Scaling Falls Prevention Across the Nation

Focus area: Promoting Healthy Aging and Social Connection

USAging Conference

San Diego, CA

July 19, 2026

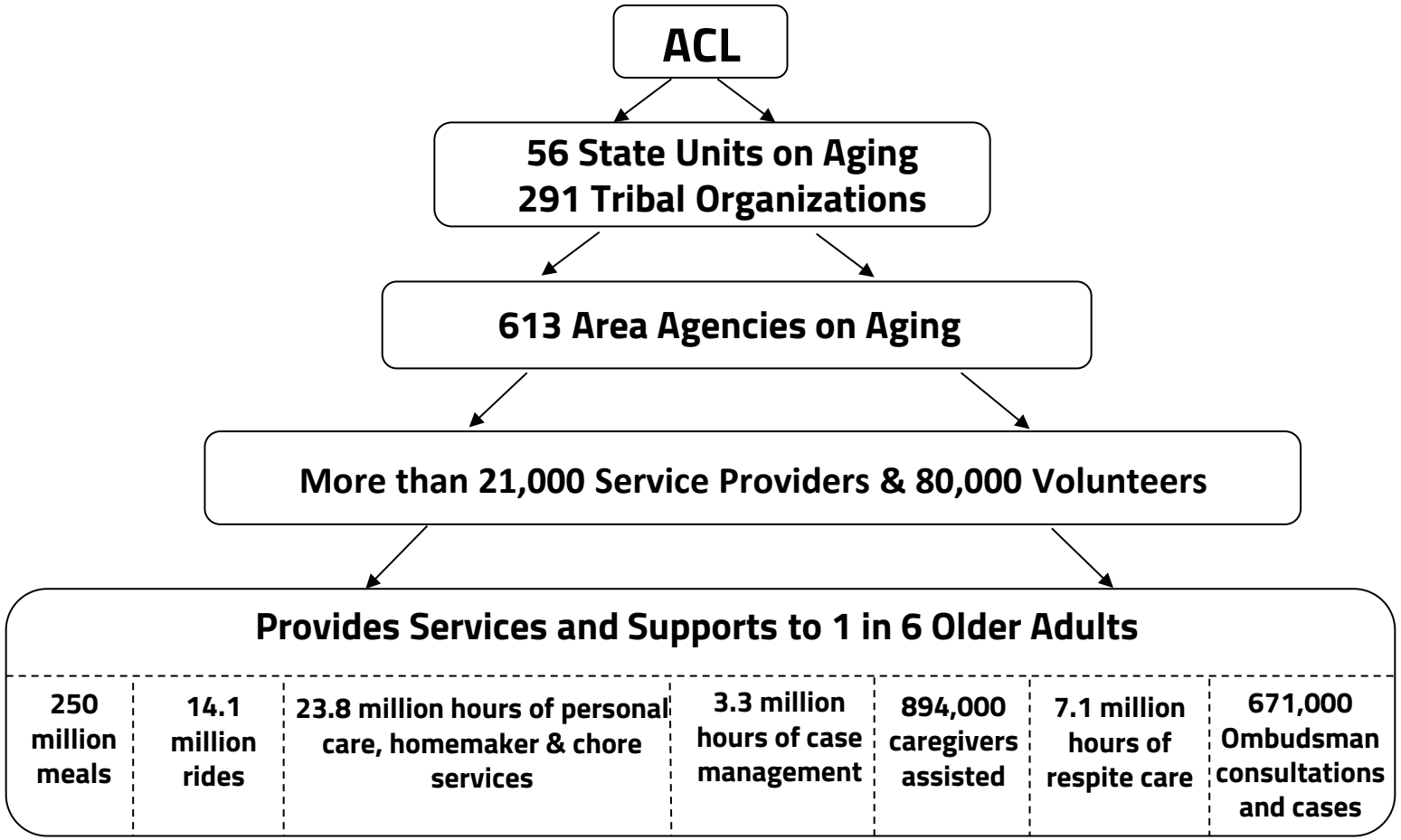
Kari Benson

Deputy Assistant Secretary for Aging
Administration on Aging
Administration for Community Living
U.S. Department of Health and Human Services

Administration for Community Living (ACL)

- ACL aims to scale and spread falls prevention initiatives
- Role of Older Americans Act (OAA) to address falls prevention
- Alignment of priorities and investments with parts of the National Falls Prevention Action Plan

The Older Americans Act Helps Over 14.6 Million Older Adults (1 in 6) Remain at Home through Low-Cost, Community-Based Services



ACL, the aging network, and Evidence-Based Programs (EBP)

- ACL supports the delivery of EBPs in communities across the country through **Older Americans Act** (formula) and competitive (discretionary) grants
- **ACL's definition of "evidence-based:"**
  - Demonstrated through evaluation to be **effective for improving the health and well-being,** or reducing disease, disability and/or injury among older adults; and
  - Proven effective with older adult population, using **Experimental or Quasi-Experimental Design**; and
  - Research results **published in a peer-review journal**; and
  - Fully **translated in one or more community site(s)**; and
  - Includes **developed dissemination products** that are available to the public.
- **Dozens of EBPs spanning a variety of topics:** chronic disease self-management, falls prevention, physical activity, behavioral health
- **Common programs include:**
  - Chronic Disease Self-Management Program (CDSMP) and its variants (Spanish, Diabetes, Cancer, etc.)
  - PEARLS
  - Healthy IDEAS
  - Tai Chi for Arthritis
  - A Matter of Balance
  - Stepping On

6 Strategic Pillars of the National Falls Prevention Action Plan

1. **Public Awareness & Advocacy:** Fund and create a sustained, highly coordinated, multi-year, multimedia communications campaign that increases and reframes awareness about falls, builds knowledge about how to prevent falls, and expands demand for evidence-informed interventions
2. **Cross-Sector Funding Expansion:** Expand and coordinate spending at the national, state and local levels on falls prevention awareness, screening, assessment, intervention and management and improve the capacity of health care and community providers to obtain funds from government, health systems, insurers, and philanthropy to achieve their aims.
3. **Scale Evidence-Based and Proven Interventions:** Increase the number of evidence-based clinical interventions and community-based prevention programs with sizes and capacities sufficient to meet the needs of people at risk of falls, particularly those in underserved communities and those with the greatest social and economic need.

6 Strategic Pillars of the National Falls Prevention Action Plan (cont.)

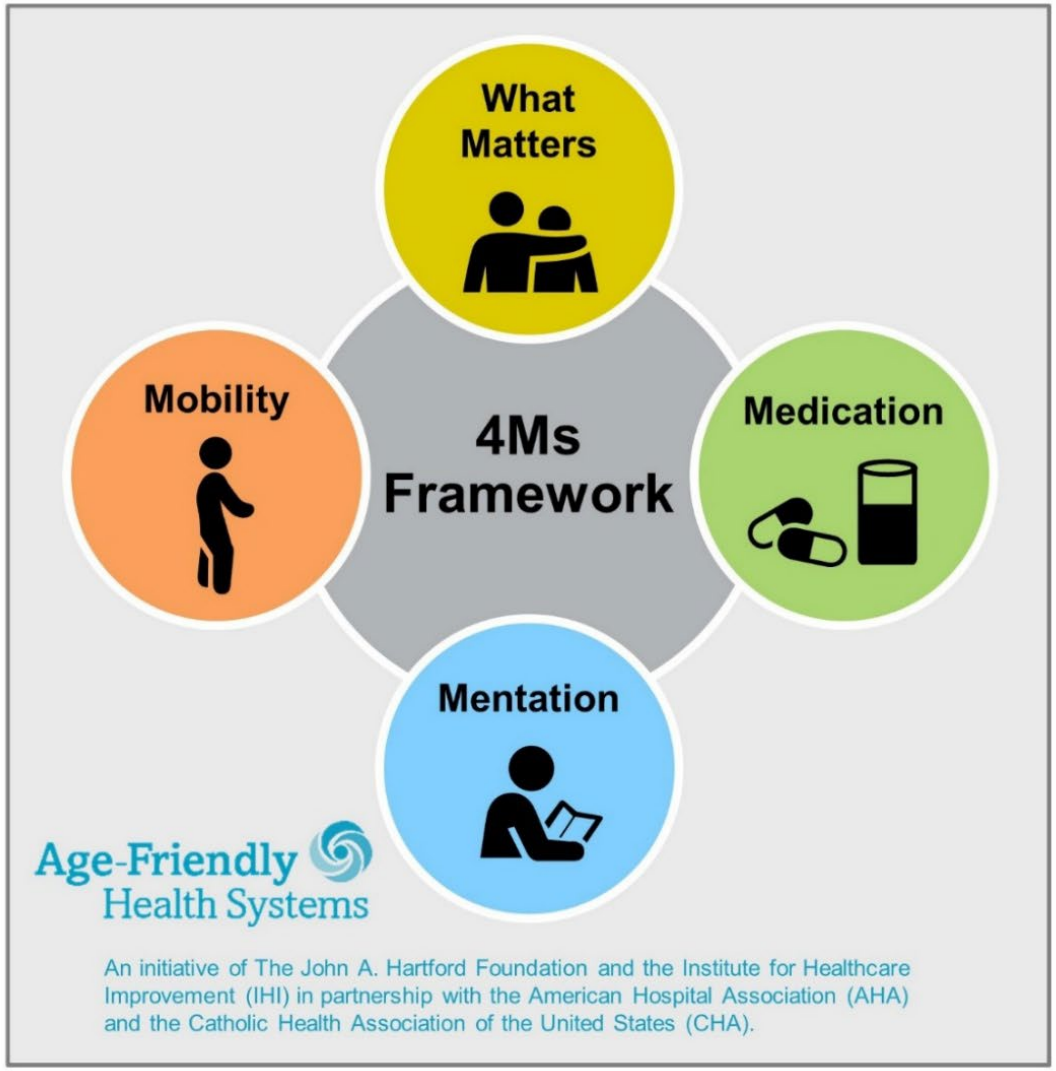
4. **Clinical & Community Integration:** Create the seamless infrastructure needed to support partnerships among clinical providers and community-based, aging network, public health, and other social service providers and systems to prevent and reduce falls,
5. **Technology & Innovation:** Generate new technologies and expand access to existing technologies by engaging a wide range of public and private partners so that products meet the unique needs of older people and are accessible to them no matter who they are or where they live,
6. **Data & Research Advancement:** Improve data by increasing the quality and scope of information, both quantitative and qualitative, about why older people fall and under what circumstances (functional, activity, environmental, and personal factors}, and whether older people of different economic, and social backgrounds fall for different reasons; and expand research via longitudinal (e.g., lasting 10 years) studies with participants who are heterogeneous with respect to age, level of frailty, existing medical conditions, and settings.

Falls Prevention aligns with Age-Friendly initiatives…

Institute for Healthcare Improvement (IHI) Age-Friendly Health Systems mission is to:

- Build a movement so all care with older adults is Age-Friendly care;
- Guided by an essential set of evidence-based practices, the 4Ms;
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family

The 4Ms of Age-Friendly Care



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

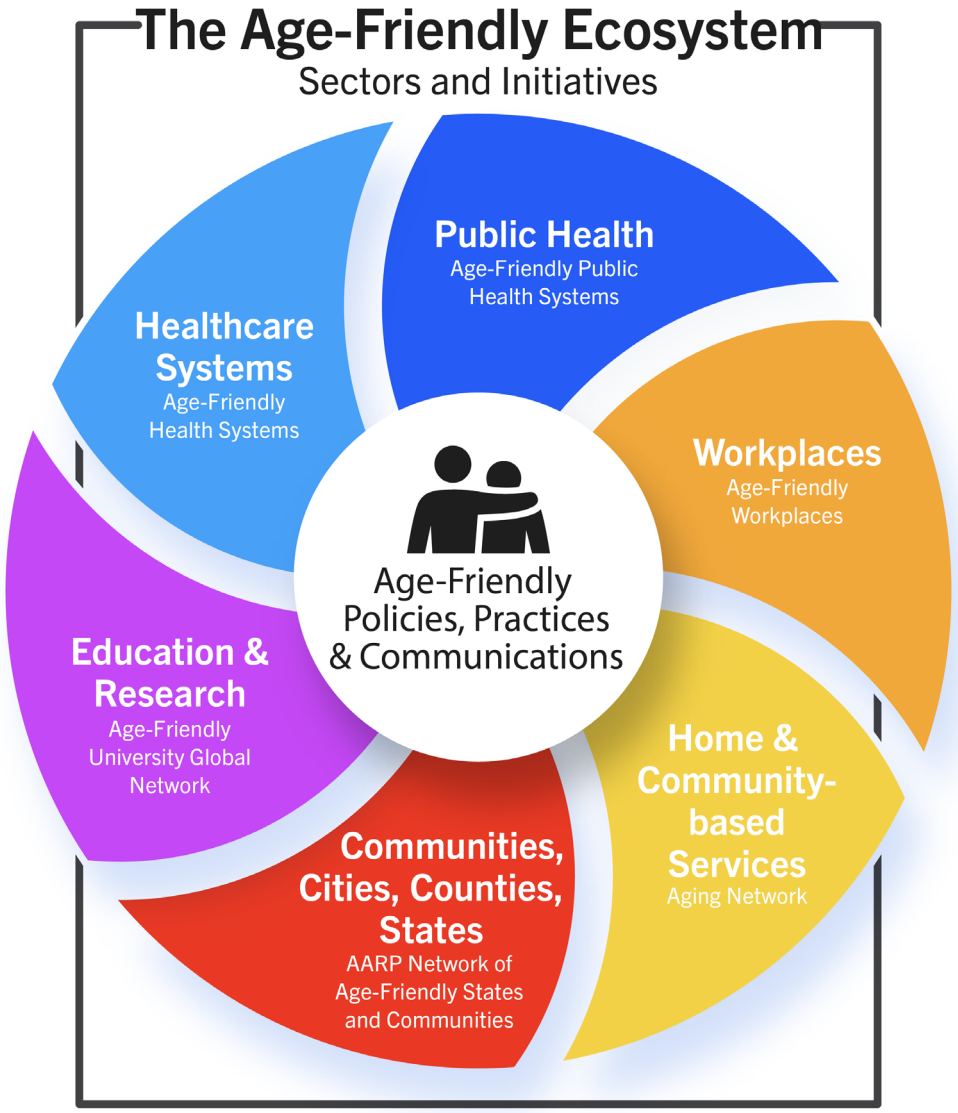
Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Falls Prevention exists within the Age-Friendly Ecosystem



References for Age-Friendly content

- Institute for Healthcare Improvement. Age-Friendly Health Systems. Available at https://www.ihi.org/partner/initiatives/age-friendly-health-systems
- Mate, K., Fulmer, T., Pelton, L., Berman, A., Bonner, A., Huang, W., & Zhang, J. (2021). Evidence for the 4Ms: Interactions and outcomes across the health care continuum. *Journal of Aging and Health, 33*(7-8), 469-481. https://doi.org/10.1177%2F0898264321991658
- Parry, G. (2018). *Evolving the IHI Scale-up Framework*. Massachusetts: Institute for Healthcare Improvement. Available at: https://www.ihi.org/insights/evolving-ihi-scale-framework
- The John A. Hartford Foundation. Age-Friendly Health Systems Initiative. Available at https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative

Kelly Cronin

Deputy Administrator, Center for Innovation and Partnership
Administration on Aging
Administration for Community Living
U.S. Department of Health and Human Services

ACL and Falls Prevention Work

- Aim to effectively prevent falls through coordinated HHS action
- Focus on:
  - Collectively address falls risks at a national level in a coordinated effort; build on each other's work to train and educate our networks; leverage each other's resources to have a greater impact on falls risks and decrease prevalence of falls in older adults
  - Focus on broad implementation of screening and assessment (STEADI) through aligned resources and policy, along with person centered, multifactorial, community and evidence-based intervention (Stepping On).

Falls Prevention: National Action Plan and ACL investments

1. **Expand Public Awareness**
   - ACL funded statewide falls prevention coalitions
   - National Falls Prevention Resource Center
2. **Broaden funding** for screening, assessment, intervention, and management from governments, health systems, insurers, and philanthropies
3. **Scale Evidence-Based and Proven Interventions**
   - ACL falls prevention discretionary grants
   - Falls Prevention Innovation lab and 18 grantees
   - New demonstration program to scale STEADI and Stepping On (NOFO FY26)
4. **Drive more clinical and community partnerships and infrastructure needed for partnerships among clinical providers and community-based, aging network**
   - Demonstration program to scale STEADI and Stepping On through community care hubs (clinical community partnerships)
   - Health at Home Challenge – scaling person centered services (including evidence-based programs) for dually eligible Medicare and Medicaid beneficiaries
5. **Adoption of new technologies and expand access to existing technologies**
   - Falls Prevention Innovation lab grantees
   - New demonstration program
6. **Data & Research Advancement**

Strategic Investment to Scale

- Leveraging Stopping Elderly Accidents, Deaths, & Injuries (**STEADI**): https://www.cdc.gov/steadi/index.html
- **Stepping On**: https://www.steppingon.com

STEADI

- Coordinated approach to implementing the American and British Geriatrics Societies' Clinical Practice Guideline for falls prevention
- Consists of three core elements:

Screen patients for fall risk

Assess modifiable risk factors

Intervene to reduce fall risk by using effective strategies

- Outcomes: reduced falls, improved health outcomes, and reduced healthcare expenditures

STEADI resources

- STEADI Algorithm for Fall Risk Screening, Assessment, and Intervention among Community-Dwelling Older Adults
- Adaptations for primary care, pharmacist, hospital discharge, televisit, etc.
- Standardized gait and balance assessment tests
- Online trainings that offer continuing education
- Videos for healthcare providers and older adults

Stepping On 7-Week Evidence-Based Program

- Seven week program addressing multiple risk factors for people living at home who are at risk of falling
- Week 1: Introduction, overview, risk appraisal
- Week 2: Exercises and moving about safely
- Week 3: Home hazards-identify solutions
- Week 4: Community safety and footwear
- Week 5: Vision, falls, Vitamin D
- Week 6: Medication management and mobility mastery experiences
- Week 7: Review and plan ahead

Coordinated efforts across HHS agencies

- ACL collaborating with CDC, NIH/NIA, HRSA, and CMS to increase impact of falls prevention initiatives
- Focusing on the 6 strategic pillars of the National Falls Prevention Action Plan
- HHS agencies participating with (1) key actions (screening; assessment; referrals, evidence-based practice implementation); (2) implementation setting(s); (3) assets (staff expertise; established networks); and (4) resources to contribute (funding; workforce; data)

3 ACL Notice of Funding Opportunities

- Coordinated effort to raise awareness of and prevent falls by building state and community capacity to scale evidence-based programs, expanding and evaluating community-clinical partnerships, and providing high-quality technical assistance to ACL's network
- These opportunities will also enable the scaling of STEADI and Stepping On to support routine screening, assessment, and referrals to community partners to address fall risks

Notice of Funding Opportunities-July 2026

- LinkedIn post: https://acl.gov/news-and-events/announcements/falls-prevention-funding-opportunities
- Grants.gov: https://simpler.grants.gov/search?utm_source=Grants.gov&query=falls+prevention

Leigh Ann Eagle

Director

MAC, Inc Living Well Center of Excellence

USAging Conference

July 2026

MAC, Inc – What We Do

- Area Agency on Aging (AAA) headquartered in Salisbury MD. Four rural counties comprise jurisdiction
- Nonprofit 501(c)(3) established in 1973
- Core services under Older Americans Act: Elder Rights, Caregivers, Nutrition, Health & Wellness, and Supportive Services
- Aging and Disability Resource Center – Maryland Access Point (MAP) - a one-stop source of information and assistance, long-term care services and local and state programs.
- Senior Day Program, Fitness Gym, co-located Assistive Technology, Village model, Ombudsman, RSVP, Senior Centers
- Over 30 programs, ~11,000 seniors served, 27,734 congregate meals, 177,526 home delivered meals

Living Well Center of Excellence Division

- Community Advanced Care Hub - statewide
- Care Transitions Program – hospital systems
- Evidence-based programs: Falls Prevention, Caregiver, Medication Management, Depression, Chronic Conditions (General, Diabetes, Pain), Arthritis management
- Virtual Hub – workshop delivery, fidelity, workforce management and training.
- Diversified projects: State Alzheimer's Research Support (StARS) Program, Vaccine grant, Falls Prevention Innovation Lab, CAPABLE Housing Collaboration, Geriatric Fellowship Board, Falls Free Coalition leadership, Geriatric Workforce Enhancement Program.

Implementing Stepping On

2010: in partnership with University of Maryland Eastern Shore School of Physical Therapy and Pharmacy – without charge

2015: Hospital contracts supporting Stepping On for community

2020: Started working receiving referrals from the Health Information Exchange (CRISP).

2022: Return on Investment (ROI) reports → Hospital begins automatic referrals for ER visit due to fall.

2024: Full access into CRISP

2026: Establish closed-loop referrals

From 2016-2025:

260 Workshops

3,359 Participants

2,268 Completers

Trained 351 Leaders, 32 Master Trainers

71 Organizations and healthcare providers

Stepping On Overview

Description

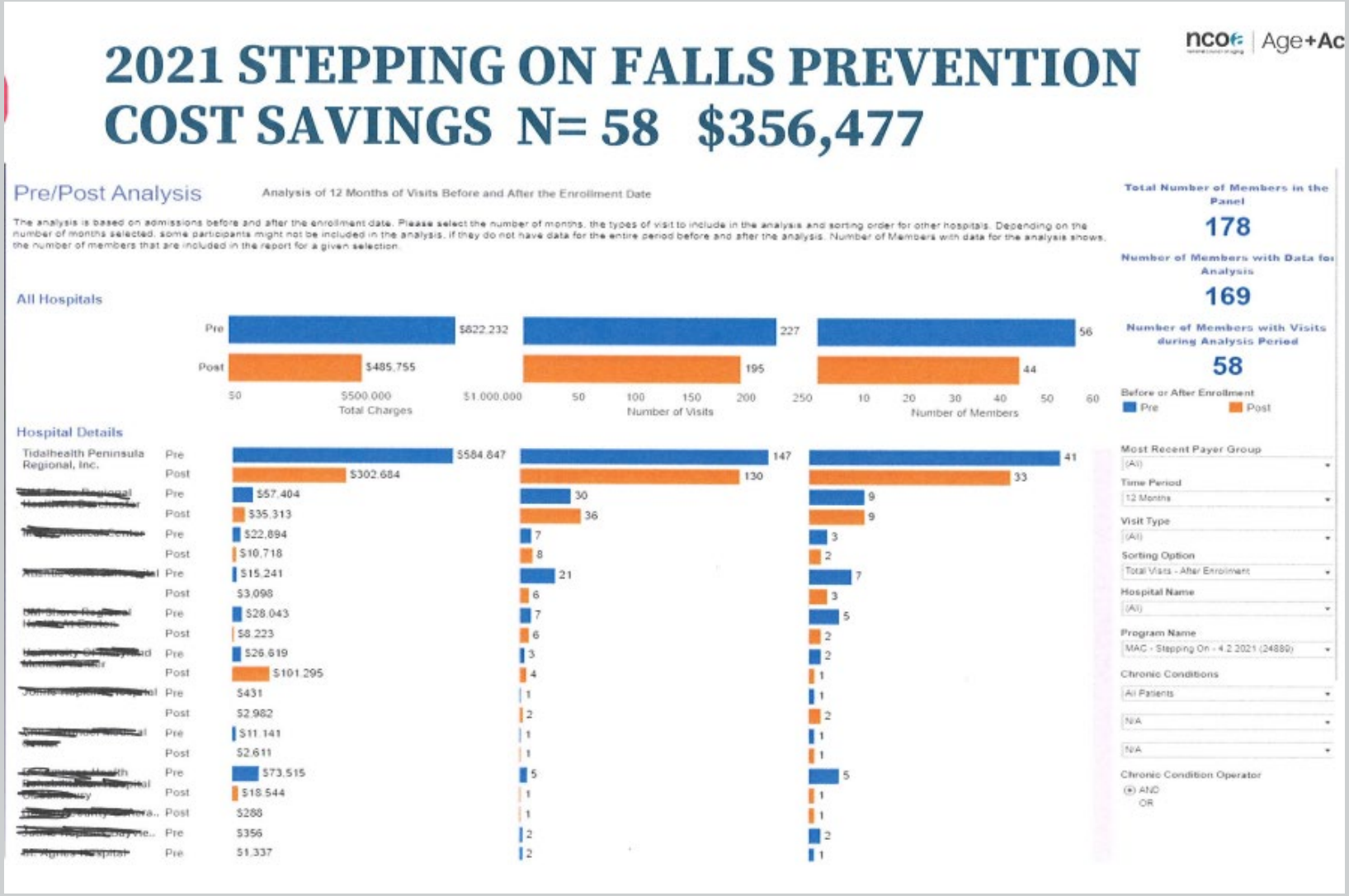
- A 7-week (one 2-hour session per week) falls prevention program conducted by trained facilitators and specially designed for adult learners.
- Physical therapists (3 times), pharmacists (1 time), eye doctor (1 time) and safety expert (eg, Police department) help the group adapt fall prevention practices for individual needs and levels.
- Stepping On has been researched and proven to decrease falls by 31%.

Target Audience:

Community-residing, cognitively intact, older adults who are at risk of falling, have a fear of falling or who have fallen one or more times in a year.

Exclusions: Require wheelchair or use a walker indoors (may use walker outdoors and cane is OK).

Identifying Return on Investment



ACL Falls Innovation Lab Project

FUNDING STATEMENT

IRB # 060925-1214

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human

Services (HHS) as part of a financial assistance award totaling $300,000 with 97 percentage funded by ACL/HHS and

$10,000 amount and 3 percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government

MAC
Your Area Agency on Aging

- Why is this project needed?
- Program overview
- Impact on Social Connectedness

Why is this project needed?

- Many of our referrals to Stepping On at MAC do not have transportation, have a debilitating fear of falling, and are isolated from their community as a result.

- Many are also using walkers/rollators full time, or sometimes even use wheelchairs, Stepping On is not designed to serve that population.

Program Snapshot

- Free, in-home falls prevention program targeting Wicomico, Worcester, and Somerset counties
- Combines home safety, exercise, medication reviews and education
- Delivered by an interdisciplinary team

Intervention Structure

- 1 pharmacist visit
- 4 physical therapist visits
- 8 exercise specialist visits
- Program length: ~4 months

Study Design Overview

- Participants screened for eligibility
- Medications reviewed by pharmacist
- Baseline balance and home safety assessments done by physical therapist, progress measured at 60 and 120 days.
- Participants receive any mobility devices or assistive devices recommended by the physical therapist
- Exercise sessions carried out with exercise specialist, as well as the participant exercising on their own.

Overall progress

We have completed ten 60-day re-evaluations this far, and in this short time participants have improved in almost every metric, including:

- Timed Up & Go
- 30 Second Chair Stand Test
- Modified Tandem Stand
- Tandem Stand
- Floor Transfer
- The Falls Efficacy Scale (FES-I)
- the Patient Specific Functional Scale, and
- the Global Rating of Change Scale.

25 participants served as of May 31, 2026. Total project reach = 5,329 (including newsletter, social media, participants, referrals, calls)

The process of the study not only **increases strength and balance** in time, but it gives participants **confidence** that they CAN **improve** those things if they are willing to work at it. Participants are excited to opt in to a study for the greater good as well as working on themselves.

Lessons Learned to Date

- **Refined our processes** of scheduling, communication, and passing clients from recruitment, to the pharmacist, to the physical therapist, and to the exercise specialist. This requires a lot of communication and cooperation between all parties, and that has been going very well.
- **Social isolation** is a big factor in motivation for participating and being successful in the program. The participants appreciate the visits for the social aspect as much as they are wanting to prevent falls.

Impact on Social Connectedness:

Participant 1 (76-year-old female):

- We found during this participant's 60-day re-evaluation that she improved her confidence in several of her goals set in the beginning of the program. She is able to step up on a curb with her walker, where she could not do that before. She is also able to climb stairs, and she couldn't do that in the beginning of the program. Her confidence in her walking without a walker has improved significantly. Her left leg strength and mobility was severely affected by chemotherapy, but this program has helped improve that significantly. She is now able to get up off of the floor, where she could not do that before the program. She feels that this program has kept her motivated more than when she completed physical therapy in the past. Her long-term goal is to go on a trip with her daughter and grandson when she completes the program.

thank you

LEIGH ANN EAGLE

410-742-0505

laeagle@macinc.org

mdlivingwell.org