

# Appendix A

## Sample Individual Falls Risk Assessment



## Appendix A - Risk Assessment

### My Falls-Free Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

As we grow older, gradual health changes and some medications can cause falls, but many falls can be prevented. Use this to learn what to do to stay active, independent, and falls-free.

Check “Yes” if you experience this (even if only sometimes)	No	Yes	What to do if you checked “Yes”
Have you had <b>any falls in the last six months</b> ?			<input type="checkbox"/> Talk with your doctor(s) about your falls and/or concerns. <input type="checkbox"/> Show this checklist to your doctor(s) to help understand and treat your risks, and protect yourself from falls.
Do you take <b>four or more</b> prescription or over-the-counter medications daily?			<input type="checkbox"/> Review your medications with your doctor(s) <b>and</b> your pharmacist at each visit, and with each new prescription. <input type="checkbox"/> Ask which of your medications can cause drowsiness, dizziness, or weakness as a side effect. <input type="checkbox"/> Talk with your doctor about anything that could be a medication side effect or interaction.
Do you have <b>any difficulty walking or standing</b> ?			<input type="checkbox"/> Tell your doctor(s) if you have any pain, aching, soreness, stiffness, weakness, swelling, or numbness in your legs or feet— <b>don’t ignore</b> these types of health problems. <input type="checkbox"/> Tell your doctor(s) about <b>any</b> difficulty walking to discuss treatment. <input type="checkbox"/> Ask your doctor(s) if physical therapy or treatment by a medical specialist would be helpful to your problem.
Do you use a <b>cane, walker, or crutches</b> , or have to hold onto things when you walk?			<input type="checkbox"/> Ask your doctor for training from a physical therapist to learn what type of device is best for you, and how to safely use it.
Do you have to <b>use your arms to be able to stand up from a chair</b> ?			<input type="checkbox"/> Ask your doctor for a physical therapy referral to learn exercises to strengthen your leg muscles. <input type="checkbox"/> Exercise at least two or three times a week for 30 min.
Do you ever feel <b>unsteady on your feet, weak, or dizzy</b> ?			<input type="checkbox"/> Tell your doctor, and ask if treatment by a specialist or physical therapist would help improve your condition. <input type="checkbox"/> Review all of your medications with your doctor(s) or pharmacist if you notice <b>any</b> of these conditions.
Has it been <b>more than two years since you had an eye exam</b> ?			<input type="checkbox"/> Schedule an eye exam every two years to protect your eyesight and your balance.
Has your <b>hearing gotten worse with age</b> , or do your family or friends say you have a hearing problem?			<input type="checkbox"/> Schedule a hearing test every two years. <input type="checkbox"/> If hearing aids are recommended, learn <b>how</b> to use them to help protect and restore your hearing, which helps improve and protect your balance.
Do you usually <b>exercise less than two days a week</b> ? (for 30 minutes total each of the days you exercise)			<input type="checkbox"/> Ask your doctor(s) what types of exercise would be good for improving your strength and balance. <input type="checkbox"/> Find some activities that you enjoy and people to exercise with two or three days/week for 30 min.
Do you drink <b>any alcohol</b> daily?			<input type="checkbox"/> Limit your alcohol to one drink per day to avoid falls.
Do you have <b>more than three chronic health conditions</b> ? (such as heart or lung problems, diabetes, high blood pressure, arthritis, etc. Ask your doctor(s) if you are unsure.)			<input type="checkbox"/> See your doctor(s) as often as recommended to keep your health in good condition. <input type="checkbox"/> Ask your doctor(s) what you should do to stay healthy and active with your health conditions. <input type="checkbox"/> Report any health changes that cause weakness or illness as soon as possible.

The more “Yes” answers you have, the greater your chance of having a fall. **Be aware of what can cause falls, and take care of yourself to stay independent and falls-free!**

# Appendix B

## Identifying Partners Worksheet



## Appendix B - Identifying Potential Partners

<b>Community Partners/ Resources</b>	<b>Fall Prevention Intervention Components</b>						
	<b>Education</b> • Group • Individual	<b>Assessment</b> • Gait • Balance; simple • Balance; in-depth • Strength	<b>Exercise</b> • 1:1 balance alone • 1:1 strength with balance training • Group class • Individualized exercise/PT • Tai Chi	<b>Medication</b> • Medication review • Medication management	<b>Vision</b> • Basic assessment • Detailed assessment • Vision correction	<b>Home Safety</b> • Assessment • Basic modification** • Skilled modification**	<b>Other</b> • Assistive device training
Area Agency on Aging							
Community health care providers							
Community hospital (s) outpatient programs and services							
EMS/Trauma Injury Prevention Coordinator							
Fire Depts.							
Gym/fitness center							
Health Department							
Home health agency							
Home modification resources							
Library system							
Local service organization(s)							
Other resources							
Parks and recreation							
Pharmacy							
Physical/occupational therapy clinics							
University/Community College							
YMCA							

# Appendix C

## Sample Fall Prevention Brochure



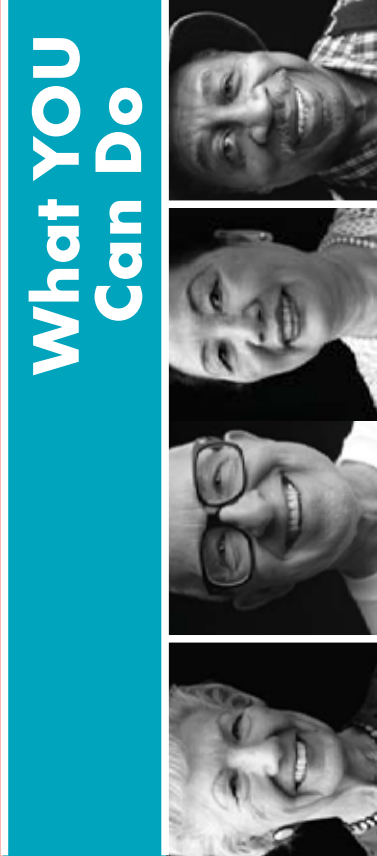


“We feel stronger when we walk frequently. And we have a more positive outlook.”

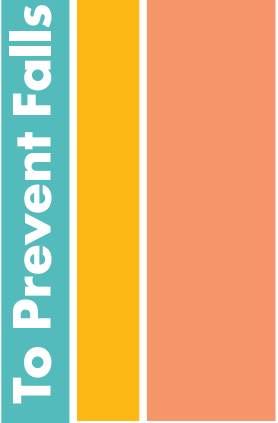
Many falls can be prevented. By making some changes, you can lower your chances of falling.

**Four things YOU can do to prevent falls:**

- 1** Begin a regular exercise program
- 2** Have your health care provider review your medicines
- 3** Have your vision checked
- 4** Make your home safer



**What YOU Can Do**



For more information, contact:  
Centers for Disease Control and Prevention  
770-488-1506  
[www.cdc.gov/injury](http://www.cdc.gov/injury)



## Appendix C - Sample Fall Prevention Brochure



**“I thought I was too old to learn Tai Chi. But I enjoy the classes and my balance is much better.”**

### Four things YOU can do to prevent falls:

#### 1 Begin a regular exercise program

Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful.

Lack of exercise leads to weakness and increases your chances of falling.

Ask your doctor or health care provider about the best type of exercise program for you.

#### 2 Have your health care provider review your medicines

Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall.

#### 3 Have your vision checked

Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

#### 4 Make your home safer

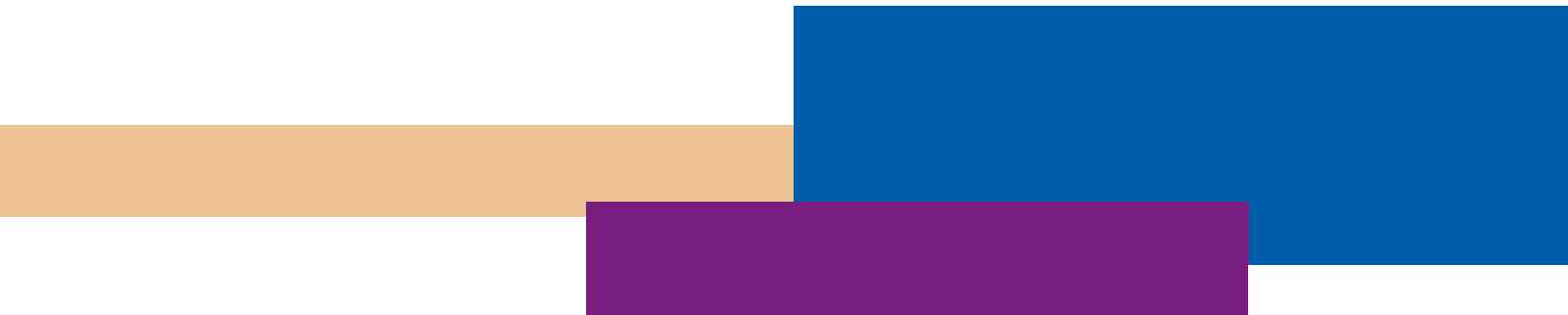
About half of all falls happen at home. To make your home safer:

- Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.



# Appendix D

## Sample Fall Prevention Presentation



## Appendix D - Fall Prevention PPT Thumbnails

**Preventing Falls**

**What YOU Can Do To Prevent Falls**

CDC FOUNDATION  
MetLife Foundation  
CDC

**Many falls can be prevented.**

By making some changes, **YOU** can lower your chances of falling.

**Four Things YOU Can Do To Prevent Falls**

- 1 **Begin a regular exercise program.**
- 2 **Have your healthcare provider review your medicines.**
- 3 **Have your vision checked.**
- 4 **Make your home safer...**

**FLOORS: Look at the floor in each room.**

**Q: When you walk through a room, do you have to walk around furniture?**  
 Ask someone to move furniture so your path is clear.

**Q: Are there papers, books, towels, magazines, shoes, boxes, blankets or other objects on the floor?**  
 Pick up things on the floor. Always keep objects off the floor.

**Q: Do you have throw rugs on the floor?**  
 Remove rugs or use a non-slip backing so rugs won't slip.

**"Last Saturday our son helped us move our furniture. Now all the rooms have clear paths."**

**STAIRS AND STEPS:**

Look at the stairs you use both inside and outside your home.

**Q: Are you missing a light over the stairway?**  
 Have an electrician put in an overhead light at the top and bottom of the stairs.

**Q: Is the carpet on the steps loose or torn?**  
 Make sure carpet is firmly attached to every step.

**Q: Are the handrails loose or broken?**  
 Fix loose rails or put in new ones. Make sure handrails are on both sides of the stairs.

**BEDROOMS:**

Look at all your bedrooms.


**Q: Is the light near the bed hard to reach?**  
 Place a lamp close to the bed where it's easy to reach.

**Q: Is the path from your bed to the bathroom dark?**  
 Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

## Appendix D - Fall Prevention PPT Thumbnails

### BATHROOMS:

Look at all your bathrooms.




**Q: Is the tub or shower floor slippery?**

- ✔ Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

**Q: Do you need some support when you get in and out of the tub or up from the toilet?**

- ✔ Have a carpenter put grab bars inside the tub and next to the toilet.



### KITCHEN:

Look at your kitchen and eating area.



**Q: Are the things you use often on high shelves?**

- ✔ Move items in your cabinets. Keep things you use often on the lower shelves (above waist level).

**Q: Is your step stool unsteady?**

- ✔ If you must use a step stool, get one with a bar to hold on to. Never use chairs as step stools.




### Other Things YOU Can Do To Prevent Falls


- ✔ Get up slowly after you sit or lie down.
- ✔ Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- ✔ Improve the lighting in your home. Put in brighter bulbs. Fluorescent bulbs are bright and cost less to use.
- ✔ It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.



### More Safety Tips



- ✔ Exercise regularly. Exercise makes you stronger and improves your balance and coordination.
- ✔ Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- ✔ Keep emergency numbers in large print near each phone.





### You Can Prevent Falls

"Making changes in our home to prevent falls is good for us and good for our granddaughter when she comes to visit."




For more information, contact:  
Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control  
1.800.CDC.INFO  
[www.cdc.gov/injury](http://www.cdc.gov/injury)

CDC FOUNDATION  
MetLife Foundation

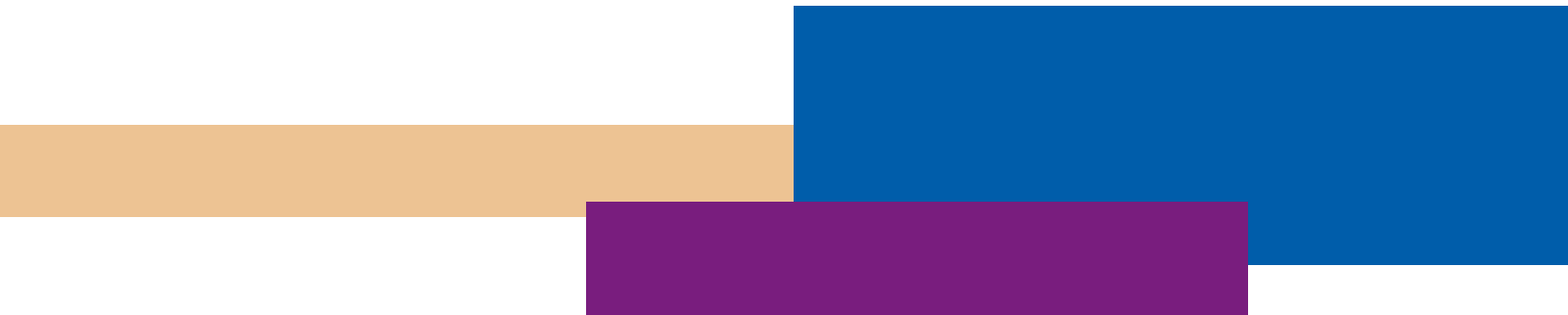


Department of Health and Human Services  
Centers for Disease Control and Prevention



# Appendix E

## Sample Exercises



# Stay Safe Stay Active

## Daily Exercise Program

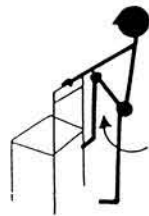
1. Warm up



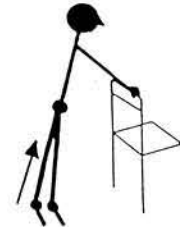
2. Shoulder rolls (Flexibility)



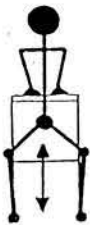
3. March on spot (mobility)



4. Ankle (strength)



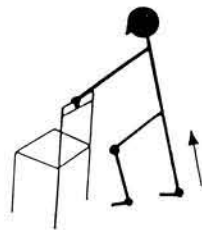
5. Knee bend (strength)



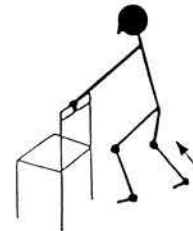
6. Sit to Stand (strength)



7. Calf (stretch)



8. Calf (stretch)



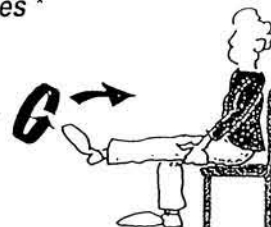
Thank you Sally Castell for your diagrams

# Stay Safe Stay Active Daily Exercise Program (Stage 2)

1. Hip to the side \*



2. Foot Circles \*



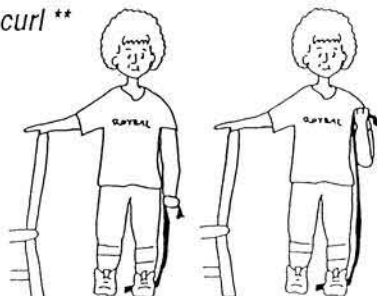
3. Lift leg backwards \*



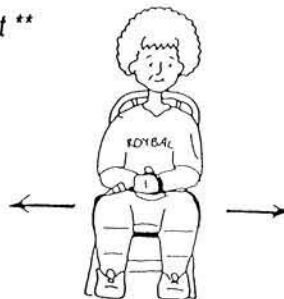
4. Shoulder blade exercises \*\*



5. Arm curl \*\*



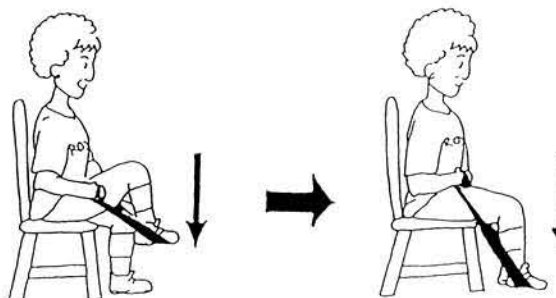
6. Knees in and out \*\*



7. Ankle Pumps \*\*



8. Hip extension \*\*



Thank you to Stay on Your Feet\* and Roybal - Boston University\*\* for allowing us to use your diagrams

# Appendix F

## Sample Medication Review Form



## Appendix F - Fall Prevention Medication Review Checklist



Patient Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

Number of medications patient was taking: \_\_\_\_\_

Please indicate which of the following recommendations were made/actions taken when reviewing the above patient's medication intake.

- Decrease number of medications, if possible (especially if taking more than four medications).

Notes:

- Investigate lower dosages of medications, especially psychotropic drugs, diuretics and cardiovascular drugs.

Notes:

- Consider withdrawal of digoxin:
- In patients with stable CHF
  - If CHF is due to valvular disease or hypertension
  - If there is no response to digoxin after one month with decreased heart size, or increased exercise capacity

Notes:

- Stop or decrease number of psychotropic medications
- Neuroleptics (i.e., Phenothiazines, Butyrophenones)
  - Sedative/hypnotics (i.e., Barbiturates, Hydroxyzine)
    - Antidepressants (i.e., Tricyclic Antidepressants, Selective Serotonin Uptake Inhibitors (SSRIs))
    - Benzodiazepines

Notes:

- Avoid combination of certain drugs
- Narcotics with psychotropics
  - More than one psychotropic

Notes:

Courtesy of the Michigan Fall Prevention Project  
Michigan Department of Community Health

# Appendix G

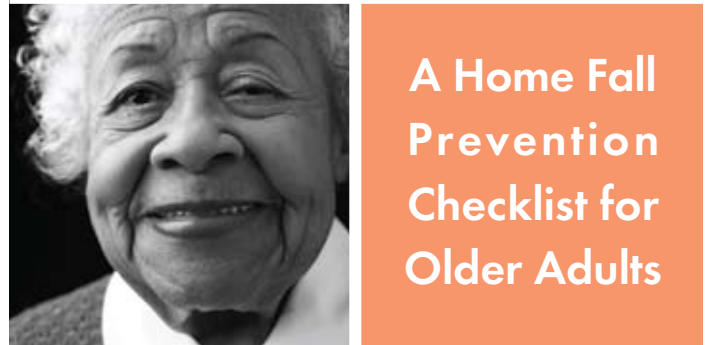
## Sample Home Fall Prevention Safety Checklist



# Appendix G - Sample Home Fall Prevention Safety Checklist

This checklist is based on the original version printed by the Centers for Disease Control and Prevention. Support for this version was provided by MetLife Foundation.

2005



  
CDC FOUNDATION  
**MetLife Foundation**



Department of Health and Human Services  
Centers for Disease Control and Prevention



**For more information, contact:**  
Centers for Disease Control and Prevention  
770-488-1506  
[www.cdc.gov/injury](http://www.cdc.gov/injury)







“Last Saturday our son helped us move our furniture. Now all the rooms have clear paths.”

## FLOORS: Look at the floor in each room.

**Q:** When you walk through a room, do you have to walk around furniture?

- Ask someone to move the furniture so your path is clear.

**Q:** Do you have throw rugs on the floor?

- Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

**Q:** Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

- Pick up things that are on the floor. Always keep objects off the floor.

**Q:** Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

- Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

3



Check  
for  
Safety



Check  
for  
Safety

4

## STAIRS AND STEPS: Look at the stairs you use both inside and outside your home.

**Q: Are there papers, shoes, books, or other objects on the stairs?**

- Pick up things on the stairs. Always keep objects off stairs.

**Q: Are some steps broken or uneven?**

- Fix loose or uneven steps.

**Q: Are you missing a light over the stairway?**

- Have an electrician put in an overhead light at the top and bottom of the stairs.

**Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?**

- Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

**Q: Has the stairway light bulb burned out?**

- Have a friend or family member change the light bulb.

**Q: Is the carpet on the steps loose or torn?**

- Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

**Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?**

- Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.



Photo courtesy of Jake Pauls

5



Check  
for  
Safety



Check  
for  
Safety

6

## KITCHEN: Look at your kitchen and eating area.

**Q: Are the things you use often on high shelves?**

- Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

**Q: Is your step stool unsteady?**

- If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

## BATHROOMS: Look at all your bathrooms.

**Q: Is the tub or shower floor slippery?**

- Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

**Q: Do you need some support when you get in and out of the tub or up from the toilet?**

- Have a carpenter put grab bars inside the tub and next to the toilet.





## BEDROOMS: Look at all your bedrooms.

**Q: Is the light near the bed hard to reach?**

- Place a lamp close to the bed where it's easy to reach.



"I put a lamp on each side of my bed. Now it's easy to find the light if I wake up at night."

**Q: Is the path from your bed to the bathroom dark?**

- Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

9



Check for Safety



Check for Safety

10

## Other Things You Can Do to Prevent Falls

- ❑ Exercise regularly. Exercise makes you stronger and improves your balance and coordination.



- ❑ Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- ❑ Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- ❑ Get up slowly after you sit or lie down.
- ❑ Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- ❑ Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- ❑ It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- ❑ Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.

11



12



**“I feel stronger and better about myself since I started walking every day.”**

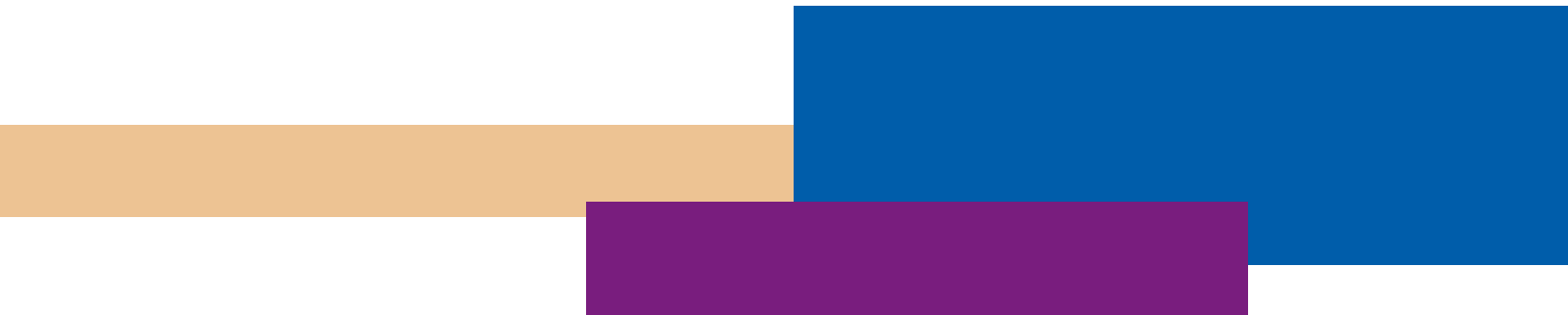
## Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.



# Appendix H

## Sample Program Evaluation Tool



## Appendix H - Program Evaluation Checklist

### Program Evaluation Checklist

This is a checklist of tasks that organizations developing fall prevention programs can follow to make sure no evaluation steps are omitted during program development, operation, and completion.

#### 1. Program Development

As soon as you or someone in your organization has the idea for a fall prevention program, begin evaluation.

- Investigate to make sure an effective program similar to the one you envision does not already exist in your community.
- If a similar program does exist *and* if it is fully meeting the needs of your proposed target population, modify your ideas for the program so that you can fill a need that is not being met.
- Decide where you will seek financial support.
- Find out which federal, state, or local government agencies give grants for the type of program you envision.
- Find out which businesses and community groups are likely to support your goals and provide funds to achieve them.
- Decide where you will seek non-financial support.
- Find out which federal, state, or local government agencies provide technical assistance for the type of program you envision.
- Find out which businesses and community groups support your goals and are likely to provide technical assistance, staff, or other non-financial support.
- Develop an outline of a plan for your fall prevention program. Include in the outline the methods you will use to provide the program service to participants and the methods you will use to evaluate your program's impact and outcome.
- Evaluate the outline. For example, conduct personal interviews or focus groups with a small number of the people you will try to reach with your fall prevention program. Consult people who have experience with programs similar to the one you envision, and ask them to review your plan. Modify your plan on the basis of evaluation results.

## Appendix H - Program Evaluation Checklist

- Develop a plan to enlist financial and non-financial support from all the agencies, businesses, and community organizations you have decided are likely sources of support. Use the outline of your plan for the injury prevention program to demonstrate your commitment, expertise, and research.
- Evaluate the plan for obtaining support. For example, conduct personal interviews with business leaders in your community. Modify your plan on the basis of evaluation results.
- Put your plan for obtaining support into action.
- Keep track of all contacts you make with potential supporters.
- If unexpected problems arise while you are seeking support, re-evaluate your plan or the aspect of your plan that seems to be the source of the problem. For example, if businesses are contributing much less than you had good reason to expect, then seek feedback from businesses that are contributing and those that are not. Or if you did not receive grant funds for which you believed you were qualified, contact the funding agency to find out why your proposal was rejected. Modify your plan according to your re-evaluation results, and continue seeking support.
- When you have enough support for your program, expand on the outline of your plan for the fall prevention program. Include in the design a mechanism for evaluating the program's impact and outcome.
- Evaluate your program's procedures, materials, and activities. For example, conduct focus groups within your target population. Modify the plan on the basis of evaluation results.
- Develop forms to keep track of program participants, program supporters, and all contacts with participants, supporters, or other people outside the program.
- Measure the target population's knowledge, attitudes, beliefs, and behaviors that relate to your program goals. The results are your baseline measurements.

## Appendix H - Program Evaluation Checklist

### 2. Program Operation

Put your program into operation.

- Track all program-related contacts (participants, supporters, or others). Track all items either distributed to or collected from participants.
- As soon as the program has completed its first encounter with the target population, assess any changes in program participants' knowledge, attitudes, beliefs, and (if appropriate) behaviors.
- Continue tracking and assessing program-related changes in participants throughout the life of the program. Keep meticulous records.
- If unexpected problems arise while the program is in operation, re-evaluate (using qualitative methods) to find the cause and solution. For example, your records might show that not as many people as expected are responding to your program's message, or your assessment of program participants might show that their knowledge is not increasing. Modify the program on the basis of evaluation results.
- Evaluate ongoing programs (e.g., exercise and education classes) at suitable intervals to see how well the program is meeting its goal of reducing fall related morbidity and mortality.

### 3. Program Completion

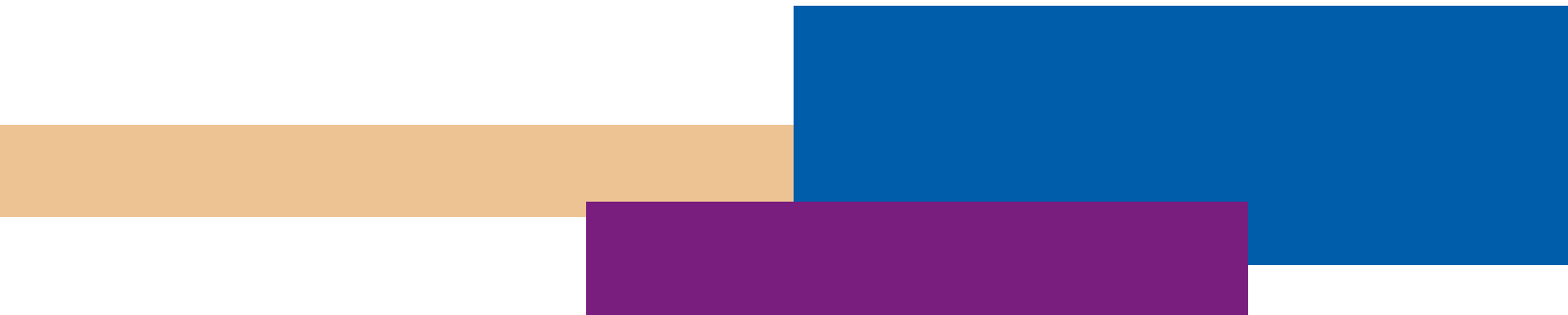
- Use the data you have collected throughout the program to evaluate how well the program met its goals: to increase behaviors that prevent falls and, consequently, to reduce the rate of falls and fall injuries.
- Use the results of this evaluation to justify continued funding and support for your program.
- If appropriate, publish the results of your program in a scientific journal.

This tool was based on guidelines from the Demonstrating Your Program's Worth, A Primer on Evaluation for Programs to Prevent Unintentional Injury (CDC NCIPC, 2000), a book designed to help program staff understand the processes involved in planning, designing, and implementing evaluation of programs to prevent unintentional injuries.

[www.cdc.gov/ncipc/pub-res/demonstr.htm](http://www.cdc.gov/ncipc/pub-res/demonstr.htm)

# Appendix I

## Sample Pitch Letter



## Appendix I - Sample Letter to Health Care Referral Source

[Title]  
[Name of organization]  
[Address]

Dear [Name]:

Our organization needs your help in preventing falls among older adults—the leading cause of injury deaths and nonfatal injuries for persons aged 65 and older. We are offering a [free/low-cost] fall prevention [exercise class, counseling, home visits, etc.] to individuals whose current health status places them at increased risk of falling. Please recommend our service, described in more detail below, to your patients who would benefit from it.

Our program is [name and description of program; program details. For example:

“Stay Safe, Stay Active,” an evidence-based exercise program for older adults at risk of falling due to lower limb weakness, poor balance, slow reaction time, or a combination of these symptoms. We will hold 37 weekly classes of moderate exercise, led by a trained fitness instructor, beginning March 1, from 9 to 10 a.m., at the YMCA at 321 Main Street, Anytown. We will also provide participants with fall prevention strategies and exercises to do at home. Participants will improve their balance and coordination, muscle strength, reaction time, and aerobic capacity while reducing their likelihood of falling or being injured in a fall.]

The Centers for Disease Control and Prevention has identified this intervention as effective in preventing falls.

More than one-third of people aged 65 and older fall each year. Help your patients maintain their health and independence by learning how to avoid falls. Please call me at [telephone number] if you would like further information. [Recommended step: (Program) fliers to distribute to high-risk patients are available.]

Sincerely,

[Your name and title]

# Appendix J

## Key Points



## Appendix J - Key Points Regarding Falls Among Older Adults

### Health Consequences of Falls (age 65+)

- Falls are a major threat to the health and independence of older adults.
- Each year in the United States, nearly one-third of older adults experience a fall.
- Falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions for persons aged 65 and older.
- In 2004, more than 14,900 people aged 65 or older died of a fall-related injury. Another 1.85 million were treated in emergency departments for nonfatal injuries related to falls.
- About one out of ten falls among older adults results in a serious injury (such as a hip fracture or head injury) that requires hospitalization.
- In 2004, one adult died from a fall every 35 minutes. Every hour, 211 older adults were treated in emergency rooms for fall-related injuries.
- In 2000, direct medical costs totaled \$179 million for fatal falls and \$19 billion for nonfatal fall injuries.
- In [your state/community], falls account for [X percentage] of emergency room visits by people aged 65 or older.
- In [your state/community], falls account for [X percentage] of hospital admissions for injuries among older adults.
- In [your state/community], falls account for [X percentage] of deaths among older adults.

(Contact your local hospital, agency on aging or county or state health department for statistics on fall-related injuries and deaths.)

### Biological risk factors

- ✓ Mobility problems due to muscle weakness or balance problems
- ✓ Chronic health conditions such as arthritis and stroke
- ✓ Vision changes and vision loss
- ✓ Loss of sensation in feet

### Behavioral risk factors

- ✓ Inactivity
- ✓ Medication side effects and/or interactions
- ✓ Alcohol use

### Environmental risk factors

- ✓ Home and environmental hazards (clutter, poor lighting, etc.)
- ✓ Incorrect size, type, or use of assistive devices (walkers, canes, crutches, etc.)
- ✓ Poorly designed public spaces

# Appendix K

## Sustainability Plan Template



## Appendix K - Template for Developing a SUSTAINABILITY PLAN

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### Sustainability Plan for {Your Program Name}

#### Program Summary

*Describe what your program offers, who it serves, when it operates, how it is funded and who your community partners are.*

#### Vision

*What is the program's vision? What results do you hope to achieve, and what are the activities that will lead to the desired results? Who will benefit?*

#### Collaborators

*Who are your partners? What are their roles, what resources do they contribute, and how do they figure in your sustainability plan?*

#### Advocates

*Who are your supporters? What are their goals and how are they providing help?*

#### Current Funding Sources

*Who is providing funding for your program? How long will they continue their contributions?*

#### New Potential Funding Sources

*List possible funders who could provide additional support. Describe a plan to approach potential funders. Get additional referrals for both public and private funders through partners.*

#### Program Offerings

*State specifically how the program addresses the needs of the older adult participants, partners, and the community. Remember to include how your program incorporates effective intervention components to achieve its goals.*

#### Management

*Include how you are managing your program's fiscal resources. Describe staffing and information management.*

#### Evaluation

*Describe how you will collect information to show results. What tools will you use to collect data? State how you will adapt the program to ensure you are maintaining the vision and meeting your objectives.*