



FALL PREVENTION

Enhancing Fall Prevention Education for Homebound Elderly Clients

ENOLD ANTOINE Healthcare Studies

INTRODUCTION

Central Boston Elder Services (CBES) was founded in 1974 as Area II Home Care for Senior Citizens by local community and church leaders to support elderly residents in neighborhoods like Roxbury and Dorchester. In 1984, it became CBES and grew into a major nonprofit organization, serving as one of Massachusetts' Aging Services Access Points (ASAPs). CBES provides services such as in-home care, elder protective services, and digital literacy programs, helping elders and disabled adults live independently. In the early 2000s, CBES moved to a new headquarters in Dudley Square, which also includes affordable senior housing. Today, it serves over 10,000 clients annually and celebrated its 50th anniversary in 2024, marking its long-standing role as Boston's only minority-led eldercare agency dedicated to improving the lives of seniors in the community.

INTERNSHIP OBJECTIVES

To reduce fall risk among elderly clients by improving access to and understanding of fall prevention strategies, ultimately contributing to a safer home environment and enhanced client independence.

RELATED LITERATURE

According to Ajibade (2025), evidence-based strategies such as environmental modifications, exercise programmes, medication reviews, and patient education are explored. The article concludes that ongoing assessment, staff training and the integration of technology are vital in reducing falls and improving patient safety in healthcare settings.

Scerri et al. (2025), acknowledged the complexity of the context in care homes and that falls prevention interventions may impact differently in different care settings. Consequently, these authors concluded that facilitators need to understand the organisational context during the planning phase.

According to Meulenbroeks et al. (2024), Exercise interventions are the most likely to improve fall outcomes, rate of falls, and number of people who experience a fall, in both community and RAC populations compared to other intervention types. 'Exercise' interventions should be an essential component of service level fall prevention programs for older adults in any setting.

Baseline

According to national safety guidelines, fall prevention should be proactive and data-driven; however, in practice, it remains fragmented. While fall risk data is routinely collected, it is not consistently used to guide individualized patient education. Additionally, there is no standardized educational tool in use, staff rely on ad-hoc verbal instructions, which vary in content and delivery, reducing the overall effectiveness of fall prevention efforts (Agency for Healthcare Research and Quality [AHRQ], 2017).

Stakeholders Needs

Central Boston Elder Services aims to reduce fall-related hospitalizations and promote aging in place. However, many clients lack consistent, accessible education on home safety and fall prevention. This project addresses the need for standardized fall education to support client well-being and reduce healthcare costs.

MATERIALS & METHODS

Methods

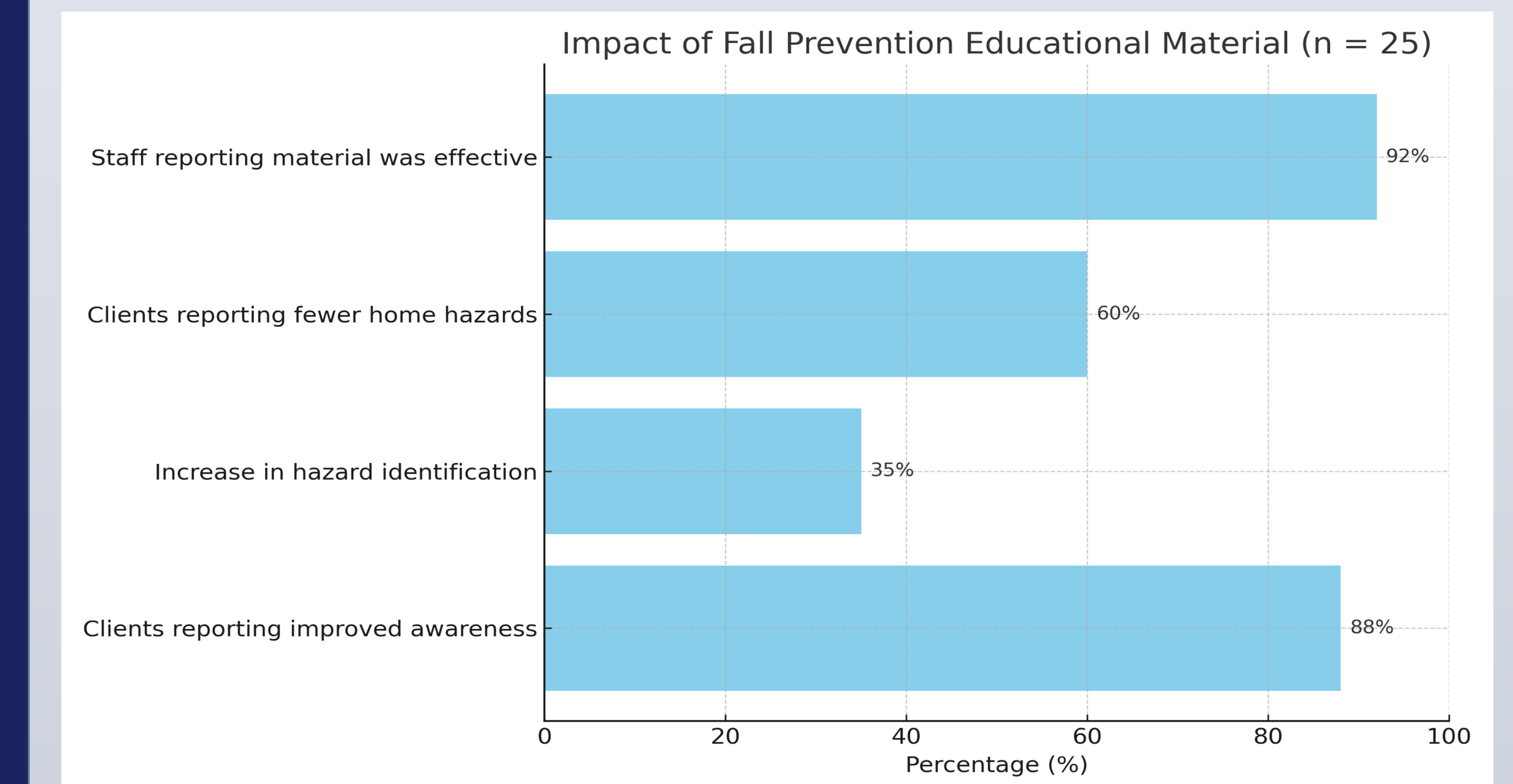
1. Review internal data on fall incidents and current educational efforts.
2. Interview staff about barriers to fall education.
3. Design a fall prevention flyer or booklet tailored to clients.
4. Pilot the resource with a small group of clients and gather feedback.
5. Revise and finalize the educational material.
6. Distribute the material to at least 25 clients via home visits or mail.
7. Collect feedback through a short post-distribution survey.
8. Analyze survey results and summarize recommendations

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RESULTS

Preliminary analysis of the pilot study suggests that client-centered educational materials led to improved awareness and engagement among elderly clients. Out of the 25 clients who received the fall prevention flyer, 88% demonstrated increased understanding of home safety practices based on post-distribution survey results. A comparison of pre- and post-education data showed a 35% improvement in clients' ability to identify fall hazards. Staff reported the material was easy to deliver and enhanced their communication with clients. Moreover, clients reported a reduction in at-home fall risks, including improved use of mobility aids and decluttering of walkways. Feedback suggested adding visuals and translation for non-English speakers to improve inclusivity. These results support broader implementation and refinement of standardized fall prevention education across CBES programs



CONCLUSIONS

This project was designed to demonstrate that simplified, client-centered fall prevention education could improve elderly clients' awareness and willingness to take safety precautions. The successful pilot initiative serves as a model for broader implementation and contribution to reducing falls in the elderly population served by Central Boston Elder Services.

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