

# How the CDC is Working to Keep Older Adults Fall-Free, Mobile, and Independent

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Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

In the 20<sup>th</sup> Century...

# US Life Expectancy Increases by More Than 25 Years!



# Mobility and Aging

## Our mobility may decrease as we age

- **Decreased mobility due to**
  - Physical changes,
  - Increased chronic conditions, or
  - Increased medicine use,
- **May lead to**
  - Driving cessation,
  - Increased risk of falling, or
  - Fear of falling
- **Resulting in**
  - Reductions in health,
  - Loss of independence, or
  - Social isolation





# Injuries affect older adult mobility



## Former US President Jimmy Carter has surgery for broken hip

By SUDHIN THANAWALA May 13, 2019

ATLANTA (AP) — Former U.S. President Jimmy Carter broke his hip Monday at his south Georgia home when he fell while leaving to go turkey hunting, a spokeswoman for the Carter Center said.

The 94-year-old former president was treated in Americus, Georgia, near his home in Plains, and was recovering comfortably after successful surgery, spokeswoman, Deanna Congileo, said in a statement.

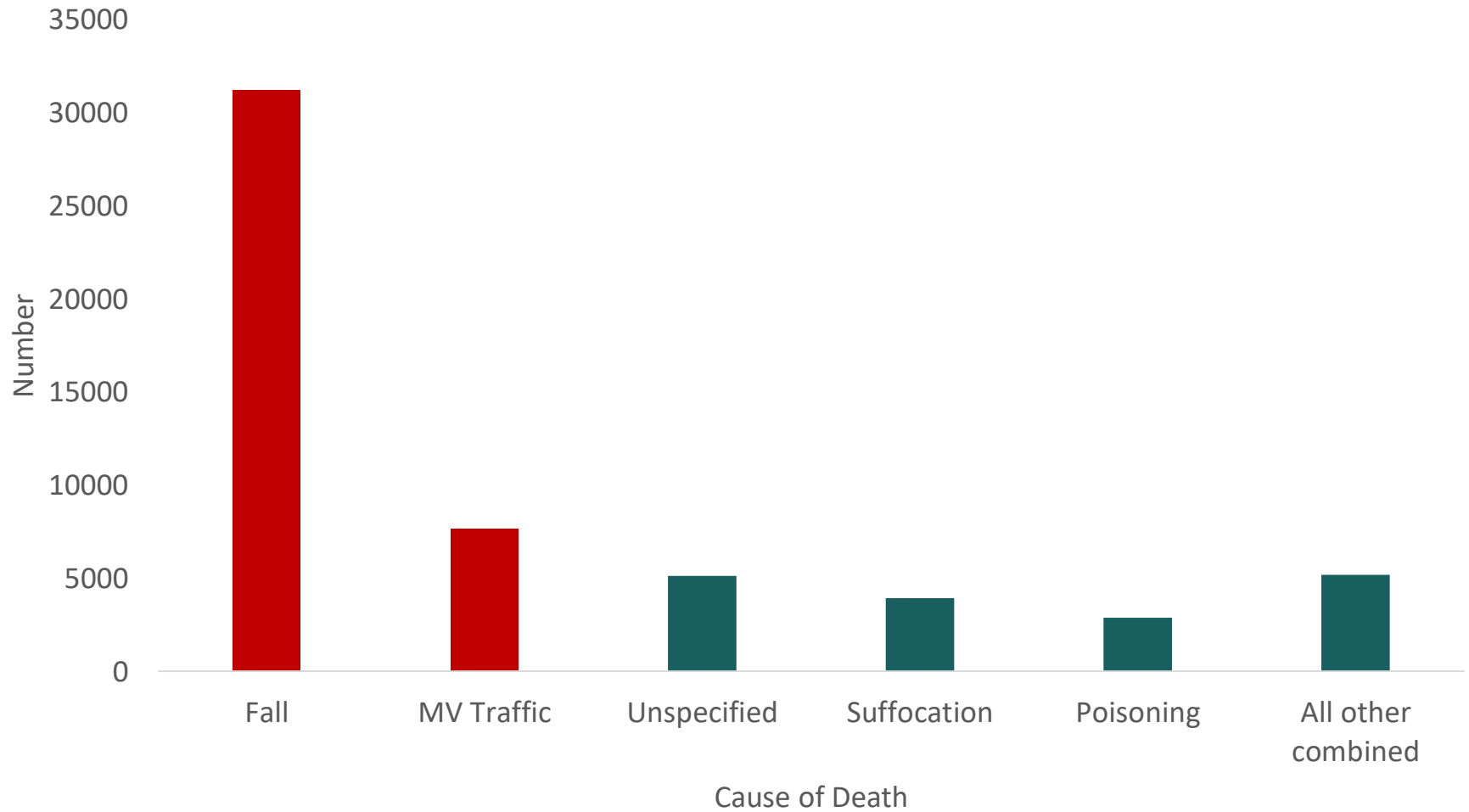
His wife of 73 years, Rosalynn, was with him, Congileo said.

In an indication Carter was in good spirits, Congileo said Carter's main concern was that he had not reached his limit on turkeys with the shooting season ending this week.

<https://www.apnews.com/e1f362c216794992b5fb7a669adbe857>

# Mobility-related Injuries Top Two Causes of Unintentional Injury Deaths

Leading Causes of Older Adult Unintentional Injury Deaths, U.S., 2017



Reference: WISQARS, 2017 Death Data

## Working to keep older adults injury-free and independent

- **Analyzing data to define the problem**

- Surveillance
- Understand risk factors



- **Implementing and evaluating strategies for older adults**

- STEADI initiative to prevent falls
- MyMobility Plan to plan for optimal mobility

Download MyMobility Plan.



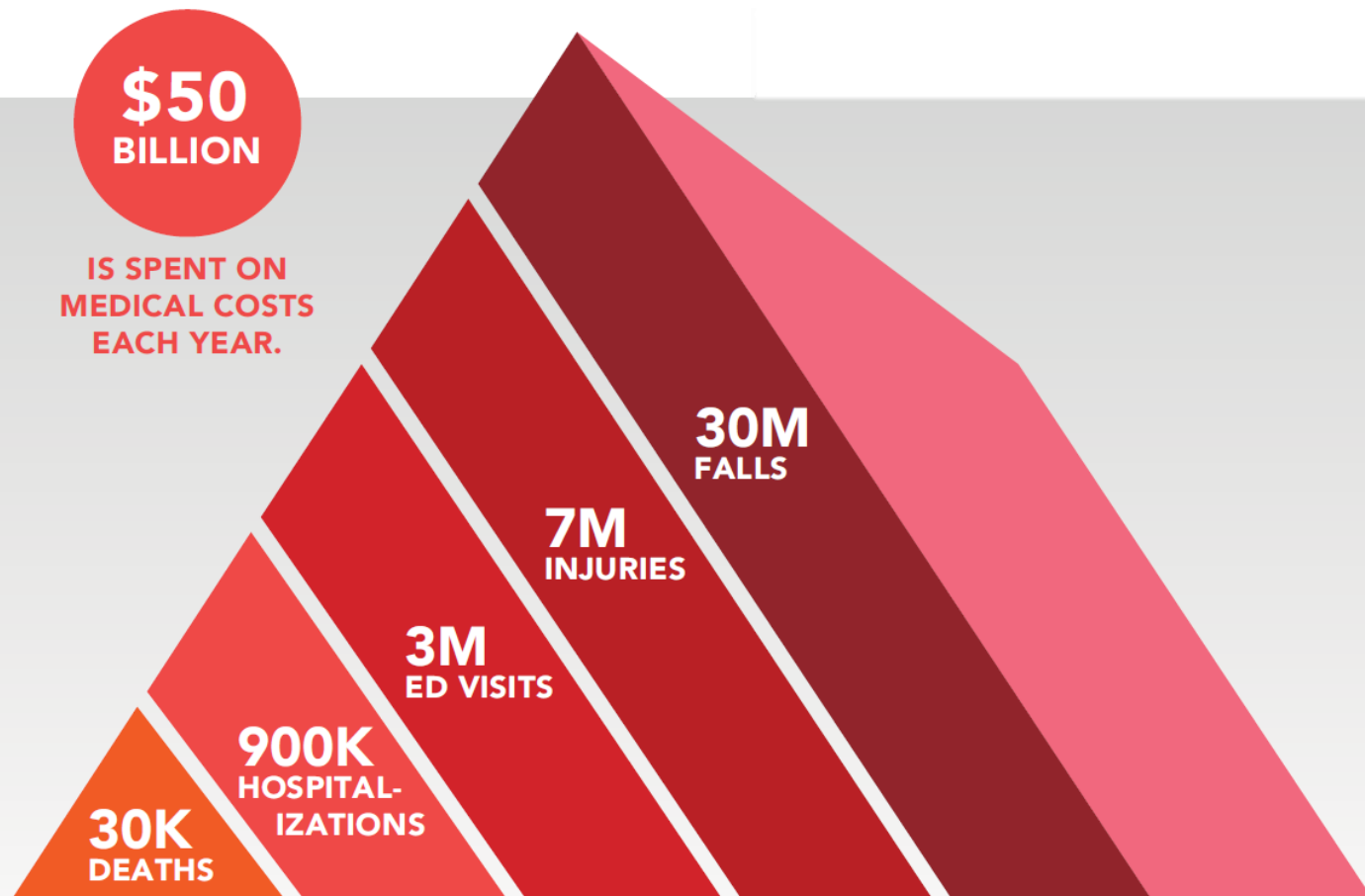
**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

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# Burden of Falls

# National Burden of Falls

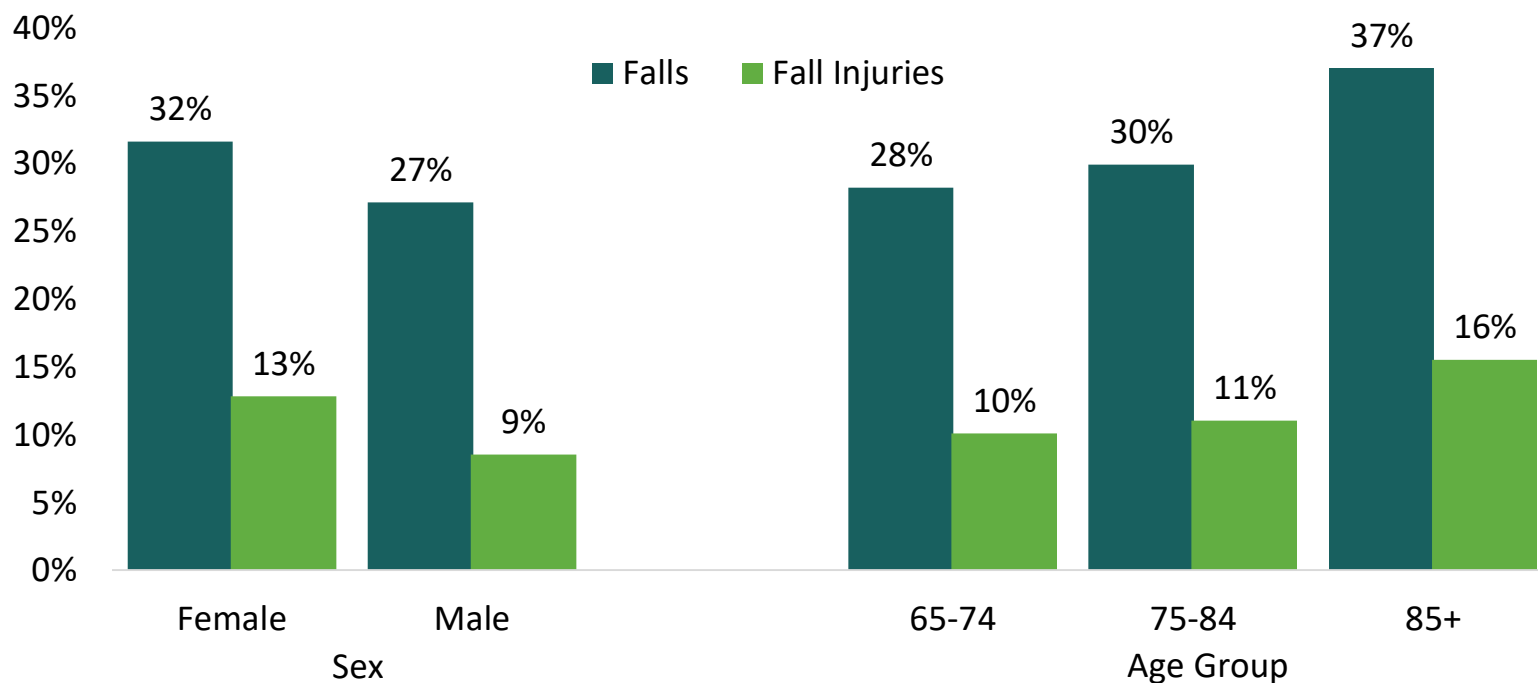
**Falls among  
Adults Age  
65 and  
Older are  
Common  
and Costly.**



Source: Data includes estimates from the Medicare Current Beneficiary Survey, the National Vital Statistics System Mortality Files, the National Electronic Injury Surveillance System -- All Injury Program, and the Behavioral Risk Factor Surveillance System.



# National Burden of Falls

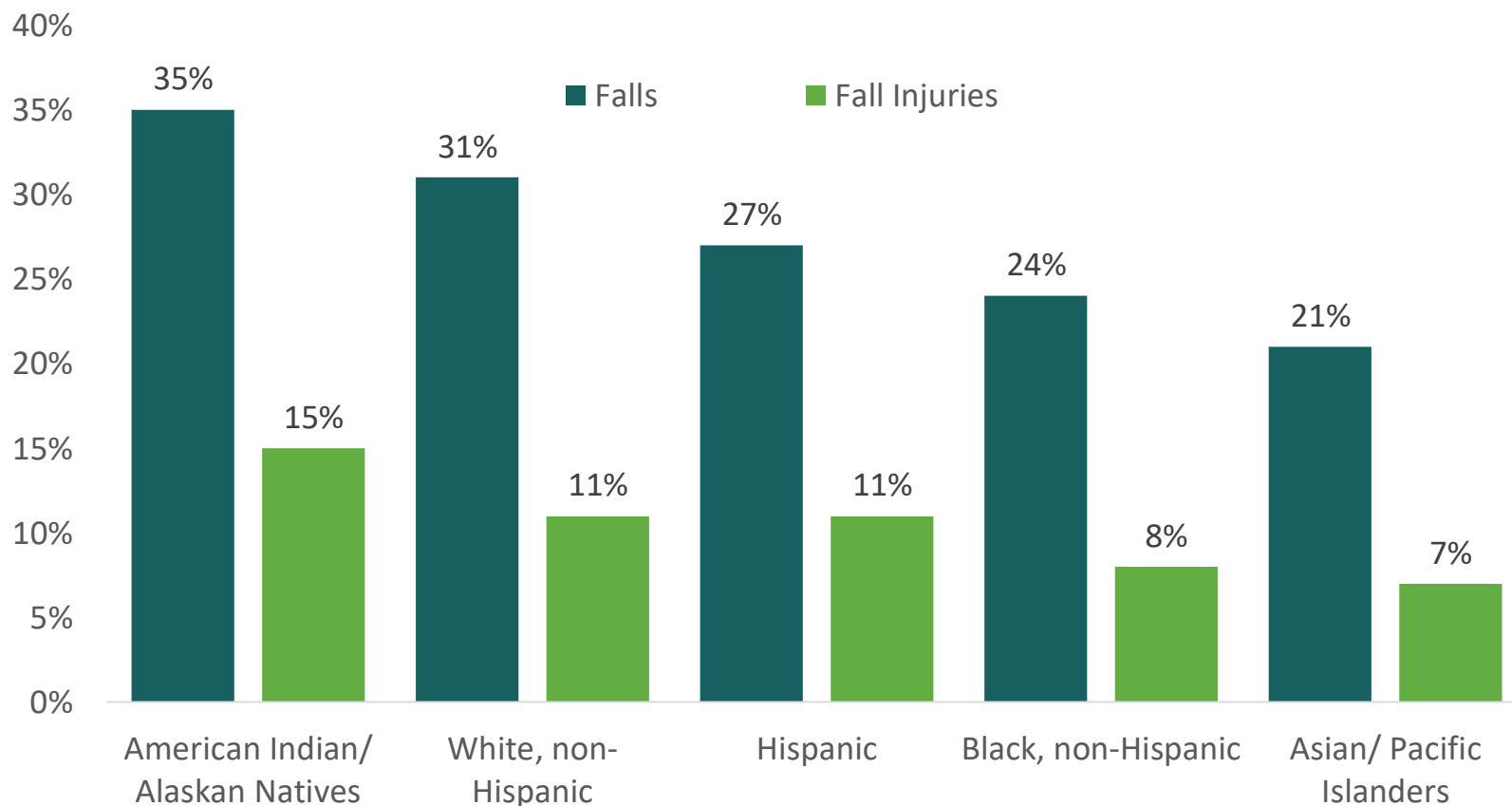


## In 2016...

- 30% of older adults reported a fall in the past year
- 11% of older adults reported a fall injury in the past year

# National Burden of Falls

## Race/Ethnicity



## FALLS AMONG OLDER ADULTS ARE

### COSTLY

**\$50 Billion Annually**

\$29 Billion Medicare

\$12 Billion Private/Out-of-Pocket

\$9 Billion Medicaid



### COMMON

**1 in 4**

Older adults (65+)  
falls each year



### PREVENTABLE

Clinicians can  
use **STEDI**  
to prevent falls  
& reduce costs



Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, March 2018.

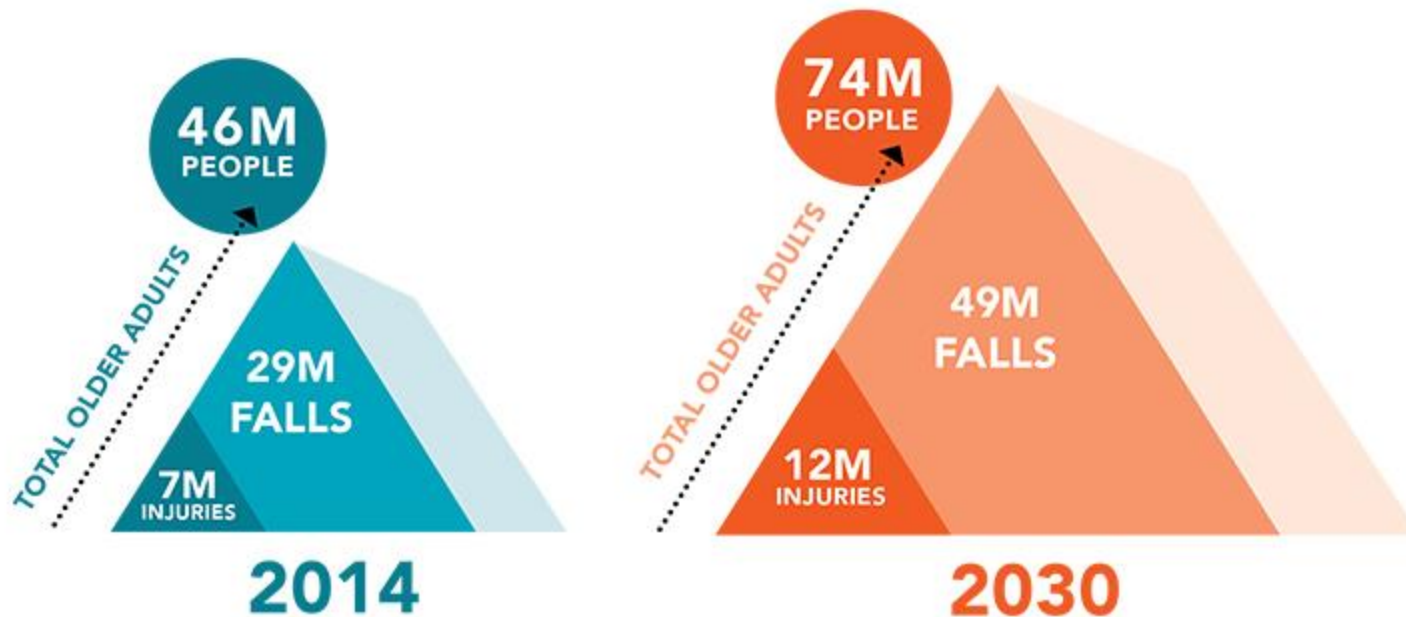
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U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# National Burden of Falls

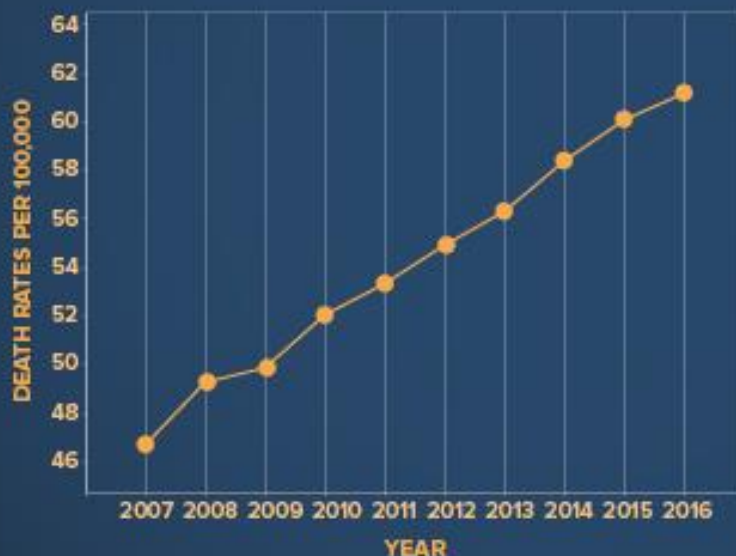
## OLDER ADULT FALLS A Growing Burden



# National Burden of Falls

## Fall Death Rates in the U.S. **INCREASED 30%**

FROM 2007 TO 2016 FOR OLDER ADULTS



If rates continue to rise,  
we can anticipate

**7 FALL  
DEATHS**  
EVERY HOUR  
BY 2030

Learn more at [www.cdc.gov/HomeandRecreationalSafety](http://www.cdc.gov/HomeandRecreationalSafety).



# Georgia Burden of Falls

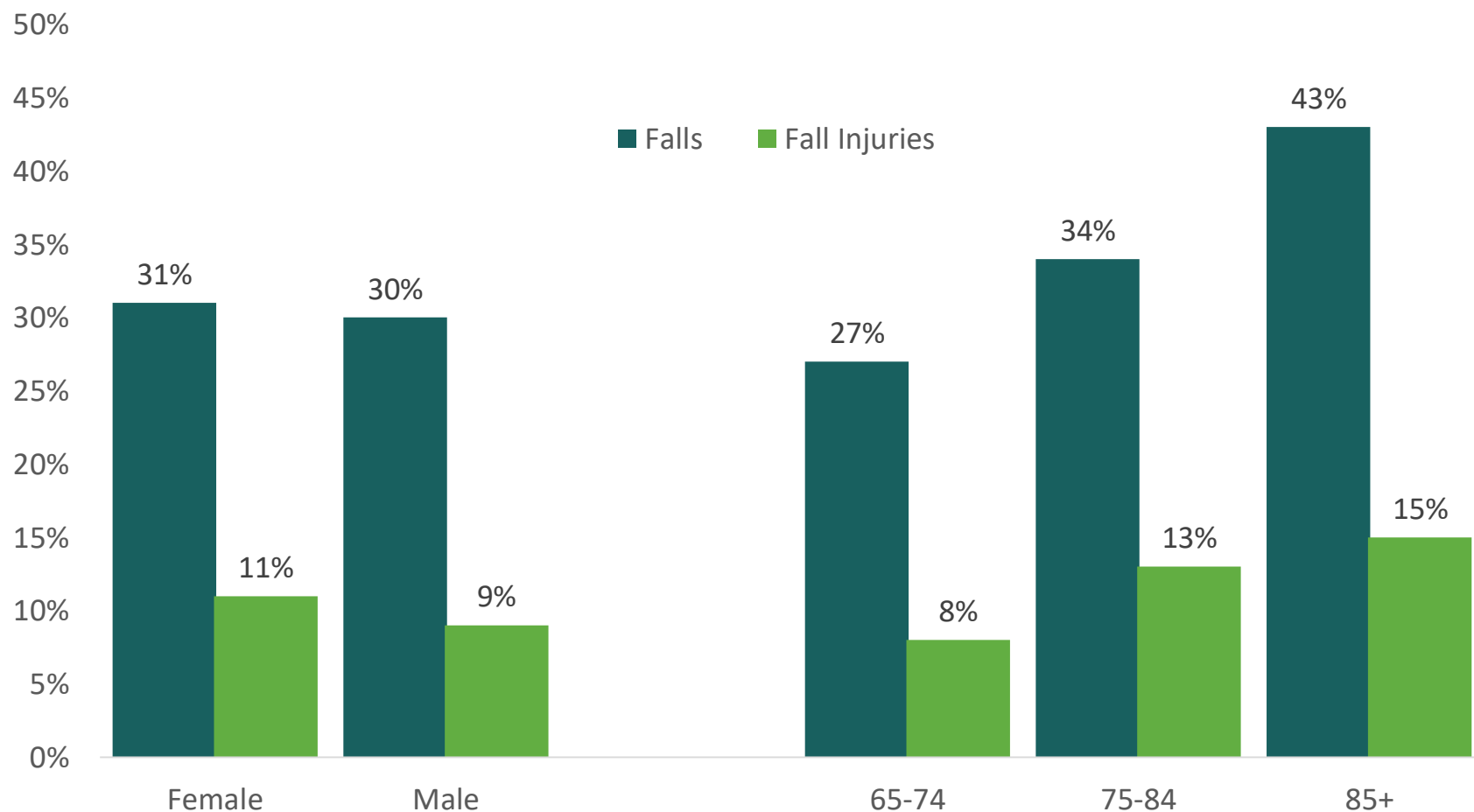
- **In 2016,**
  - 31% of older adults reported a fall<sup>1</sup>
  - 10% reported a fall injury<sup>1</sup>
  - 652 older adults died as the result of a fall<sup>2</sup>
- **An estimated \$904 million dollars spent on older adult falls annually<sup>3</sup>**
  - Medicare: \$618 million
  - Medicaid: \$131 million
  - Private Insurance/Out of Pocket: \$155 million



1. 2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey
2. 2016 WISQARS Unintentional Fatal Falls <https://www.cdc.gov/injury/wisqars/fatal.html>
3. Haddad, Y. K., Bergen, G., & Florence, C. (2019). Estimating the economic burden related to older adult falls by state. *Journal of public health management and practice: JPHMP*, 25(2), E17.



# Georgia Burden of Falls

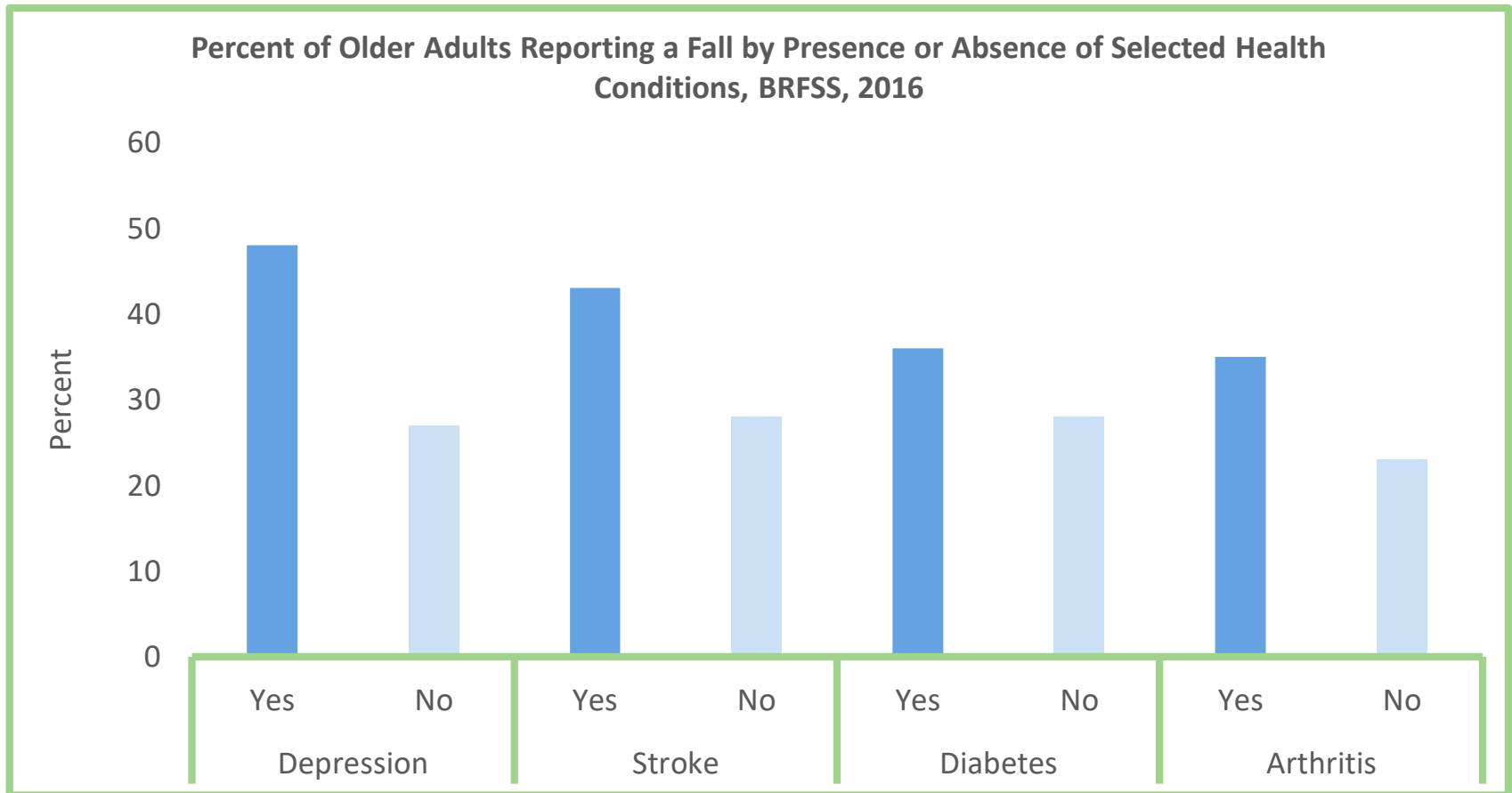




# Fall Risk Factors

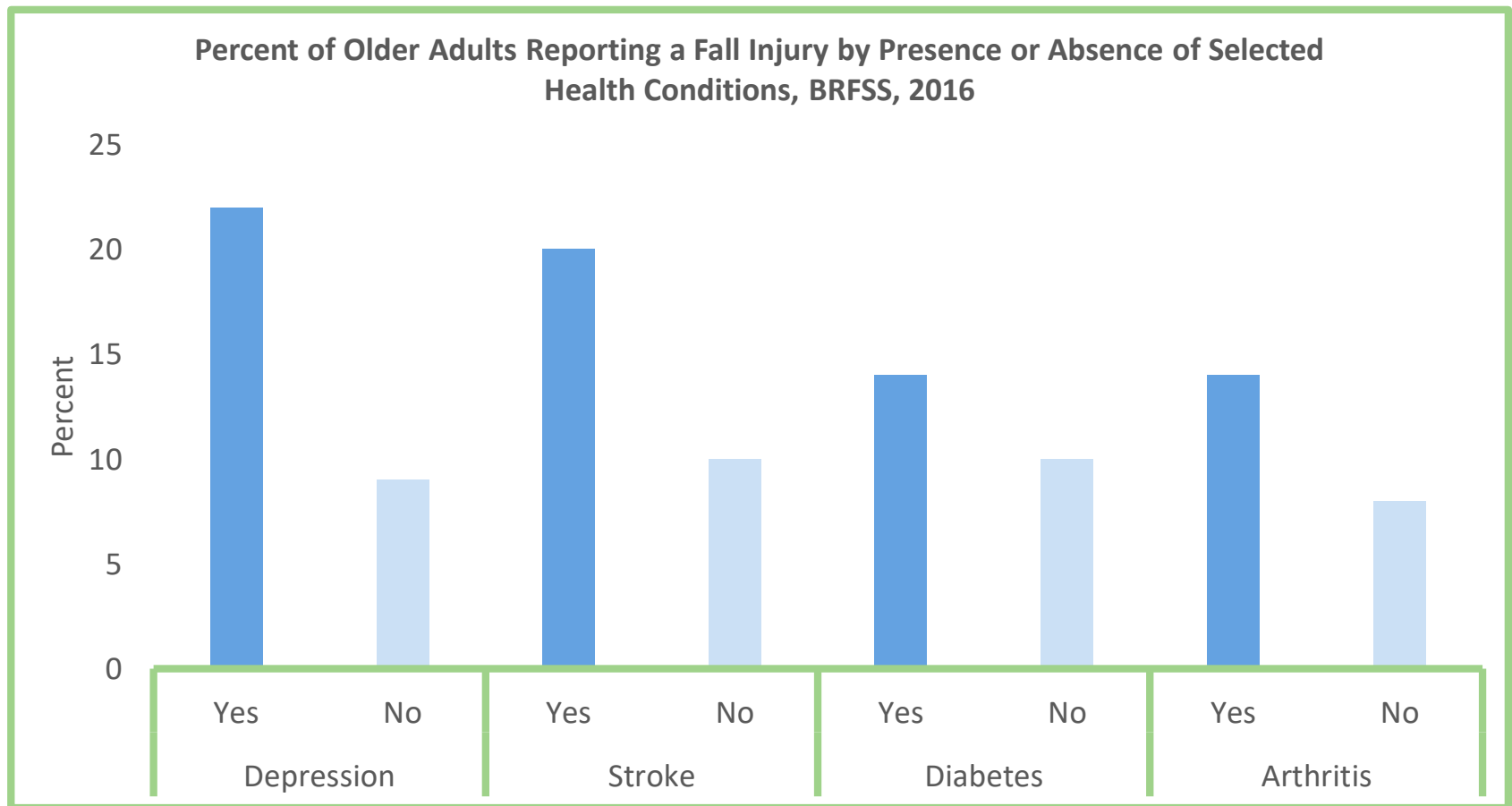
# Risk Factors for Falls

## Health Conditions



# Risk Factors for Fall Injuries

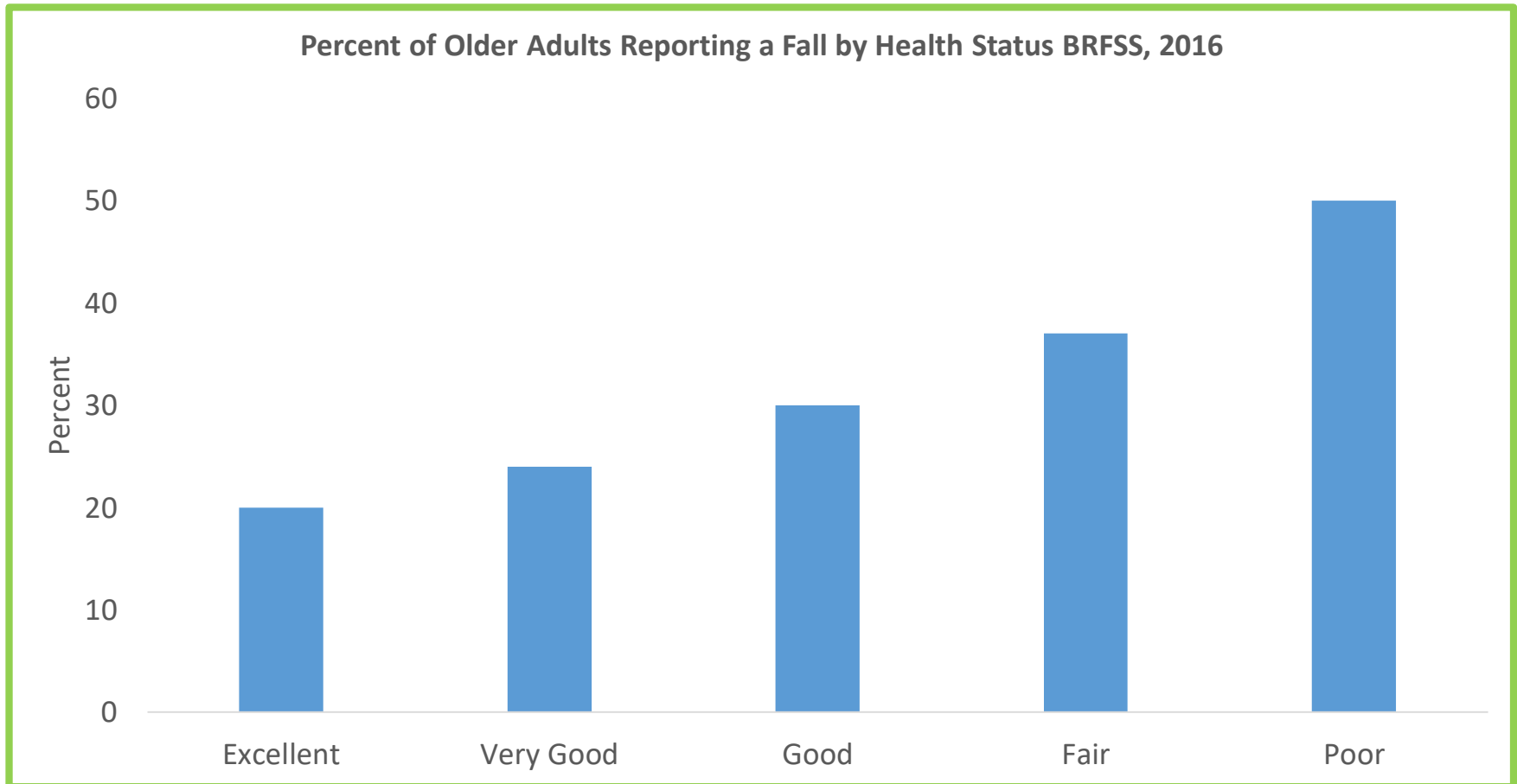
## Health Conditions



2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey

# Risk Factors for Falls

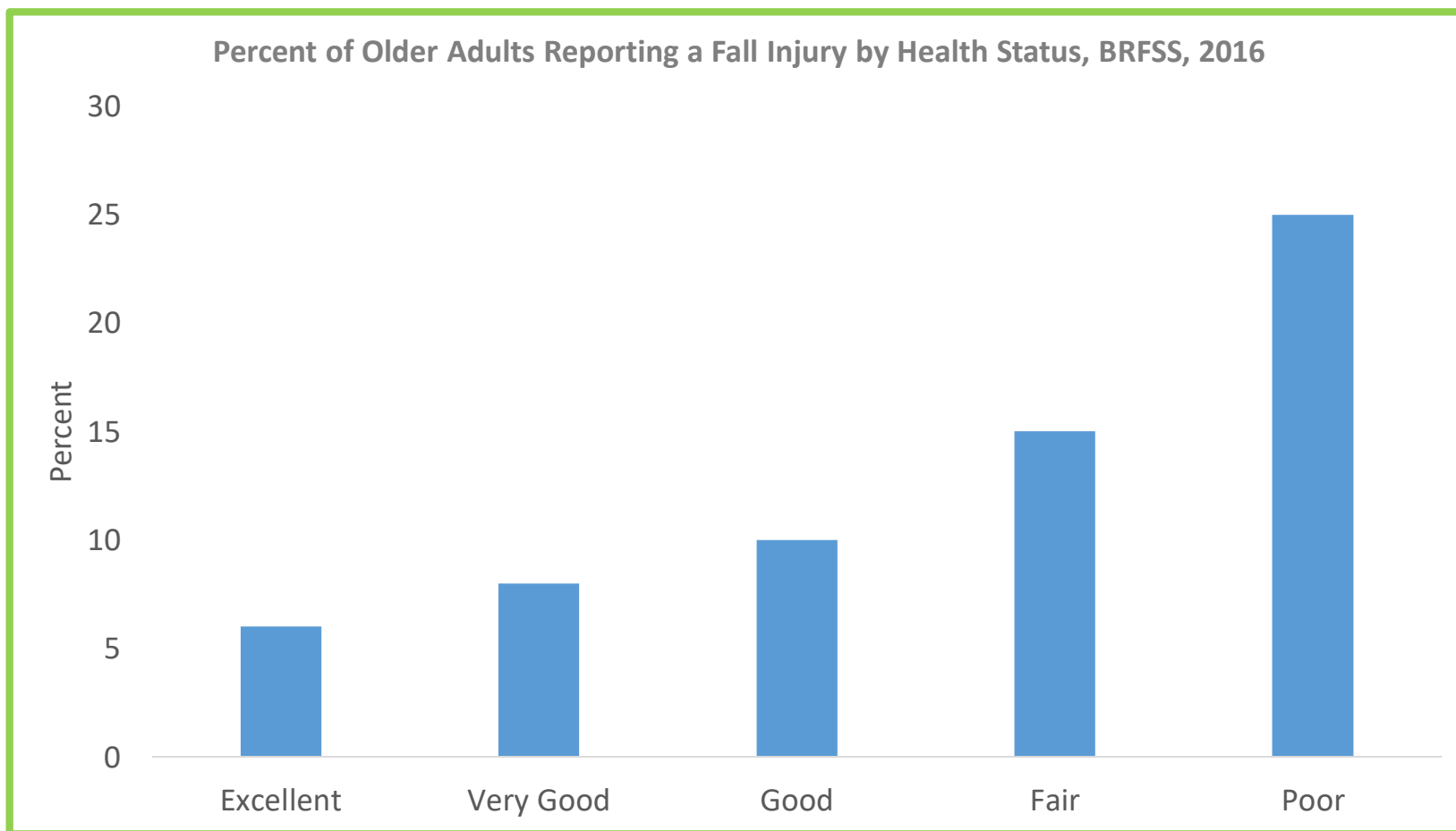
## Health Status



2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey

# Risk Factors for Fall Injuries

## Health Status

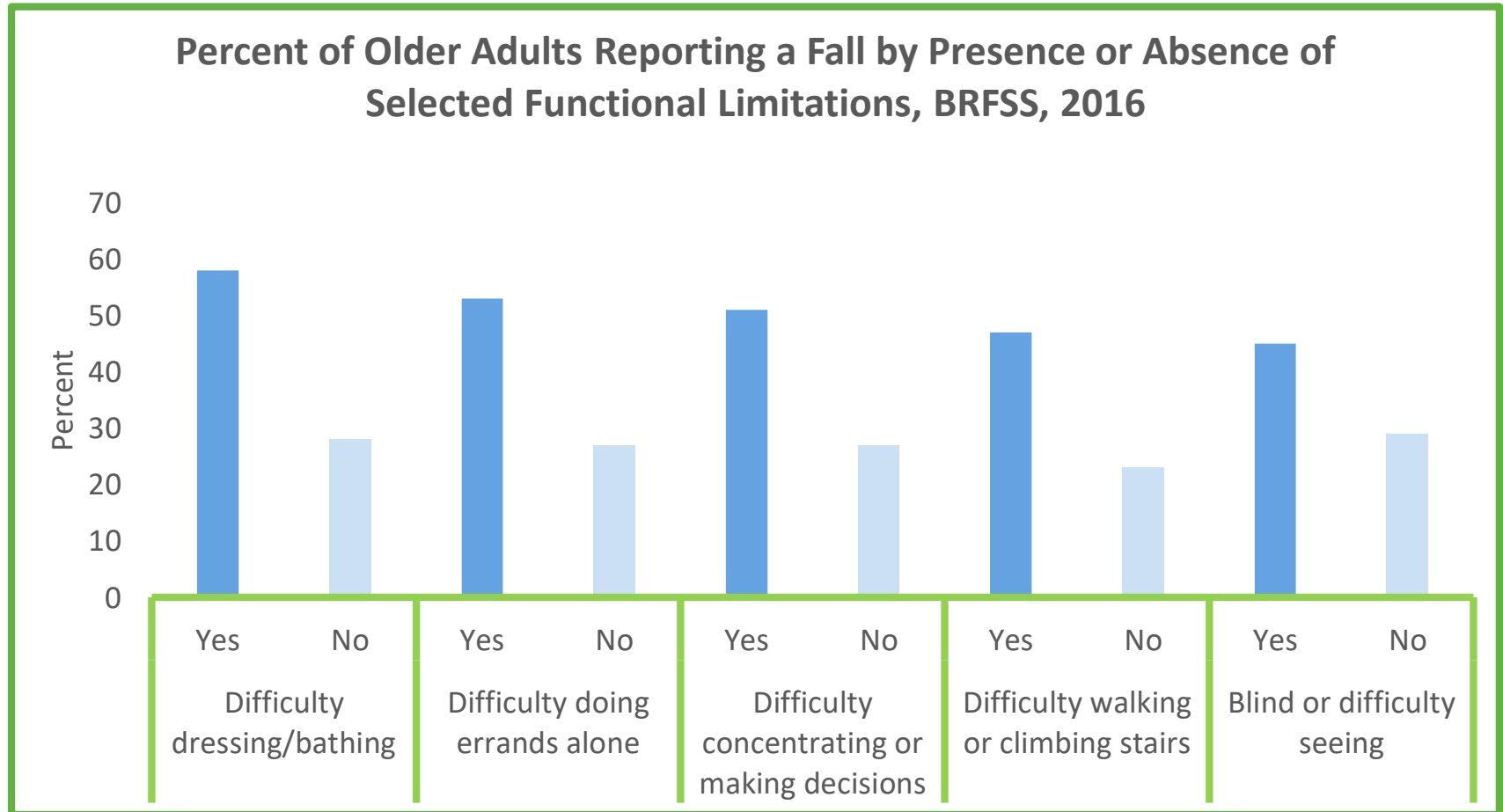


2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey



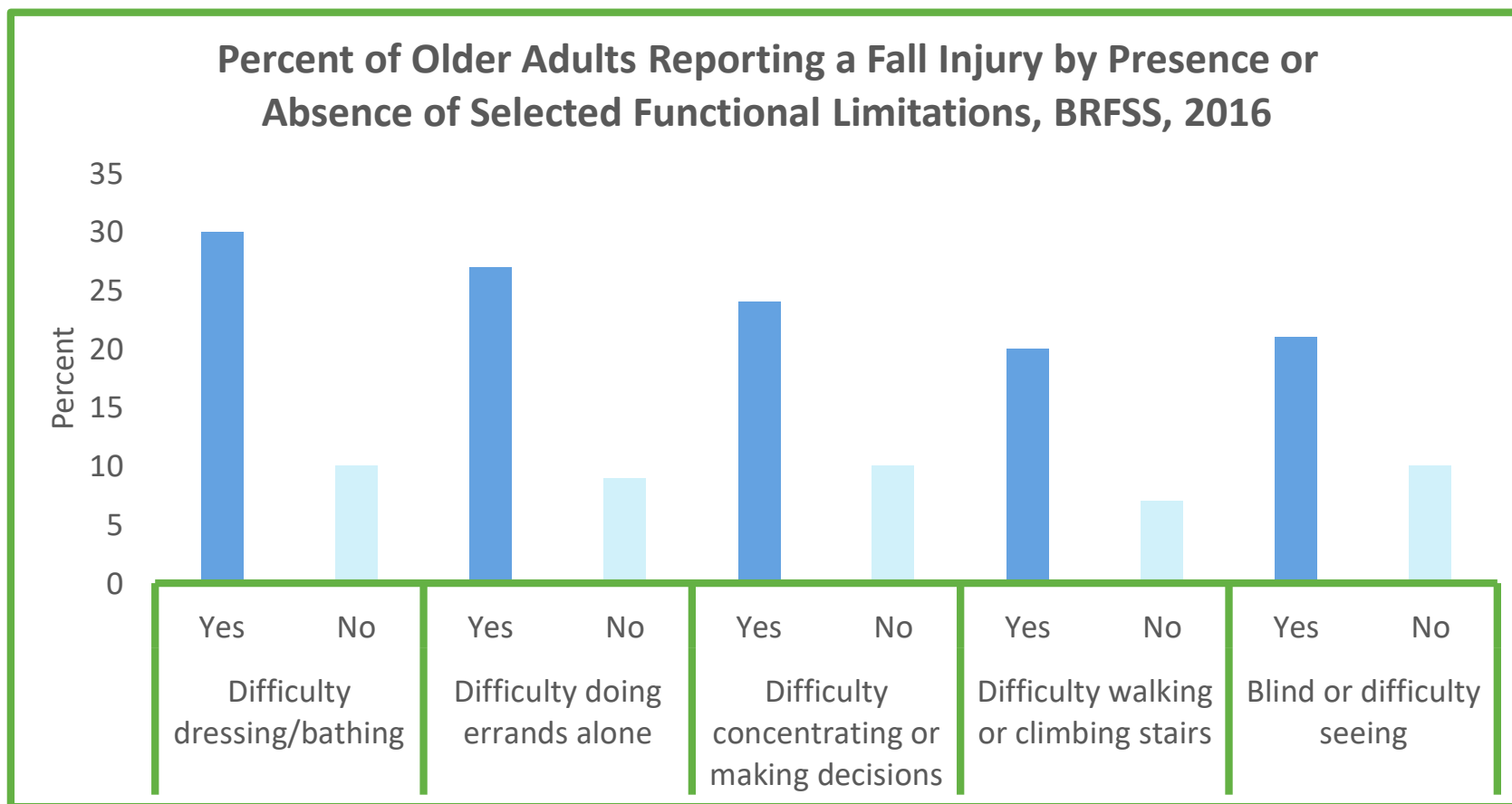
# Risk Factors for Falls

## Functional Conditions



# Risk Factors for Fall Injuries

## Functional Conditions



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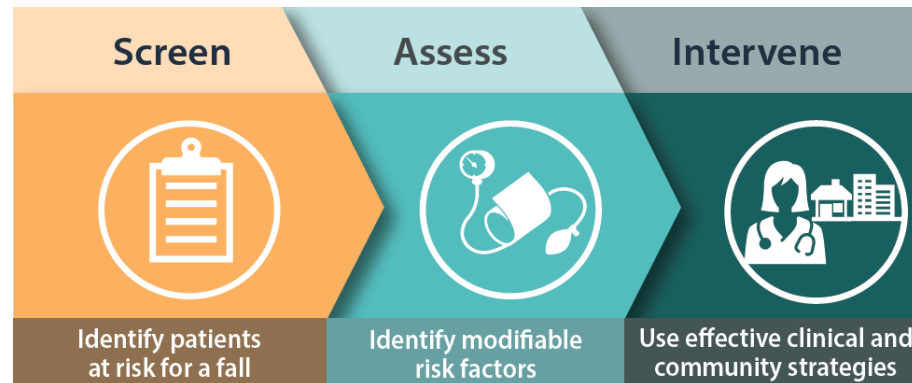
# Fall Prevention

# Fall Prevention



In order to prevent falls in older adults CDC created the **Stopping Elderly Accidents, Deaths, and Injuries (STEADI)** initiative

[www.cdc.gov/steady](http://www.cdc.gov/steady)



[www.cdc.gov](http://www.cdc.gov)

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

## STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Adults 65 years and older

### START HERE

### 1 SCREEN for fall risk yearly, or any time patient presents with an acute fall.

#### Available Fall Risk Screening Tools:

- Stay Independent: a 12-question tool [at risk if score  $\geq 4$ ]
  - Important: If score  $< 4$ , ask if patient fell in the past year (If YES  $\rightarrow$  patient is at risk)

- Three key questions for patients [at risk if YES to any question]
  - Feels unsteady when standing or walking?
  - Worries about falling?
  - Has fallen in past year?
  - » If YES ask, "How many times?" "Were you injured?"

### SCREENED **NOT** AT RISK

#### PREVENT future risk by recommending effective prevention strategies.

- Educate patient on fall prevention
- Assess vitamin D intake
  - If deficient, recommend daily vitamin D supplement
- Refer to community exercise or fall prevention program
- Reassess yearly, or any time patient presents with an acute fall

### SCREENED **AT** RISK

#### 2 ASSESS patient's modifiable risk factors and fall history.

#### Common ways to assess fall risk factors are listed below:

##### Evaluate gait, strength, & balance

##### Common assessments:

- Timed Up & Go
- 4-Stage
- 30-Second Chair Stand
- Balance Test

##### Identify medications that increase fall risk (e.g., Beers Criteria)

##### Ask about potential home hazards (e.g., throw rugs, slippery tub floor)

##### Measure orthostatic blood pressure (Lying and standing positions)

##### Check visual acuity

##### Common assessment tool:

- Snellen eye test

##### Assess feet/footwear

##### Assess vitamin D intake

##### Identify comorbidities

(e.g., depression, osteoporosis)

### 3 INTERVENE to reduce identified risk factors using effective strategies.

#### Reduce Identified fall risk

- Discuss patient and provider health goals
- Develop an individualized patient care plan (see below)

#### Below are common interventions used to reduce fall risk:

##### Poor gait, strength, & balance observed

- Refer for physical therapy
- Refer to evidence-based exercise or fall prevention program (e.g., Tai Chi)

##### Medication(s) likely to increase fall risk

- Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk

##### Home hazards likely

- Refer to occupational therapist to evaluate home safety

##### Orthostatic hypotension observed

- Stop, switch, or reduce the dose of medications that increase fall risk
- Educate about importance of exercises (e.g., foot pumps)
- Establish appropriate blood pressure goal
- Encourage adequate hydration
- Consider compression stockings

##### Visual impairment observed

- Refer to ophthalmologist/optometrist
- Stop, switch, or reduce the dose of medication affecting vision (e.g., anticholinergics)
- Consider benefits of cataract surgery
- Provide education on depth perception and single vs. multifocal lenses

##### Feet/footwear issues identified

- Provide education on shoe fit, traction, insoles, and heel height
- Refer to podiatrist

##### Vitamin D deficiency observed or likely

- Recommend daily vitamin D supplement

##### Comorbidities documented

- Optimize treatment of conditions identified
- Be mindful of medications that increase fall risk

### FOLLOW UP with patient in 30-90 days.

Discuss ways to improve patient receptiveness to the care plan and address barrier(s)



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National Center for Injury  
Prevention and Control

## Screen

- Stay Independent Questionnaire
- Key Questions:
  - Have you fallen in the past year?
  - Do you feel unsteady when standing or walking?
  - Do you worry about falling?

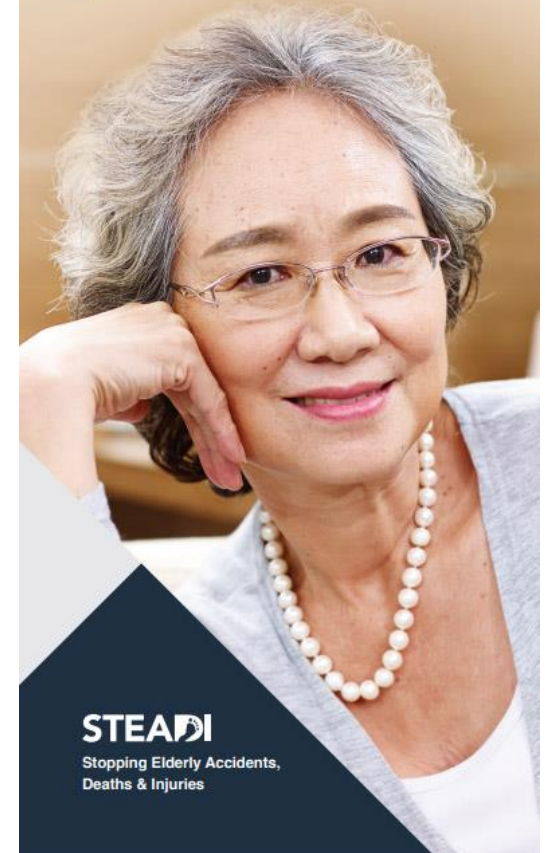
### Check Your Risk for Falling

Circle "Yes" or "No" for each statement below			Why it matters
Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker may already be more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push with my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____			Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.

This checklist was developed by the Greater Los Angeles VA Geriatric Research Education Clinical Center and affiliates and is a validated fall risk self-assessment tool (Rubenstein et al. J Safety Res; 2011; 42(6):493-499). Adapted with permission of the authors.

## Stay Independent

Learn more about fall prevention.



**STEADI**

Stopping Elderly Accidents,  
Deaths & Injuries



## Assess

- History of falls
- Gait, strength, and balance
- Medications
- Postural hypotension
- Visual acuity
- Feet and footwear
- Cognition




**Take steps to keep your patients #STEADI.**

**STEADI** Stopping Elderly Accidents, Deaths & Injuries

[www.cdc.gov](http://www.cdc.gov)

**Postural Hypotension**  
What it is & How to Manage it



**STEADI**  
Stopping Elderly Accidents, Deaths & Injuries

**ASSESSMENT**  
**Timed Up & Go (TUG)**

**Purpose:** To assess mobility  
**Equipment:** A stopwatch  
**Directions:** Patients wear their regular footwear and can use a walking aid, if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters, or 10 feet away, on the floor.

**NOTE:** Please use the patient's preferred walking aid.

**① Instruct the patient:**  
When I say "Go," I want you to:  
1. Stand up from the chair.  
2. Walk to the line on the floor at your normal pace.  
3. Turn.  
4. Walk back to the chair at your normal pace.  
5. Sit down again.

**② On the word "Go," begin timing.**  
**③ Stop timing after patient sits back down.**  
**④ Record time.**

**Time in seconds:** \_\_\_\_\_

An older adult who takes at least 20 seconds to complete the TUG is at risk for falling.

**OBSERVATIONS**

Observe the patient's postural stability, gait, stride length, and sway.

**Check all that apply:**

- ☐ Slow to rise from chair
- ☐ Loss of balance
- ☐ Stumble
- ☐ Little or no arm swing
- ☐ Shuffling
- ☐ Double toeing
- ☐ Not using walking device properly

These changes may signify neurological problems that require further evaluation.

CDC's STEADI Toolkit and materials can help you prevent, assess, and intervene to reduce your patient's fall risk. For more information, visit [www.cdc.gov/steadi](http://www.cdc.gov/steadi).

**CDC** Centers for Disease Control and Prevention  
**STEADI** Stopping Elderly Accidents, Deaths & Injuries

## Intervene

- Refer to physical therapy and occupational therapy
- Manage medications
- Manage and monitor hypotension
- Address foot problems
- Optimize vision



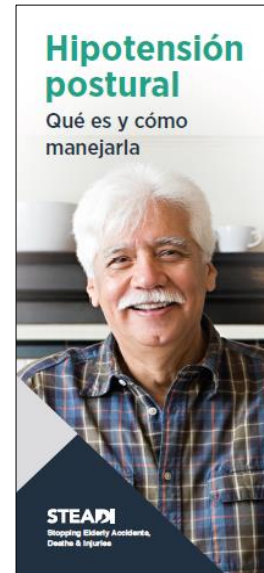
## Tools and Resources

### • Providers

- Algorithm
- Screening tools
- Pocket guide
- Fact sheets
- Case studies
- Informational videos
- Training courses

### • Patients

- Brochures
- Fact sheets



[www.cdc.gov/steady](http://www.cdc.gov/steady)



## Coordinated Care Plan

- To provide primary care providers with strategies and tips for implementing and monitoring STEADI implementation in their practices
  - 12 steps for coordinating fall prevention activities in clinics
  - A detailed look at STEADI and its components
  - Steps for follow-up



# Coordinated Care Plan

1. Assess readiness for practice change around fall prevention



2. Assess current fall prevention activities



3. Identify a champion and create a fall prevention team



4. Obtain leadership support



5. Determine components of the clinical fall prevention program to implement



6. Identify and link with community partners and resources



7. Add fall prevention to the clinic workflow



8. Adapt health record tools (electronic or paper)



9. Identify primary care team members' tasks



10. Train primary care team members



11. Develop an implementation and monitoring plan



12. Identify reimbursement and quality improvement opportunities

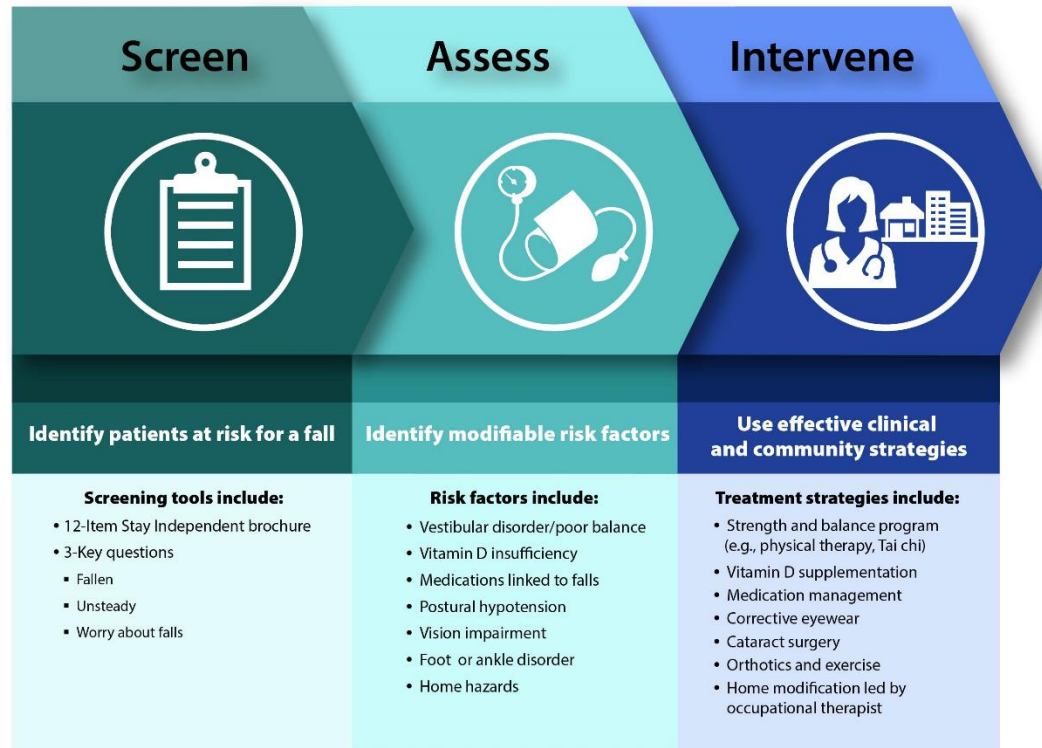




# Coordinated Care Plan

## The STEADI Initiative

A coordinated approach to implementing the AGS/BGS clinical practice guidelines for fall prevention that consists of 3 core elements: Screen, Assess, and Intervene.





# Coordinated Care Plan

## Follow-up



### STEP 1

Decide who among the primary care team will follow-up with the patient.



### STEP 2

Determine feasible options for follow-up with patients and families.



### STEP 3

Identify challenges and strategize regularly with your team to overcome them.

## Oregon Health and Science University

- OHSU implemented clinical fall prevention in outpatient clinics based on STEADI
- Two thirds of eligible older adult patients were screened for fall risk
- Implementation sustained over several years



# STEADI Evaluation

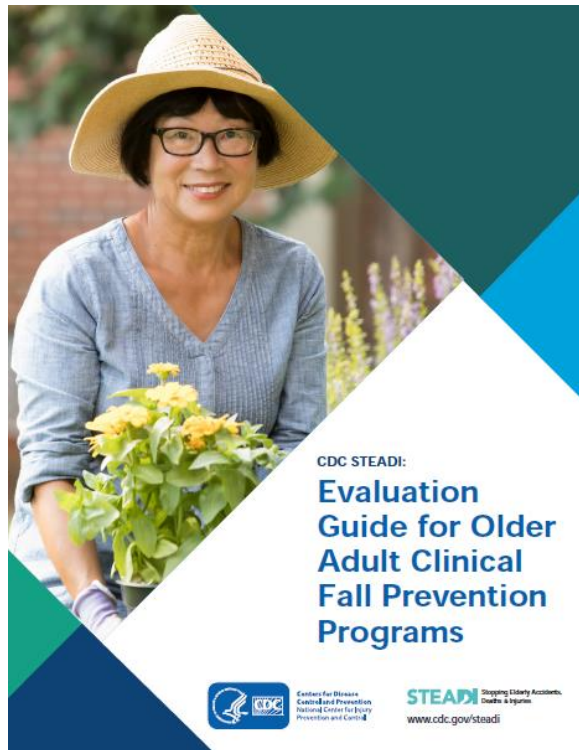
## United Health Services in Broome County, NY

- **UHS implemented clinical fall prevention in outpatient clinics based on STEADI.**
  - 90% of older adult patients screened.
  - 60% of those screened at risk were prescribed a treatment plan to prevent falls.
- **Evaluation study with CDC to determine impact on medically treated falls**
  - At-risk older adults who were treated were 40% less likely to have a fall-related hospitalization compared with those at-risk who were not treated.



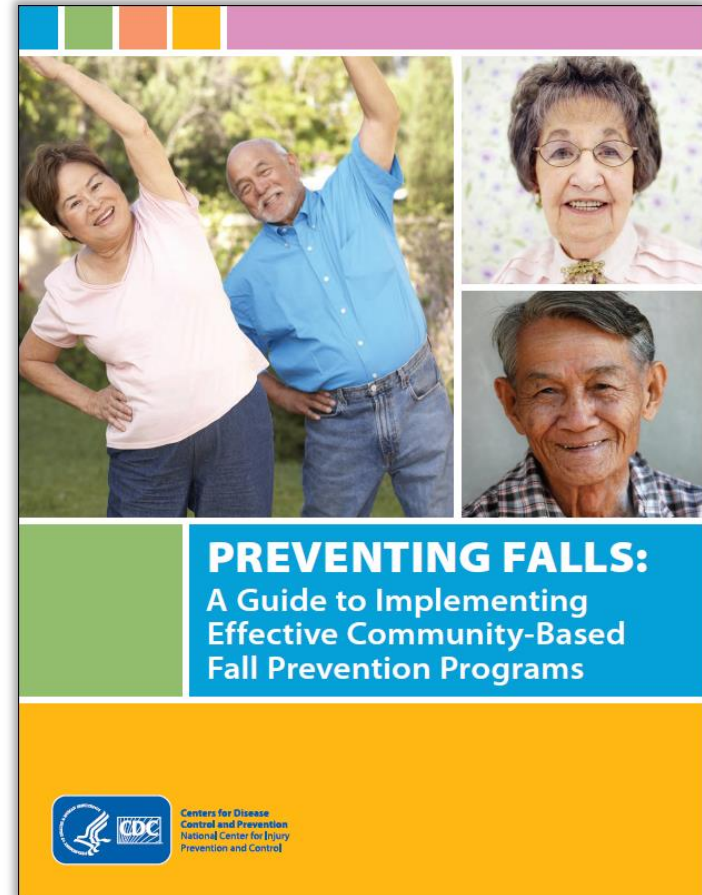
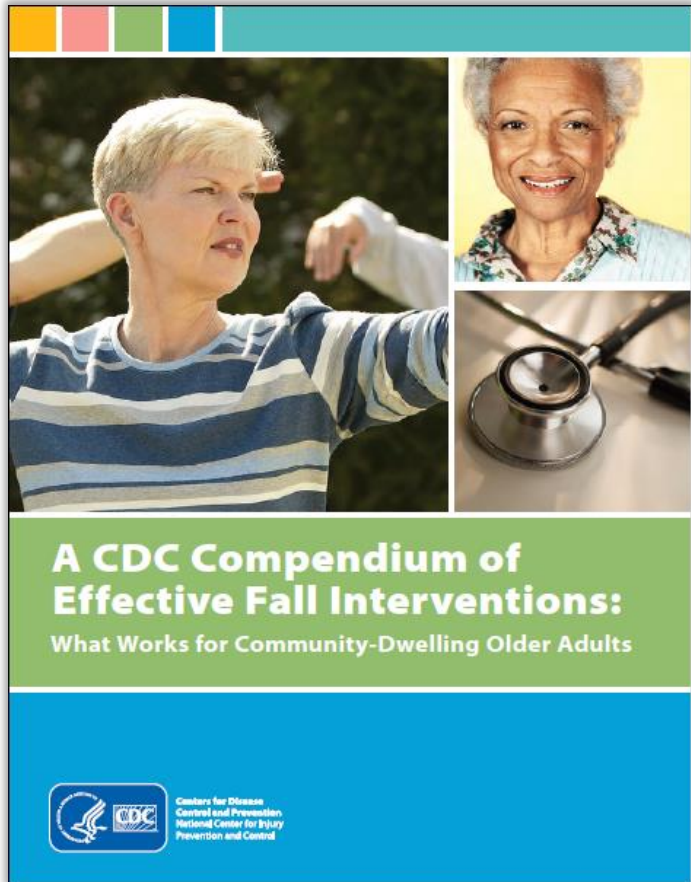
# STEADI Evaluation

## Evaluation Guide



[www.cdc.gov/steady](http://www.cdc.gov/steady)

# Community Resources



- Evidence-based fall prevention strategies for both clinical and community settings.
- Implementation guide for community-based programs.

## Administration for Community Living and National Council on Aging support community-based fall prevention

- **Evidence-based Falls Prevention Programs Cooperative Agreements**
- **National Falls Prevention Resource Center**
  - National clearinghouse of evidence-based programs
- **Map of falls prevention partners and programs**

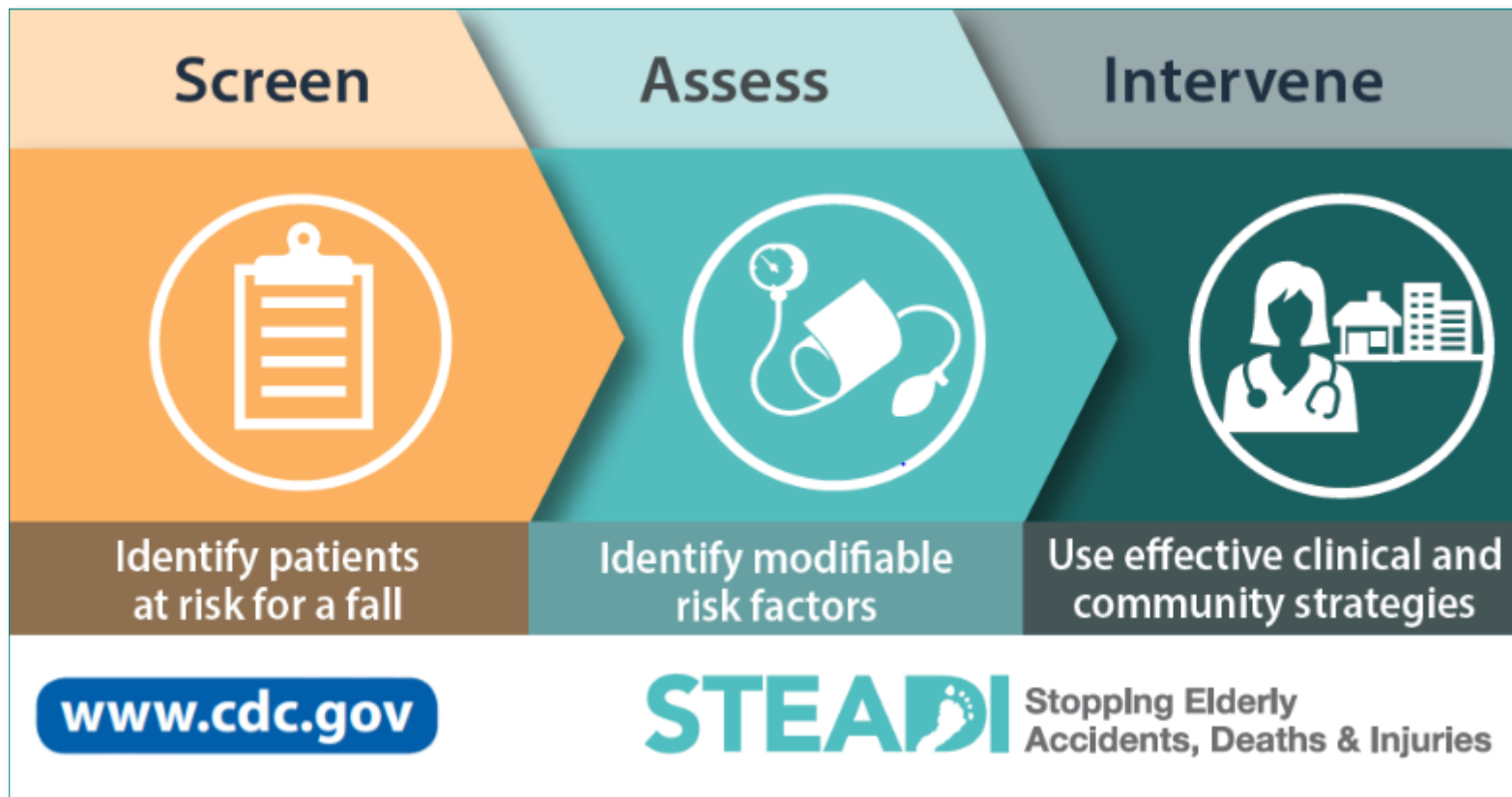




# **Patient Receptiveness to Fall Prevention**



# STEADI CORE COMPONENTS



**Is there a fourth core component?**



# STEADI Logic Model Outcomes Section

Outcomes		
Short (Staff-directed)	Intermediate (Patient-directed)	Long (Impact)
<b>Screen</b> Clinic staff screen older adults for fall risk	Older adults aware of their fall risk status	Gait, strength and balance improves
<b>Assess</b> Providers and clinic staff <ul style="list-style-type: none"> <li>- Perform medical assessment to identify fall risk factors</li> <li>- Update medical record with assessment results</li> </ul>	Older adults participate in recommended strength, balance or exercise program	Fewer older adult falls  Fewer older adult falls with injury
<b>Intervene</b> Providers and clinic staff <ul style="list-style-type: none"> <li>- Develop a plan of care</li> <li>- Perform effective interventions (e.g., adjust medication)</li> <li>- Refer to specialists and other health professionals (e.g. physical therapist)</li> <li>- Recommend evidence-based community fall prevention interventions (e.g., Tai Chi)</li> </ul>	Older adults take Vitamin D as needed  Older adults make recommended changes to their medications	Fewer fall related ED visits  Fewer fall related hospitalizations
<b>Follow-up</b> Clinic staff follow up with older adults at high risk of falls	Older adult visits appropriate specialist or other health care professional	Decrease in direct medical costs associated with falls

## How can CDC better define this fourth core component to provide guidance?

- **Patient-directed outcomes**

- What are the facilitators and barriers for older adults in following prescribed fall interventions?
  - > Knowledge, attitudes, and beliefs

- **Staff-directed outcomes**

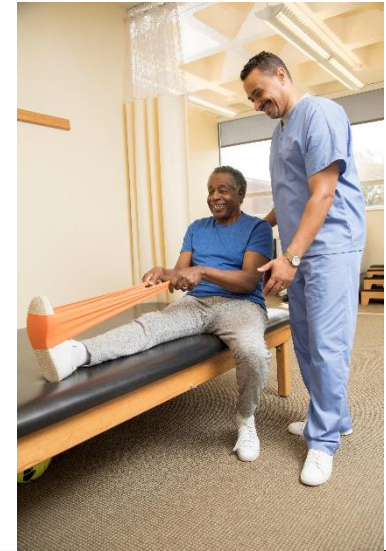
- Who is involved in following up with the patient?
  - > Primary care provider
  - > Office staff
  - > Pharmacist
  - > Physical therapist
  - > Occupational therapist
  - > Podiatrist
  - > Community practitioners (e.g. tai chi instructors)
- Who is best positioned to follow up with the patient?

# Patient Receptiveness Literature Review

**Around 70 journal publications on patient attitudes to fall prevention interventions read and synthesized**

- **Fall Prevention Interventions**

- Exercise
- Medication management and de-prescribing
- Vitamin D
- Physical Therapy
- Podiatry
- Ophthalmology
- Home modification/Occupational Therapy



# Patient Receptiveness Literature Review

## Organized by levels of the Social-Ecological Model

- **Barriers and facilitators for each intervention**
  - Identified by four relevant model levels
    - > Intrapersonal - biological and personal history factors
    - > Interpersonal - relationships
    - > Community - settings
    - > Societal - health, economic, educational and social factors

# Patient Receptiveness Literature Review

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# Patient Receptiveness Literature Review

## Facilitators

- **Intrapersonal**
  - Self-efficacy
  - Maintaining independence, improving health
  - Recognize their own risk of falls
  - Perceive that falls could lead to serious injury
  - Belief that falls are preventable
  - Positive outlook on aging



# Patient Receptiveness Literature Review

## Facilitators

- **Interpersonal**
  - Recommendations from healthcare providers
  - Support from family and friends
  - Social atmosphere of exercise classes





# Patient Receptiveness Literature Review

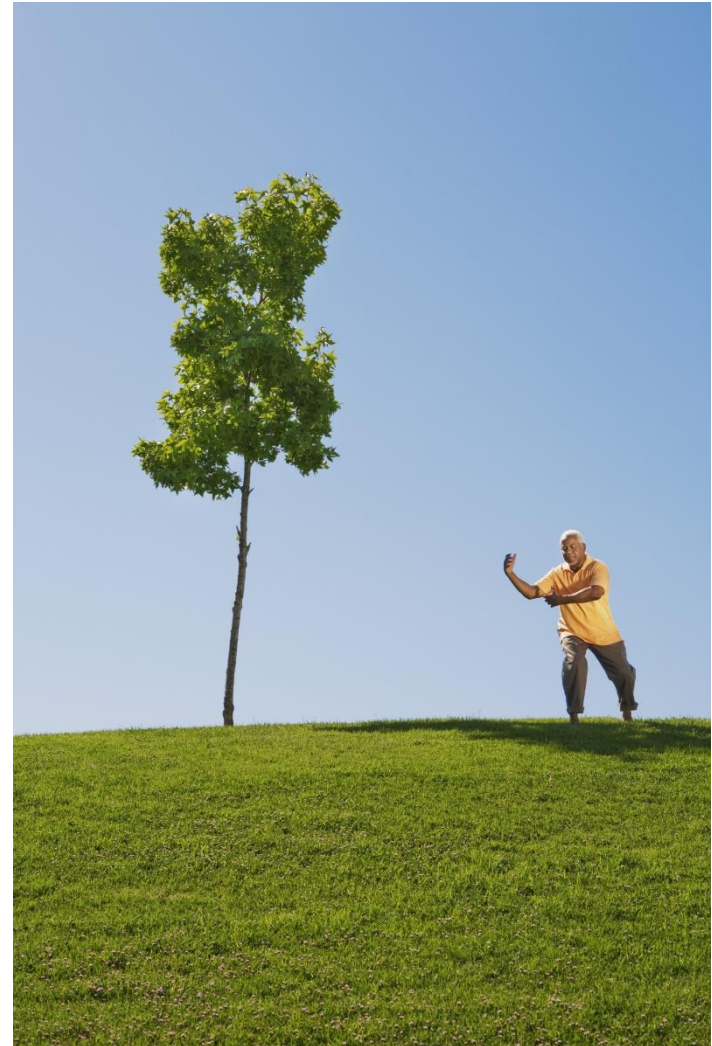
## Facilitators

- **Community/Environment**

- Safe environment
- Available transportation
- Classes at convenient times and locations

- **Policy**

- Low cost programs
- Medication management that reduces the number of medicines taken can lower medication costs





# Patient Receptiveness Literature Review

## Barriers

- **Intrapersonal**

- Falls are not important, other health issues to worry about
- Falls are not preventable, they happen by chance
- Negative beliefs about aging
- Fear of falling

- **Interpersonal**

- Lack of support from physicians, family, and friends
- Physician is not interested in discussing falls



**More than 95%  
of hip fractures  
are caused by  
older adult falls.**

**Keep your patients  
#STEADI.**

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

# Patient Receptiveness Literature Review

## Barriers

- **Community/Environmental**
  - Unsafe environment including poor weather that prevents exercise
  - Distance to classes
  - Lack of transportation
  - Classes at inconvenient times and locations
- **Policy**
  - Cost
  - Lack of insurance coverage

## Falls are Preventable.



Speak up.



Keep moving.



Check your eyes.



Make your home safer.

[www.cdc.gov](http://www.cdc.gov)

**STEADI** Stopping Elderly  
Accidents, Deaths & Injuries

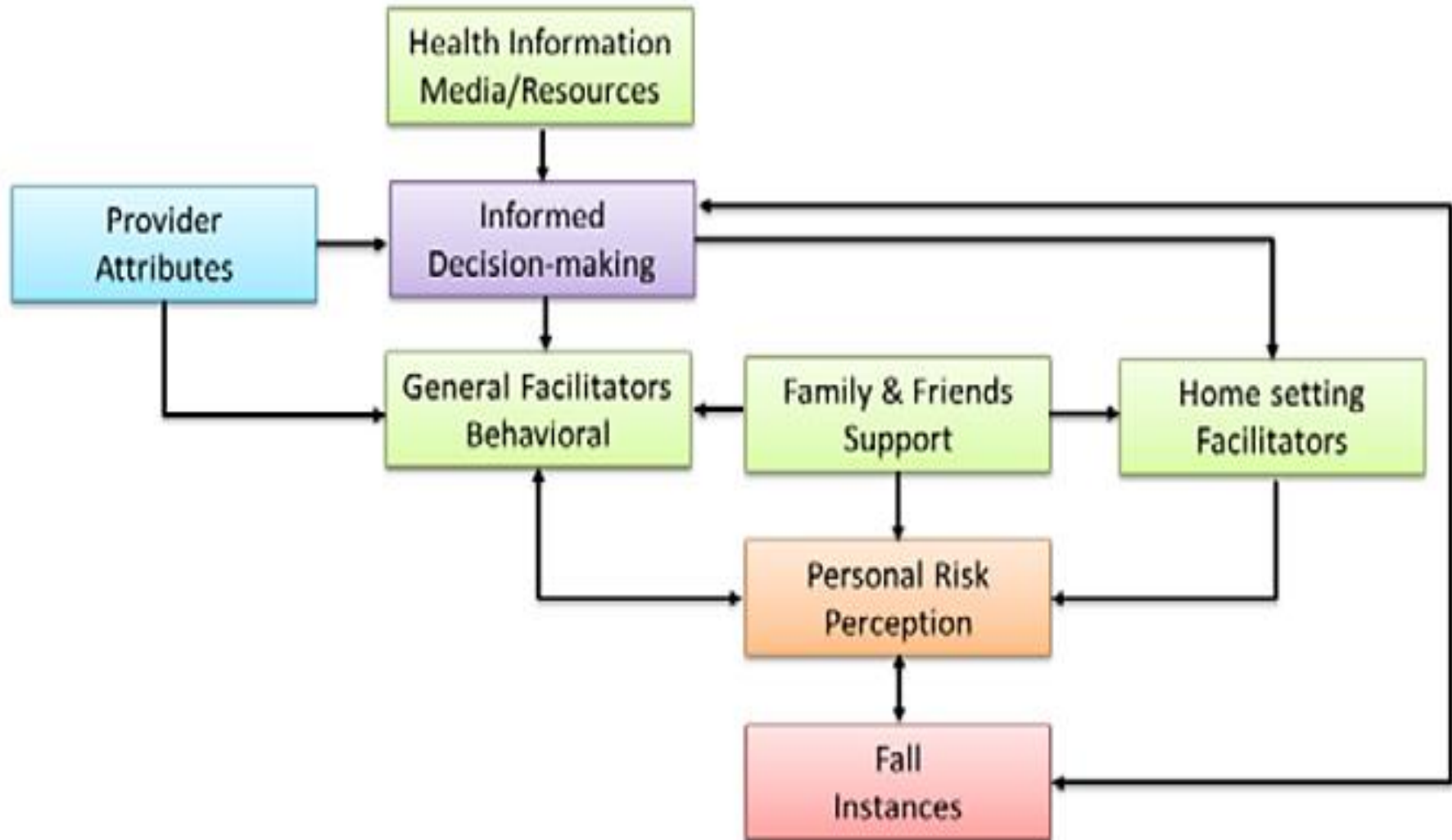
# STEADI Patient Receptiveness Study

## United Health Services in Broome County, NY

- **UHS implemented clinical fall prevention in outpatient clinics based on STEADI.**
- **Twenty-one older adult patients**
  - Screened at risk for a fall
  - Assessed to determine modifiable risk factors
  - Intervened to prescribe an intervention
- **Follow-up interviews to understand attitudes toward fall prevention**



# Patient Receptiveness





# **Older Adult Mobility**

# MyMobility Plan

## Cover Page

- Positive, healthy aging approach
- Targeted toward older adults who haven't thought about or planned for future mobility changes
- Introduces three areas for mobility planning

[bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)

1 in 4 adults now 65 will live to 90+

# MyMobility Plan

## What can you do to stay independent?

Many people make financial plans for retirement, but not everyone plans for other changes that may come with age. This includes changes in your mobility—your ability to get around.

It's not easy to talk about, but as we get older, physical changes can make it harder to get around and do things we want or need to do—like driving, shopping, or doing household chores.

There may be a time when you still need to get around, but can no longer drive.

You might not have mobility problems now, but you could in the future. You may even know others who already do—perhaps a parent, relative, friend, or neighbor. While it may not be possible to prevent all of these changes, there are actions you and your loved ones can take today, and as you age, to help keep you safe and independent tomorrow.

**MySelf**  
A plan to stay independent

**MyHome**  
A plan to stay safe at home

**MyNeighborhood**  
A plan to stay mobile in my community

Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**Make a plan today.  
Stay independent tomorrow.**

## Structure of MySelf, MyHome, and MyNeighborhood pages

- **Introduction**

- Instructions for completing the activities on the page

- **Checklist**

- Action item
- Explanation of why this activity is important to mobility

- **MyMobility Tip**

- Injury prevention tip pertinent to the page

- **Resources**

- Places to go for more information on the topics on the page



# MyMobility Plan

## MySelf

- Health and fitness tips for maintaining safe driving and preventing falls
- Emphasizes strength and balance exercises

### MySelf : A plan to stay independent



Staying healthy and managing chronic conditions help maintain your mobility.

To start building your plan, complete the checklist below.

- ☐ **Get a physical checkup each year.**  
Some health issues may increase your risk of falling (such as leg weakness and balance problems).  
Last Exam Date: \_\_\_\_\_  
Next Exam Date: \_\_\_\_\_
- ☐ **Get a medical eye exam each year.**  
Eye problems can increase your risk of falling or being in a car crash.  
Last Exam Date: \_\_\_\_\_  
Next Exam Date: \_\_\_\_\_

- ☐ **Review all your medicines with a doctor or pharmacist.**  
Certain medicines can have side effects that can change your ability to drive, walk, or get around safely.  
To learn more, go to:  
<https://go.usa.gov/xPADs>

#### **MyMobility Tip**

Good eyesight is about more than 20/20 vision. For example, you need to see well in the dark to drive safely at night.

Get a medical eye exam each year and address any issues.


- ☐ **Follow a regular activity program to increase your strength and balance.**  
Strength and balance activities, done at least 3 times a week, can reduce your risk of falling. Other activities, like walking, are good for you, but don't help prevent falls. Visit the National Institute on Aging's website for suggestions:  
[www.go4life.nia.nih.gov/exercises](http://www.go4life.nia.nih.gov/exercises)

Strength Activity		Balance Activity	
Exercise	Start Date	Exercise	Start Date
<i>Chair stand</i>	<i>Next Monday</i>	<i>Tai Chi</i>	<i>Next Monday</i>



## MyHome

- Tips for reducing fall risk at home

An elderly couple, a man and a woman, are sitting on a concrete porch. The woman is wearing a pink jacket and blue pants, and the man is wearing a light blue shirt and khaki pants. They are both smiling at the camera. The porch has a blue door and some potted plants.

**MyHome** A plan to stay safe at home

To continue your plan, schedule a time to go through the following home safety checklist to help prevent falls.

**Check the FLOORS in each room and reduce tripping hazards:**

- ☐ Keep objects off the floor.
- ☐ Remove or tape down rugs.
- ☐ Coil or tape cords and wires next to the wall and out of the way.

**Check the KITCHEN:**

- ☐ Put often-used items within easy reach (about waist level).
- ☐ For items not within easy reach, always use a step stool and never use a chair.

**Check the BEDROOMS:**


- ☐ Use bright light bulbs.
- ☐ Place lamps close to the bed where they are within reach.
- ☐ Put in night-lights to be able to see a path in the dark. For areas that don't have electrical outlets, consider battery-operated lights.

**Check inside and outside STAIRS and STEPS:**

- ☐ Check for loose or uneven steps. Repair if needed.
- ☐ Make sure carpet is firmly attached to every step, or remove carpet and attach non-slip rubber treads.
- ☐ Check for loose or broken handrails. Repair if needed.
- ☐ Consider installing handrails on both sides of the stairs.
- ☐ Use bright overhead lighting at the top and bottom of the stairs.
- ☐ Consider putting light switches at both the top and bottom of the stairs.

**Check the BATHROOMS:**

- ☐ Put non-slip rubber mats or self-stick strips on the floor of the tub or shower.
- ☐ Consider installing grab bars for support getting in or out of the tub or shower, and up from the toilet.

**MyMobility Tip** 

Falls are more likely when wearing inappropriate footwear, such as flip flops that don't cover the heel. Wear safe shoes that fit well, have a firm heel to provide stability, and have a textured sole to prevent slipping.

For more home modification information and resources: <https://go.usa.gov/xUEs3>

# MyMobility Plan

## MyNeighborhood

- Motivates older adults to think about how they will get around if their mobility changes

 **MyNeighborhood** | A plan to stay mobile in my community



Finish your plan by filling out the table below.

Think of all the places you go and how you get there.

Then, consider how you would get to these same places if you couldn't use your current way.

☐ Find transportation options in your ZIP code:

- Rides in Sight  
1-855-607-4337  
[www.ridesinsight.org](http://www.ridesinsight.org)

Ride share services can help keep you connected to family and friends. Staying social helps maintain quality of life as you age.

Where do I go now? (Such as doctor, grocery store, or physical activity class)	How do I get there now? (Such as drive, get a ride, or use public transportation)	How will I get there in the future? (Such as bus, rideshare, or ride with a friend)
Meet friends for lunch	Drive myself	Get a ride from a friend

☐ Consider a driver refresher course.

Some insurers give a discount on your car insurance for taking a course:

- AARP (888) 687-2277 or [www.aarp.org](http://www.aarp.org)
- AAA (800) 222-4357 or [www.aaa.com](http://www.aaa.com)

**MyMobility Tip** 

Practice safe behaviors, such as always wearing a seat belt, as a driver or a passenger.

For more information visit: [bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)

# Medicines Fact Sheet

## Focus groups revealed misperceptions about medication risk

- **Misperception 1: Healthcare providers check patient medications at every visit**
  - In reality, this is a reconciliation rather than a thorough review
- **Misperception 2: If I've taken a medicine for a long time with no problems so it will be safe to take as I grow older**
  - In reality, with age we physically handle medicines differently which may lead to side effects that didn't occur in the past



# Medicines Fact Sheet

## Front Page

- Ensures older adults are aware of potential injury risks from their medicines
- Gives guidance for discussing their medicines with their doctor or pharmacist



**3 in 4 older adults take at least 1 medicine commonly linked to falls or car crashes.**

### Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?

**Older adults (65 years and older) are at a greater risk if they:**

- Use any medicine with side effects that can cause problems with how they think and remember, and the way their bodies perform.
- Take multiple medicines daily with these side effects.

**How can I reduce my risk of falling or having a car crash?**

- Use the **Personal Medicines List** to make a list of the medicines you take. Include all prescription medicines, over-the-counter medicines (OTCs), dietary supplements, and herbal products.
- Use the **Personal Action Plan** to help guide your conversation with your doctor or pharmacist at least once a year, or when you change your medicines.

**Side effects of prescription medicines, over-the-counter medicines, dietary supplements, and herbal products may cause falls or car crashes.**

**Ask your doctor or pharmacist these questions:**

- What is this medicine used for?
- Does this medicine interact with others I am taking?
- Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?
- Is there another medicine or dose I should try?
- If I stop or change this medicine, what side effects should I expect?

Download the Fact Sheet, Personal Medicines List, and Personal Action Plan at [www.cdc.gov/motorvehicleafety/older-adult-drivers/mde-ES](http://www.cdc.gov/motorvehicleafety/older-adult-drivers/mde-ES)




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National Center for Injury Prevention and Control

# Medicines Fact Sheet

## Front Page

- Explains why older adults may need to be concerned about medicines that they have always taken with no problems
- Lists
  - Possible side effects
  - Medicines that may cause problems

 **Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?**

As we age, our bodies process what we eat and drink—including medicines—differently. A medicine that worked well in the past could start causing side effects now or in the future.

### What are some side effects to look out for?

- ❑ Changes in vision
- ❑ Changes in awareness
- ❑ Loss of balance
- ❑ Slower reaction time
- ❑ Fainting, or passing out
- ❑ Muscle weakness
- ❑ Lack of muscle coordination
- ❑ Tiredness
- ❑ Sleepiness
- ❑ A drop in blood pressure when you stand up from sitting or lying down—also known as postural hypotension—that causes dizziness, lightheadedness, or fainting.
- ❑ Lower alertness level or difficulty concentrating, leading to:
  - Lane weaving,
  - Increased risk of leaving roadway, or
  - Hesitant driving/second-guessing or over-correcting.

The medicine categories and examples listed below can contribute to falls or car crashes.

**Opioid or narcotic pain medicines:**

- Oxycodone (e.g., OxyContin, Roxicodone)
- Hydrocodone (e.g., Lortab, Vicodin)

**Anti-depression or mood medicines:**

- Fluoxetine (e.g., Prozac)
- Amitriptyline (e.g., Elavil)

**Anti-anxiety medicines:**

- Diazepam (e.g., Valium)
- Alprazolam (e.g., Xanax)

**Prescription and OTC sleep aids:**

- Zolpidem (e.g., Ambien)
- Diphenhydramine (e.g., Benadryl)

**High blood pressure/heart medicines:**

- Metoprolol (e.g., Toprol, Lopressor)
- Amlodipine (e.g., Norvasc)
- Furosemide (e.g., Lasix)

**Muscle relaxing medicines:**

- Carisoprodol (e.g., Soma)
- Cyclobenzaprine (e.g., Flexeril)

**Anti-psychotic or mood stabilizing medicines:**

- Risperidone (e.g., Risperdal)
- Quetiapine (e.g., Seroquel)

**Note:** This is not a complete list of all medicines or potential side effects. The examples provided are some of the most frequently used medicines in each category.

For more information visit:  
[bit.ly/CDC-MyMobilityPlan](http://bit.ly/CDC-MyMobilityPlan)

# Medicines Fact Sheet

## Personal Medicines List

- List all medicines you are currently taking, and use multiple pages as needed.
- Include prescription medicines, over-the-counter medicines, dietary supplements, and herbal products.
- Update this list any time you have a change in the medicines you take.
- Take this list with you when you go to your doctor, pharmacist, or a hospital.



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Name: \_\_\_\_\_ Emergency Contact Name and Phone: \_\_\_\_\_

Date Last Updated: \_\_\_\_\_ Page Number \_\_\_\_\_ of \_\_\_\_\_

Name of Medicine	Dose/Directions	Medicine Taken For	Prescriber/Doctor	Notes

### Chronic Conditions or Diseases


### Allergies to Medicine

Name of Medicine <i>e.g. Penicillin</i>	Describe Reaction <i>e.g. Rash, hives, swollen face or tongue, wheezing</i>

For more information: [bit.ly/CDC-MedicinesRisk](https://bit.ly/CDC-MedicinesRisk)

# Medicines Fact Sheet

## Personal Action Plan

- Ask your doctor or pharmacist the following questions about each of your medicines.
- Include prescription medicines, over-the-counter medicines, dietary supplements, and herbal products.
- Use this information to complete your **Personal Action Plan**.



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Control and Prevention  
National Center for Injury  
Prevention and Control

Questions to ask	Answers	Action plan
What is this medicine used for?		
Does this medicine interact with others I am taking?		
Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?		
Is there another medicine or dose I should try?		
If I stop or change this medicine, what side effects should I expect?		

For more information: [bit.ly/CDC-MedicinesRisk](https://bit.ly/CDC-MedicinesRisk)



# Dissemination

## Goal is to get the MyMobility Plan and Medicines Fact Sheet to older adults

- **CDC does not have day-to-day contact with older adults**
  - Need help from our partners who do have these contacts
- **CDC developed resources for partners to use for dissemination**



**Mobility** – the ability to get where you want to go, when you want to get there.

Create your own MyMobility Plan.

[www.cdc.gov](http://www.cdc.gov)



## Customizable MyMobility Plan

You can [customize the MyMobility Plan](#) with your organization's name and address. There is a designated space for you to add contact information only (not logos).

### ☐ Consider a driver refresher course.

Some insurers give a discount on your car insurance for taking a course:

- AARP (888) 687-2277 or [www.aarp.org](http://www.aarp.org)
- AAA (800) 222-4357 or [www.aaa.com](http://www.aaa.com)

### MyMobility Tip

Practice safe behaviors, such as always wearing a seat belt, as a driver or a passenger.

For more information visit: [bit.ly/CDC-MyMobilityPlan](http://bit.ly/CDC-MyMobilityPlan)

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**Distributed by:**


## Digital Postcard



The digital postcard features a photograph of an older man and woman walking outdoors in a park-like setting. The man is wearing a light pink shirt and the woman is wearing a yellow shirt with a red scarf. They are both smiling and looking towards the camera. The background is filled with green trees and foliage.

### MyMobility Plan

**Did you know?**

Older adults who make a plan are more likely to take action to protect their mobility and independence.

Take action today to help stay safe, mobile, and independent tomorrow. Create your own MyMobility Plan in these three areas:

MySelf	MyHome	MyNeighborhood
How to stay independent	How to stay safe at home	How to stay mobile in your community

 Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

Learn more and download the MyMobility Plan:  
[bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)

## Conference Card



**MyMobility Plan**

The MyMobility Plan provides older adults with information, guidance, and tips on how to stay safe, mobile, and independent as they age.

The mobility planning tool has three parts designed to help older adults and their caretakers with the challenges that may come with age:

- **How to stay independent** — Tips to manage health to maintain mobility.
- **How to stay safe at home** — A home safety checklist to help prevent falls.
- **How to stay mobile in the community** — A plan to get around in the community.



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National Center for Injury Prevention and Control

Find resources and download the tool at:  
[bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)



## Poster



# MyMobility Plan

**Did you know?**

Older adults who make a plan are more likely to take action to protect their mobility and independence.

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MySelf	MyHome	MyNeighborhood
How to stay independent	How to stay safe at home	How to stay mobile in your community



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Control and Prevention  
National Center for Injury  
Prevention and Control

Learn more and download  
the MyMobility Plan:  
[bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)

## Social Media

Resources

**Social Media**

Spanish Resources

Related Pages

This section includes resources, shareable graphics, and social media messages (Instagram, Pinterest, Facebook, Twitter) for you to promote the MyMobility Plan. Help spread the word about how to help keep older adults safe, mobile, and independent!

Twitter Posts



Facebook Posts



Pinterest/Instagram Posts



[bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)

## Spanish Language

Recursos

Medios Sociales

Páginas Relacionadas

### Tarjeta Postal



#### ¿Sabía usted?

Los adultos mayores que planifican tienen mayor probabilidad de tomar acción para proteger su movilidad e independencia.

Tome acción hoy para ayudar a mantenerse seguro, móvil, e independiente el día de mañana. Haga su propio Plan de MiMovilidad en estas tres áreas:

#### MiPersona

Cómo mantenerse independiente

#### MiHogar

Cómo mantenerse seguro en casa

#### MiComunidad

Cómo mantenerse móvil en su comunidad



Obtenga más información y descargue el Plan de MiMovilidad:  
[www.cdc.gov/motorvehiclesafety/spanish/older\\_adult\\_drivers/mymobility](http://www.cdc.gov/motorvehiclesafety/spanish/older_adult_drivers/mymobility)

### Hoja informativa: Riesgo de medicamentos



3 de cada 4 adultos mayores toman al menos 1 medicamento que comúnmente se vincula a caídas o choques vehiculares.

¿Están sus medicamentos aumentando el riesgo de una caída o un choque vehicular?

# Dissemination Examples

## Spread the word on Social Media



# Dissemination Examples

News

Announcements



## CDC Releases New MyMobility Planning Tool



JAN 30, 2019



NEWS

The CDC's MyMobility Plan guides you to take action today to help keep yourself, or your loved ones, safe, mobile, and independent. Its three sections include tips on how to manage your health to maintain mobility, how to stay safe at home, and how to stay mobile in your community.

Visit: [https://www.cdc.gov/motorvehiclesafety/older\\_adult\\_drivers/mymobility/index.html](https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/mymobility/index.html)

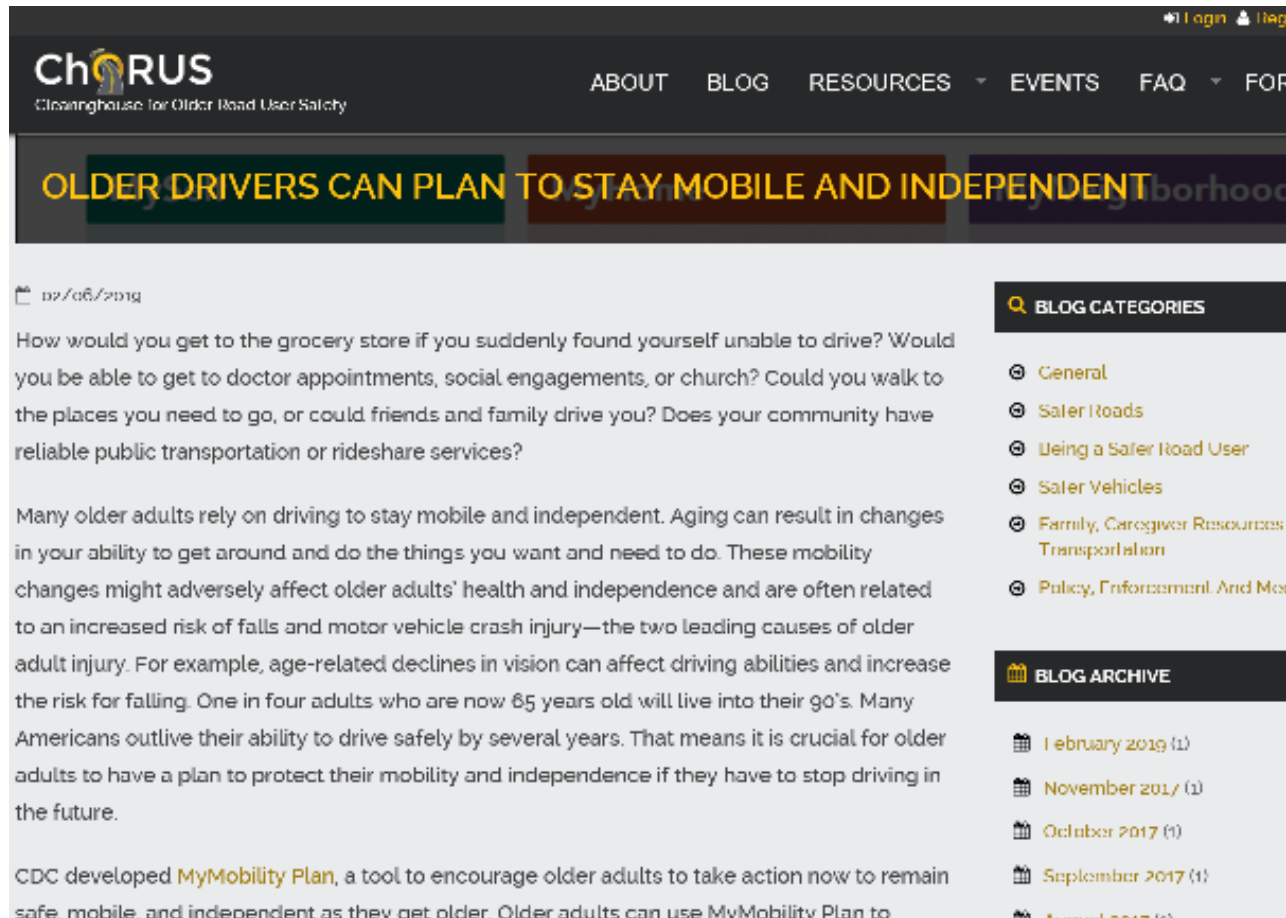
[Continue Reading](#)

<http://stopfalls.org/cdc-releases-new-mymobility-planning-tool/>



# Dissemination Examples

## Blog posts



The screenshot shows the CHORUS (Clearinghouse for Older Road User Safety) website. The header includes the CHORUS logo and navigation links: ABOUT, BLOG, RESOURCES, EVENTS, FAQ, and FOR. The main title of the blog post is 'OLDER DRIVERS CAN PLAN TO STAY MOBILE AND INDEPENDENT'. The post is dated 02/08/2019. The text discusses the challenges older adults face with driving and the importance of having a plan. It mentions that CDC developed the MyMobility Plan tool to help older adults remain safe, mobile, and independent. On the right side, there are sections for 'BLOG CATEGORIES' and 'BLOG ARCHIVE'.

**CHORUS**  
Clearinghouse for Older Road User Safety

ABOUT BLOG RESOURCES EVENTS FAQ FOR

**OLDER DRIVERS CAN PLAN TO STAY MOBILE AND INDEPENDENT**

02/08/2019

How would you get to the grocery store if you suddenly found yourself unable to drive? Would you be able to get to doctor appointments, social engagements, or church? Could you walk to the places you need to go, or could friends and family drive you? Does your community have reliable public transportation or rideshare services?

Many older adults rely on driving to stay mobile and independent. Aging can result in changes in your ability to get around and do the things you want and need to do. These mobility changes might adversely affect older adults' health and independence and are often related to an increased risk of falls and motor vehicle crash injury—the two leading causes of older adult injury. For example, age-related declines in vision can affect driving abilities and increase the risk for falling. One in four adults who are now 65 years old will live into their 90's. Many Americans outlive their ability to drive safely by several years. That means it is crucial for older adults to have a plan to protect their mobility and independence if they have to stop driving in the future.

CDC developed **MyMobility Plan**, a tool to encourage older adults to take action now to remain safe, mobile, and independent as they get older. Older adults can use MyMobility Plan to

**BLOG CATEGORIES**

- General
- Safer Roads
- Being a Safer Road User
- Safer Vehicles
- Family, Caregiver Resources Transportation
- Policy, Enforcement, And More

**BLOG ARCHIVE**

- February 2019 (1)
- November 2017 (1)
- October 2017 (1)
- September 2017 (1)
- August 2017 (1)

<https://www.roadsafeseniors.org/blog/older-drivers-can-plan-stay-mobile-and-independent>

# Dissemination Examples

## Share with older adults and caregivers

- Community meetings
- Health fairs
- Any other ways where you interact



VILLAGE OF FOX POINT  
MILWAUKEE COUNTY  
WISCONSIN

### NORTH SHORE HEALTH DEPARTMENT

#### Did you know?

With aging can come increased mobility challenges, especially when citizens are on certain medications and/or live in wintry climates like Wisconsin. Completing an individualized mobility plan, such as the one recently released by the CDC can help older adults plan for mobility changes similar to the way that many plan financially for retirement. The MyMobility Plan provides resources and tips for older adults to help maintain mobility, make their homes safer to prevent falls, and consider alternative transportation options as they age so they can stay safe, mobile, and independent longer.

To download the MyMobility plan:

[https://www.cdc.gov/motorvehiclesafety/older\\_adult\\_drivers/mymobility/](https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/mymobility/)

For a Medication Fact sheet:

[https://www.cdc.gov/motorvehiclesafety/older\\_adult\\_drivers/meds\\_FS/](https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/meds_FS/)

# Dissemination

## Our request of you

- **Share MyMobility Plan and Medicines Fact Sheet with:**
  - Older adult clients
  - Caregivers
  - Partners
- **Give us feedback on the planning tool and associated products:**
  - Your perspective
  - Your clients' perspective

[bit.ly/CDC-MyMobilityPlan](https://bit.ly/CDC-MyMobilityPlan)



# HEALTHY COMMUNITIES SUMMIT

*taking care. taking charge. taking control.*

### Thursday 3:45 Session

“What is the Centers for Disease Control and Prevention (CDC) doing to better understand and improve safe transportation for older adults?”

*Laurie Beck*, Epidemiologist, Centers for Disease Control and Prevention

Ossabaw Room

## Questions?

**For more information,  
please contact:**

**Gwen Bergen [Gbergen@cdc.gov](mailto:Gbergen@cdc.gov)**

**Briana Moreland [Bmoreland@cdc.gov](mailto:Bmoreland@cdc.gov)**

Learn more about older adult fall prevention.  
[www.cdc.gov/steady](http://www.cdc.gov/steady)



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National Center for Injury  
Prevention and Control

The findings and conclusions in this report/presentation are those of the authors, and do not necessarily represent the official position of the Centers for Disease Control and Prevention.