Background Fall injuries in the US result in over 19,000 deaths and 2.2 million emergency department visits, and cost over $28 billion. Research shows that, in a clinical setting, effective fall intervention involves assessing and addressing an individual’s fall risk factors. This approach is recommended in the American and British Geriatrics Societies’ (AGS/BGS) clinical practice guideline.

Aims/Objectives/Purpose To address identified knowledge gaps among healthcare providers regarding fall risk assessment and interventions.

Methods Researchers at the US Centers for Disease Control and Prevention’s (CDC) Injury Center reviewed relevant literature, conducted in-depth interviews with a randomised sample of 18 US healthcare providers, and developed draft resources incorporating the AGS/BGS guideline and input from experts. Resources were reviewed by six focus groups of healthcare providers and revised.

Results/Outcomes Like previous needs assessments, we found that 94% of providers were unaware of the AGS/BGS guideline and 67% did not routinely screen older patients for fall risk. Providers lacked information about standardised fall risk assessment methods and evidence-based interventions. Providers’ suggestions and focus group feedback were incorporated into the STEADI (Stopping Elderly Accidents, Deaths, and Injuries) tool kit. It contains an array of provider resources to help integrate fall prevention into clinical care and tools to link primary health care with community fall prevention programmes.

Significance/Contribution to the Field The STEADI tool kit incorporates formative research results and current knowledge about effective fall interventions. It is a resource designed to help healthcare providers incorporate fall risk assessment and individualised fall interventions into routine clinical practice.