

Supplementary Text S1
Additional Details on Methods, and Full Acknowledgements

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Operational Definitions and Coding of Data

Self-Reported Outcomes

Falls

During interviews held every four months, participants were asked, “Have you fallen in the past 4 months (or since last contact)?” and if yes, were asked, “How many times have you fallen?” Response options for the number of falls ranged from “1” through “5 or more.” If participants indicated that they had fallen in the past four months but did not provide a valid answer for how many times they had fallen, we imputed a value of one fall (which occurred in n=13 (0.07%) and n=19 (0.11%) of completed interviews in the intervention and control groups, respectively). For the interview response category of “5 or more” falls, we truncated the value to equal five falls (which occurred in n=179 (1.0%) and n=193 (1.1%) completed interviews in the intervention and control groups, respectively).

Outcomes from this self-report information included the rate of falls, the rate of participants with one or more falls, and the rate of participants with two or more falls.

Fall Injuries

Participants who noted that they had fallen in the past four months (or since last contact) were then asked if they were injured in any fall in the past four months (or since last contact), and if yes, how many falls led to an injury. For every fall leading to an injury, participants were asked whether the fall in question met the Prevention of Falls Network Europe definition of a fall,¹ specifically: “Did you land on the floor, ground or other lower level when you fell?” Events where a participant answered “no” when presented with the Prevention of Falls Network Europe definition of a fall were excluded.

Fractures

For every fall that led to an injury, participants were asked, “When you fell, did you break or fracture a bone?” A “yes” answer was counted as a self-reported fracture.

Outcomes from this self-report question included the rate of fractures and the rate of participants with one or more fractures.

Fall injuries leading to medical attention

For every fall that led to an injury, participants were asked, “Did you see a doctor or other health care professional for the injury?” A “yes” answer was counted as a self-reported fall injury leading to medical attention.

Outcomes from this self-report question included the rate of fall injuries leading to medical attention and the rate of participants with one or more fall injuries leading to medical attention.

Fall injuries leading to hospitalization

For every fall that led to an injury, participants were asked, “Were you admitted for an overnight stay, or longer, in the hospital following your injury?” A “yes” answer was counted as a self-reported fall injury leading to hospitalization.

Outcomes from this self-report question included the rate of fall injuries leading to hospitalization, and the rate of participants with one or more fall injuries leading to hospitalization.

Adjudicated Fractures

Adjudicated fractures were based on self-reported fall injuries that were confirmed as fractures in at least one objective source of data (Medicare claims data, clinical trial site encounter data, or full text of medical records) and agreed to be serious fall injuries by two adjudicators working independently. Thoracic vertebral fractures and lumbar vertebral fractures were excluded due to STRIDE's outcome definition. For details, see Ganz et al.²

Analysis of follow-up time

Because STRIDE participants were followed for variable lengths of time, we used Poisson models to measure rates of outcomes at the practice level and at the participant level, including an exposure variable that accounted for the duration of follow-up. Participants lacking contact after baseline assessment (n=177) contributed no time at risk after the day of baseline assessment.

Acknowledgments

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