Falls prevention in NSW: a big issue requiring sustained research, policy and practice initiatives

GUEST EDITORS

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The NSW Public Health Bulletin published its first falls prevention edition, The Big Falls Issue, in 2002.\textsuperscript{1} Almost a decade on, falls prevention remains a ‘big issue’; the current estimate of treatment costs in New South Wales (NSW) for 2006–07 is $558.5 million,\textsuperscript{2} which is 2.5 times the previous estimate for 1998–99.\textsuperscript{3} However, there have also been concerted efforts over the past 10 years by policy makers, researchers and the non-government sector to address the issue with the implementation of the NSW Management Policy to Reduce Fall Injury Among Older People, 2003–2007\textsuperscript{4} and the creation of a falls prevention co-ordinator workforce in NSW.

\textbf{Figure 1. Stages of research and evaluation in public health.}

The papers in this issue are:

- Prevalence, circumstances and consequences of falls among community-dwelling older people: results of the 2009 NSW Falls Prevention Baseline Survey
- Characteristics of fall-related injuries attended by an ambulance in Sydney, Australia: a surveillance summary
- The cost of fall-related injuries among older people in NSW, 2006–07
- An economic evaluation of community and residential aged care falls prevention strategies in NSW
- Evaluation of the NSW Management Policy to Reduce Fall Injury Among Older People, 2003–2007: implications for policy development
- The strategic development of the NSW Health Plan for Prevention of Falls and Harm from Falls Among Older People: 2011–2015; translating research into policy and practice
- Exercise to prevent falls in older adults: an updated meta-analysis and best practice recommendations
- Implementing falls prevention research into policy and practice: an overview of a new National Health and Medical Research Council Partnership Grant.

The papers span the full range of the ‘Stages of research and evaluation in public health’ continuum (Figure 1). This is crucial as advances at each level are important for informing direction at the next and indicate that the research, implementation, dissemination and evaluation projects recently completed and planned for the future are in line with best practice principles.

These papers demonstrate that we cannot afford to neglect the potential epidemic of falls. As treatment costs continue to rise, it will be even more difficult to find resources for prevention and the cycle of increased demand will be accelerated.

Over the past year, the NSW Department of Health has been working on developing a new NSW Health Plan for Prevention of Falls and Harm from Falls Among Older People: 2011–2015, which is expected to influence health investment as well as policy and practice in the acute, residential care and community-based environments. There remain challenges but it is heartening to see how far falls prevention policy and practice has evolved over the past decade, to a place where more strategic and evidence-based practice is the norm rather than the exception. There is great determination amongst the field to halt and hopefully reverse what could be a public health crisis by the middle of this century.

References