The 2007 California Fall Prevention Summit: Progress, Challenges & Next Steps - Planning, Process, and Outcome

The Steering Committee developed the Summit program focusing on three objectives: a) creating a vision that ensures the independence, safety, and well being of older persons through fall prevention, b) identifying the best practices in fall prevention and helping communities offer fall prevention programs for older adults at risk of falling, and c) benefiting California’s older adults, many of whom fall each year. Steering Committee teleconferences facilitated by the Summit consultant, Janet Frank, DrPH, resulted in a program design and process geared toward developing policy recommendations for dissemination to public policymakers and legislators at local, county, state and national levels.

The objectives of the Steering and Advisory Committees were for the Summit participants to decide on concrete policy recommendations that would: a) expand multi-factorial fall prevention programs across the state, b) improve data collection, c) infuse fall prevention into the planning of Area Agencies on Aging, transportation, housing, and health care programs, and d) raise awareness about fall prevention as a public health problem. Towards this end, the Committees developed draft recommendations for the work groups in five key areas:

- Community Programs;
- Education and Training;
- Health Care;
- Healthy Lifestyles and Recreation; and
- Safe Housing and Communities.

Supported by expert facilitators and recorders, work group participants were charged with revising and improving draft recommendations in their topic area and arriving at consensus concerning the top three recommendations in two 1½ hour sessions. Participants were instructed to identify key barriers to implementation for each recommendation, identify potential collaborating organizations and agencies, utilize existing and discover new resources to implement the recommendation, and develop strategies and action steps in support of each recommendation.

Outcomes: Using a voting process in each work group, participants developed a total of 18 high priority recommendations, as well as four additional cross-cutting recommendations to raise public awareness. Recommendations included suggested

“Fall prevention was little understood in 2003. Today it is clear that if we don’t make fall prevention an issue of public discourse, we will not be prepared for the inevitable falls of 75 million baby boomers who are marching toward their inevitable destiny.”

-- Fernando Torres-Gil, PhD
Acting Dean, UCLA School of Public Affairs
action steps and a feasible time period necessary (i.e. within 6, 12, or 18 months) to accomplish the action steps. Not all action steps refer to a time frame.

Recommendations were presented to the California Commission on Aging on December 7, 2007 at a public hearing that addressed how California can better address the serious problem of falls in its growing elderly population. Commissioners agreed to support fall prevention as a key public health issue in 2008.

Since 2003, the year of the first statewide Blueprint for Fall Prevention conference in Sacramento, substantial progress has been made toward increasing visibility of fall prevention as a major public health issue. More sustainable fall prevention programs have been developed; policy makers are more aware of fall prevention efforts in their communities and are taking fall prevention initiatives seriously; practitioners, researchers and consumers are joining forces to create a strong fall prevention infrastructure in California that will benefit all older adults at risk of falling. This chart and other helpful graphics illustrating California’s efforts since 2003 are available on www.stopfalls.org