Standing Strong North Carolina
Prevent Falls – Save Lives

North Carolina FALLS PREVENTION Coalition

NORTH CAROLINA FALLS PREVENTION COALITION

ACTION PLAN 2026 - 2029

It takes a TEAM to prevent falls & save lives.

N.C. Center for Health & Wellness at UNC Asheville

NCDHHS
Division of Public Health
Injury and Violence Prevention Branch

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INTRODUCTION

History of NC Falls Prevention Coalition

The North Carolina Falls Prevention Coalition (NCFPC) was formed in 2007 through a partnership involving the North Carolina Department of Health and Human Services-Divisions of Aging (NCDHHS-DOA) and Public Health (NCDHHS-DPH), and the Institute on Aging (now defunct) at the University of North Carolina (UNC) at Chapel Hill. While collaborating on several grants related to aging and chronic disease, these agencies recognized shared concerns over the high morbidity and mortality associated with falls among older adults.

The first NCFPC meeting was held on April 30, 2008, with participation by key leaders and partners from many different organizations. The following mission was identified:

> The NCFPC mission is to bring together researchers, planners, health care providers, housing specialists, aging services providers, and many others to ***work together to reduce the number of falls and fall-related injuries among North Carolinians.***

The NCFPC secured its first Governor's Proclamation for Falls Prevention Awareness Week (FPAW) in 2009 and has obtained this proclamation annually since then. The NCFPC's first action plan was created in 2012, with most of the stated objectives accomplished by 2014.

In 2014, the NCDHHS-DOA established a centralized falls prevention "hub" at UNC Asheville's NC Center for Health and Wellness (NCCHW). In 2017, the NCCHW leveraged multiple funding streams to expand the dissemination and infrastructure of evidence-based falls prevention programs, to continue improving the Healthy Aging NC hub, and to maintain the NCFPC website.

Over time the NCFPC has grown to include 250 individuals, representatives from approximately 70 organizations, and nine regional NC coalitions. These diverse partners and the coalition's steering committee developed the 2021-2025 action plan with funding to support the plan's activities provided by the NCDHHS- DPH, NCCHW, and UNC Center for Aging and Health. Both the 2021-2025 action plan and the 2026-2029 action plan (described below) provide an ongoing framework for strengthening collaboration, integrating clinical and community systems, advancing and amplifying research efforts, and elevating public awareness and advocacy to prevent falls and fall-related injuries statewide.

This plan creation and implementation is supported with funding under Centers for Disease Control and Prevention (CDC) Cooperative Agreement CDC-RFA-CE21-2101 awarded to the NC Department of Health and Human Services Division of Public Health, Injury and Violence Prevention Branch. The contents are those of the contributors and do not necessarily represent the official views of, nor an endorsement, by CDC, or the U.S. Government.

Falls Data, Outcomes, and Surveillance

North Carolina is the ninth most populous and one of the most diverse states in the country. As our population ages, fall-related injuries are an increasingly serious public health concern. Approximately 18 percent of North Carolinians are age 65 and older. It is estimated that one in four older adults falls each year, with those who fall once being two to three times more likely to fall again. Unintentional falls are the leading cause of fatal and non-fatal injuries among residents age 65 and older, causing 1,795 deaths, 23,576 hospitalizations, and 154,444 emergency department visits in 2024. Most unintentional falls occur among females, non-Hispanic White residents, and older adults.

Unintentional falls can lead to depression, loss of mobility, and loss of functional independence. In 2024, there were 9,850 hospitalizations and 1,522 emergency department visits for fall-related hip fractures among North Carolinians ages 65 and older. Unintentional falls are the most common cause of traumatic brain injuries (TBI) among North Carolinians ages 65 and older, causing 1,162 deaths, 4,504 hospitalizations, and 9,755 emergency department visits in 2024. The average hospitalization charge of an unintentional fall for a North Carolina resident age 65 or older was $73,102 in 2024. The cost of fall-related deaths in North Carolina in 2024 alone is estimated at $7.7 billion which includes medical costs and statistical life lost.

Development of This Three-Year Action Plan

Partner Engagement and Committee Selection

The NCFPC co-chairs and steering committee created a list of representative professions, organizational affiliations, and geographic locations that were desirable for representation on the action plan committee. These qualities demonstrated specific perspectives we wanted to inform the creation of the 2026-2029 action plan. The co-chairs and steering committee members wanted to have a variety of perspectives represented in the planning process while also balancing not having too specific interests to inform the plan in any one direction. For these reasons, the following fields were identified for initial outreach:

- Physical therapy
- Occupational therapy
- Senior centers and community-based organizations
- Emergency management/paramedics
- Rehabilitation and trauma centers
- Area agencies on aging
- Universities
- Regional falls prevention coalition leadership
- Health systems representatives
- Governmental services

Once the list was created, the steering committee identified professionals within each field, and this became the potential participant list. This list was prioritized based on several criteria, such as expertise, geographic area (statewide, east, central, west), and number of different fields a single candidate might represent. The goal was to create a diverse planning group of 6-10 people, while keeping the number of attendees manageable for the planning process.

After the invitation list was finalized, the co-chairs began inviting professionals based on the above priorities until a multi-sector and geographically represented planning group was formed.

The final action plan committee consisted of the following individuals:

- Abigail Coffey, NCDHHS-DPH Injury and Violence Prevention Branch, NCFPC Co-Chair
- Vivian Gettys, University of North Carolina at Asheville - NCCHW, NCFPC Co-Chair
- Sara Smith, NCDHHS-DPH Injury and Violence Prevention Branch, Facilitator
- Schania Gales, NCDHHS-DOA, NCFPC Steering Committee member
- Britney Melvin, Fire Rescue, New Hanover County, NCFPC Steering Committee
- Mary Anderson, CarolinaEast Rehabilitation Hospital
- Mary Hall, ECU Health Medical Center, NCFPC Steering Committee
- Tiffany Shubert, Shubert Consulting, Physical Therapist, NCFPC Steering Committee
- Vicki Mercer, UNC Chapel Hill, Physical Therapy, NCFPC Steering Committee
- Brea Kuykendall, Land of Sky Regional Council, Area Agency on Aging (AAA)

Action Planning Process

Members of the action plan workgroup were recruited in January 2026, and the first workgroup meeting was held on February 13, 2026. The workgroup met twice per month from February through May. At the initial meetings, the previous NCFPC action plan and the 2025 National Falls Prevention Action plan published by the National Council on Aging were reviewed to help guide decision-making. The workgroup voted to adopt a three-year plan rather than a five-year plan to ensure that the goals, objectives, and action steps were current, clearly defined, and achievable with the resources available. Members wrote three overarching goals that were somewhat similar to those in the previous action plan. They worked in small groups and in large group brainstorming sessions to create new objectives for each goal and new action steps for each objective. Workgroup members narrowed down the lists of potential goals and action steps by voting in online polls created by workgroup leaders. The workgroup's final draft of the action plan was sent out to NCFPC members via the listserv and emailed to recommended organizations for feedback during a public comment period.

GUIDING PRINCIPLES

Utilize a Shared Risk and Protective Factors (SRPFs) Framework

This action plan builds upon previous work done in the 2021-2025 NCFPC Action Plan which focused on educating both the public and health care providers on how a shared risk and protective factors framework could help to reduce injuries and deaths from falls in addition to reducing the risk of other conditions that impact older adults.

The SRPFs framework is an approach that shifts the focus from the health outcomes that need to be prevented to more upstream (i.e., root cause) factors that contribute to those outcomes. Please see The Centers for Disease Control and Prevention guidance document that introduced this framework in the context of violence prevention. While an equivalent guide for falls prevention has not yet been developed, the core principles of the framework can still be applied.

Risk Factors: A set of behaviors and/or conditions associated with a greater likelihood of falls.

Protective Factors: A set of behaviors and/or conditions that may reduce or buffer against the risk of falls.

Shared Risk and Protective Factors: Different types of health outcomes are connected and often share the same root causes, risk factors and protective factors. They can all take place under one roof, in the same community or neighborhood, at the same time, or at different stages of life. Understanding the overlapping risk factors for falls and other diseases, illnesses, and conditions affecting older adults and the factors that can protect people and communities can help us better prevent falls and these other outcomes simultaneously.

NCFPC leaders, subject matter experts (SME), and industry consultants completed a literature review and SME interviews to understand SRPFs for falls and other diverse health conditions. The literature review identified risk and protective factors associated with falls and numerous other older adult conditions, such as chronic diseases, disabilities, mental/behavioral health, and movement disorders such as Parkinson's disease. Initial results of the process showed joint agreement to begin working among SRPFs for falls and chronic diseases with future plans to expand into other health outcomes. For more information: Chronic Conditions and Prevention - NC Falls Prevention Coalition

Guiding Questions and Considerations

The action planning process was also guided by a set of 11 questions developed by the group facilitator, Sara Smith, MA, MCHES. At the time of this writing, she serves as the communication lead for the Injury and Violence Prevention Branch in the NCDHHS-DPH. In this role, she manages communication and health education efforts for seven injury and violence prevention programs.

In addition, she has led strategic planning processes for the branch, oversees the Chronic Disease Injury Sections' Health Communication Network and leads the Communication Special Interest Group for the Safe States Alliance. The guiding questions are as follows:

1. What do we want to achieve during the next three years?
2. How will we measure success?
3. How will this work be funded? What can we do with little or no funding?
4. What steps will we take to achieve the goals of the action plan?
5. How will we implement this plan?
6. Barriers to the process? Facilitators? How will we mitigate the barriers?
7. How will we determine which agency is responsible for each strategy within the plan?
8. What partners or organizations need to be informed on our planning process?
9. What resources are needed to complete the action plan?
10. How will we track progress? How will we measure it?
11. What lessons learned from the previous plan do we want to incorporate into this one? What adjustments need to be made?

IMPLEMENTATION AND EVALUATION

Members of the action plan workgroup, some of whom are leaders of NCFPC regional coalitions or members of the NCFPC Steering Committee, will act as stewards in implementation of the 2026-2029 Action Plan. They will work with NCFPC leadership to ensure that action steps are being addressed in the specified time frames and that appropriate outcome measures are being tracked across the three-year period.

Outcome measures will be reviewed semi-annually to identify pivots and adaptations that are needed and to identify how well the plan is being implemented. The action plan workgroup in partnership with coalition co-chairs will use an annual checklist of the plan's action steps and ensure that all work is consistent with the coalition's shared values. The Action Plan will be disseminated on NCFPC website as an interactive and evolving document that can be updated annually or as needed.

The action plan includes Goals, Objectives and Action Steps as identified by the action plan work groups. Action Steps were organized into the following categories: Tier 1- High Priority/Immediate Implementation and Tier 2- Secondary Phase/Additional Funding Dependent.

GOALS, OBJECTIVES, AND ACTION STEPS

STRATEGIC GOAL 1

Enhance opportunities for collaboration & networking among falls prevention partners.

OBJECTIVE 1A

By the end of 2027, enhance coordination between state and regional coalitions through consistent communication, shared priorities, and aligned efforts, and maintain through 2029.

ACTION STEPS	
TIER 1	Develop and implement communication channels between regional coalitions and state contacts.
	Develop standard operating procedure documents to codify how regional coalitions will engage with the state coalition.
	Develop training and professional development resources for regional and local coalitions.
TIER 2	Develop a coalition member survey to understand needs, gaps, and ideas for future partnerships.
	Establish mentorship opportunities for the regional and local coalition leaders to enhance communication and align falls prevention efforts across the state.

OBJECTIVE 1B

By the end of 2029, expand partnerships across clinical, community-based, and non-traditional sectors to incorporate them into falls prevention activities at the regional and state level.

ACTION STEPS	
TIER 1	Identify non-traditional, business, university, and other partners using the SRPFs framework through a landscape analysis of underserved geographies in the state.
	Analyze representation among current NCFPC members and partners to identify gaps in coverage across partner types.
	Expand early access to NCFPC membership through student, university, and academic partnerships.
	Conduct one falls prevention conference annually through leveraged partnerships and funding streams.
TIER 2	Offer lunch and learn sessions for partners to explore falls prevention work.

OBJECTIVE 1C
By the end of 2028, ensure all 100 counties are connected to a regional coalition and demonstrate consistent engagement.

ACTION STEPS	
TIER 1	Conduct an analysis to understand which counties are unreached and unengaged with falls prevention champions.
	Establish a recruitment strategy and potential partner list of organizations and people in unreached counties.
	Initiate champion recruitment with identified partners in unreached counties.
TIER 2	Deliver falls prevention and awareness training to county champions.
	Disseminate county champion materials more broadly and creatively.

STRATEGIC GOAL 2

Reduce fall risk through promoting implementation of best practices in clinical and community settings.

OBJECTIVE 2A
By the end of 2028, increase knowledge of falls prevention best practices among health care providers across the continuum of care.

ACTION STEPS	
TIER 1	Promote falls prevention education that integrates research-based interventions through outreach to academic institutions, professional organizations, and continuing education providers.
	Partner with local clinicians to provide them with information on local, state, and national resources that are available to assist with increasing older adult safety.
	Support coalition members to deliver presentations on falls prevention research, program findings, and lessons learned at state and national meetings and conferences.
TIER 2	Work with clinical staff in hospital and residential care settings to identify areas where they can increase their knowledge of falls.
	Develop an educational module for rehabilitation clinicians and brain injury treatment providers about best practices in fall risk management and how to collaborate with local Falls Prevention Coalitions and community-based organizations (CBOs).

OBJECTIVE 2B
By the end of 2029, promote resources and training for falls prevention and fall risk screenings in community-based and clinical settings serving older adults.

ACTION STEPS	
TIER 1	Ensure falls risk screenings and referrals are incorporated into Falls Prevention Awareness Week activities statewide.
	Assist in hosting events in community-based settings to screen for falls risk and refer to care as needed.
	Promote the identification of older adults at high and moderate risk for falls using the CDC's Stopping Elderly Accidents, Deaths and Injuries (STEADI) materials.
TIER 2	Identify one health outcome with SRPFs to falls as the next focal area of falls prevention messaging and programming.
	Host at least one training annually for clinicians who work outside of falls prevention to educate them on falls risk screening practices in their patients.

OBJECTIVE 2C
By the end of 2029, improve coordination among community-based organizations and clinical programs implementing interventions to reduce falls.

ACTION STEPS	
TIER 1	Identify one partner to support the development or funding of the educational module and the pilot project.
	Develop an educational module for CBOs about best practices in fall risk management and how to collaborate with local Falls Prevention Coalitions.
	Promote development of established referral pathways to evidence-based falls prevention programs for community-dwelling older adults.
TIER 2	Pilot one clinical and community falls risk prevention coordinated services delivery system consisting of one local falls coalition, a CBO, and a clinical provider to develop a model which can be replicated at scale.

STRATEGIC GOAL 3

Increase public awareness and support advocacy for statewide falls prevention policies and systems.

OBJECTIVE 3A

By the end of 2029, expand the reach of falls prevention awareness resources at the state, local, and regional level by ensuring consistent messaging, implementing new awareness approaches, and engaging new partners.

	ACTION STEPS
TIER 1	Ensure falls prevention awareness materials are disseminated at health fairs, wellness events, and aging conferences statewide.
	Provide presentations and informational sessions to local organizations, including, but not limited to, senior centers.
	Expand reach of Standing Strong NC (SSNC) materials through a renewed public awareness campaign utilizing novel communication channels.
TIER 2	At least annually, review and present data updates about statewide falls outcomes.
	Disseminate success stories and member testimonials from evidence-based programs in the newsletter, in quarterly meetings, print media, and via digital media.

OBJECTIVE 3B

By the end of 2029, collaborate with multi-sector partners to advance falls prevention policies, systems, and environmental changes to reduce falls risk.

	ACTION STEPS
TIER 1	Identify barriers which limit falls prevention policies and system changes among state, local, and organizational leaders.
	Provide templates for falls prevention partners to incorporate prevention education and training in existing organizational policy.
	Advocate for statewide policies that support sustainable funding for access to evidence-based falls prevention programming.
TIER 2	Partner with local governments, Vision Zero traffic teams, and planning organizations to implement age-friendly environmental changes like safer walkways, lighting, and accessibility features.
	Develop a statewide data sharing system to connect partner outcomes to one another.

APPENDICES

A. ACKNOWLEDGEMENTS

At the time of the plan development in 2026:

NCFPC Steering Committee Members

- **Vivian Gettys MPH, MA, RN,** Co-Chair NCFPC, Chronic Disease Project Manager, NCCHW, University of North Carolina - Asheville
- **Abigail Coffey, MPH,CHES,** Co-Chair NCFPC, Core Injury Program Manager, NCDHHS-DPH, Injury and Violence Prevention Branch
- **April Austin,** Executive Director, Thrive828 (formerly Sadie and J.E. Broyhill Caldwell Senior Center)
- **Gina Becherer,** Caregiver, Community Outreach – Alignment Health Plan (retired)
- **Marie Rawlings Dagger, MS**, OTR/L, ECHM, AFA Certified Dementia Care Partner, Aging Transitions Occupational Therapist, Orange County Department on Aging
- **Schania Gales,** Healthy Aging Specialist, Division of Aging, Service Operations, NC Department of Health and Human Services
- **Britney Melvin**, Community Risk Reduction Coordinator, New Hanover County – Fire Rescue
- **Vicki Mercer, PT, PhD, FAPTA,** Professor Emerita, Division of Physical Therapy, UNC at Chapel Hill
- **Angela Rogers,** Director of Community Health and Wellness, YMCA Greensboro
- **Lori Schrodt, PT, MS, PhD,** Western Carolina University, College of Health and Human Sciences, Physical Therapy
- **Tiffany Shubert, PT, PhD,** Shubert Consulting

B. LIST OF ACRONYMS

- NCFPC: North Carolina Falls Prevention Coalition
- NC: North Carolina
- DOA: Division of Aging
- DPH: Division of Public Health
- UNC: University of North Carolina
- FPAW: Falls Prevention Awareness Week
- NCCHW: North Carolina Center for Health and Wellness
- TBI: Traumatic brain injury
- AAA: Area Agency on Aging
- SRPFs: Shared risk and protective factors
- CBO: community-based organization
- CDC: Centers for Disease Control and Prevention
- STEADI: Stopping Elderly Accidents, Deaths, and Injuries
- SME: Subject Matter Experts
- SSNC: Standing Strong NC

C. RESOURCES & REFERENCES

- North Carolina Statewide Resources: Department of Health and Human Services
  - Division of Aging: Facts, Figures and Reports | NCDHHS
  - NC Falls Prevention Coalition Website of Resources: https://ncfallsprevention.org/
  - North Carolina Division of Public Health
    - Injury and Violence Prevention Branch: https://injuryfreenc.dph.ncdhhs.gov/
- References
  - Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

D. DATA SOURCES

- NC Falls Prevention Coalition: Falls Data - NC Falls Prevention Coalition
- NCDHHS Division of Public Health, Injury and Violence Prevention Branch: N.C. DPH: IVP Branch: Data and Surveillance
- NC Disease Event Tracking and Epidemiologic Collection Tool - Unintentional Falls Dashboard: Unintentional Falls Dashboard | NC DETECT
- NC Center for Health Statistics Behavioral Risk Factor Surveillance System (BRFSS) Data: NCDHHS: DPH: NC SCHS: Behavioral Risk Factor Surveillance System (BRFSS)
- NCDHHS Division of Aging: Facts, Figures and Reports | NCDHHS
- NC Center for Health and Wellness:
  - Healthy Aging NC Initiative: Falls Prevention 2017-2022 SCORECARD
  - NC Falls Prevention Program Data 2014-19: National Council on Aging infographic
- CDC's WISQARS™ is an interactive, online database that provides fatal and nonfatal injury, and cost of injury data