Title of Intervention: Community Hip Protector Study

Intervention Strategies: Environments and Policies, Supportive Relationships

Purpose of the Intervention: To reduce fear of falling and improve self-efficacy for older adults

Population: Women over the age of 75 who had previously fallen

Setting: Health care facilities for older adults in Sydney, Australia; health care facility-based, home-based

Partners: None mentioned

Intervention Description:
- Environments and Policies: Participants in the intervention group were provided with hip protectors.
- Supportive Relationships: An adherence nurse visited the homes of participants, encouraged them to wear hip protectors at all times and discussed likely effects of use of the protectors. A family member or friend of the participant was also involved in the discussion whenever possible.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Nurse
- Training: Not mentioned
- Technology: Not mentioned
- Space: Participants' homes
- Budget: Not mentioned
- Intervention: Hip protectors
- Evaluation: Not mentioned

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures:
  - Three face-to-face contacts in the participant's home were scheduled in the first 4 months of the intervention to ensure adherence to using the hip protectors.
  - The research nurse assessed the subject's fear of falling using the Falls Efficacy Scale (FES) and the Modified Falls Efficacy Scale (MFES).

Outcomes:
- Short Term Impact: Improvements in the Falls Efficacy Scale and Modified Falls Efficacy Scale scores were statistically significantly greater in the intervention group than in the control group. Adherence with the use of hip protectors was not complete, but only 8% of the subjects were completely non-adherent.
- Long Term Impact: Not measured

Maintenance: Not mentioned

Lessons Learned: Users of hip protectors feel more confident that they can complete daily domestic and outdoor activities safely. As a consequence they may be more physically active and require less assistance with activities of daily living.

Citation(s):