

Why investing in **falls prevention** across Australia can't wait

Australian and New Zealand Falls Prevention Society (ANZFPS)
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KEY MESSAGES AND RECOMMENDATIONS

Key messages

- Falls and fall injuries are a large and growing problem for all Australians
- Fall injuries in older adults already cost Australian healthcare systems \$2.3 billion each year
- Fall injuries can be devastating for individuals and their loved ones
- There has been no national strategy on preventing falls in Australia for nearly 10 years
- Investing in effective prevention will provide quick returns for the health sector
- A well-implemented fall prevention strategy will enhance longer-term benefits for health, quality of life and independence of older Australians

Recommendations for government

1. Establish a National Falls Prevention Coordination Group, modelled on the coordinated and nationally funded action in the United States and United Kingdom, adapted for the Australian context and informed by previous initiatives in Australia and New Zealand
2. Develop and implement a 5-year national plan for preventing falls that is funded to reach a critical mass of community-dwelling older people and those in residential care
3. Engage all levels of government and a broad range of sectors, including health and aged care, housing, transport, and planning and development
4. Include falls prevention strategies for people across the lifespan and in all settings to maximise benefits
5. Greater investment in translational falls prevention research

PURPOSE OF THIS REPORT

This report has been prepared by the Australian and New Zealand Falls Prevention Society (ANZFPS) to present a case for urgent and coordinated national action on the prevention of falls and fall injuries among older people.

The Society is committed to reducing the problem of falls in older people and those with balance impairment. It holds the strong and evidence-based view that the problem is large, expected to keep growing with our ageing population, and that there are currently effective and cost-effective interventions that can reverse this trend.

Vision

Australia will have a world class national falls prevention strategy by 2025. It will be accompanied by well-implemented long-term falls prevention programs that can reduce falls by 30%.

This vision statement reflects the need for a clear falls prevention policy and coordinated action, supported by adequate funding, to implement evidence-based strategies throughout Australia. This action is urgently required as we face the ageing of our population. We need solutions to ease the demand on our already over-burdened health systems. Such action is urgently required to rectify under-investment in programs that tackle the serious issue of falls. Without investment in coordinated action, we will see a ballooning in the numbers of ambulance call-outs, fracture-related surgeries, and allocation of hospital bed days – due to increases in the number of older people who have had a fall injury.

Immediate action targeting prevention of falls will deliver swift returns. Within months of program implementation, falls will be significantly reduced in number and severity. Program delivery will target appropriate evidence-based services, including: exercise, multifactorial approaches such as better medication management, modifications to the home and residential aged care environments, and podiatric interventions for those with disabling foot pain.

BACKGROUND

Falls are recognised as a problem at a global level

Australia’s population, along with the global population, is ageing. The World Health Organization (WHO) notes that between 2015 and 2050, the proportion of the world’s population over 60 years of age will nearly double from 12% to 22%. The pace of population ageing is increasing, and “all countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift”.¹

The WHO recognises the burden of falls in terms of disability and death. They note that fall-related deaths have risen much faster than any other type of injury over the last two decades, primarily due to ageing populations. The evidence-based falls prevention strategies described within the WHO’s technical package to address falls, reflects the fact that falls in older people can be prevented if these strategies are implemented appropriately.²

Good models of national strategies already exist


While several OECD nations have national falls prevention strategies, the UK, USA and New Zealand offer three different models, which have been in place for several years and provide elements of potential interest for adaptation to the Australian context.

UK	In 2016, the National Falls Prevention Coordination Group (NFPCG), made up of representatives from over 40 organisations, was established and was hosted and chaired by Public Health England. It transferred to NHSEI (NHS England and NHS Improvement) in October 2021. It provided a consensus statement on national direction and leadership on falls prevention and continues to provide community resources, professional training resources, and progress reports , as part of a coordinated and evidence-based strategy to prevent falls and fractures among older people.
USA	In 2015, the US National Council on Ageing (NCOA) released the 2015 Falls Free® National Action Plan , an update of their 2005 national plan, incorporating 12 broad goals, 40 evidence-based strategies and over 240 action steps. The Plan is managed by the National Falls Prevention Resource Center, and funded by a grant from the Federal government (U.S Department of Health and Human Services). In concert with the national plan, many states have developed falls prevention plans, legislation and statutes covering areas such as commitment to resourcing and maintaining working groups, falls prevention training for home care workers, and home design standards.
NZ	In New Zealand, the Accident Compensation Corporation (ACC), the Ministry of Health, and the Health Quality and Safety Commission together support the development of national and local strategies to deliver falls prevention schemes for older New Zealanders. This is coordinated by a fracture liaison officer who works with General Practitioners (GP) to identify patients who are at risk of fractures related to osteoporosis. There is GP screening for falls and referral to home-based falls prevention exercise interventions. The Live Stronger for Longer lead agency model was developed and funded by ACC in 2016 as a single point of contact for falls prevention by developing and supporting existing and new community strength and balance classes. This is in place in most District Health Board regions and they work closely with other community services to ensure people get access to the appropriate intervention.

Australia needs a new national falls prevention strategy


There has been no national focus on preventing falls in older Australians since the National Injury Prevention and Safety Strategy 2004 – 2014 and its adjunct document, the ‘National Falls Prevention Plan 2004 onwards’. National attention to this issue has been diverted and as a result, work on this major cause of disability-adjusted life years (DALYs) has largely been fragmented. While some [local and state-based initiatives](#) exist, there is little national coordinated action and resource sharing, and these efforts have been unsustainable without ongoing funding.

On a positive note, the Department of Health and Aged Care has announced that a new [National Injury Prevention Strategy 2020-2030](#) has been developed and is awaiting release. Preventing falls in older people presents an opportunity for immediate action under this Strategy. The size of the problem and the leading falls risk factors are well known, and effective falls prevention strategies are well supported by evidence. If the Australian federal and state Departments of Health implement the injury prevention strategy and establish, and action, a national falls prevention strategy, we will see reductions in falls in the order of 30%.



I’ve nearly tripped [in the street] but I’ve saved myself and I’ve thought, ‘Oh, I think the program must be helping’.

- EXERCISE PROGRAM PARTICIPANT, FEMALE, 74 YEARS



I’m a geriatrician, and every day, I get to be part of a fantastic team, working together to improve people’s mobility, reduce falls risk, and optimise independence. It’s wonderful. But the sad reality is that there are so many people who have had falls, often preventable, but who just don’t have access to the right information or the right people. So they’ll fall again.

- GERIATRICIAN



WHAT DO WE KNOW?

Australia is a world leader in research into falls prevention. Our challenge in recent years has been the failure to translate our research knowledge into policy actions. As Australia’s leading researchers and clinicians in this field, we call on governments in all jurisdictions to recognise the issue of falls in older people and prioritise funding for action to reduce the burden of falls on the community and on our health systems.

Falls and fall injuries are a large and growing problem in Australia

Falls and fall injuries place a heavy financial burden on impacted individuals, their families, and all taxpayers, as well as a heavy caseload and financial burden on our already overstretched health system. The COVID-19 pandemic has further amplified the size of the problem.

The ageing of the Australian population means that the problem of fall-related injuries will worsen if we fail to take preventive action, and management of these injuries will consume an increasing proportion of health care services. As shown in Table 1, ABS data indicate that in 2020 there were more than 4 million people in Australia who were 65 years and older. This number is expected to grow by 31% by 2030, and by 55% by 2040, far outstripping the all-ages population increases of 15.5% and 30%, respectively.³

Table 1: Population and falls data from 2020 and projections to 2030 and 2040

	2020	2030*	2040*
Australian population ³	25,873,480	29,931,725	33,603,376
Population aged 65 years and over ³	4.145 million	5.416 million	6.346 million
• Increase since 2020		31%	55%
• % of whole population	16.0%	18.1%	18.9%
• Hospital admissions due to a fall (59% of all fall-related admissions are to 65+ year olds) based on 2019/20 ⁴	132,933 (364/ day)	174,142 (477/ day)	206,046 (565/ day)
• Number of bed days (av. 9.5 days/admission) ⁴	1.26 million	1.65 million	1.96 million
• Deaths (94% of all fall related deaths are to 65+) ⁴	5,034	6,594	7,802
• ED visits due to falls ^{5^}	211,428	276,948	327,684

* Note: 2030 and 2040 figures for health outcomes are based on 2020 data from AIHW⁴ combined with the ABS population projections³.

^ Note: ED figures are based on 2019 data from WA which indicated there were 42 fall related ED visits for every fall related death (extrapolating to the whole of Australia). It should be noted that ED attendances vary across Australia, so these Australia-wide estimates should be treated with caution.



“ There seems to be a general lack of understanding about how important it is to invest in services such as physiotherapy to prevent falls.

In the community most people don’t want to think about preventing a fall until it is too late.

I fear that the government is not investing in falls prevention education and exercise enough, now, and when they finally realise that they need to support services such as physiotherapy it may be too late to prevent significant harm to our health system.

- PHYSIOTHERAPIST



In 2018, an estimated \$4.3 billion was spent on treating injuries due to falls across all ages in Australia.⁴ Among those aged 65+, current costs are \$2.3 billion each year⁴ or \$595 per capita, and is being managed by our already over-burdened health care system. This figure includes the combined cost of hospital, primary health care (for example general practitioners, allied health, and pharmaceuticals) and referred medical services (for example medical imaging and pathology) where data are available. Not included in this figure are costs beyond those to the health system, such as income losses by family who take on carer roles, modifications to living situations including admission to aged care, or the emotional costs to the injured person and their family. In 2018/19, Australians aged 65 years and over were 8 times more likely to be hospitalised and 68 times more likely to die from a fall than those aged 15-64.⁴

Falls are now the leading cause of injury-related deaths across all age groups in Australia with a rate of 15.4/100,000 (age standardised death rate), ahead of suicide (12.5/100,000) and transport (5/100,000).⁴ Older people (65+) make up 94% of all fall-related deaths. Among older people, there were 5,034 fall-related deaths in 2020, and a projected 6,594 in 2030 and in 7,802 in 2040, if current rates remain unchanged.^{3,4}

Sydney Morning Herald, 3 April 2021

“Australia’s most celebrated fashion designer Carla Zampatti has died at age 78.

Ms Zampatti died in St Vincent’s Hospital on Saturday, one week after she was knocked unconscious by a fall at a gala opera premiere on Sydney Harbour.

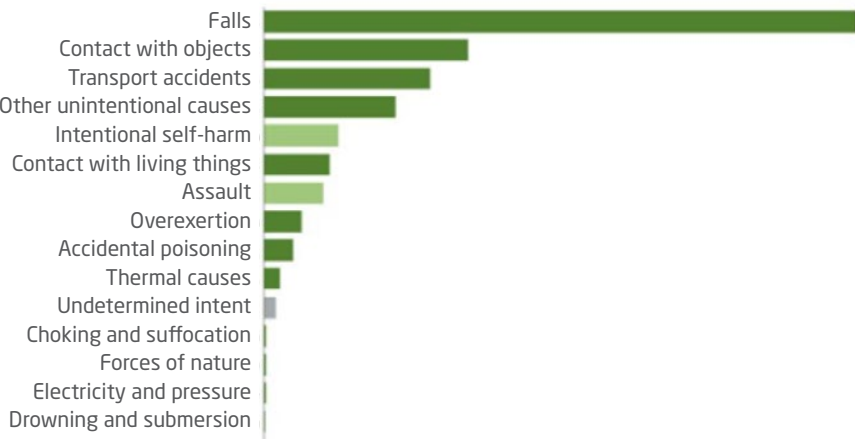
(...) Ms Zampatti was attending the opening night of La Traviata at Mrs Macquaries Point last Friday when she fell on the bottom two steps of a staircase. She was taken to St Vincent’s Hospital, where she spent the week in intensive care, before she succumbed to her injuries on Saturday morning. It is believed Ms Zampatti did not regain consciousness following the incident.”

Falls and fall injuries are a huge burden on health services

From 2010-11 to 2016-17 there was an average annual increase in age-standardised fall hospitalisations of 2.2%, indicating an increase beyond that which is expected of an ageing population.⁴ In 2020, falls were the leading cause of hospitalised injuries and injury deaths among older Australians, making up 77% of all injury hospitalisations and 71% of injury deaths in this age group.

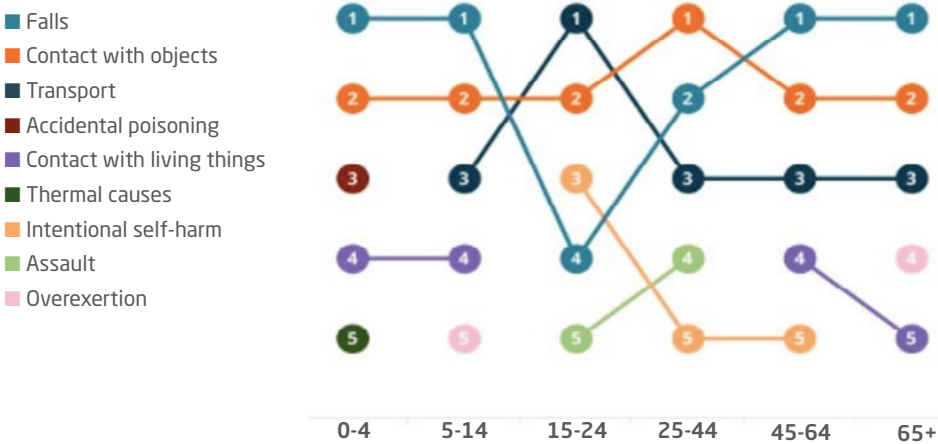
- In 2018-19, people living in ‘very remote areas’ were 1.4 times more likely to be hospitalised due to a fall compared to people living in inner regional areas.⁴
- Similarly, in 2019-20, Aboriginal and Torres Strait Islander people were 1.4 times more likely than non-Indigenous Australians to be hospitalised due to a fall injury.⁴
- A study of older patients with hip fractures indicated that aged care residents were over five times more likely to be hospitalised with this injury than those living in the community. While age and frailty would be expected to be different for these two groups, it indicates that strategies to address this risk in residential aged care facilities also need to be considered.⁶

INJURY HOSPITALISATIONS IN 2019-20, NUMBER



Source: AIHW 2022, Injury in Australia 2019-20

TOP 5 CAUSES OF INJURY HOSPITALISATION BY AGE, 2019-20



Source: AIHW 2022, Injury in Australia 2019-20

Figure 1: AIHW data (2019/20)⁴ show falls are by far the leading cause of injury-related hospitalisation in all age groups except 15 - 44 year olds.

Most hospitalised falls in older Australians, occur in private homes (53%), followed by residential aged care facilities (21%). Only around 1.5% occur within a health care facility. Approximately 14% are at unknown or unspecified locations. The remainder occur in public spaces including roads, retail and other businesses.⁴ In terms of raw numbers, in 2019/20, of the 127,000 older people hospitalised due to a fall, 69,868 occurred at home; 27,900 occurred in aged-care residential facilities, and 1,999 in a health care facility such as a hospital.⁴

Injurious falls among older people are a large problem for individuals and their families. Many older people who have had a hip fracture, cannot maintain their previous level of independence. One study based in the UK, indicated that following a hip fracture for all patients over the age of 50 who were living in their own home before hospital admission, around 20% had a final place of residence after discharge that offered supported care. This proportion increased with age, particularly after 80 years.⁷ A New South Wales-based study of people aged 70 years or over presenting to an Emergency Department as a result of a fall, identified that 9.5% became first-time residents of an aged-care facility following the fall. It should be noted that these two studies included patients of different age ranges (50+ years versus 70+ years) and the injury severity included (falls resulting in hip fractures versus falls resulting in Emergency Department presentation).⁸

“ I was at home and I had just had a shower and sat on my bed to put on my slippers. I fell forward and fractured my right femur and right wrist, which was very painful. I was taken to hospital and then to rehabilitation, but it became obvious that I wasn’t able to go home as I needed more help with care and to mobilise. I was admitted to a residential aged care facility. I miss my friends who would drop in daily for a chat. The staff are lovely, but it is not home.

A minute in time - a fall can change your life.

- FEMALE, 93 YEARS

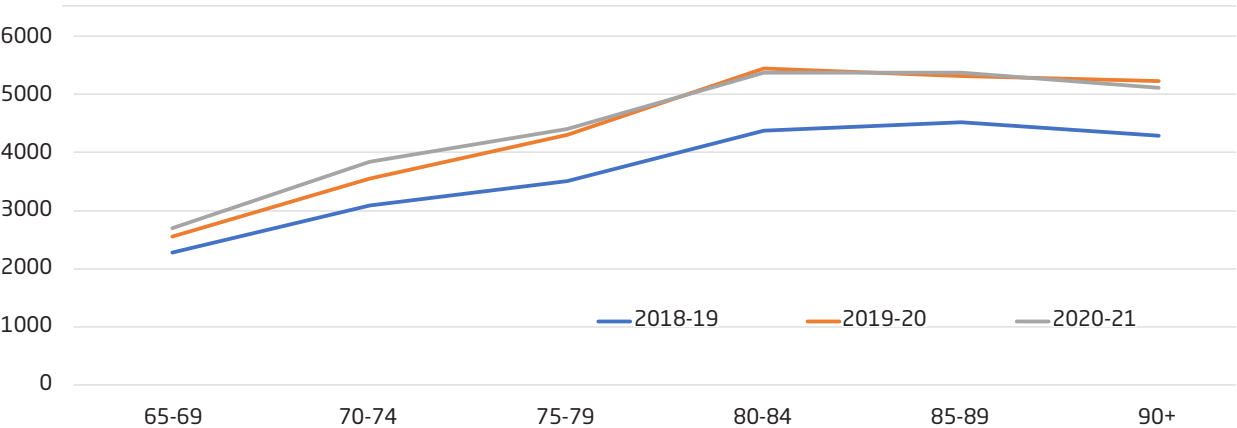


Older Australians hospitalised due to a fall had an average length of stay in hospital of 9.5 days.⁴ Currently in Australia, over 1.2 million hospital bed days are utilised by people over 65 years, admitted because of a fall.⁴ The ABS population growth estimates indicate that, conservatively, we could expect 1.65 million fall-related bed days by 2030 and 1.96 million by 2040 occupied by older people with fall injuries.³

National projections (based on data from Western Australia⁵) indicate that around 211,000 Emergency Department (ED) visits in 2020 were by older people who had fallen. This represents one fall-related ED visit every 2.5 minutes.

Falls among people aged 65+ years also lead to a large number of call-outs from ambulance services. Data available from NSW Ambulance electronic Medical Records, indicated that there were over 22,000 cases of falls attended by Ambulance NSW in 2018-19, and over 26,000 in each of the following two years. Figure 2 shows an increase in the number of cases in each age group between 2018-19 and 2019-20, particularly for those aged 75+. These data are based on raw numbers rather than age-standardised rates of ambulance attended falls cases. The smaller differences between 2019-20 and 2020-21 may have been impacted by COVID-19.

Figure 2: NSW ambulance data on fall cases by age group for people aged 65+, for 2018/19-2020/21
(Source: NSW Ambulance electronic Medical Records (eMR) database)



“ (There is) more to life than just ‘getting old’...

**Once I understood the reasons behind the exercise, I appreciated (why)....
I latched onto the (expert presentations) applicable to me...**

**I can raise myself from chairs, the bed and with much greater ease; I have
confidence when out walking, and apart from remembering ‘heel-toe’
when walking, looking straight ahead, I have no trouble getting around.**

In fact I feel a new woman.

- ‘STEPPING ON’ PARTICIPANT



Falls prevention gives quick returns on investment by governments

Currently, known effective interventions include exercise; single non-exercise interventions targeting people with specific risk factors; and multi-factorial interventions. Below are some of the strategies for which there is strong evidence of their effectiveness.

EXERCISE IN OLDER PEOPLE LIVING INDEPENDENTLY IN THE COMMUNITY

Exercise for community-dwelling older people is the most studied and effective single falls prevention intervention. The 2019 Cochrane review of exercise for falls prevention included 108 trials and confirmed that exercise can prevent falls in the community, reducing both the rate of falls (number of falls experienced per person) and the number of people who fall at least once per year (proportion of people who fall).⁹ This review categorised exercise programs as primarily involving different types of exercise according to criteria established by the European Union-funded ProFaNE group.¹⁰ As not all exercise modalities were equally effective in preventing falls, the impact of different types of exercise was explored independently.

Conclusions from this review were that effective forms of exercise to prevent falls in older people are:

- (i) exercise that primarily targets functional abilities or balance,
- (ii) exercise with multiple components (most commonly function/balance and strength),
- (iii) Tai Chi.

Conversely, there is no evidence that strength training alone, walking alone, or dance will prevent falls.



INTERVENTIONS TARGETED TO PEOPLE WITH PARTICULAR RISK FACTORS

Several other single interventions targeted to people with particular risk factors also prevent falls or injuries. There is evidence to support:

- i. podiatry intervention for people with disabling foot pain
- ii. cataract removal in those with operable cataracts
- iii. gradual reduction in psychoactive medications
- iv. vitamin D in those with low vitamin D
- v. medication review by a General Practitioner
- vi. replacement of multi-focal glasses with single-lens glasses in those who walk outdoors
- vii. environmental falls prevention interventions in high-risk people
- viii. hip protectors to prevent hip fractures if worn at the time of falls.¹¹

To address multiple co-existing risk factors for falls, interventions can be multifactorial. Multiple component interventions are those that provide a combination of interventions, usually exercise and another component, commonly education or home-hazard assessment. Encouragingly, there is evidence that such interventions can be effective on a large scale. A United States study of over 12,000 participants 65+ years, in the multi-factorial intervention group were 40% less likely to have a hospitalised fall following the program than those not in the program.¹² There is less understanding, however, of the relative effectiveness of different components due to the heterogeneous nature of the programs that have been evaluated. A recent systematic review found that there is a moderate level of evidence on the effectiveness of these multi-component interventions.¹³ An early trial by Tinetti et al.¹⁴ found that systematic targeting of fall risk factors through a combination of medication adjustment, behavioural instructions, and/or exercise led to a 30% lower fall rate in the intervention group compared to the control group.

Another study, a randomised controlled trial, based on detailed assessment of the risk factors of participants (who presented to Emergency Department due to a fall) followed by tailored interventions to address the specific set of risk factors was effective in reducing further falls.¹⁵ Further details on the evidence of this approach and those listed above can be found on the [ANZFPS website](#).

People with specific health conditions such as Parkinson’s disease or dementia have a particularly high risk of falls. For these populations, interventions need to be delivered in consultation with treating health care professionals and tailored to the specific stages and symptoms of the disease.

FALLS PREVENTION IN AGED CARE SETTINGS

People living in residential aged care settings have a particularly high risk of falls. While comparatively less research has been undertaken in such settings, there is moderate evidence that falls can be prevented by vitamin D supplementation for those low in vitamin D¹⁶, carefully constructed multifactorial interventions and well-designed exercise programs.¹⁷ The Royal Commission into Aged Care Quality and Safety highlighted the urgent need to address falls in this setting. The Australian Commission on Safety and Quality in Health Care is developing new standards for mobility and falls prevention in aged care service users.

“ I’m not scared now to do anything that would involve my balance because I feel more secure in what I’m doing there.

- FALLS PREVENTION PROGRAM PARTICIPANT, MALE, 76 YEARS



EXAMPLES OF STATE-BASED AUSTRALIAN FALLS PREVENTION AND EXERCISE PROGRAM INITIATIVES

There are some existing programs, resources and networks, which provide solid groundwork for national action. However, there is currently no mechanism through which to share and expand on these nationally.

Stepping On - Preventing Falls program (NSW Health)¹⁸ - a falls prevention program for people over 65 years of age who have had a fall or are concerned about having a fall.

NSW Fall Prevention and Healthy Ageing Network

<https://fallsnetwork.neura.edu.au/>

NSW Active and Healthy website database of community exercise

<https://www.activeandhealthy.nsw.gov.au/>

Stay on Your Feet in WA

<https://www.stayonyourfeet.com.au/>

Stay on Your Feet Qld

<http://www.health.qld.gov.au/stayonyourfeet/>

Victorian Public Health and Wellbeing Plan 2019 - 2023 (includes a priority on injury prevention including falls)

<https://www.health.vic.gov.au/publications/victorian-public-health-and-wellbeing-plan-2019-2023>

Victorian Community messaging

<https://www.health.vic.gov.au/wellbeing-and-participation/falls-prevention>

Commissioner for Senior Victorians, Ageing Well Action Plan 2022-2026

<https://www.vic.gov.au/ageing-well-action-plan>

COTA Living Longer Living Stronger exercise programs- supported by several state governments



“ By doing this I am helping to keep myself stable and keep myself from falling, [so] that when I’m moving around I feel confident that I’m steady. That’s my aim, to keep myself as well and as fit as I can.”

- EXERCISE PARTICIPANT, FEMALE, 82 YEARS

THERE ARE MANY CO-BENEFITS OF FALLS PREVENTION STRATEGIES

Previously discussed evidence-based strategies to prevent falls in older people have many health co-benefits. Some of these include:

- **Reduced risk of dementia** - is achieved through sustained exercise in later life, through decreasing obesity, diabetes, and cardiovascular risk.
- **Enhanced heart health** - is a co-benefit of exercise.
- **Mental health benefits** - as well as physical health benefits of joining a group to exercise and regular contact with a program leader.
- **Medication reviews** - by a GP, notably reduction in psychoactive medications, is good for one's health and well-being.
- **Alleviating foot problems** - including interventions that address footwear and foot pain, can ease the mental and physical debilitating aspects of chronic pain
- **Improved eye-sight** - through removal of operable cataracts and review of prescription lenses has multiple health and quality of life benefits.
- **Increased confidence at home** - can be achieved through addressing falls risk in the home (such as cluttered walkways, loose rugs, lack of grab rails in the bathroom) which can give older people greater confidence in getting around their home - especially at night if they need to get up to go to the bathroom.

All of the above benefits can also give older people greater confidence to get out and about - to shop, engage with friends and neighbours, explore outdoor community spaces and more.

“ Since I fell I have virtually given up walking on my own. I’m nervous of falling with no one around to help. I’m not sure how to re-establish confidence. Unless people like me know how to get help or how to find ways of reducing falls, it’s hard to regain confidence.

- FEMALE, 70 YEARS

WHAT ACTIONS ARE REQUIRED?

Our key recommendation is for the development of a **five-year National Falls Prevention Strategy** accompanied by a long-term funding strategy (budget allocation) to support its implementation, oversight, ongoing monitoring, and review.

By drawing on the international models of good practice (<https://www.anzfallsprevention.org/action-on-falls-prevention/>), adopting approaches recommended by global health agencies (WHO tool kit)², and considering how the latest scientific evidence translates for the Australian context, we recommend the following actions:

1. Establishment of a National Falls Prevention Task Force and Coordination Group (the Task Force). This Task Force should ideally be multi-disciplinary (including specialists and policy makers in health, aged care, housing, sport and active recreation, transport, and planning & development) and include representation from local, state and national levels of government, consumers, NGOs and relevant industries and organisations.
2. Stipulation of terms of reference for The National Falls Prevention Task Force which include the development of a National Falls Prevention Strategy for consultation and final approval by government.
3. Specification of key elements of the Strategy would ideally include:
 - A situation analysis to document and learn from existing state-based initiatives
 - Evidence-based action to reduce falls among older people who are geographically, socio-culturally or socio-economically disadvantaged
 - Promotion of opportunities to increase balance and lower-extremity muscle strength/power in healthy individuals across the lifespan
 - Provide greater opportunities for older people living independently to access multifactorial and multi-component programs that address specific needs
 - Analysis of and recommendations as required for reform in areas such as: falls prevention support for older people living independently, falls prevention training for homecare service providers, and housing design standards
 - Development of evidence-based resources or a “toolkit” that can be used by local and state-based falls prevention bodies
 - Through training and resources, build the capacity of the the health and aged-care sector to be able to promote or incorporate falls prevention strategies in their interactions with older people and their families
 - A communication plan to ensure that action is coordinated, lessons are learned and resources are shared, and stakeholders are kept abreast of changing evidence, policies and new initiatives
 - A social marketing strategy through social and mass media to increase awareness of falls prevention action among (a) older people (b) professionals and carers
 - Establishment of a falls data collection portal that can be used to identify high risk groups or areas, and monitor the impact of initiatives. This might be achieved through enhancements of / extensions to existing ABS surveys.

WHAT COULD SUCCESS LOOK LIKE?

An appropriately funded national strategy which sees the implementation of evidence-based strategies could expect the following to occur:

PHASE 1

Within 6-18 months of initial implementation, a well-funded evidence-based strategy will see:

- establishment of a suite of sustainability indicators
- agreement on a dashboard of performance indicators for (a) the public (b) government stakeholders
- agreement of an evaluation protocol covering the 5 years of implementation, with interim evaluation after year 2 and summative evaluation at the end of year 5.

a significant increase in:

- knowledge and attitudes that are favourable to reducing the risk of fall injury among older people themselves
- knowledge and attitudes that are favourable to reducing the risk of fall injury among general practitioners, hospital staff and allied health professionals
- awareness of electronic communications designed to increase community and professional awareness.

a significant reduction in:

- older people experiencing physical and emotional trauma due to a fall
- deaths due to falls in older people
- emotional and financial costs associated with falls to the families who often need to make changes to their own situation to care for an older relative who has fallen
- older people being admitted to a residential aged-care facility after an injurious fall
- acute care hospital beds occupied by an older person with a fall injury
- ambulance call-outs associated with an older person who has fallen
- Emergency Department presentations from older people having fallen
- health care costs - knowing that currently falls in people over 65 years cost \$2.3 billion in health care costs alone and our older population is the fastest growing age-group.

PHASE 2

Within 18 months to 5 years

- maintenance of gains achieved in all indicators of phase 1
- mid-point evaluation report after year 2, with guidance on any required recalibration of the strategy
- summative evaluation at the end of year 5
- ongoing engagement of older people in falls prevention initiatives.

“Physically, I can walk further. My breathing is better. I’m stronger. These exercises have helped, because it gives you more independence, and that’s what’s necessary, particularly, in a nursing home.”

- EXERCISE PARTICIPANT, FEMALE, 92 YEARS, LIVES IN A NURSING HOME SINCE FALLING AT HOME



ABOUT THE AUSTRALIAN AND NEW ZEALAND FALLS PREVENTION SOCIETY

The Australian and New Zealand Falls Prevention Society (ANZFPS) is the leading body for falls prevention research, policy and practice in Australia and New Zealand. The ANZFPS was formed in 2006 to promote the multidisciplinary study and implementation of falls prevention initiatives for older people and those with balance impairment.

ANZFPS brings together members from a broad range of disciplines: academics and researchers; research students; healthcare providers and clinicians; health, fitness and engineering industry representatives; and health policy makers.

ANZFPS (<https://www.anzfallsprevention.org/>) provides advocacy for falls prevention to policy and other decision makers, and community partners to translate research evidence into practice and policy.

To contact us you can email anzfallsprevention@neura.edu.au

ABOUT THE CENTRE OF RESEARCH EXCELLENCE

The Centre of Research Excellence (CRE) – Prevention of Falls Injuries brings together a diverse team of researchers that collaboratively develop and evaluate strategies in fall prevention that will have the best chance of reducing Australia’s rising rate of fall-related injuries. The CRE is funded by the National Health and Medical Research Council.

To learn more about the CRE visit crepreventfallsinjuries.org.au

ABOUT NEURA

Neuroscience Research Australia (NeuRA) is an independent, not-for-profit research institute based in Sydney aiming to prevent, treat and cure brain and nervous system diseases, disorders and injuries through medical research.

To learn more about NeuRA visit www.neura.edu.au

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Authors: Delbaere Kim, Elkington Jane, Sherrington Catherine

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