



AHA.SI Project: Work Package 4

Active and Healthy Ageing for Active and Healthy Old Age

PUBLIC HEALTH SIGNIFICANCE OF FALLS AMONG THE ELDERLY AND PREVENTIVE GUIDELINES

Final document with suggested measures

Emonicum Institute for Healthy and Active Life

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Introduction

The public health significance of diseases and injuries is assessed according to prevalence and health and socio-economic implications. From this point of view injuries belong among the most relevant public health areas. They are largely a result of falls. Because falls mostly occur among the elderly, the World Health Organization's Regional Office for Europe classified fall prevention among the highest priorities for the period until 2020. Moreover, it recommends to Member States to introduce programmes for the elderly to maintain balance, assess housing safety, prevent risk of falls in public spaces, while treating the highest-risk groups with special care.

As experience from Germany, Great Britain and other developed countries has shown, the instances of falls among the elderly may be successfully reduced. In Slovenia, however, there are still a lot of unused opportunities. The proposed prevention policies are aimed at achieving that Slovenian health and social policies together with the public would adopt the reduction of falls among the elderly as one of its priorities. We also plan to reduce the number of falls with efficient, corresponding and transparent preventive activities adjusted to local circumstances and monitor them using internationally comparable indicators.

Definition of falls

There is no uniform definition of falls. According to the International Classification of Diseases a fall is defined as an unexpected event when the person falls to the ground at same level or from a higher level. The World Health Organisation defines the fall as an event, as a result of which the person inadvertently falls flat on the ground. Dictionaries define falls as toppling from a higher to a lower position under the impact of gravity or as a sudden toppling from the standing position. What all definitions have in common is that the nature of the fall does not preclude a wilful act and that toppling to the ground as a result of an attack, self-injury, animal, vehicle, fire, water or machinery cannot be considered as falls. The following provides the best description of the nature of falls, i.e. the fall is a sudden, involuntary and uncontrolled toppling to the ground which occurs due to physiological or environmental causes which might result in an injury. The following could be a simple definition of fall for the public: A fall occurs when we fall involuntarily without anyone tripping or shoving us. Since many falls happen while performing chores and work,

particularly outdoor ones we recommend that the operational definition of falls should include those occurring during work, e.g. in the forest, field, garden and similar.

Presentation of the field and key challenges

Demographic changes

Like many European societies the Slovenian society also aged quite rapidly in recent decades.

Since 1948 when the share of population aged over 65 years was 7.27% increased by 19.5% until 2015 which means that there are around 400,000 inhabitants over the age of 65 years. According to the estimates, the number of the elderly – especially those aged over 85 years will continue to increase – which means that significance and impact of falls will be greater in the coming years. Age-related fragility and other geriatric syndromes, including falls, increase rapidly in high age. Therefore, great public health attention will have to be dedicated to preparation for old age as well as shaping and carrying out activities to reduce falls. In addition, we will have to prepare activities to reduce falls while realizing them in a way tailored to individual capabilities. Because too little attention was dedicated to the topic of falls among the elderly, new preventive approaches and solutions are possible in the field of prevention.

Epidemiology of falls

Key factor in falling among the elderly is age; 30% of the elderly in the age group over 65 years, while 50% of the age group over 80 years fall each year. The consequence of falling is reduced mobility and independence. In addition, risk of untimely death increases. Every fourth person who breaks his or her hip in falling dies the same year, while half of them do not achieve the agility and independence they had beforehand. Most instances of falls occur at home, which is followed by falls in transport and old people's homes where falls occur relatively more frequently than with the elderly living at home. Outside their dwellings most falls occur among people who have a more active lifestyle, while very old and fragile individuals mostly stay at home where they most often fall.

Each year more than 400,000 people die as a consequence of falls worldwide, most of whom are older than 65 years. More than 37 million instances of falls result in injuries that are referred to health care. Half of fall-related hospitalizations represent persons older than 65 years. The most common causes of hospitalizations are hip and upper extremity fractures and brain damage. Up to 40,000 elderly die each year in 27 Member States of the **European Union** and the elderly are five times more frequently admitted to out-patient treatment because of fall-related injuries than consequences of any other injuries. Although a

reduction of annual rates of falls among the elderly was recorded in the major part of the Member States during the decade from 2000 to 2010, there still exist differences that can be expressed in six-time figures which draw attention to unused preventive possibilities.

On average 100,000 injured persons seeks assistance at **primary level** of the **Slovenian healthcare system** each year, of whom 60% are women and 40% men. In 2012, 524 individuals died due to the consequences of falls which represents 33% of all deaths that occur due to injuries and poisoning. Moreover, 19,000 patients received hospital treatment due to falls, of whom 364 died.

In 2010 the Anton Trstenjak Institute of Gerontology and Intergenerational Symbiosis carried out an extensive study among 1047 older inhabitants across Slovenia entitled “**Viewpoints, needs and capabilities of the inhabitants of the Republic of Slovenia aged over 50 years in the field of health and social functioning**”. 380 or almost 37% of the respondents positively answered to the question whether they have suffered such an injury because of the fall that they were unable to work and perform regular activities for more than three days which means that among the respondents every third person falls each year. More than 98% fell on multiple occasions. Most of the falls happened during movement and according to their own assessment they tripped or slipped due to carelessness or haste, while various disease-related causes were the reason for almost half of the falls. More falls occurred outside the living quarters which suggests that most respondents live quite actively and perform all the work they performed at a younger age. This is heavily influenced by the fact that the survey covered respondents from completed 50th year when active life is in all respects still in full swing.

Falls among the elderly are the subject of numerous research and approaches worldwide. It is also possible to provide a number of causes for their occurrence. Most of the falls remain unregistered and the official statistics do not reflect the real numbers since at least half of those who have fallen do not seek assistance. The easiest way to control falls is in the controlled environment of various accommodation facilities and this is something dealt with by most research and preventive activities. Falls are recorded after they occurred, which fails to reveal their nature. Different and new approaches are required for a comprehensive fall prevention connecting an older person with the environment where e or she lives and the lifestyle they chose for themselves.

Priorities in the field of fall prevention

Defining priorities in relation to falls among the elderly, we have to start from the following facts:

- in 2015, 19.5% of citizens in Slovenia were older than 65 years and in the following years the number will increase;
- injuries occurring in old age are a significant cause of mortality, disability and dependence, where 75% of all injuries among the elderly occur due to falls;
- each year falls every other person older than 85 years;
- due to the high age of the residents and expression of risk factors most of the falls per 1000 residents occur in old people's homes;
- we can reduce the number of falls among the elderly with preventive measures;
- for a successful fall prevention we require exact data on their causes and consequences;
- in Slovenia there is no uniform approach to fall prevention;
- fall prevention among the elderly is one of the highest priorities of the WHO and EC until the year 2020.

The factors below guide to the following wide ranging priorities:

- a coordinated national fall prevention strategy for the elderly must be prepared at the governmental level with clearly defined objectives;
- the strategy should present a data set which can be used to monitor the dynamics of falls in a comparable way as well as eliminate the disorderly state and lack of transparency in the field;
- measures for reducing falls and holders of activity should be defined at all administrative levels, from the governmental to local as well as professional and contractor levels;
- the responsibilities of the nursing homes should be extended to implementation of preventive activities for the elderly from the surrounding area.

Successful realization of the above mentioned priorities should be supported with the measures for maintaining an active and healthy lifestyle among the elderly and their participation in preparing preventive measures. We should hereby use the contents of age-friendly environments to actively involve the elderly in defining secure living environments, measures for maintaining their social integration and ensuring accessible health and social services. It should be noted that successful fall prevention is typical of coordinated societies. There exist great differences in relation to the prevalence of falls among the elderly between the transitional and developed countries. Therefore, respect of social heritage of the Slovenian society is also a prerequisite for successful prevention. Income should provide independent life for the elderly and secure a low level of poverty among them.

Definition of the key strategic objective

The key strategic goal in Slovenia until 2025 is to reduce the occurrence of falls and their consequences by 10%.

The key goal is to allow reduction in health, social and economic consequences of falls and their social burden. If we know that falls together with all their consequences can be reduced as well as the ways to achieve this, however, we fail to deliver, the responsibility of competent professions, agencies and policies are established at the national level.

The set key goal combines all the fields with different activities but which are intended for a common goal. It is understandable, achievable, measurably expressed and its realization can be monitored with transparent and objective indicators on a year-to-year basis. Reduction of falls means more older people who stay active and independent, while it is related with lower cost of treatments, surgeries, hospitalizations, rehabilitation and long-term care. Savings can be made here which in no way reduce the scope of provided healthcare and social rights.

In Slovenia there are enough different activities which may contribute to realizing the key goal. They are dispersed among many stakeholders and their activities and responsibilities. However, they have not been related in a common national objective, better use of resources and cooperation in new programmes. A national programme that is transparent, coherent and acceptable to anyone is required. This way any stakeholder shall be committed to realizable preventive activities in their field. No great financial resources are necessary to realize the proposed goals, however, an efficient cooperation between politics, profession and society is needed.

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Cooperating stakeholders

Professional:

Traumatology, orthopaedics, internal medicine with geriatrics, psychiatric clinic, rehabilitation, physiotherapy, NIPH, kinesiology.

Organizations and associations:

ZDUS, MZU, Gerontological Association of Slovenia, Anton Trstenjak Institute, Association of Social Institutions of Slovenia, Slovenian Medical Association, Slovenian Institute for Home Care, Centre for Health and Development Murska Sobota, associations of chronic patients (osteoporosis, dementia, incontinence, patients after a stroke), senior citizens' homes,

Institutions:

National Health Insurance Institute of Slovenia, Disability and Pension Insurance of Slovenia, Association of Health Institutions, health centres, physicians with a concession, private practitioners, educational institutions, Institute for Economic Research, Statistical Office of the Republic of Slovenia (SORS).

Government and administrative areas:

Ministry of Health, Ministry of Labour, Family, Social Affairs and Equal Opportunities, Parliamentary Committee for Healthcare, Labour and Social Policy, Municipalities, Local Communities.

International stakeholders:

World Health Organization, European Commission, AGE Platform Europe, ProFouND,

Economic activities:

Media, manufacturers of medical and ICT appliances and equipment

Proposal for measures and activities

Strategic goal can be realized with the following measures and activities:

- relating the existing professional and experiential potentials;
- establishing a National Falls Register;
- supporting preventive activity among NGOs and other organizations;
- integrating ICT achievements in preventive programmes;
- raising public awareness about falls and their prevention.

The contents of support prevention activities for reducing falls among the elderly should assist the policies, healthcare and social authorities, local communities, institutions, non-governmental organizations, societies, the economy, different professions and individuals. To be able to fulfil such a wide focus, the starting points must include all risk factors and related stakeholders from the national to local levels.

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Relating the existing professional and experiential potentials

The field combines a number of professional activities and services provided by different stakeholders that are already implemented in the field of medicine and healthcare as well as professions regarding motor abilities and recreation. Each should contribute to the realization of the key goal in the framework of its competences, organizational, material and developmental opportunities and intersectoral integration.

The areas which are according to their nature classified as intersectoral in the field of fall prevention for the elderly include recreational contents concerning a healthy and active lifestyle, increasing and maintaining strength, agility and balance as well as awareness of the significance of falls and the impact of behavioural patterns on their incidence. Use simple tests for each individual to determine the level of strength, agility and balance or to what extent are they exposed to the risk of falling.

Key risk factors such as polypharmacy, dementia, incontinence, nutrition, chronic diseases or multimorbidity, social isolation, fear from falling, disease-associated stigma are interconnected in respect to sectors. Safety adjustments to residences and public areas which are one of the elements of age-friendly environments associate multiple social

activities. Fall prevention includes intersectoral education and training of propagators, volunteers and affected individuals.

The preventive activities should involve professionals, politicians, representatives of the integrated fields in all the areas ranging from the national to local community level who should jointly aspire to realize the set goals. Each programme or project should include a defined vision, purpose, principles, areas and objectives. A group of residents for which the intersectoral activities were designed should be determined, with risk assessment for falling and objectively measurable activities whose performance should involve partners from different areas. Views of stakeholders and endangered individuals must be considered, while the responsibility of all co-workers must be determined. As many of the existing potential, in particular unused or overlooked, must be integrated at the local level. Typical overlooked potentials include the following: knowledge, experience and skills of the elderly who can contribute a lot to any programme also fall prevention as skilled volunteers or paid professionals. The programme "The elderly for the elderly" (Starejši za starejše) is a good example of such a programme which has been carried out in Slovenia by ZDUS for a number of years. The unused potential indicator for the elderly is AAI.

In Slovenia we officially do not have regions; however, they are on the level of statistics. In the Healthcare Statistical Yearbook we can observe falls across all age periods at the level of 11 Slovenian regions. There exist major differences in the incidence and prevalence of diseases and falls between them which, however, is a registered but from the viewpoint of public health and especially prevention completely overlooked occurrence.

We should also support international integration and inclusion of Slovenia in the activities of European projects and guidelines for fall prevention.

Holder of activity: National Institute for Public Health

Cooperating stakeholders: All listed stakeholders

Establishing a National Falls Register

Because the laws of falls do not differ worldwide, each indicator is internationally comparable whether we have it and it is reliable. In Slovenia with its two million of inhabitants it is wise to register them at a national level. This allows us to make an objective assessment of how successful preventive measures actually are and plan targeted and measurable prevention activities. To realize this, we require data that cover the following fields: assessment of motor skills and sensory functions, perception, health status i.e.

presence of any diseases or conditions which may affect the incidence of falls, the number or history of falls and safety of the living environment.

The specified areas associate the fall with lifestyle and social as well as medical circumstances. Besides those that we traditionally collect and publish in healthcare, they allow an essentially different insight and understanding of the circumstances in which falls occur and their nature. However, they require careful record-keeping which should be done promptly after the fall has occurred. Under the existing circumstances the most accurate data on falls may only be obtained in organized environments in senior citizens' homes and hospitals irrespective of the fact they do not record falls across all the specified areas. As of yet we do not have a regulation that would regulate data that we have to specify after each instance of the fall. Because they monitor falls, they do this in a corresponding manner which disables a good overview at the national level where data have not been collected for now, except in the context of the ICD where data are accurately prescribed and are of little use for effective prevention planning.

The National Falls Register which would collect data agreed at the national level would open a possibility of planning effective prevention activities in realizing the key goal. The register with its coordinated and internationally comparable indicators will enable a uniform, transparent and objectively measurable monitoring of the success of prevention activities. To collect data in different environments it will be necessary to prepare explanatory materials.

In connection with the National Falls Register it is important that we mention the Active Ageing Index – AAI. Its meaning and purpose is to raise awareness in societies and among the elderly about the unused or on the other hand used potentials of healthy longevity. If the goal of the EU and WHO until 2020 is to prolong years of healthy life by two years, this should also have a positive social impact. This is not only in the fact that we maintain older people independent for as long as it is possible but to make this independence socially beneficial. Otherwise, it mostly represents longer maintenance of healthy, independent but socially inactive elderly. One of the characteristics of a longer healthy age is that besides the possibility of prolonged employment there also open other socially useful roles of the elderly: part-time work and employment, various voluntary work, assistance for children and grandchildren and others which also include contributions for health security and other benefits from pensions. AAI comprehensively associates all potentials of the elderly and their inclusion in society and uses numerical indicators in the following four fields: employment and socially beneficial integration which are both conditioned with independence and physical activity and partially also through the expected years of healthy, mentally fresh life

of involvement in the environment. AAI is an indicator that gives meaning to healthy longevity and its potential.

In relation to falls we may ask ourselves with regard all four AAI areas to what extent do falls affect the potential of the elderly and vice versa, i.e. how potentials affect the incidence of falls? How many falls occur among older employees and what is their impact on employment?

To what extent do falls affect social inclusion, physical activity and the degree of independence?

The AAI indicators are combined with almost all areas that determine the level of active and healthy lives of the elderly. Furthermore, they are highly interdisciplinary, adapted to the potentials of the elderly and their social usefulness. Their indicators indicate whether the Slovenian society accepts increasingly longer longevity as a threat and burden or does it accept it as a new developmental opportunity. Falls have little impact on the answer to this question: they are more telling of their social weight. They are also needed to make this assessment.

Holder of activity: National Institute for Public Health

Cooperating stakeholders: Professional stakeholders, Association of Social Institutions of Slovenia, senior citizens' homes, Statistical Office of the Republic of Slovenia, governmental and administrative sectors

Supporting preventive activity among NGOs and other organizations

The significance of non-governmental organizations in the prevention of falls among the older healthy and sick individuals is invaluable. Their activities cover many areas which besides them nobody else is prepared or is unable to realize to such an extent and in such a way. Their activities are most easily adapted to the specific requirements and needs of local environments where direct prevention of falls begins and ends. According to the nature of their activity they also have different professional and experiential competences which must be taken into account in the realization of preventive measures.

Increasingly popular recreational activities with the focus on maintaining agility and balance ensure the participants an effective primary prevention of falls. Effects in the recreational areas are multiple and they all contribute to a higher health and social culture. In case of the elderly the recreational, sports and other activities of non-governmental organizations are primarily intended for healthy older people, maintaining their physical abilities and social inclusion. Irrespective of the type they contribute to maintaining strength, agility and

balance of all participants and in this way at a general level indirectly greatly contribute to the reduction of falls.

Recreational physical activities are an important element of active ageing, functional health, prevention of chronic diseases, maintaining of cognitive abilities and active involvement in the social environment, all of which is also associated with fewer falls. They can be intended for different age groups and enable a wide range of partner integration with different stakeholders.

The associations of patients with diseases with a higher possibility of falls occurring (osteoporosis, Parkinson's disease, incontinence, dementia, conditions after a stroke and others) can introduce prevention activities that are professionally adapted to the capabilities and needs of their members. By maintaining their strength, agility and balance they can reduce falls, maintain their social inclusion and in connection with the lifestyle adapted to the specificities of individual diseases slow down their progress. Such activities are already present among out associations of patients and by supplementing them they can be guided towards realization of the key objective. Patients, especially those who daily consume multiple different medicinal products, have to be made aware of polypharmacy as a risk factor and its impact on the incidence of falls. Polypharmacy is primarily the problem of the profession, therefore it can only be reduced with its cooperation.

Starting points for preventive programmes should be prepared for activities of NGOs in local communities. They should choose and plan them on their own and determine their implementation. For this purpose, volunteers should be trained who want to become propagators of preventive activities. Although there are not any limitations for propagators, it is desirable that they have specific professional experience in the field of education (e.g. teachers, professors, nurses, clerks and similar). The local community should determine on its own how many propagators to qualify for its needs. Moreover, they should determine the method of working and cooperation with them.

Holder of activity: Government and administrative areas

Cooperating stakeholders: Organizations and associations

Integrating ICT achievements in preventive programmes

Development of ICT technologies enables completely new and efficient prevention approaches by monitoring of bodily functions, registering risks and falls also in the fields where this was most difficult, i.e. in domestic environments of the elderly. ICT technology will enable us to also register falls that have no consequences and most of which remains unknown. This will allow new insights into the nature of falls and their prevention.

By using the increasing number of ICT appliances and equipment it is possible to predict, detect and prevent falls. Healthcare professionals, engineers and industry are involved in their development. Domestic and foreign solutions are already present on the Slovenian market. By using them in the prevention of falls it opens a variety of new possibilities.

Holder of activity:

Cooperating stakeholders: Manufacturers of medical and ICT appliances and equipment

Raising public awareness about falls and their prevention

Raising awareness about the hazards and consequences of falls should aim at the general public. Falls should not be represented as a threat to active old age, but rather as something that can be eliminated or reduced by staying active in old age. Throughout our entire life we accept the possibility of falling as something self-evident and such an attitude towards falls should also be transferred to old age. Falls can have serious consequences at any age, therefore they should not be specifically linked to old age. However, we should be aware that they are more frequent and more dangerous in old age. They should be represented as predictable events in which the elderly in cooperation with local professional and administrative stakeholders may play out the most important role. Healthy and active life without any foreseeable risky activities and hazardous habits is in all periods of life the best investment in its quality, which also means less falls in old age. Besides prominent individuals the elderly and those who are in contact with them on a daily basis should participate in raising public awareness about the significance of falls and their prevention. Raising awareness should not come across as a threat, as if to say that failing to follow the instructions may have a bad outcome but it should be nice, encouraging and associated with the positive values. The way of raising awareness and language used should be simple and acceptable to everyone. To improve responsiveness in raising awareness, it would be useful to organize the Day or days of prevention awareness about falls among the elderly and the meaning of active and healthy lifestyle. Because awareness about the need for fall prevention among the elderly is lacking also in the professional circles, professional guidelines on methods for monitoring and treatment of falls among the elderly should be prepared for the employees in primary healthcare.

It is important that we do not approach this goal from the negative side, that is with falls and their consequences, but rather by highlighting the importance of maintaining strength, agility and balance throughout all stages of life and in all conditions; i.e. also those with limited motor abilities and with a positive message that this is the way how to reduce falls in all areas:

Holder of activity: Government and administrative areas

Cooperating stakeholders: Media, the public

Measure implementation indicators

In the field of **integration of professional and experiential potential:**

definition of competences and experiences of individual stakeholders;
individual activities of stakeholders;
intersectoral activities;
forms of active involvement of the elderly;
professional support and supervision;
integration of local stakeholders;
regional differences and integration of regional stakeholders;
international connections.

In the field of establishing the **National Falls Register:**

definition of the field and risk factors;
prescribing a coordinated method of keeping records of falls;
definition of measurable data and their objective monitoring;
ensuring international data comparability;
determining the impact of falls on AAI data expression.

In the field of **supporting preventive activity among NGOs and other organizations:**

forms of recreational and sports activities among the elderly;
forms of maintaining strength, agility and balance;
specific fall prevention for members of associations of chronic patients;
preventive activities tailored to the needs of the local environment.

In the field of integration of **ICT achievements:**

forms of integration of ICT products in preventive activities.

In the field of **raising public awareness about falls and their prevention:**

positive preventive approach;
dealing with falls as predictable and preventable events;
healthy habits and activities in order to maintain strength, agility and balance;
setting the Day of Fall Prevention and Maintaining of an Independent Lifestyle.

Indicative financial framework

It will be possible to lay it down when the Health Insurance Institute of Slovenia can submit data on the costs of treatment of falls and their consequences. Cost-efficient monitoring is not integrated in the primary, emergency, hospital, rehabilitation and care fields, therefore even in the indicative financial framework we do not know what financial burden represent falls and their consequences.

If the estimate pertains to the financial framework for realization of prevention activities, it will be easier to assess them through participation of individual healthcare and social fields. Any numerical rating would under the given circumstances be irresponsible guesswork.

Timeframe proposal

in 2016:

determine the national coordinator for the prevention of falls among the elderly;
preparation of the national strategy for the prevention of falls;
definition of competences and activities of individual stakeholders;
definition of risk factors;
preparation of professional basis for prevention activities;
coordination and pilot testing of keeping record of falls in senior citizens' homes;
preparation of plans for preventive activities among the groups of patients with chronic diseases;
local prevention activities;
publication of articles on falls and their prevention;
international connections of prevention activities.

From 2016 to 2020

establishing activities of individual stakeholders in accordance with their competences;
finalization of the National Falls Register;
establishing a system for monitoring falls according to the quality management principles;
monitoring and complementing prevention activities on the basis of the National Register;
monitoring, supporting and exposing intersectoral activities;
monitoring the dynamics of falls using objective criteria;
setting a National Day of Prevention of Falls and Injuries.

From 2020 to 2025

proceeding with all the activities;
transfer objective record-keeping of falls to domestic environments.

Stakeholders' opinions

At previous meetings and conferences it turned out that prevention of falls and treatment of the consequences are primarily dealt with by the senior citizens' homes, primary healthcare, hospitals, associations, educational institutions and non-governmental organizations. Other stakeholders deal with them or are part of their assignments which are not preventive in nature, or they do not deal with them at all. Nobody can deny the needs for a coordinated prevention of falls. However, at the same time nobody wants to hinder the present activities in any way whatsoever, in particular those which are funded on a regular basis. To realize strategical policies it is required to consider the stakeholders and direct them in their work to achieving goals at the national level. It is a common view that for a successful and comprehensive prevention of falls individual competences need to be defined and respected, coordinate them and continue harmonizing them.

See appendices.

Note:

For a more detailed presentation of the field of falls and their prevention see analytical reports in the consolidated text that is included in the material of the AHA.SI Project.