this service are responsible for independently appraising the quality, reliability, and applicability of the evidence cited. We strongly recommend consulting the original sources and seeking further expert advice.