

**Title of Intervention:** Implementing Strategies to Decrease Risk of Falls in Older Women

**Intervention Strategies:** Group Education, Individual Education

**Purpose of the Intervention:** To decrease falls in female older adult populations

**Population:** Women aged 65 and older

**Setting:** Two senior meal sites, one in a large metropolitan city and one in a rural setting; community-based

**Partners:** None mentioned

**Intervention Description:**

- Group Education: The intervention emphasized three overall themes: threats that falling presents, believing that specific activities can increase safety and recommending cost effective interventions to reduce risk. Some participants met in a small group (i.e., six to seven women).
- Individual Education: Participants in the individual education group received the same information as those in the group education sessions, but instead in a one-on-one session with a nurse.

**Theory:** Not mentioned

**Resources Required:**

- Staff/Volunteers: Nurse instructors
- Training: Not mentioned
- Technology: Not mentioned
- Space: Space for classes
- Budget: Not mentioned
- Intervention: Curriculum
- Evaluation: Exams, self-report forms

**Evaluation:**

- Design: Randomized controlled trial
- Methods and Measures:
  - Folstein Mini Mental State Exam
  - Instrumental Activities of Daily living
  - Health Status from the Philadelphia Geriatric Center for Multi-level Assessment Instrument
  - History of falls in the previous six months
  - Use of assistive devices in mobility
  - Inventory of falls prevention measures in place

**Outcomes:**

- Short Term Impact: Seventy-three percent of older women participating in the fall prevention intervention made at least one low-cost change in either their personal behavior or living environment to decrease their likelihood of falls. Older women educated in small group sessions made more fall prevention changes than those educated individually.
- Long Term Impact: No significant difference was found in the number of falls between intervention groups; however, the control group experienced more falls.

**Maintenance:** Not mentioned

**Lessons Learned:** When conducting a fall prevention program, having examples of safety devices available for participants to examine enhances the presentation.

**Citation(s):**

Ryan JW, Spellbring AM. Implementing strategies to decrease risk of falls in older women. J Gerontol Nurs. Dec 1996;22(12):25-31.