



## **Fall Injury Prevention-a Neglected Public Health Issue: Challenges and Way Forward in the Indian Scenario**

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### **Dear Editor-in-Chief**

Falls in the elderly is not just a physical or medical problem; it has adverse physical, medical, psychological, social and economic consequences. Nearly 30% of people aged 65 and over fall each year (1) which increases significantly with age. In developing countries like India where the elderly population is steeply rising, the burden of fall injuries is bound to grow manifold due to lack of injury prevention policies and programmes. The curative services in terms of provision of acute trauma care and long term rehabilitation services is resource intensive and costly which calls for a high risk preventive approach. A review of literature says that falls among older persons are associated with identifiable and modifiable risk factors and targeted prevention efforts are cost-effective (2, 3). Multifactorial, multi-disciplinary intervention strategy delivered in the form of a comprehensive package has proved to be effective over single-factor intervention in various studies across different settings (1, 4).

### ***Challenges in fall injury prevention policy in India***

Lack of reliable information on injury deaths, disabilities, hospitalizations puts injury quite low on the national public health agenda. Although injury deaths are satisfactorily captured, non-fatal injuries of varying severities are highly underreported. Additionally, the paucity of data is more in cases of suicides, falls and interpersonal violence. Injuries are still considered a domain of the police,

law, transport and individual safety. The general attitude of people and even the law makers is that injuries are the result of ill fate or bad luck. Lack of intersectoral mechanism and effective leadership also fails to woo the policy makers. There is minimal public education addressing injury prevention, rather all resources and efforts are directed towards acute trauma care. Poor funding and lack of experts in this field in developing countries has pegged the research agenda backwards (5).

### ***Way forward***

Although a large share of resources are spent towards curative care, preventive efforts have taken a backseat. One possible reason for such neglect might be the fact that a comprehensive injury prevention policy is well beyond the purview of health sector and involves stakeholders from different sectors (6). Developing reliable and sustainable systems of routine injury surveillance is essential to generate data for effective policy making. It is also important to raise the capacity of human resource to carry forward the research agenda. Although we have enough evidence to advocate multifactorial intervention in a high risk community setting, we need to understand the nature, type, cost and relevance of each strategy to each context and then effectively implement them. Research on operational aspects of development and implementation as well as effectiveness of interventions should be pursued. Cost-effectiveness of interventions and their long-term impact

should also be researched upon to influence policy makers. There is a need to promote public health education regarding falls, its risk factors and prevention strategies. Apart from this, qualitative research should evaluate prevention policies and identify obstacles at various levels to give crucial feedback to policy makers and implementers for continuous improvement. Effective policy may also be supported by legislation to enforce the preventive measures. The WHO Falls Prevention Model for Active Ageing (7) provides a cohesive, multi-sectoral approach to falls prevention which may be adopted while formulating fall prevention policies at the national level.

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