



Age + Action

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National Council on Aging

The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk, and Planning for Mobility Changes

Ann Dellinger, PhD, MPH

Chief: Home, Recreation and Transportation Safety
CDC's Injury Center

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The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk, and Planning for Mobility Changes

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

Working to keep older Adults injury-free and independent



Analyzing data to understand the problem



STEADI Stopping Elderly
Accidents, Deaths & Injuries

Designing and evaluating evidence-based interventions

Population-level fall prevention can reduce falls and avert medical costs.

Stevens JA, Lee R. 2018. The Potential to reduce falls and avert costs by clinically managing fall risk. *Am J Prev Med* 55(3):290-297.

The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk

Judy A. Stevens, PhD,¹ Robin Lee, PhD, MPH²

This activity is available for CME credit. See page A3 for information.



Introduction: Falls often cause severe injuries and are one of the most costly health conditions among older adults. Yet, many falls are preventable. The number of preventable medically treated falls and associated costs averted were estimated by applying evidence-based fall interventions in clinical settings.

Methods: A review of peer-reviewed literature was conducted in 2017 using literature published between 1994 and 2017, the authors estimated the prevalence of seven fall risk factors and the effectiveness of seven evidence-based fall interventions. Then authors estimated the number of older adults (aged ≥ 65 years) who would be eligible to receive one of seven fall interventions (e.g., Tai Chi, Otago, medication management, vitamin D supplementation, expedited first eye cataract surgery, single-vision distance lenses for outdoor activities, and home modifications led by an occupational therapist). Using the reported effectiveness of each intervention, the number of medically treated falls that could be prevented and the associated direct medical costs averted were calculated.

Results: Depending on the size of the eligible population, implementing a single intervention could prevent between 9,563 and 45,164 medically treated falls and avert \$94–\$442 million in direct medical costs annually. The interventions with the potential to help the greatest number of older adults were those that provided home modification delivered by an occupational therapist (38.2 million), and recommended daily vitamin D supplements (16.7 million).

Conclusions: This report is the first to estimate the number of medically treated falls that could be prevented and the direct medical costs that could be averted. Preventing falls can benefit older adults substantially by improving their health, independence, and quality of life.

Am J Prev Med 2018;55(3):290–297. Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine

INTRODUCTION

Falls among people aged 65 years and older can be traumatic, resulting in injuries, decreased mobility, and loss of independence.¹ In 2015, more than 28,000 older adults died and 3 million more were treated in emergency departments for nonfatal fall injuries.² In 2015, total medical expenditures for falls totaled \$50 billion, making falls one of the most costly health conditions among people aged 65 years and older.^{3,4}

A fall risk factor is an attribute or characteristic of an individual that increases the likelihood of a fall occurring. Many fall risk factors are potentially modifiable (e.g., poor balance, mobility problems, impaired vision, and insufficient vitamin D).⁵ A contributing factor adds to the chances of a fall. Contributing factors include side

effects of specific medications and the presence of home hazards. An early study by Tinetti et al.⁶ found that fall risk increased linearly with the number of risk factors present. Conversely, reducing these risks reduces an individual's chances of falling.

Although research is limited, data have shown that there are a number of effective fall interventions designed

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0749-3797/836.00
<https://doi.org/10.1016/j.amepre.2018.04.035>

Overview

- **Objective:** Estimate the number of falls and medical costs that could be averted if fall prevention interventions were implemented across the United States.
- **Background:** Falls are common, costly....yet preventable.



Falls are Common

OLDER ADULT FALLS

A COMMON CONCERN



1 in 4 older adults reports falling each year.



More than 7 MILLION

of those falls require medical treatment or restrict activity for at least a day.



More than 31,000

older adults die each year because of a fall — that's 85 older adults every day.

STEADI Stopping Elderly Accidents, Deaths & Injuries

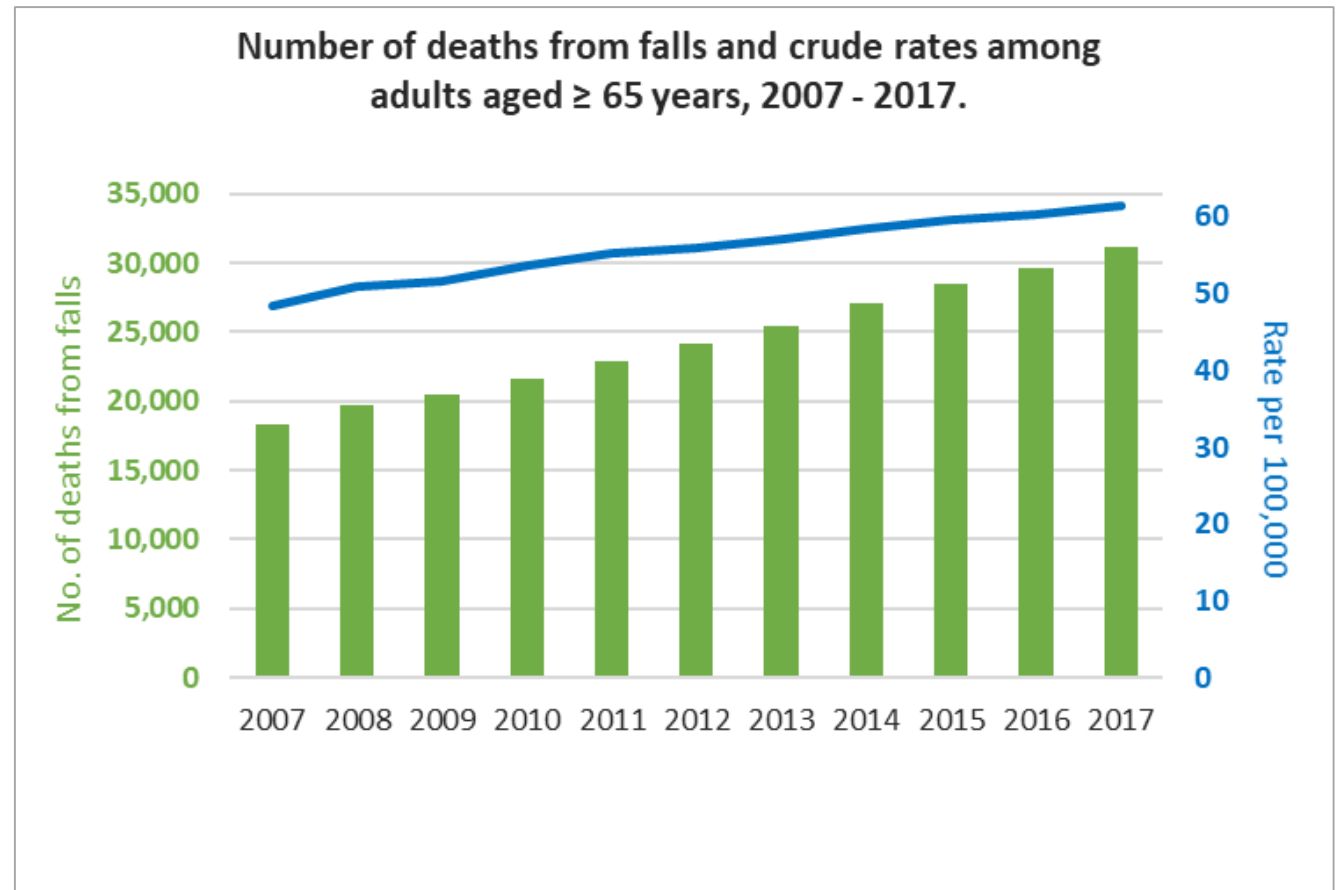
www.cdc.gov/steady



Falls are Common

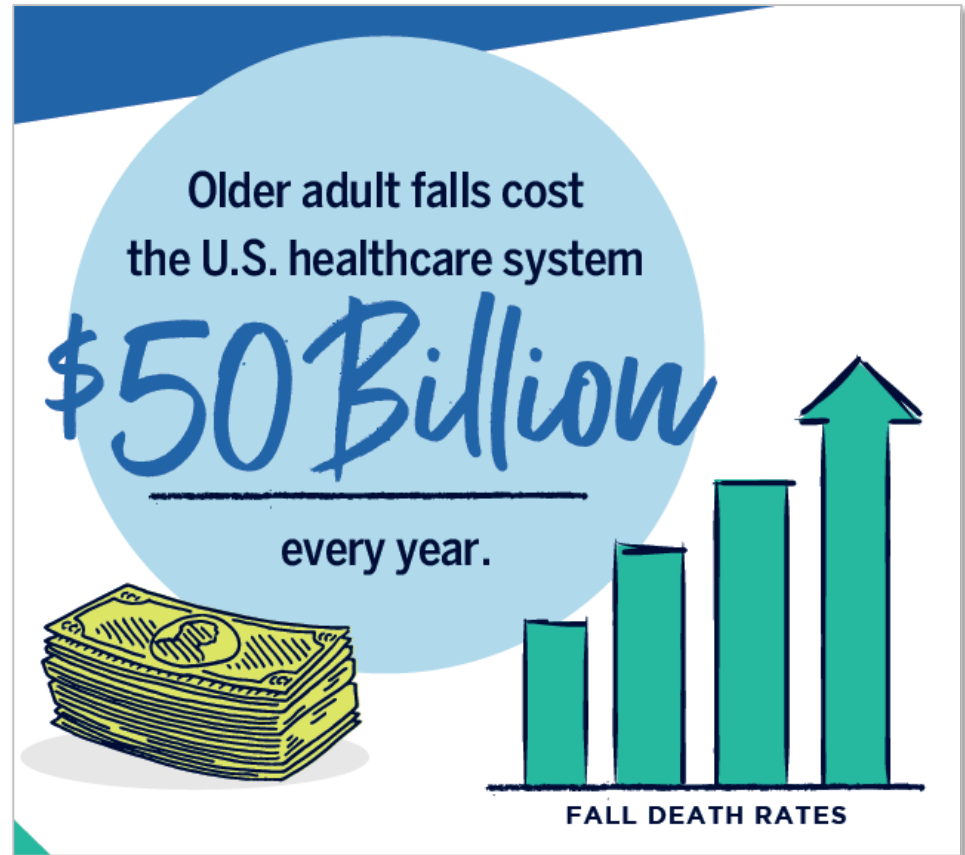
Fall deaths rates are rising

Fall death rates
have increased
3% per year



Falls are Costly

- Each year \$50 billion is spent on falls
- 75% of the total cost is paid by Medicare and Medicaid
 - \$29 B Medicare
 - \$ 9 B Medicaid
 - \$12 B Private or out of pocket
- The average medically treated fall costs \$10,000



Falls are Preventable

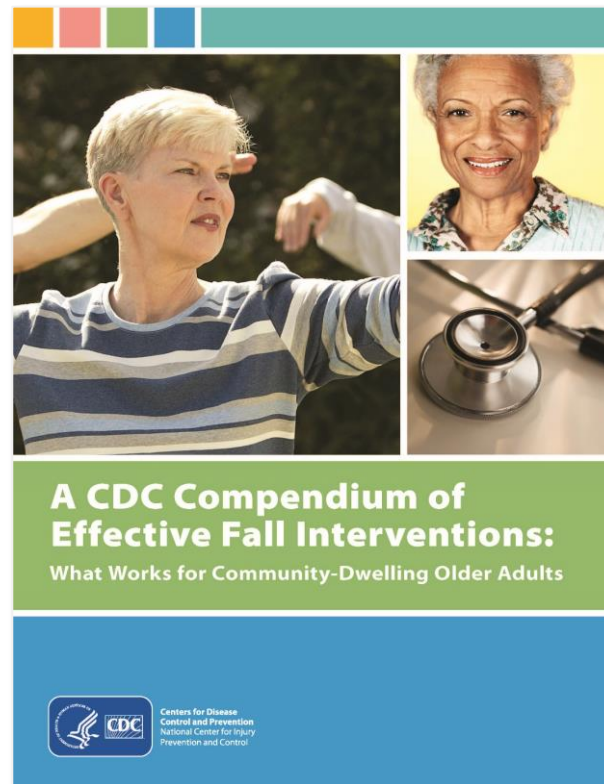
CDC compendium of effective fall interventions

The 3rd edition includes 41 interventions:

- 15 exercise
- 4 home modification
- 10 clinical
- 12 multifaceted interventions

• Link to the compendium:

<https://www.cdc.gov/homeandrecreationalafety/falls/compendium.html>



Selection of fall risk factors and effective interventions

- **Poor balance associated with neurological gait disorder**
 - Refer to physical therapy or evidence-based prevention program (e.g., Tai chi)
- **Mobility problems**
 - Refer to physical therapy or evidence-based prevention program (e.g., Tai chi)
- **Taking a medication(s) that increase fall risk**
 - Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk
- **Vitamin D deficiency observed or likely**
 - Recommend daily vitamin D supplement
- **Poor vision from Cataract**
 - Expedited first eye cataract surgery
- **Poor depth perception from multifocal eyewear**
 - Use single vision distance lenses for outdoor use
- **Home hazards**
 - Conduct home modifications with the help of an occupational therapist

Study methods

- **Used data on 7 risk factors and the corresponding interventions to estimate the number of falls and the medical costs that could be averted by population-level implementation of the intervention.**
- **Calculations included:**
 - Prevalence of the risk factor among older adults in the U.S.
 - The effectiveness of the intervention
 - The proportion of the population eligible for the intervention
 - 10 percent adoption rate
 - Incidence of falls and medically treated falls among U.S. older adults
 - Average cost of a medically treated fall in the U.S.

Results

Risk factor (prevalence)	Intervention (effectiveness)	# of falls prevented w/intervention	# Medically treated falls prevented	Direct medical costs averted (millions)
Poor balance associated with neurological gait disorders (24.0%)	Tai chi (29%)	62,158	23,309	\$228
	Otago (32%)	36,770	13,789	\$135
Mobility problems	Tai chi (29%)	85,898	32,212	\$315
	Otago (32%)	25,500	9,563	\$ 94
Taking a medication potentially linked to falls (21.3%)	Medication review & management (39%)	113,960	42,735	\$418
Vitamin D insufficiency (<50 ng/ml) (35.0%)	Vitamin D supplementation (14%)	67,221	25,208	\$247
Visual impairment: cataract (24.7%)	Expedited first eye cataract surgery (34%)	115,209	43,203	\$423
Poor depth perception from multifocal eyewear (32.4%)	Single vision distance lenses for outdoor activities (40%)	64,717	24,269	\$237
Home hazards (80.0%)	Home mods delivered by occupational therapist (31%)	120,438	45,164	\$442
Stevens & Lee <i>AJPM</i> 2018.				

Conclusions

- **A single intervention could prevent between 9,563 and 45,164 medically treated falls and avert \$94 to \$442 million in direct medical costs.**
- **Of the 7 interventions, home modifications, cataract surgery and medication management have the potential to avert the greatest number of medically treated falls and medical cost.**
 - Home Modification: 45,164 falls and \$442M
 - Cataract surgery: 43,203 falls and \$423M
 - Medication management: 42,735 falls and \$418M



Limitations

- **Estimating the combined effect of implementing more than one intervention could not be calculated.**
- **Although adoption rates differ by intervention, a conservative 10% was used for all interventions.**
- **Costs estimates were based on Medicare costs only.**
- **Cost averted does not consider the cost of implementing the intervention.**

Conclusions

Take home

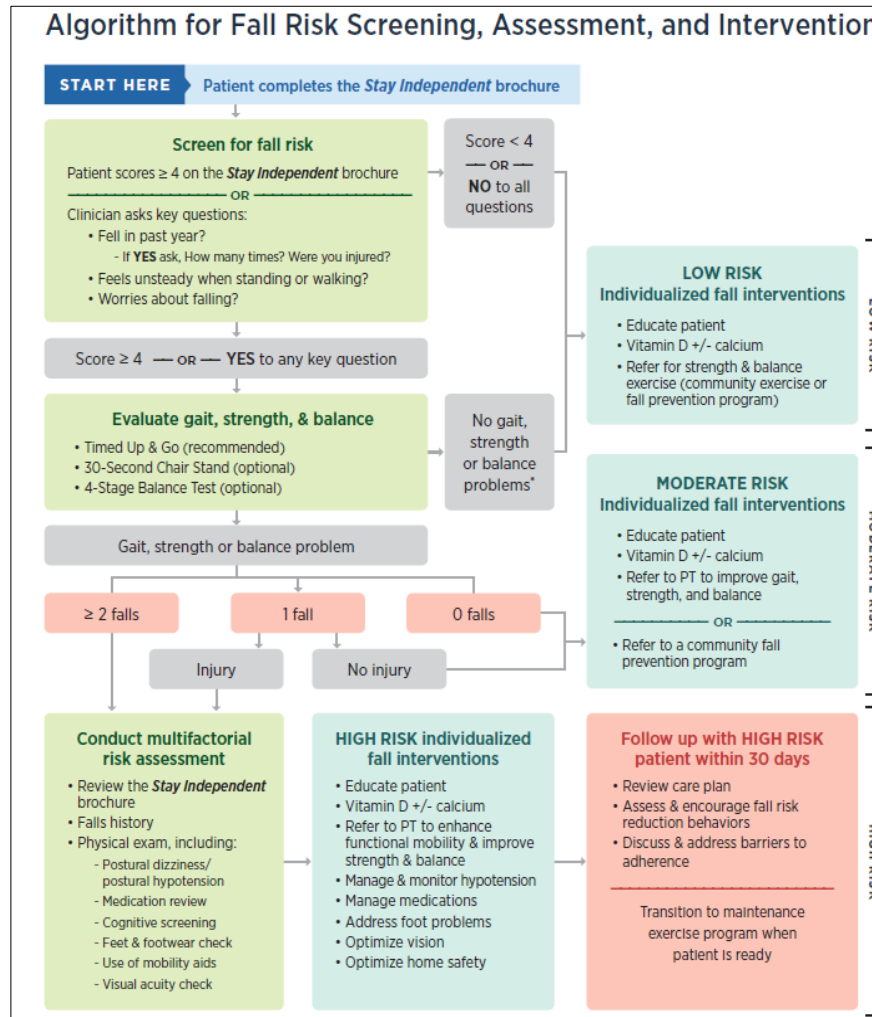
- Falls are common, costly yet preventable
- Healthcare providers are uniquely positioned to educate and empower their older patients to reduce their fall risk.
 - CDC offers healthcare providers tools and resources on how to manage their patients fall risk.
- CDC's STEADI initiative along with ACL's efforts to support community fall prevention can help American's age without injury.



The background consists of several overlapping geometric shapes. A large dark blue shape covers most of the right and bottom areas. A lighter blue shape is in the top-left corner. A green shape is in the bottom-left corner. A white shape is in the bottom-center corner. The text 'In the Clinical Setting' is centered in the dark blue area.

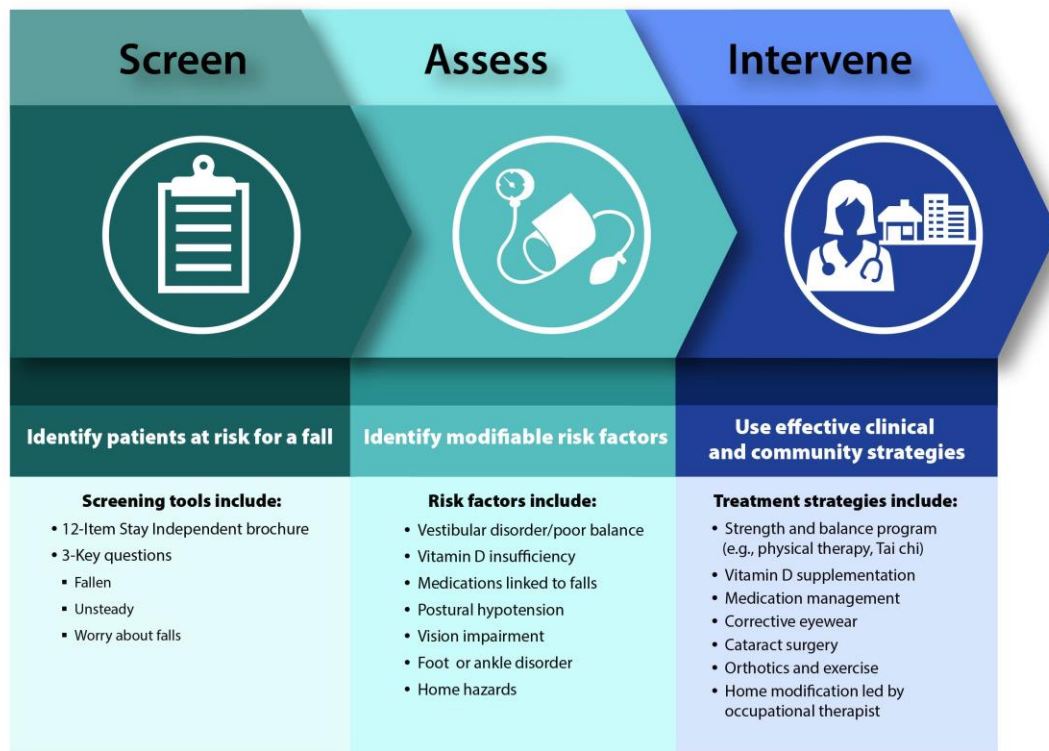
In the Clinical Setting

Algorithm for Fall Risk Screening, Assessment, and Intervention



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.



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?

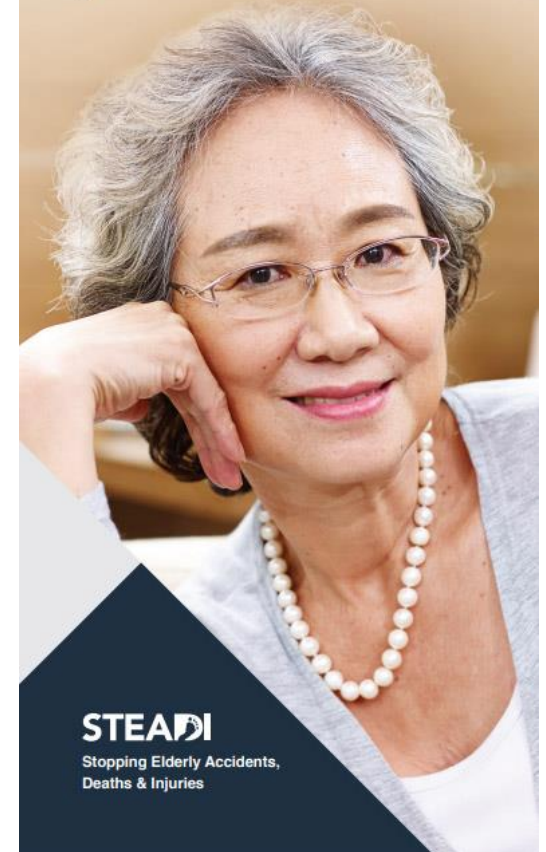
Check Your Risk for Falling

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.

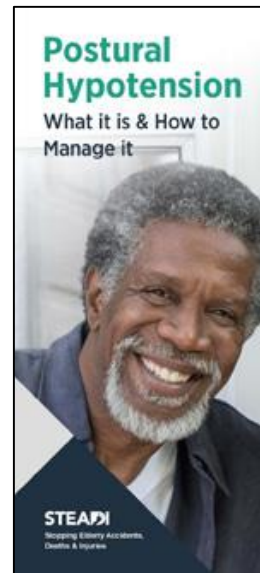


STEADI

Stopping Elderly Accidents,
Deaths & Injuries

Assess

- History of falls
- Gait, strength, and balance
- Review medications
- Check for postural hypotension
- Visual acuity check
- Feet and footwear check
- Cognitive screening



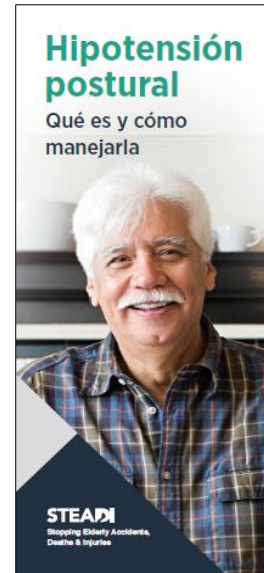
Falls are Preventable

Intervene

- **Poor gait, strength & balance**
 - Refer to physical therapy or evidence-based exercise or fall prevention program
- **Medication(s) that increase fall risk**
 - Optimize medications by stopping, switching, or reducing dosage of medications that increase fall risk
- **Home hazards**
 - Refer to occupational therapist
- **Orthostatic hypotension observed**
 - Assess medication that contribute to orthostatic hypotension
 - Encourage adequate hydration
- **Visual impairment observed**
 - Refer to ophthalmologist/optometrist
 - Assess medications that may affect vision (e.g., anticholinergics)
- **Feet/footwear issues identified**
 - Refer to podiatrist
- **Vitamin D deficiency observed or likely**
 - Recommend daily vitamin D supplement
- **Co-morbidities documented**
 - Be mindful of medications that increase fall risk

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



Coordinated Care Plan

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



STEADI + 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



STEADI + Coordinated Care Plan

Follow-up



STEP 1

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



STEP 2

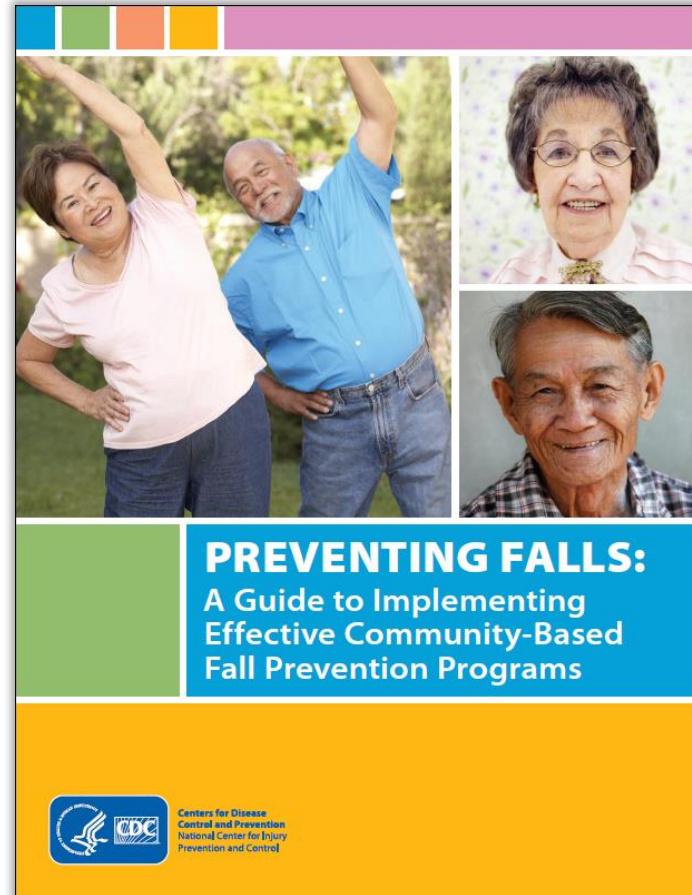
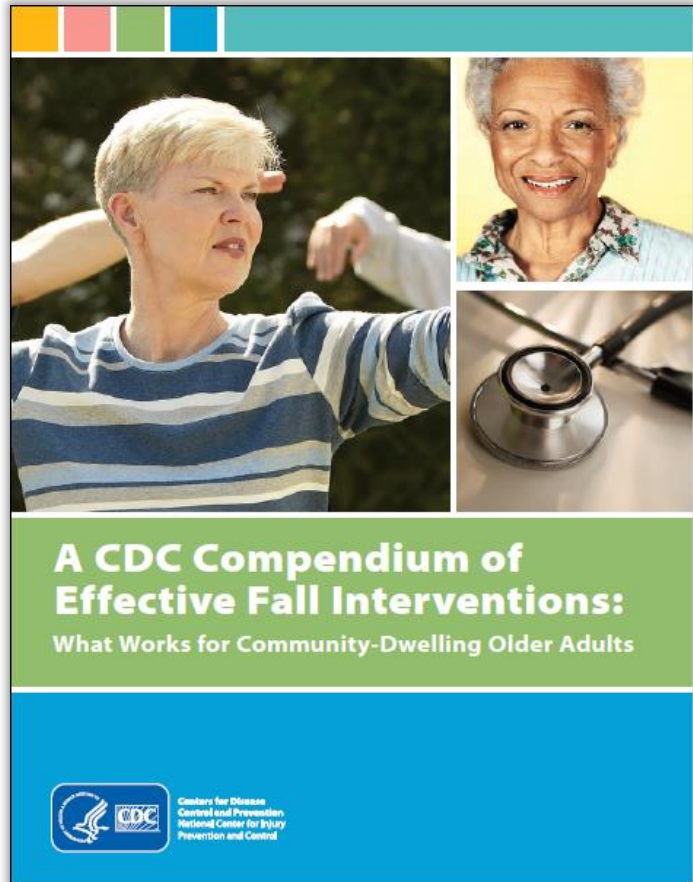
Determine feasible options for follow-up with patients and families.



STEP 3

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

Community Resources



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

STEADI Evaluation

Evaluation Guide

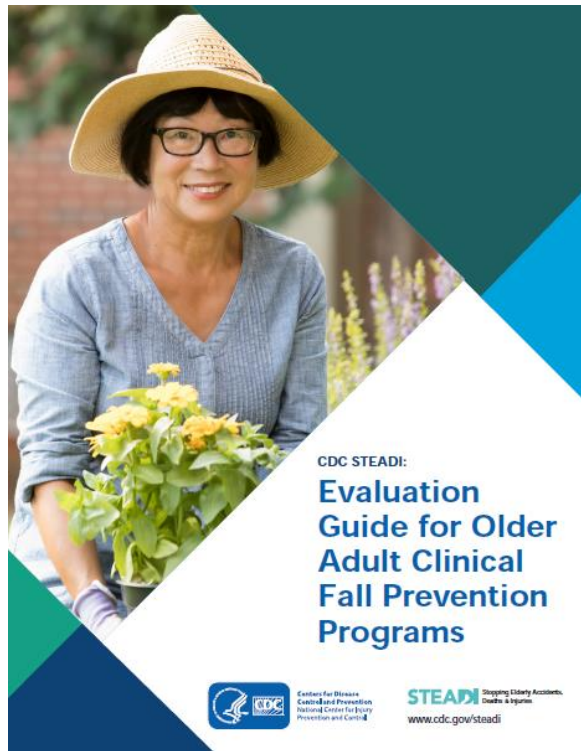


Figure: CDC Evaluation Framework

Source: Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11)

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**



STEADI Research Projects

Current Projects

- **Measuring the cost effectiveness of STEADI-based programs**
- **Applying STEADI in an in-patient discharge setting**
- **Applying falls prevention in community pharmacies**
- **Creating strategies to reduce medications linked to falls to prevent falls**
 - Opioids
 - CNS-Active medications



Tribal Fall Prevention Activities

Objectives

- What facilitators and barriers are there to engaging in evidence-based falls prevention at IHS, tribal, and urban health centers (I/T/U)?
- What outpatient falls prevention activities are currently underway at I/T/U health centers?
- To what extent are I/T/U providers receptive to engaging in falls prevention screening, treatment, and referrals?



The background features a large, dark blue triangle pointing downwards from the top center. To its left, a smaller, lighter blue triangle points downwards. Below the dark blue triangle, a green triangle points downwards. The bottom-most area is white. The text 'Older Adult Mobility' is centered in white on the dark blue background.

Older Adult Mobility

Mobility

Mobility is being able to safely and reliably go

- **Where you want to go**
- **When you want to go**
- **How you want to get there**



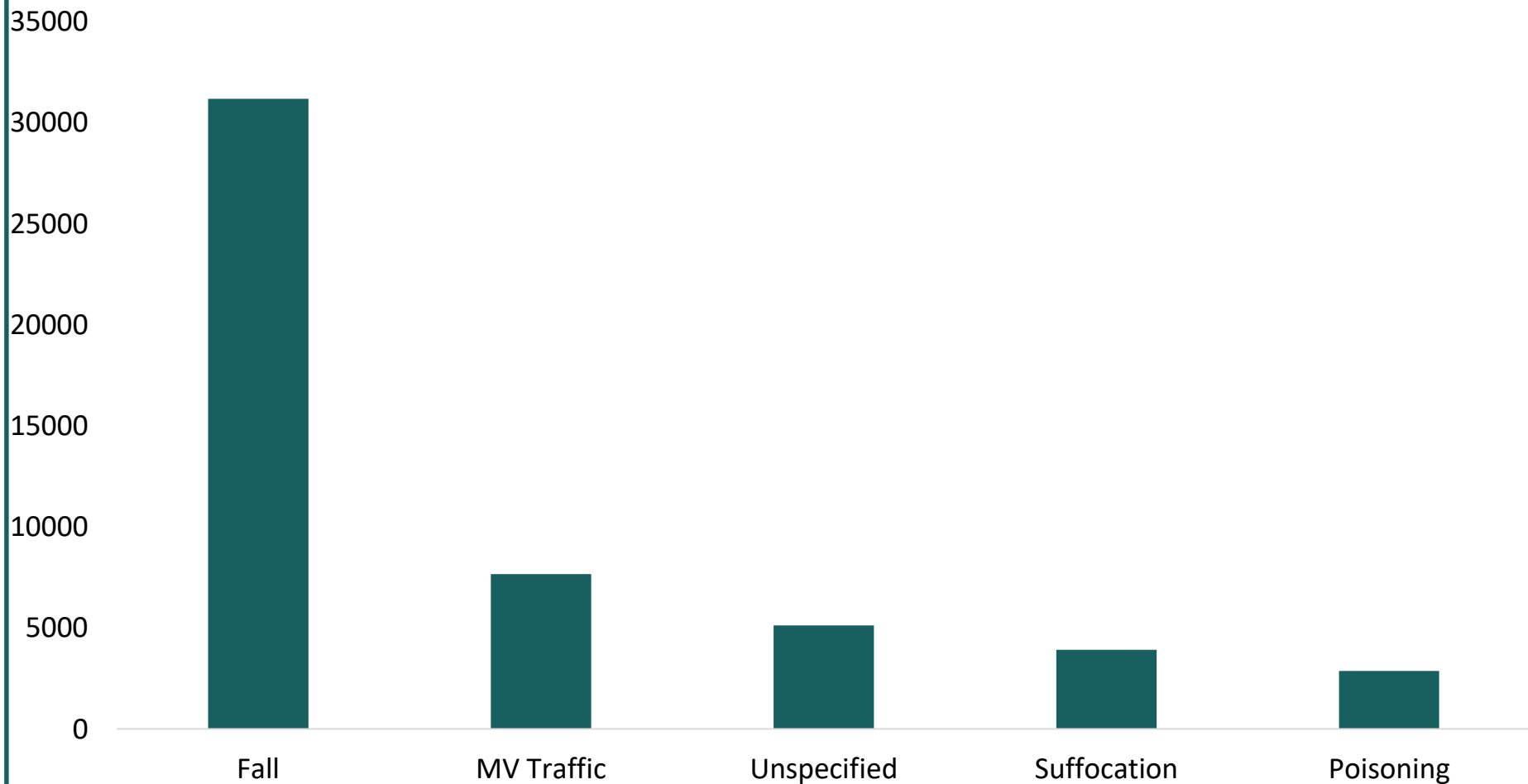
Our Mobility may Decrease as we Age

- **Decreases 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



Mobility-related Causes Account for 70% of Unintentional Injury Deaths

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



CDC develops a mobility planning tool for older adults

- **Evidence-based actions that older adults can take to protect their mobility as they age**
- **Holistic view of mobility including**
 - Maintaining safe driving
 - Preventing falls
- **Older adults included in development via**
 - Surveys
 - Focus Groups
- **Using the tool to make a plan increased mobility planning behaviors**
- **Final tool released January 2019**

A photograph of a woman with brown hair, wearing a blue top and a light green cardigan, driving a car. She is smiling and looking towards the right. The image is partially overlaid by a purple graphic on the left side.

MyMobility Plan

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

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

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
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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>
- 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

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.

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

🏠 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>

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

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
- AAA (800) 222-4357 or 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

Medicines Fact Sheet

Focus group testing revealed older adults don't understand potential medicine issues

- **Belief that healthcare providers check patient medications at every visit**
 - Typically this is actually a reconciliation rather than a thorough review
- **Medicines they've taken for a long time are still safe**
 - As we age our bodies handle medicines differently



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/motorvehiclesafety/older_adult_drivers/mde_FS



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

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 road; or
 - Hesitant driving/second-guessing or over-correcting.

For more information visit:
bit.ly/CDC-MyMobilityPlan

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-depressant 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.

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

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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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

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


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
- AAA (800) 222-4357 or 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

Distributed by:

Digital Postcard




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

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

Poster



MyMobility Plan

Did you know?

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

Learn more and download the MyMobility Plan:
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



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.

Plan de MiMovilidad

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

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



The image is a screenshot of a social media post from the CDC. At the top left is the CDC logo, followed by the text "CDC" and a blue checkmark. Below this is the date and time "January 7 at 11:23 AM" and a globe icon. The main text of the post reads: "For this new year – and every year – regular doctor visits, checking your medicines, and planning ahead can help older adults stay mobile and independent. Create your own MyMobility Plan, or help a loved one create their plan today: <https://go.usa.gov/xPADG>". Below the text is a green banner with the white text "Create your own MyMobility Plan.". Underneath the banner is a photograph of an elderly Black woman in a red jacket driving a car, with an elderly Black man in an orange shirt sitting in the passenger seat. Below the photo is a light blue box with the text "Mobility – the ability to get where you want to go, when you want to get there.". At the bottom of the post is a blue button with the white text "www.cdc.gov". At the very bottom, it shows engagement statistics: "74 Likes 15 Comments 45 Shares".

CDC ✓
January 7 at 11:23 AM · 🌐

For this new year – and every year – regular doctor visits, checking your medicines, and planning ahead can help older adults stay mobile and independent. Create your own MyMobility Plan, or help a loved one create their plan today: <https://go.usa.gov/xPADG>

Create your own MyMobility Plan.

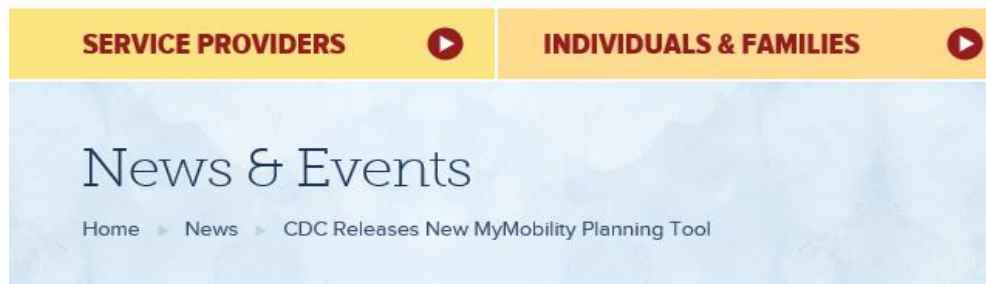
Mobility – the ability to get where you want to go, when you want to get there.

www.cdc.gov

74 Likes 15 Comments 45 Shares

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

[Continue Reading](#)

Dissemination Examples

Blog posts

The screenshot shows a web browser displaying a blog post. At the top, the CHORUS logo is visible with the tagline 'Clearinghouse for Older Road User Safety'. A navigation menu includes 'ABOUT', 'BLOG', 'RESOURCES', 'EVENTS', 'FAQ', and 'FOR'. The main heading of the post is 'OLDER DRIVERS CAN PLAN TO STAY MOBILE AND INDEPENDENT'. The post is dated 07/08/2019. 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. 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

07/08/2019

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/

For a Medication Fact sheet:
https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/meds_FS/

<https://www.vil.fox-point.wi.us/DocumentCenter/View/2252/Administrative-Report-for-Week-Ending-January-18-2019pdf>

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



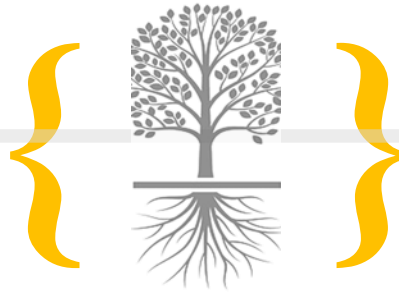
The flyer features a photograph of five diverse older adults walking together in a park. A blue circular callout in the top right corner of the photo states: "1 in 4 adults now 65 will live to 90+". Below the photo, the title "MyMobility Plan" is displayed in large white letters on a green background. The main heading is "What can you do to stay independent?". The text explains that while many people plan for retirement, not everyone plans for changes in mobility. It notes that as people age, physical changes can make it harder to perform tasks like driving, shopping, or household chores. A callout box states: "There may be a time when you still need to get around, but can no longer drive." The flyer also mentions that while it's not possible to prevent all changes, actions can be taken today to help keep people safe and independent. At the bottom, three colored boxes describe the components: "MySelf: A plan to stay independent", "MyHome: A plan to stay safe at home", and "MyNeighborhood: A plan to stay mobile in my community". The CDC logo and the slogan "Make a plan today. Stay independent tomorrow." are at the bottom.

Learn more about older adult fall prevention.
www.cdc.gov/steady



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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.



Like what you heard? Share it!



Tweet using **#AgeAction2019** or **#WeAgeWell**



Rate the session and speakers on the mobile app



Vote in the conference poll