

**Title of Intervention:** The No More Falls (NMF) program

**Intervention Strategies:** Individual Education, Environments and Policies

**Purpose of the Intervention:** To decrease falls among older adults

**Population:** Individuals 55 years of age and older

**Setting:** Rural counties of Fresno and Tulane in California; community-based, home-based

**Partners:** Epidemiology and Prevention for Injury Control Branch of the California Department of Health Services

**Intervention Description:**

- Individual Education: Participants received individualized information for fall-related risk factors, including medication management, bone health and calcium, foot care and diabetes, alcohol use, lower-limb strength and vision and hearing impairment. The approaches taken with each older adult to achieve consistent and effective implementation of the intervention included: 1) assessment of identified risks, 2) counseling to identify fall risks that the individual could reasonably modify, 3) education about the actions each individual could take to adhere to the No More Falls program using language and visual materials at the individual's level of understanding, 4) referral to health services and community programs, 5) development of the No More Falls intervention plan with the individual to discuss specific fall risks and actions the individuals could take to reduce them, 6) reassessment of the intervention plan if progress toward the actions were not or could not be fulfilled and 7) reinforced maintenance of positive risk-reduction strategies.
- Environments and Policies: Application of the Community and Home Injury Prevention Project for Seniors home assessment tool, as well as home visits and neighborhood walkabouts conducted by No More Falls (NMF) staff were used to assess and eliminate home and community hazards. All seniors were given a home self-assessment tool, but only some received a home visit by a public health nurse.

**Theory:** Health Belief Model

**Resources Required:**

- Staff/Volunteers: Public health nurses, staff
- Training: Not mentioned
- Technology: Not mentioned
- Space: Room for individual education sessions
- Budget: Not mentioned
- Intervention: Community and Home Injury Prevention Project for Seniors home assessment tool, physical activity plan, large-print handouts, physician and community resource referrals, risk assessment
- Evaluation: Access to electronic medical files, interview script or checklist

**Evaluation:**

- Design: Pre- and post-evaluation with comparison group
- Methods and Measures: Assessment interviews and electronic medical files were used to obtain information on fall occurrence, age, gender, medications, exercise and physically active hobbies.

**Outcomes:**

- Short Term Impact: Compliance was positively associated with program effectiveness.
- Long Term Impact: Intervention participants were less likely to fall than non-participants. Falls during the year after participation declined more for participants compared to non-participants.

**Maintenance:** Not mentioned

**Lessons Learned:** Since falls represent such a large contribution to the loss of independence, interventions addressing fall prevention can have a very strong impact. Interventions can effectively complement health care systems, compliance to these interventions can be high and fall occurrence can be reduced.

**Citation(s):**

Casteel C, Peek-Asa C, Lacsamana C, Vazquez L, Kraus JF. Evaluation of a falls prevention program for independent elderly. *Am J Health Behav.* 2004;28 Suppl 1:S51-60.