

# Active ageing through preventing falls:

## “Falls prevention is everyone’s business”

### Joint Declaration

issued by:

**European Stakeholders Alliance for Active Ageing through  
Falls Prevention  
(ESA on Falls)**

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*This Joint Declaration is issued on behalf of the European Stakeholders Alliance for Active Ageing through Falls Prevention (in short: 'ESA-on-Falls' Alliance) representing European organisations of health and social care professionals and representing older people (List of Alliance partners in Annex).*

## Why we are concerned about falls prevention?

The exponential growth in the ageing population over the past century is one of the most impressive achievements in the history of humankind and Europe is leading this success story. It is expected that life expectancy will continue to rise over the next few decades. Currently, across the EU-region, 13% of the population is aged 65 or older, but it is predicted that by 2030 24% of the population will belong to that age-group. For health care systems, the impact of this growth in the older population brings challenges, such as a growth in the number of people living with multiple –lifestyle related- chronic conditions, facing loss of independence, loss of autonomy and potential negative outcomes regarding healthy life expectancy. As the share of the younger population is also significantly decreasing at the same time, our economic, social and cultural resources and competencies will need to rely increasingly on the contribution from the older generations. This can only be realised if the health status of older people allows them to remain independent and engaged in society for as long as possible, which is also one of the main aims of the European Innovation Partnership for Active and Healthy Ageing (EIP-AHA)<sup>1</sup>.

Amongst the many threats to health and well-being of older people, falls are a significant cause and contributor to morbidity, disability and premature death. Indeed, falls are a major indicator of increasing frailty and loss of independence and mobility. One-third of people over the age of 65 who live in the community fall each year and this proportion increases to 50% of those aged 80 years and older. Those residing in care or nursing settings have an even greater risk of falls and fractures. Approximately 30% of falls require medical treatment, often resulting in emergency department visits and subsequent hospitalisations. Annually there are an average of 35.848 fall related deaths amongst people aged 65 years and older within the EU/EFTA region<sup>2</sup>. The number of fall-related hospital visits for the same age-group is estimated at 3,7 million per annum<sup>3</sup>. This number has increased over the past two decades significantly, in some countries even by a factor 2, which reflects the consequences of a society that is growing older and living longer with multiple health problems.

Falls are one of the major health threats in older age. Falls are far more common than strokes or heart attacks, and can be just as serious in their consequences. Even falls without injury can lead to post-fall anxiety, fear and subsequent dependency on family carers or even admittance into nursing care facilities.

The costs of falling are high, both to the individual and carers in terms of physical and psychosocial costs, and to the society in terms of healthcare and social services utilization. The cost of falls is estimated at 281 EUR per inhabitant<sup>4</sup>, which would mean an estimated 25 billion EUR direct medical cost every year for the entire EU-region. Patient admissions and long term care are the prime cost drivers. Reported falls incidence and hospitalisations due to falls varies hugely across the EU-regions, but national reporting systems should allow to better take into account variations between countries in health service systems. Nevertheless, all these facts indicate potential for greater action on prevention.

In some EU-regions, a range of falls prevention interventions have been developed within both research and practice. These include clinical assessment and treatment of fall risk factors; exercise programmes that focus on balance and muscle strength training; and multimodal interventions that include exercise, medication management, vision checking and reducing risk through home hazard control and altered behavioural strategies. Although there is ample evidence for the effectiveness of fall-prevention, few EU-regions have consistent and wide implementation of validated interventions.

Nevertheless, all older people across Europe should be given equal opportunity to access, and benefit from, appropriate services and organisations which aim to support the maintenance of health and well-being, a safe home environment and a safer community environment.

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<sup>1</sup> [http://ec.europa.eu/research/innovation-union/index\\_en.cfm?section=active-healthy-ageing](http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing)

<sup>2</sup> Source: Figures reported by EU-and EFTA- member states to the WHO Office for the European Region and published in the WHO-Mortality Database (annual average for the year 2010-2012).

<sup>3</sup> Source: European Injury Database, estimates for the EU- and EFTA-region based on data reported by 20 countries over 2010-2012.

<sup>4</sup> Hartholt, K, Falls and drugs in older population: medical and societal consequences, Erasmus University Rotterdam, 2011

## What do we know about preventing falls?

The risk factors for falls are well known. They include:

- Intrinsic factors, such as poor muscle strength and flexibility; poor balance; reduced physical function and gait speed; reduced cognition and sensory impairment; medical conditions and related medication;
- Behavioural factors, such as inadequate diet; use of inappropriate footwear; above moderate alcohol use; inappropriate life style and risk taking; and changes in mobility patterns due to fear of falling; and
- Environmental factors, such as uneven pavements; slippery surfaces; poor lighting; worn carpeting; hazardous steps.

Studies have shown that the risk of falling increases dramatically with the number of risk factors.

There is considerable evidence that multimodal falls prevention programmes that target combinations of risk factors and are tailored for selected risk groups are effective<sup>5,6</sup>, and in community dwelling older adults, these interventions reduce fractures<sup>3</sup>. Multi-modal interventions typically combine muscle strength and balance training (SBT) with assessment and management of medical risk factors, and education and advice on reducing risks in the home (e.g. by fitting rails and removing hazards). However, exercise regimes (both home- and group-based) that solely focus on SBT can also lead to a significant drop in fall and injury rates<sup>7</sup>. Exercise is also known to reduce fear of falling in older people<sup>8</sup>.

Although there are many successful interventions, take up and adherence to these interventions is often relatively poor. There are a number of reasons for this, including denial of the problem, disbelief that falls can be prevented or a lack of perceived relevance by older people. Qualitative research indicates that older people believe to a large extent that falls prevention information and measures are relevant to 'other' older people, who they consider are older and more frail and therefore at greater risk of falls, but not to themselves.

Therefore, for any intervention to be effective it is crucial that older people are being actively engaged in a way that appeals to them and has perceived relevance. The messages to be communicated should promote positive identities and values, such as increasing quality of life, maintaining an independent lifestyle and staying healthy and physically active to remain engaged in society. These messages should promote activities that enhance fitness, balance and mobility that would be enjoyable. Significant others, such as the family doctor, physiotherapist, informal carers, families and friends, play an influential role in recommending and supporting older people to engage in such activities. It is critical that these messages are evidence based and consistent, otherwise they generate more confusion and subsequently resistance to accept.

## Our Vision, Mission and Objectives

Our vision is that falls, and the injuries they cause, are no longer considered an inevitable part of ageing. We want to improve understanding amongst professionals who work with older people that falls are preventable and to increase self efficacy and action amongst these professionals to facilitate evidence based falls prevention strategies, by enhancing awareness and education of professionals concerning prevention of falls. There are many things that we can do, along with older people, to prevent falls, but these should be done with professional guidance to ensure they are suitable and to maximise their effectiveness.

<sup>5</sup> Source: Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, et al. Interventions for preventing falls in older people living in the community. *The Cochrane Database of Systematic Reviews*, 2014, Issue 9, Art. No.: CD007146. doi:10.1002/14651858.CD007146.pub3

<sup>6</sup> Source: Cameron ID, Murray GR, Gillespie LD, Robertson MC, et al. Interventions for preventing falls in older people in nursing care facilities and hospitals. *Cochrane Database of Systematic Reviews* 2010, Issue 1, Art.No.: CD005465.DOI: 10.1002/14651858.CD005465.pub2.

<sup>7</sup> Source: Sherrington C, Tiedemann A, Fairhall N, et al. Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations. *N S W Public Health Bull* 2011; 22(4):78-83. <http://dx.doi.org/10.1071/NB10056>

<sup>8</sup> Source: Kendrick D, Kumar A, Carpenter H, Zijlstra GAR, Skelton DA, et al. Exercise for reducing fear of falling in older people living in the community. *Cochrane Database of Systematic Reviews* 2014, Issue 11. Art. No.: CD009848. DOI: 10.1002/14651858.CD009848.pub2.

Active ageing through falls prevention requires a multi-sector commitment involving all segments of society: organisations of professionals in health care and social services; service providers in the private and voluntary sectors; communities; informal carers; and older people themselves through their representative organisations. By engaging multiple sectors of society and partners we can bring leverage to available knowledge, expertise, reach and resources, allowing each organisation to do what it does best in addressing the challenges of a rapidly ageing society and increasing burden of fall-related threats to health and well-being of older people.

Our overall mission is to build a united front of EU-level stakeholder organisations to raise awareness among European, national, regional and local policy makers, to promote transfer of available evidence into practice across Europe and to ensure sustainable programmes for actions in countries and regions. We aim to contribute to the EIP- AHA objective to increase healthy life years, by at least 2 years by 2020, in older people across Europe - by concentrating on actions to reduce falls and fractures, the costs to quality of life to older people themselves and the costs to health care systems.

Our objectives are to:

- Increase the visibility of the impact of fall injuries amongst older people in terms of health and social care expenditures as well as loss in quality of life and societal engagement;
- Advocate for long term EU-, national, regional and local level facilitated community programmes for promoting physically active lifestyles and fall prevention amongst older people;
- Support our national member organisations in integrating appropriate education and training modules within existing curricula for professional development and vocational training;
- Expand and further develop Fall Awareness Campaigns at national and European level.

We are seeking partnerships with European institutions, national governments, EU-level media, regional/ local communities and with the EIP: AHA.

### **Our 3-year Plan of Action – Falls prevention is everyone's business**

#### **1. *Building a united front of EU-level stakeholder organisations***

This Declaration is a first step in building a network of EU-level professional bodies for the exchange and sharing of good practice in developing strategies, programmes and actions for promoting active lifestyles and fall prevention interventions amongst older people.

We, as signatories of this Declaration, commit to sharing knowledge and best practice among the Alliance partners, with a view to seek consistency in messages and synergies in approaches and actions to prevent falls, and, therefore, enhance the outcome of our actions.

#### **2. *Increase awareness among our own membership***

We, as signatories of this Declaration, will encourage, within each our organisations, a dedicated programme for actions on active ageing through falls prevention (e.g. by establishing a coordination group on this important issue or have a sub-group within an existing relevant working group) in our societies, with the objective to identify the role the organisation can play in supporting active ageing through falls prevention and set out a plan of action for the organisation.

We will call upon national and regional authorities to enhance the quality and, taking into account the huge variations in health service system in countries, the representativity of mortality and morbidity data that is routinely collected by EU-/EFTA-member states and exchanged at European level. This with a view to deliver more accurate information of the magnitude and root causes of the problem, to make these data more comparable between countries and regions and to monitor the outcome of all our efforts in preventing falls.

#### **3. *Promote the uptake of evidence based good practice***

Our organisations will actively contribute to better communication with our national and local member organisations regarding the available good practice in falls prevention and readily available validated tools for interventions, nationally and locally.

Our organisations will give support to fall prevention initiatives through our members and facilitate a process of exchange and dissemination of implementation of good practice amongst their members across Europe.

**4. Ensure appropriate education**

We aim to encourage and support appropriate education and training programmes, including materials for students entering their professional education in the respective professional domains, so as to achieve good coverage across all health, social care, urban design, public transportation, fitness and other professionals working with older people.

We will promote the integration of training in falls prevention within existing programmes and in curricula for (continued) professional development by 2018.

**5. Contribute to awareness campaigns**

We will make the best use of joint advocacy opportunities aimed at policy makers to ensure the development of long term strategies and programmes at EU-, national, regional and local level.

We will encourage our own member organisations to become more actively involved in the co-ordination of national and local fall awareness, active ageing, and education campaigns for older people. In that way we will maximise the reach and impact of EU-level fall awareness campaigns in countries and local communities.

**6. Consolidate and expand the ESA on Falls network and its impact**

We will monitor that the signatories remain committed to the Declaration and continue to fulfil their roles by producing annual summary reports on actions delivered and progress made on the agreed joint actions.

We will also encourage other EU-level parties and stakeholder organisations to follow suit in taking up our joint commitment and action plan.

**Falls prevention is everyone's business**

While it is clear that health problems are a determinant of falls and subsequent injuries, they are just one amongst many risk factors. Others risk factors include: environmental, social and economic conditions; fitness (strength and balance); access to social support; the quality of the places where people live, work and relate to each other. Access to a multifactorial assessment and appropriate intervention is vital, but also a pleasant safe environment, that encourages physical activity and allows safe movement is important for healthy active ageing.

This means that various levels of government and a wide range of people and organizations in communities and across society, such as urban planners, service providers, local and regional authorities and pensioners can play a significant role in creating the conditions that support individuals in adopting active lifestyles that contribute to falls prevention. This requires a policy which support multisectorality and a 'whole of society approach', as is advocated also by WHO-Europe in its health policy framework Health 2020<sup>9</sup>

Promoting falls prevention is everyone's business: individual citizens of Europe, all levels of government, communities, practitioners, family and carers, researchers, the non-profit sector and the private sector, each have a role to play.

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<sup>9</sup> <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/about-health-2020>

## ANNEX

### **Partners of the European Stakeholders Alliance for Active Ageing through Falls Prevention (ESA-on-Falls Alliance)**

Through the European Stakeholders Alliance for Active Ageing through Falls Prevention, European umbrella organisations of professionals in health and social care, fitness and leisure, carers organisations, and older people's interest groups, are supporting the ProFouND<sup>10</sup> objectives and assist the ProFouND project partners in raising awareness and initiating concerted actions for falls prevention amongst older people in Europe. The Alliance includes the following member organisations, i.e. signatories of the Joint Declaration on Active Ageing through Preventing Falls:

- European Association for Directors and Providers of Long-Term Care Services for the Elderly (EDE)
- European association for Injury Prevention and Safety Promotion (EuroSafe)
- European Association working for Carers – EuroCarers
- European Federation of National Associations of Orthopaedics and Traumatology (EFORT)
- European Forum for Primary Care (EFPC)
- European Health Futures Forum (EHFF)
- European Network for Action on Ageing and Physical Activity (EUNAAPA)
- European Patients Forum (EPF)
- AGE Platform Europe (AGE)
- European Public Health Association (EUPHA)
- European Region of the World Confederation for Physical Therapy (ER-WCPT)
- European Society for Quality in Health care (ESQH)
- European Union Geriatric Medicine Society (EUGMS)
- Geriatric medicine section of the European Union of Medical Specialists (UEMS)
- HEPA Europe - European network for the promotion of health-enhancing physical activity
- International Association of Mutual Benefit Societies (AIM)
- Standing Committee of European Doctors (CPME)

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<sup>10</sup> ProFouND is an EC-funded Thematic Network. It promotes a wider dissemination and implementation of best practice in falls prevention across Europe, using novel ICT solutions. ProFouND brings together relevant stakeholders to consolidate roadmaps and guidelines regarding fall prevention and facilitates the communication between solution/service providers and key stakeholders (private and voluntary organisations, public authorities) at national, and European level to ensure effective implementation and reach. See also: <http://profound.eu.com/>

ProFouND consortium:

University of Manchester

Glasgow Caledonian University

Norwegian University of Science and Technology, Trondheim

Robert Bosch Gesellschaft für medizinische Forschung mbH, Stuttgart

EuroSafe-European Association for Injury Prevention, Amsterdam

Demokritos, Athens



Coordination:

