

Wisconsin Fall Prevention Activities Survey Report

Prepared by the Injury Research Center at the Medical College of Wisconsin
In Collaboration with the Wisconsin Department of Health Services

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Introduction

In Spring 2009, the Wisconsin Department of Health Services in collaboration with the Injury Research Center at the Medical College of Wisconsin developed the Fall Prevention Activities Survey to gather information about various fall prevention programs in Wisconsin that had occurred during the previous 12 months. These activities could have involved exercise, home modification, multifaceted (multi-component) or any other type of intervention that occurred during the previous 12 months. The survey was conducted to provide a better understanding of the fall prevention activities in individual communities and in Wisconsin and to monitor the changes in fall prevention programmatic activities over the next several years.

Method

All organizations within a county who participated, coordinated or led any fall prevention programs were eligible to complete the survey. The Injury Research Center forwarded a link with the electronic survey to the Department of Health Services. The survey link was then forwarded by the Division of Public Health and the Division of Disability and Elder Services to local and county health departments, Regional Trauma Advisory Councils (RTACs), Tribal Health Departments, Stepping On program leaders, the Wisconsin Fall Prevention Initiative listserv, county aging units, and aging and disability resources centers. Reminder emails were also sent to these groups using the same process. The survey and implementation process were reviewed and approved by the Medical College of Wisconsin's Institutional Review Board.

Demographics

Counties Responding

At least one person from 70 of Wisconsin's 72 counties responded to the survey. The table below shows a breakdown of the number of respondents by county. A total of 153 individuals completed the survey.

County	Number of Respondents
Adams	1
Ashland	1
Barron	2
Bayfield	1
Brown	4
Buffalo	1
Burnett	1
Calumet	1
Chippewa	2
Clark	1
Columbus	1
Crawford	1
Dane	19
Dodge	1
Door	1
Douglas	1

County (continued)	Number of Respondents
Dunn	1
Eau Claire	1
Florence	1
Fond du Lac	1
Forest	4
Grant	1
Green	1
Green Lake	1
Iowa	1
Iron	1
Jackson	2
Jefferson	2
Juneau	1
Kenosha	2
Kewaunee	2
La Crosse	4
Lafayette	1
Langlade	1
Lincoln	2
Manitowoc	4
Marathon	2
Marinette	2
Marquette	0
Menominee	1
Milwaukee	10
Monroe	4
Oconto	1
Oneida	0
Outagamie	4
Ozaukee	3
Pepin	1
Pierce	1
Polk	3
Portage	4
Price	1
Racine	4
Richland	1
Rock	2
Rusk	1
St Croix	2
Sauk	2
Sawyer	2
Shawano	1

County (continued)	Number of Respondents
Sheboygan	1
Taylor	1
Trempeleau	1
Vernon	1
Vilas	1
Walworth	1
Washburn	4
Washington	2
Waukesha	1
Waupaca	2
Waushara	3
Winnebago	3
Wood	1
Other*	6

*Other included: Brown and Outagamie – Oneida Tribe; Calumet, Outagamie, and Waupaca; City of Neenah; and Red Cliff Reservation (one respondent each); and Wood and Marathon Counties (two respondents).

Types of Agencies Responding

Respondents identified the type of agency in which they worked. The largest percentage of respondents was from local public health departments (32%), followed by Aging and Disability Resource Centers (24%).

Agency Type	Frequency	Percent
Local Public Health Department	49	32%
Aging and Disability Resource Center	37	24%
Hospital/Clinic	22	14%
County Aging Unit	9	6%
Senior Center	5	3%
Local Area Agency on Aging	4	3%
Home Health Care	4	3%
Skilled Nursing Facility	4	3%
Department of Health and Human Services	2	1%
Fitness/Exercise	2	1%
Ambulance Service	2	1%
Tribal	2	1%
Community Care Ministry	1	<1%
Commission on Aging	1	<1%
Hospital Off-site Outpatient Rehab and Fitness	1	<1%
Information and Referral	1	<1%
Mental Health Facility	1	<1%

County (continued)	Number of Respondents	County (continued)
RTAC Coordinator	1	<1%
University	1	<1%
Community Coalition	1	<1%
Occupational Therapy	1	<1%
Self-Employed	1	<1%

Agencies/Organizations Conducting Fall Prevention Activities

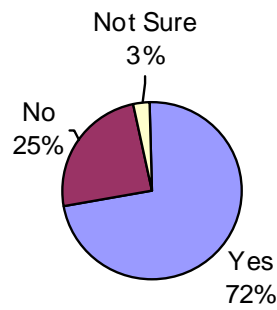
Ninety-four respondents identified agencies conducting fall prevention activities in their county. Forty-two percent (42%) listed one agency or organization, 23% listed 2 agencies, 14% listed 3 agencies, 3% listed 4 agencies, and 10% listed 5 agencies. The types of agencies mentioned included:

Agency/Organization Type	Frequency	Percent
Medical Center, Hospital, or Health System	46	25%
Aging and Disability Resource Center	22	12%
Aging Department, Commission, or Unit	18	10%
Community Coalition or Wellness Center	16	8%
Public Health Department	14	7%
Senior Center	10	5%
Social Services, Elder Services, etc.	8	4%
YMCA, Fitness Center, Community Recreation, or Community Center	8	4%
Home Health Care Agency	7	3%
Physical Therapy Clinic or Rehabilitation Facility	6	3%
Senior residences (apartments, assisted living, etc.)	5	2%
RSVP (Retired Senior Volunteer Program)	4	2%
Area Agency on Aging	3	1%
County/Community Nursing	2	1%
Senior Nutrition	2	1%
Technical College	2	1%
EMS or Fire Department	2	1%
Parish Nurses	2	1%
United Way 2-1-1	1	<1%
Interfaith	1	<1%
Adult Day Services	1	<1%
Nursing Homes	1	<1%
Pharmacists	1	<1%
Community Care Ministry	1	<1%

Fall Prevention Program Activities Overview

Seventy-two percent (72%) of respondents indicated that their agency led, coordinated, or participated in fall prevention activities during the past 12 months.

Agency Led, Coordinated, or Participated in Fall Prevention Activities During Past 12 Months



Those respondents who indicated that their agency had led, coordinated or participated in fall prevention activities during the past 12 months were then asked a series of questions about various fall prevention activities identified as “effective interventions” in the Centers for Disease Control and Prevention’s publication, “Preventing Falls: What Works – A Compendium of Effective Community-Based Interventions from Around the World.” Those who said no or were unsure if their agency had been involved in fall prevention activities were automatically forwarded to a “Thank You” page that exited the survey.

Survey questions focused on eight multifaceted interventions, six exercise-based interventions, and three home modification interventions as well as “Other” which allowed respondents to describe fall prevention activities in each of these categories beyond the specifically identified interventions. Topics included funding sources, in-kind support, reason for participating, staff who conduct the program, partnerships with other organizations, characteristics of population served, and workshop details.

The table on the next page shows the frequency and percentage of respondents reporting that their agency or organization participated in various evidence-based fall prevention programs within each of the three categories of intervention types in the previous 12 months. The most frequently implemented evidence-based programs were Stepping On, Sure Step, the Otago Exercise Program, Tai Chi: Moving for Better Balance, and Home Visits by an Occupational Therapist.

	Frequency Yes	Percentage Yes*
Multifaceted Intervention Conducted (n=120)		
Stepping On	53	44%
Sure Step	19	16%
Fear of Falling: A Matter of Balance	8	7%
Prevention of Falls in the Elderly Trial (PROFET)	0	0%
The NoFalls Intervention	4	3%
Study of Accidental Falls in the Elderly (SAFE) Health Behavior and Exercise Intervention	0	0%
Frailty and Injuries: Cooperative Studies of Intervention Techniques (Yale FICSIT)	0	0%
A Multifactorial Program	1	1%
Other Multifaceted Intervention	35	29%
Exercise-Based Intervention Conducted (n=56)		
Stay Safe	0	0%
Otago Exercise Program	9	16%
Tai Chi: Moving for Better Balance	8	14%
Australian Group Exercise Program	2	4%
Veterans Affairs Group Exercise Program	1	2%
Simplified Tai Chi	4	7%
Other Exercise-Based Intervention	32	57%
Home Modification Intervention Conducted (n=26)		
Remembering When	1	4%
Home Visits by an Occupational Therapist	7	27%
Falls-HIT (Home Intervention Team)	1	4%
Other Home Modification Intervention	17	65%

*Note: This percentage is based on the number of respondents who indicated that their agency/organization participated within each of the three types of interventions, rather than across all respondents.

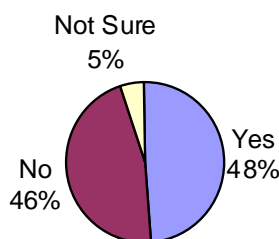
Multifaceted Interventions

Respondents were asked a series of questions about eight specific multifaceted interventions: Stepping On, Sure Step, Fear of Falling: A Matter of Balance, Prevention of Falls in the Elderly Trial (PROFET), The NoFalls Intervention, Study of Accidental Falls in the Elderly (SAFE) Health Behavior and Exercise Intervention, Frailty and Injuries: Cooperative Studies of Intervention Techniques (Yale FICSIT), and A Multifactorial Program.

Stepping On

Nearly half (48%) of the respondents indicated that their agency had participated in the Stepping On fall prevention program during the previous 12 months.

Agency Participated in Stepping On



Fifty respondents described reasons for participating in Stepping On. Responses were grouped into eight categories: 1) grant-funded, 2) part of our plan/focus, 3) evidence-based, 4) Identified need/community outreach, 5) to reduce falls, 6) opportunity to collaborate, 7) to further test/disseminate program, and 8) other.

- Grant-funded:
 - We were selected for the CDC Grant-Enhanced Participation.
 - Opportunity for funding presented itself to us.
 - Follow-up to the Injury Prevention Grant awarded to the Health Department 2005-08 from Medical College of WI.
- Part of our plan/focus:
 - The majority of our Health Promotion Program is focusing on the ADD Life Fall Prevention programs (Living Well With Chronic Conditions, A Matter of Balance, Stepping On, Sure Step, and Tai Chi).
 - Senior Health and Wellness is one of our major focal points.
 - This program supports our mission.
 - It was part of our Community Health Improvement Plan. We have a large number of falls in our community based on the Fire Dept. response.
 - Prevention as role of the ADRC.
 - We are also trying to increase the number of health and wellness programs we offer.

- Assisted with the original prevention grant, since Public Health is prevention oriented.
- There was a desire to expand and formalize the early intervention/prevention activities that our agency offered.
- Have been interested in falls prevention for many years and have previously used the Matter of Balance for a less formal falls prevention program. Part of our mission as an ADRC.
- Addressing national goals of falls reduction.
- Supports healthiest Wisconsin 2010 overarching goals and health priorities (unintentional injuries, access to preventive services, lack of physical activity).
- Evidence-based program:
 - Opportunity to be involved with an evidence-based program.
 - Evidence basis.
 - Falls are a major public health problem for the elderly in Wisconsin. We wanted to bring an evidence based prevention program on falls to our residents.
 - To participate in an evidenced based program to help our seniors remain safe and in their homes.
 - Effective, evidence-based programming.
- Identified need/community outreach:
 - Saw the need to work with the population to prevent falls.
 - It was the right thing to do.
 - Fall prevention was a chosen priority resulting from the Community Needs Assessment. This was identified as a major cause for Fire/Rescue calls.
 - Unintentional injury was listed as a health priority in community assessment.
 - We felt it was something the hospital should do for the community.
 - Community outreach.
 - Work with the senior population and see the need to reduce falls in our county.
 - Lack of falls prevention programs in the community.
 - To address an important public health concern in our county.
 - Identified need in this county.
 - To provide a needed service to the community.
- To reduce falls:
 - To help reduce falls and the risk of falls, while keeping seniors living independently in their homes.
 - To provide the senior citizens of county with a fall prevention program.
 - Participate in prevention programming, provide an avenue for health promotion for our seniors.
 - As prevention for residents.
 - Promote fall prevention in the community.
 - Reduce the risk of falls and fall related injuries.
 - Decrease falls in our county.
 - To reduce falls.
 - County has a very high rate of injury and death from falls.
 - We're interested in preventing falls in the community. The Stepping On program is aimed at a well elderly population who is not homebound. We are even more actively supporting staff time and interventions by our PTs and OTs to assess our home health population for falls risk and to intervene with OTAGO exercises and a variety of other interventions based on patient needs, including the Sure Step program.

- Opportunity to collaborate:
 - It saved us from creating the whole program - benefits of collaboration.
 - The partnership with ADRC.
 - Be a partner in falls prevention within the community.
 - Strengthen community partnerships.
 - Our HHC program deals with many elderly in their home. ADRC requested someone from our agency to participate. We did to continue our collaborative working relationship.
 - Have a coalition which was started about 7 years ago and grant applied for.
 - We did some sure step assessments and wanted to support the ongoing class.
 - Supported neighboring county by promoting and advertising to clients in our office.

- Further test/disseminate program:
 - Past success with the program and wanting to further disseminate it.
 - To test the implementation of a program that combined the multi-factorial components of Sure Step with the self-efficacy components of Chronic Disease Self-Management Program.
 - Program development.

- Other:
 - Professional presentation.
 - Trained staff lives in and available for western County, and funds to deliver Stepping On classes not available for 2008 in County.
 - 1 Public Health Nurse was trained to be a "Stepping On" leader.
 - Valuable program for Falls Prevention. Like the involvement of the expert speakers.

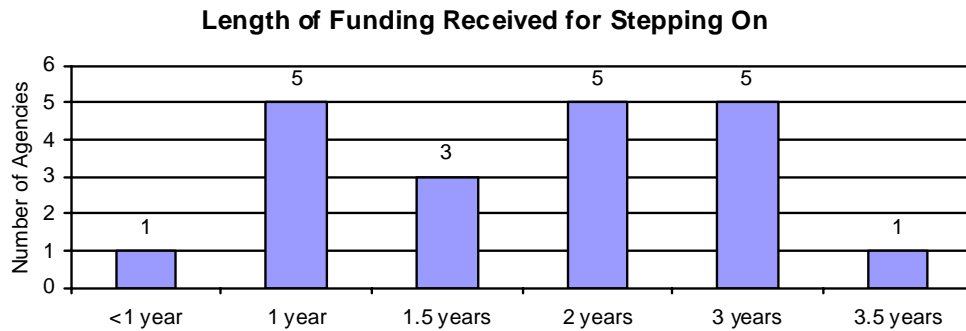
Funding

Funding sources identified for the Stepping On program included:

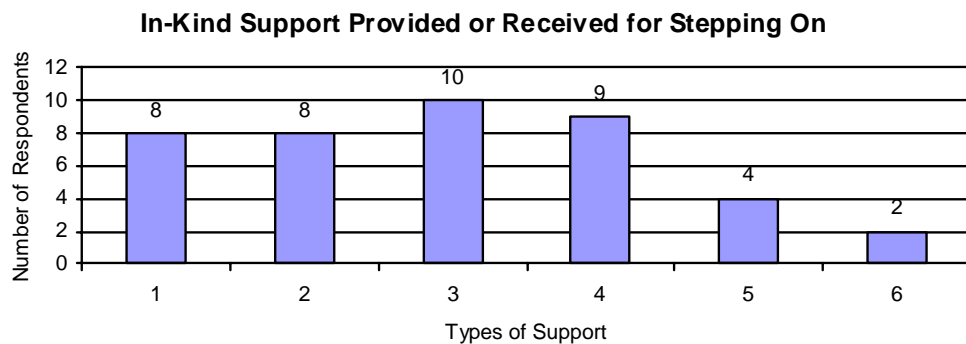
- Medical College of Wisconsin (7),
- State ADRC Prevention Grant (6),
- Agency on Aging (4),
- Grant with Kenosha County (3),
- Local hospital and rehab department (3),
- Wisconsin Partnership Program (3),
- County tax levy funds (2),
- Title C3 (2),
- Participant registration fees (2),
- Aging and Disability Resource Center (1),
- Grant from a community organization (1),
- Grant through Department of Health Services (1),
- Grant from Aging (1), and
- Other grants not specifically identified (3).

Some respondents identified agencies and organizations that were funded to conduct the Stepping On program. Most funding was awarded to Aging and Disability Resources Centers (24). Other local agencies funded included: Health Departments (6), Aging Departments (5), hospitals (2), Agency on Aging (1), community care ministry (1), county (1), and community coalition (1).

Twenty respondents reported the beginning and ending dates for their Stepping On funding. The chart below shows the number of agencies receiving varying lengths of funding.



Forty-one respondents described the in-kind support their agency provides or receives for the Stepping On program. As shown below, over half (25) identified at least three types of in-kind support.

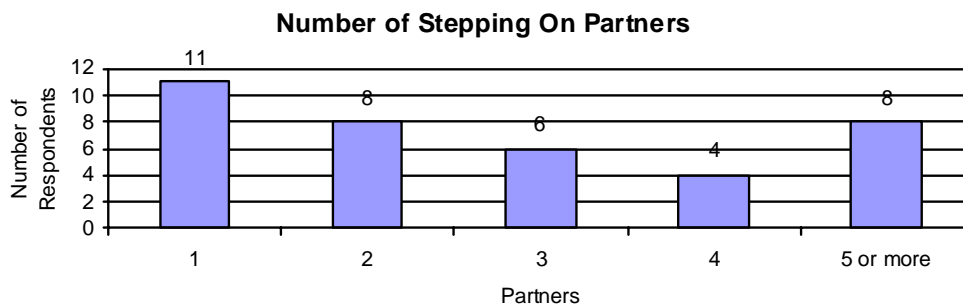


The most common type of in-kind support was staff time – listed by 34 of the 41 respondents. Space (18) and printing (17) were the next most frequently listed. Other types of in-kind support included:

- Refreshments (8),
- Guest experts (8),
- Program supplies/class materials (6),
- Physical Therapist (4),
- Travel expenses/mileage (3),
- Mailing (3),
- Stipend (2),
- Administrative support (2),
- Computer equipment/support (2),
- Utilities (2),
- Training (2),
- Other equipment (1),
- Newsletter space (1),
- Marketing (1),
- Advisory committee support (1), and
- Coordinating and recruiting participants (1).

Partners

Eighty percent (80%) of respondents reported partnering with other organizations to carry out the Stepping On program. Of those respondents who identified their partners, 11 listed one partner, 8 listed two partners, 6 listed three partners, 4 listed four partners, and 8 listed five or more partners.



The most common partnering agencies or organizations were medical centers/hospitals (23) and physical therapy/rehabilitation facilities (16). Other partners included:

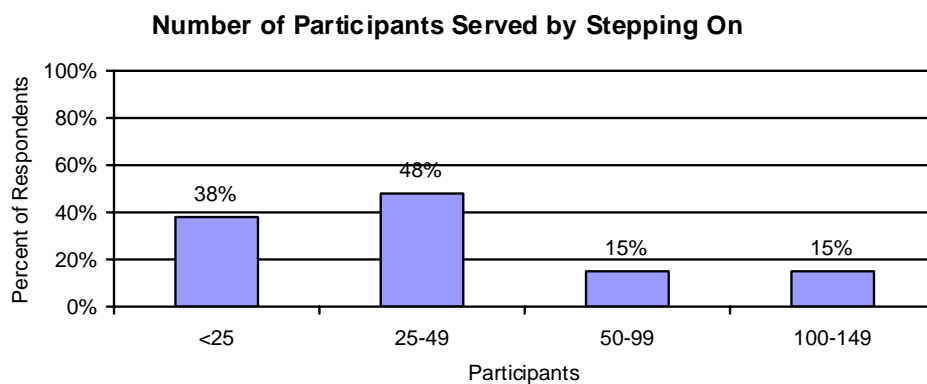
- Aging and Disability Resource Center (11),
- Health Department (10),
- Police Department/Law Enforcement (10),
- Senior Residences/Retirement Apartments (9),
- Organization for the Blind and Visually Impaired (8),
- Pharmacy (7),
- Aging Department (3),
- Human Services (3),
- Ministry Health/Parish Nurses (3),
- Vision Center/Eye Clinic (3),
- 3rd Party Payer (1),
- Community Coalition (1),
- County (1),
- Hearing (1),
- Home Health (1),
- Hospice (1),
- Housing Authority (1),
- Lifeline (1),
- Medical College of Wisconsin (1),
- Parks and Recreation (1),
- YMCA (1), and
- Senior Resource Center (1).

Participants

Forty-three respondents described characteristics of Stepping On participants. Most served individuals age 60 and older. Other characteristics are listed below:

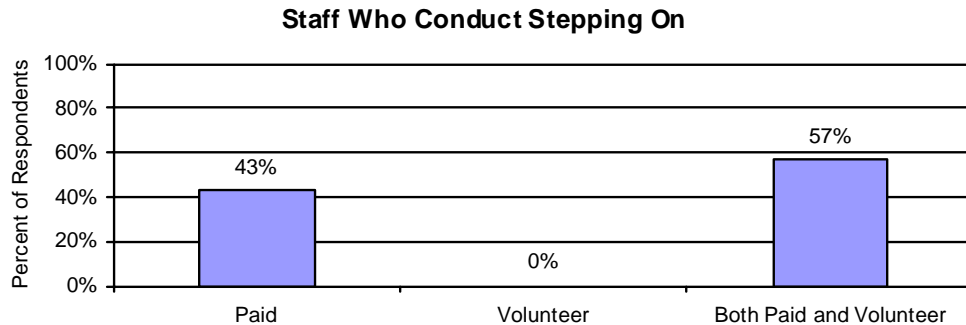
- Age:
 - 55+ (3)
 - 60+ (18)
 - 65+ (15)
 - 70+ (3)
- Gender:
 - Mostly female (18)
 - Male and female (13)
- Residence:
 - Community dwelling (6)
 - Senior apartments (1)
 - Homebound (1)
- Health status:
 - 2-3 chronic health conditions (1)
 - Physical disabilities (1)
 - Various health conditions/status (1)
 - Range of abilities -- active to limited physical mobility (1)
 - Balance/dizziness challenges (1)
 - Legally blind (1)
 - No dementia (1)
 - Uses assistive device (3)
 - Mobile enough to get to class (1)
 - Oxygen (1)
- Fear of falling, previous fall, or risk of falling (3)

Nearly half of the respondents (48%) reported that they had reached between 25 and 49 participants with Stepping On, while 30% had reached 50 to 149 individuals.



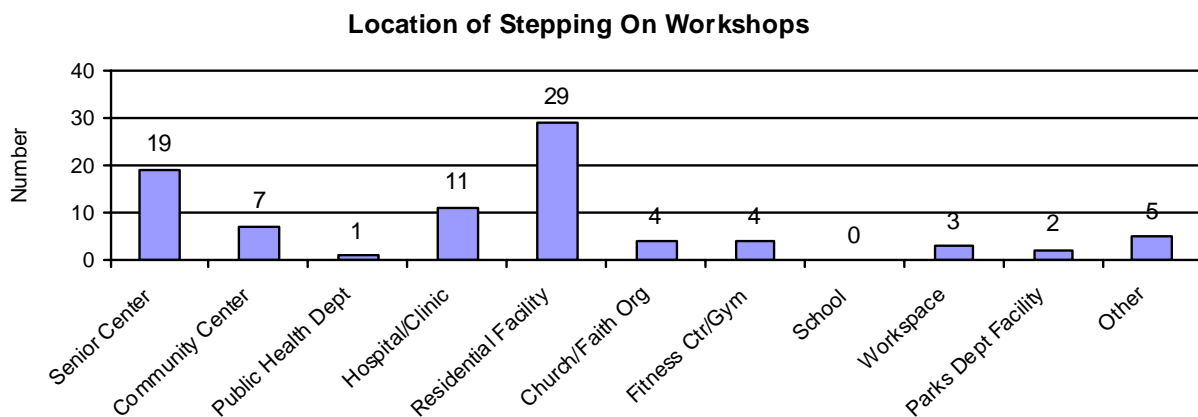
Program Logistics

Participants were asked whether the staff who conduct Stepping On are paid, volunteer, or both paid and volunteer. As seen below, over half (57%) were both paid and volunteer.

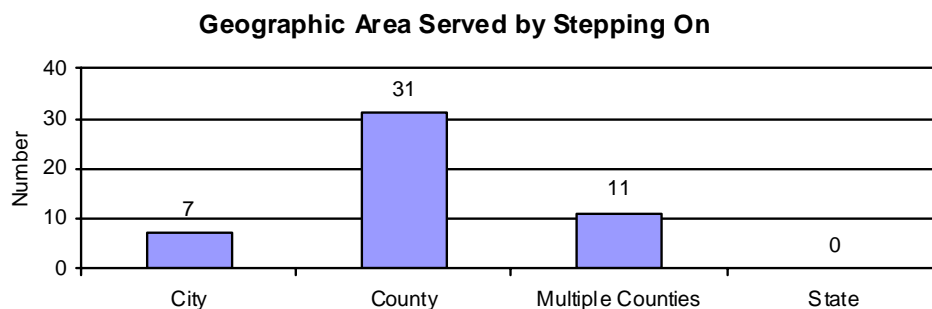


Nearly two-thirds (61%) of respondents reported that their agency or organization had conducted between one and three Stepping On workshops in the previous 12 months. Twenty-nine percent (29%) had conducted 4-6 workshops, and 10% had not conducted any.

Over half (56%) of the Stepping On workshops were conducted in a senior center or a senior residential facility/apartments. Workshops in the "Other" location category included an Aging Services Unit, a YWCA, Physical Therapy/Rehabilitation facility, and a library.



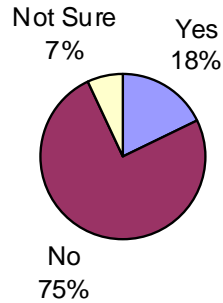
Nearly two-thirds (63%) of the Stepping On programs served a county, while 22% served multiple counties, and 14% served a city.



Sure Step

Eighteen percent (18%) of respondents indicated that their agency had participated in the Sure Step program in the previous 12 months.

Agency Participated in Sure Step



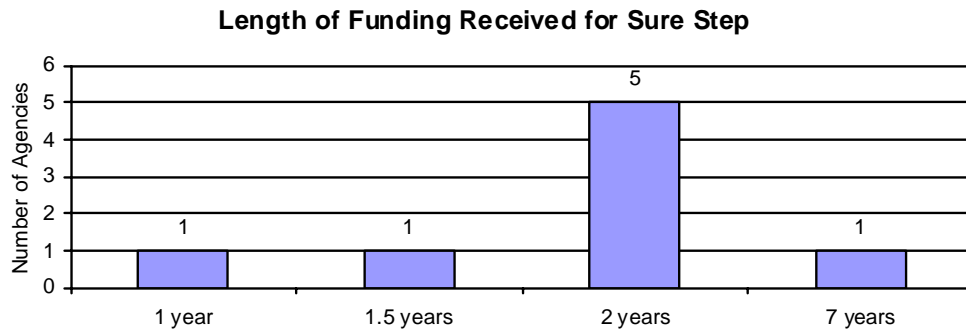
Reasons for participating in Sure Step included:

- To serve individuals in their home setting;
- Evidenced based, multifactorial assessment;
- Community outreach;
- Gain referrals;
- PR;
- Support community;
- Assisting the community to keep elderly people in their own homes;
- Reduce the incidence of falls and injuries and deaths due to falls;
- Improvement of services to offer to our home health care clients;
- No other agency was providing this program;
- Prevention;
- Our Health Promotion Program is focusing on the ADD Life Fall Prevention programs; and
- More accurately fits our home health population and we will continue to offer it through one of our PTs for patients who exhibit a specific set of needs upon home falls risk evaluation.

Funding

Respondents identified sources of their Sure Step funding. The most common source was the state prevention grant (6), followed by an Agency on Aging grant (2), home health (1), 3rd party/insurance (1), and an unidentified grant (1). Two respondents said there was no funding. Agencies identified as receiving the funding for Sure Step included: Aging and Disability Resource Centers (7), Aging Departments (2), Public Health Department (1), and Hospital (1).

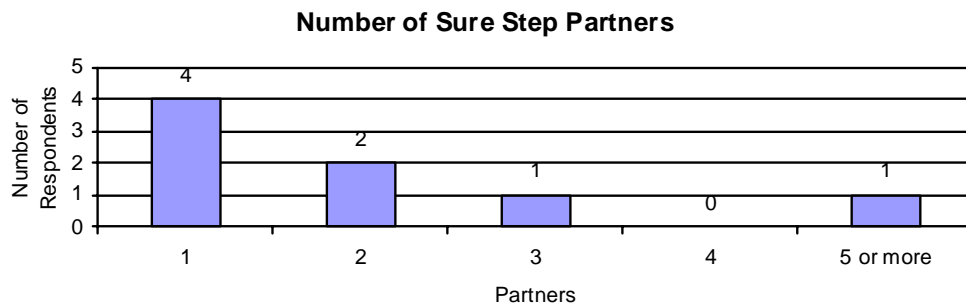
Eight respondents reported the beginning and ending dates for their Sure Step funding. The chart below shows the number of agencies receiving varying lengths of funding.



Respondents were asked to describe the in-kind support provided or received for Sure Step. Most identified one or two types of support, while one respondent listed three types and one listed five. The most common type of support was staff time (8). Other types included printing (3), travel/mileage (3), space (2), training (1), materials (1), equipment (1), grants (1), and mailing costs (1).

Partners

Forty-four percent (44%) reported partnering with other organizations to carry out the Sure Step program. Of those respondents who identified their partners, 4 listed one partner, 2 listed two partners, 1 listed three partners, and 1 listed five partners.



The most common partnering agency or organization was a hospital/medical center (5). Other partners included the county (2), Aging Department (1), Department of Health and Human Services (1), senior living facilities (1), physical therapy facility (1), hospice (1), 3rd party payer (1), and parish nurses (1).

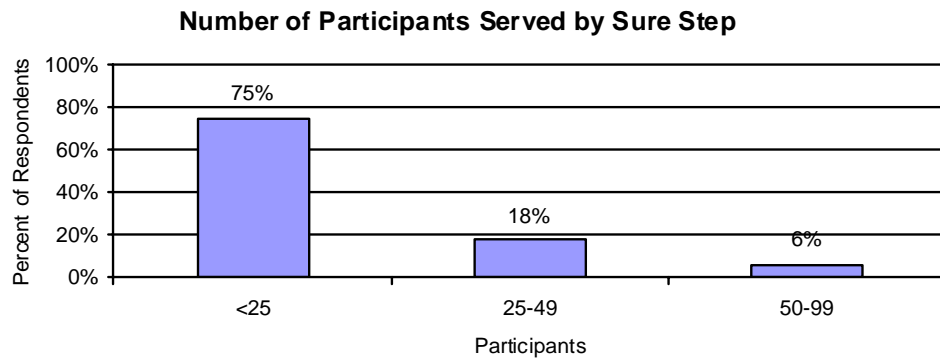
Participants

Respondents described characteristics of Sure Step participants. Most programs served both males and females age 60 and over.

- Age:
 - 50+ (2)
 - 60+ (4)
 - 65+ (6)
- Gender:
 - Male and female (7)

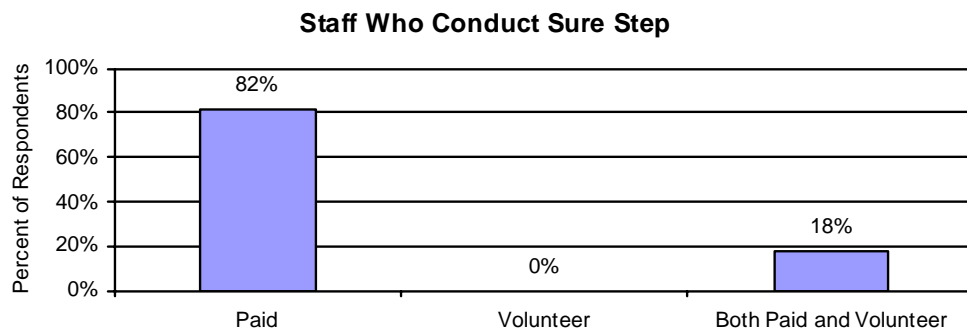
- Residence:
 - Living in own home (1)
 - Homebound (1)
- Health status:
 - Chronic disease diagnosis (1)
 - Balance/dizziness (1)
 - Gait/balance problems (1)
- Previous fall or risk of falling (5)
- Medicare eligible (1)
- Rural (1)

As shown below, three-fourths (75%) of agencies served fewer than 25 participants with Sure Step.

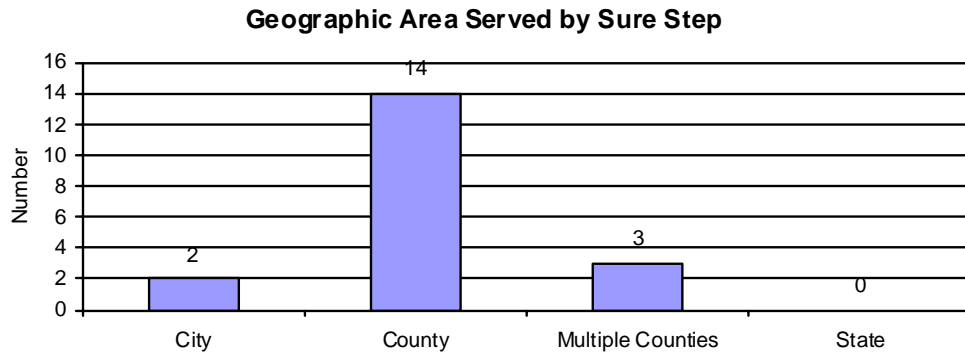


Program Logistics

Respondents were asked whether the staff who conduct Sure Step are paid, volunteer, or both paid and volunteer. As seen below, most (82%) were paid staff only.



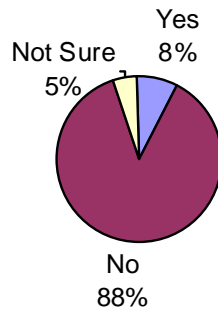
Respondents said most Sure Step workshops occurred in the patients' home (15). Workshops also took place in a hospital/clinic (2), senior center (1), and public health department (1). The majority of Sure Step workshops served a county area.



Fear of Falling: A Matter of Balance

Eight percent (8%) of respondents said their agency or organization participated in Fear of Falling in the previous 12 months.

Agency Participated in Fear of Falling: A Matter of Balance



Reasons for participating in Fear of Falling included:

- Our Health Promotion Program is focusing on the ADD Life Fall Prevention programs;
- To assist our elders to maintain an independent, healthy, productive and quality lifestyle;
- An opportunity to offer an evidence based program to rural areas in our region;
- To aide in confidence building of my clients who fear falling; and
- Community assessment identified unintentional injury as a health priority.

Funding

The most frequent funding source for Fear of Falling was the State Aging and Disability Resource Center Prevention Grant (3). Other sources of funding included tax dollars (1) and "self" (1). Two respondents said no funding was provided. Aging and Disability Resource Centers most frequently received the funding (3). Other funding recipients were a city (1) and "self" (1).

Three respondents reported the beginning and ending dates for their Fear of Falling funding. Two organizations received funding for a year and a half, while one received funding for two years. In-kind support provided/received included: staff time, class materials, printing, supplies, mileage, space, refreshments, training, volunteers, and lay leader stipend.

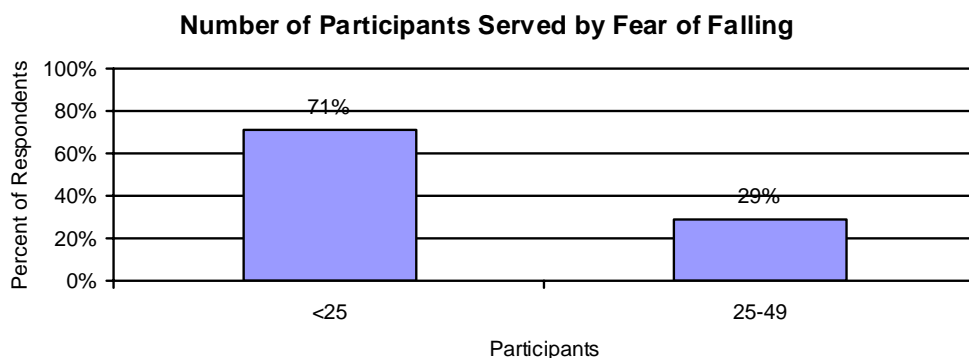
Partners

Forty-three percent (43%) reported partnering with other organizations to carry out the Fear of Falling program. Of those respondents who identified their partners, 3 reporting having one partner and 1 reported having two partners. Partners identified were Health Department, wellness program, senior center, and a church.

Participants

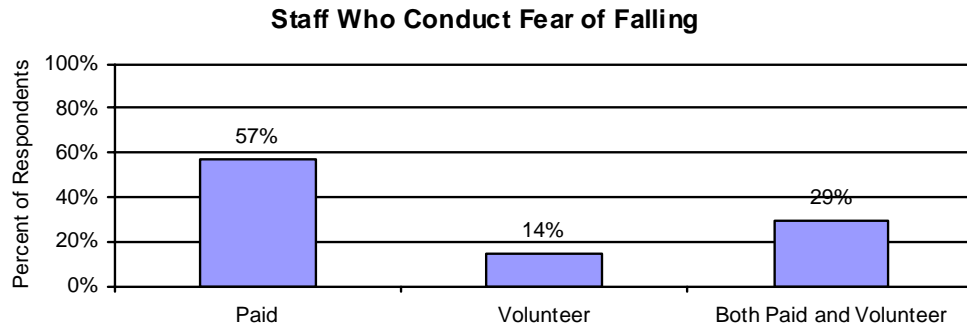
Participants in the Fear of Falling program were typically over age 50 and more likely to be female than male. Some participants required skilled occupational therapy, some were community dwelling adults, and some had experienced a fall within the past 12 months. Rural communities and Native Americans were reached.

Nearly three-fourths (71%) of respondents indicated that fewer than 25 individuals had been served by the Fear of Falling program.

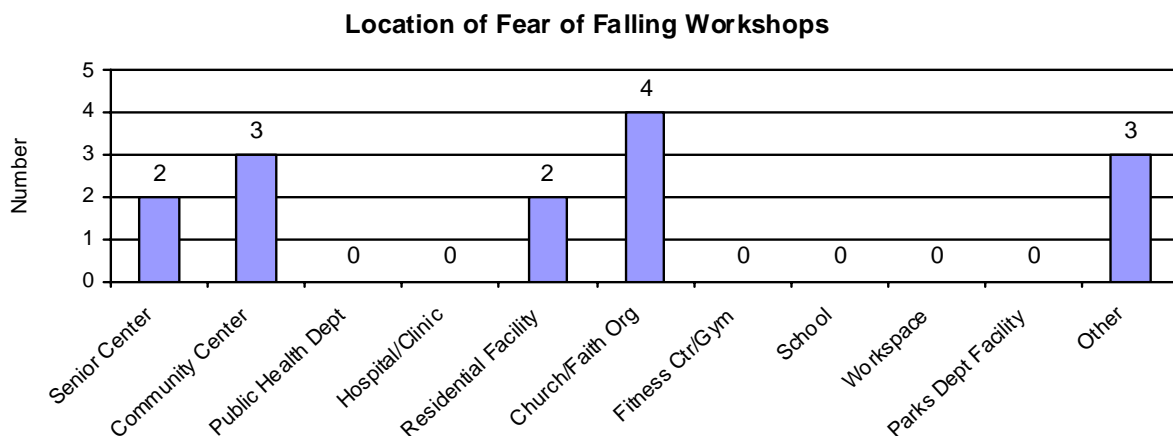


Program Logistics

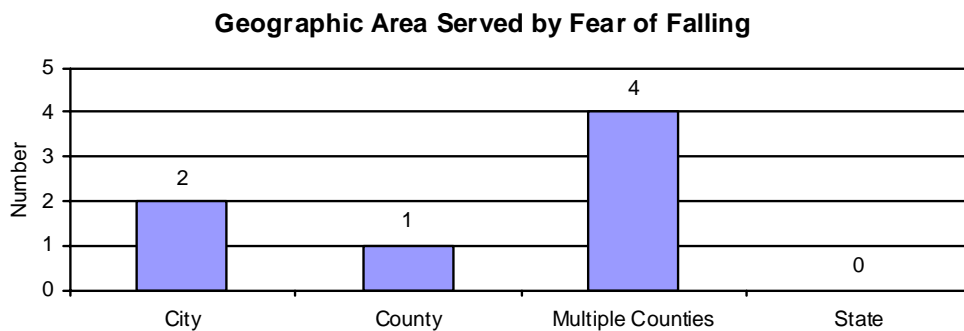
Respondents were asked whether the staff who conduct Fear of Falling are paid, volunteer, or both paid and volunteer. As seen below, over half (57%) were paid staff only.



Fear of Falling workshops were held in a variety of locations – church or faith organization, community center, senior center, and residential facility. Locations in the "Other" category included a reservation, Elderly Services, and in the client's home.



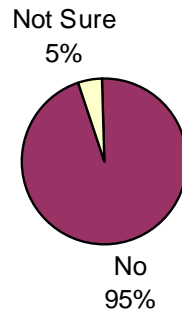
Four respondents indicated that Fear of Falling served multiple counties, while 2 served a city, and 1 served an individual county.



Prevention of Falls in the Elderly Trial (PROFET)

No respondents confirmed that their organization participated in PROFET in the previous 12 months, while 5% were not sure.

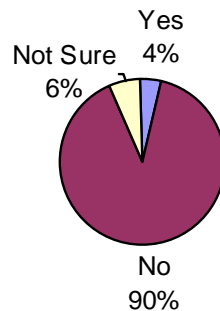
Agency Participated in PROFET



NoFalls Intervention

Four percent (4%) of respondents indicated that their organization participated in The NoFalls Intervention in the previous 12 months, while 6% were not sure.

Agency Participated in The NoFalls Intervention



Reasons listed for participating in The NoFalls Intervention included:

- Evidence basis and inexpensive and easy to disseminate;
- To better understand the type of exercises proven to strengthen and decrease the likelihood of falling -- fall prevention classes are greatly needed in the community; and
- Education to PTs on NoFalls Program and opportunity for providing these services in the community.

Funding

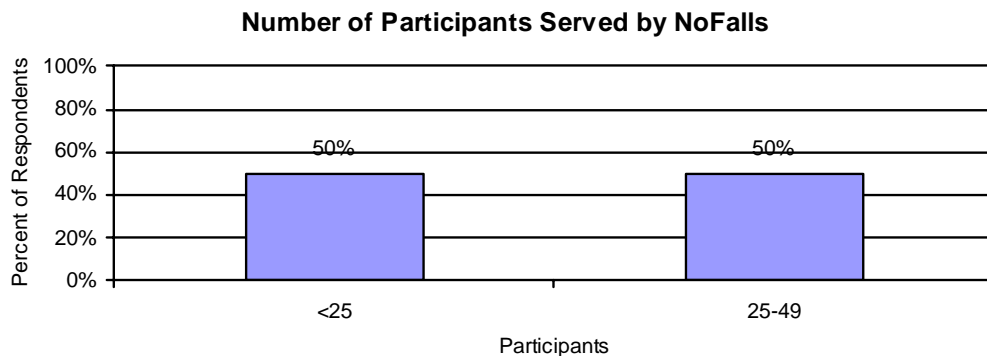
Identified funding sources for The NoFalls Intervention were Home Health United Education, an Enhanced Falls Prevention grant from Medical College of Wisconsin, and paying “out of pocket” to attend the training. A community coalition was the only organization mentioned as receiving funding. No information about beginning and ending dates for funding was provided. One respondent described in-kind support received for the program – instructors from other organizations/facilities and printing.

Partners

Two individuals responded to the question about partners for carrying out the NoFalls Intervention. One reported having five partners (Rotary, Rehab/PT Clinic, Sports Medicine, Area Agency on Aging, and RSVP), while the other reported no partners.

Participants

Two respondents reported the number of participants served by NoFalls. One said the program served fewer than 25 participants, while the other said 25 to 49 were served. The only description provided for participant characteristics was “senior.”



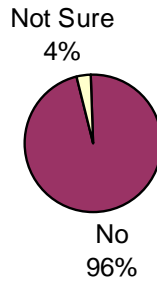
Program Logistics

Two NoFalls workshops were held in a senior center, while one was held in a community center. One respondent indicated that the geographic area served by NoFalls was the county, while one reported serving multiple counties.

Study of Accidental Falls in the Elderly (SAFE) Health Behavior and Exercise Intervention

No respondents confirmed that their organization participated in the SAFE Health Behavior and Exercise Intervention in the previous 12 months. However, 4% said they were not sure.

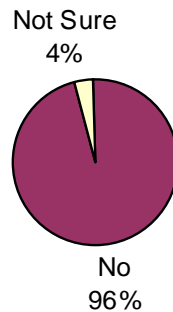
Agency Participated in SAFE Health Behavior and Exercise Intervention



Frailty and Injuries: Cooperative Studies of Intervention Techniques (Yale FICSIT)

As with the SAFE Health Behavior and Exercise Intervention, no respondents confirmed that their organization participated in Yale FICSIT in the previous 12 months, although 4% said they were not sure.

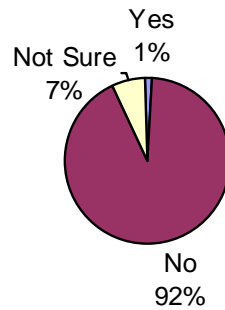
Agency Participated in Yale FICSIT



A Multifactorial Program

Only one respondent indicated that his/her agency conducted A Multifactorial Program in the previous 12 months. No specific information about the program (e.g., funding, partners, participant characteristics, program logistics) was provided.

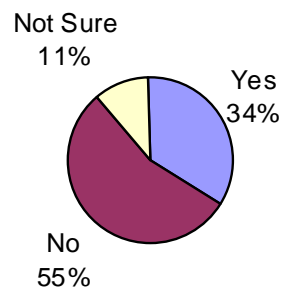
Agency Participated in A Multifactorial Program



"Other" Multifactorial Fall Prevention Programs and Activities

Thirty-five respondents (34%) indicated that their agency or organization had participated in other multifactorial fall prevention programs or activities.

Agency Participated in Another Multifaceted Intervention



Respondents described the other multifaceted interventions in which they participated. Responses were grouped into five categories: 1) Chronic Disease Self Management Program; 2) Physical Therapy-based intervention; 3) Home visits/assessments with follow-up; 4) fall prevention coalitions/teams; 5) combinations of components (e.g., exercise and home assessment; education and exercise; medications, vision, and home assessment); and 6) miscellaneous.

- Chronic Disease Self Management Program:
 - Chronic Disease Self-Management (Living Well with Chronic Disease). Five of us were trained in this program and plan to begin it in Fall 2009.
 - Chronic Disease self management and Senior fitness centers: Stanford CDSMP (various locations - ongoing programs) and 5 senior fitness sites that offer strength and balance training. Fitness center participation starts with a functional assessment and moves towards individualized strength and balance training in a supervised fitness setting at one of 5 sites. Fitness programs also include formal physical therapy treatments for referred clients and informal consults with PT as desired by individuals from the fitness programs or senior centers.
 - Living Well with Chronic Conditions - Also known as the Chronic Disease Self-Management Program. This program is 6 weeks long and focuses on the self-management of chronic conditions. It works to empower the participants to take care of themselves and their health care.
 - Conducted a Living Well with Chronic Conditions class.

- Physical therapy-based intervention:
 - Continuing Education of PT staff in OTAGO assessment and treatment concepts.
 - Wheaton Falls Prevention Program--A PT specific program that crosses all venues of care from hospital acute care to inpatient rehab, to sub-acute, to home health, to outpatient. A protocol has been developed based on evidence based research; the same protocol is available in all our venues of care so that it may start, continue or be discharged with the patient in any venue with continuity.
 - Initiated balance program through physical therapy dept.

- Home visits/assessments with follow-up:
 - Healthy Homes Program provides assessments for hazards and risks. Recommendations, education and some supplies are given based on the assessment findings. Needed safety equipment i.e. smoke detectors, CO detectors, outlet covers, grab bars, no-slip strips for bathtubs, and etc.
 - Healthy Homes Assessment Program that completes home assessments primarily for Elderly which looks at not only falls prevention but other home hazards.
 - As part of the ADRC/COS/DSS screening process, a R.N. Case Manager conducts an in-home safety assessment related to falls with individuals. The nurse visits the home and upon assessment, discusses with individuals potential environmental fall hazards and behaviors that might lead to falls. The nurse also discusses fall risks associated with medications. Changes that might improve the situation/s are discussed and changes made as allowed when funding can be found.
 - Assessment of component skills of function that can precipitate falls including: vision and perceptual skills, sensory and sensory motor skills, dynamic sitting and standing balance, cognition, ADL/IADL skills, person-environmental fit, environmental safety assessment.

- The VA has an Interdisciplinary Balance Evaluation performed on patients in long term care units. Participants are then assigned to therapy as indicated. We have Tai Chi, PT, KT and OT. They are reassessed after a period of time. The VA also started a Home Based Primary Care program where the HBPC team intervenes as indicated for reducing falls; the RN performs the Morse Falls Scale and the OT does home safety inspections.
- Fall Risk Assessments completed by elders at a Health Fair, with fall prevention education and free night lights provided. Next, a home fall hazard survey tool was localized from a CDC template. In March, forty (40) homes will be surveyed for fall hazards and minor mitigation (non-skid strips, lights, grab bars, throw rug backing). Survey results will be used to guide charitable organizations that offer services each summer. We also purchased the "Strong For Life" elders exercise package from Boston University and will incorporate it into existing aerobic exercise classes.
- Fall prevention coalitions/teams:
 - We are currently working with two falls prevention coalitions, to work more closely with the area EMT services so that when they do ambulance runs for people who fall and are not transported to the hospital, we can assure they are receiving some type of service. We have a Senior Home Repair Program which will provide modifications for seniors in their home.
 - Developed fall prevention teams with nursing, rehab, activities staff.
- Combinations of components (e.g., exercise and home assessment; education and exercise; medications, vision, and home assessment):
 - Program includes home assessment, education, home modification recommendations, medication review.
 - The majority of our Health Promotion Program is focusing on ADD Life Fall Prevention programs (Living Well With Chronic Conditions, A Matter of Balance, Stepping On, Sure Step, and Tai Chi).
 - A program called Steady and Ready, sponsored by the local hospital, the Commission on Aging and the county Health Dept. Components included initial assessment, balance and strengthening exercises, nutrition info, and additional educational material, plus exercises to do at home. Program runs for 8 weeks, and is ongoing throughout the year. An additional assessment is completed at the end of the program, and again at 6 weeks after.
 - Steady and Ready Fall Prevention Program. Program was designed by Lincoln County Health Department and Good Samaritan Health Center.
 - I presented a fall prevention lecture to my Tai Chi Fundamentals classes. We discussed community outings and family/friend gatherings indoor and outdoor. We discussed medications and possible side effects, and resources for people to use to find out more information. We discussed many more considerations for preventing falls. We also did tai chi.
 - We have our own multi-disciplinary multi-component fall prevention program. We look at the environment, medical status, medications, cognition, functional abilities, vision, age, history of falls, psycho-social factors, and any other contributing factors that may influence future falls or the most recent fall.
 - 2X per week Senior Exercise is held. Low impact using light weights and stretch bands MUST(Medication Use Safety Training) has been held. Participants are given a Take Me Home Bag to store all their medications in and take it to their doctor appointments. Safe Steps Program involved presentations to Seniors on Fall Prevention.
 - In home assessments. Exercise program based at the Senior Center for balance etc.
 - We work with Community Partners for Falls Prevention and Medication Safety.

- Miscellaneous:
 - Eat Better & Move More.
 - Falls Prevention education.
 - Bad River Tribal Health Program.
 - Learning In Retirement courses at University of Wisconsin Green Bay.
 - Based on program developed with Blue Cross/Blue Shield grant - Vernon County and Barron County.

Reasons for participating in other multifaceted interventions included: identified need in the community, fall prevention, to assist seniors in staying independent, part of our mission/plan, to form a collaboration, and seniors' requests.

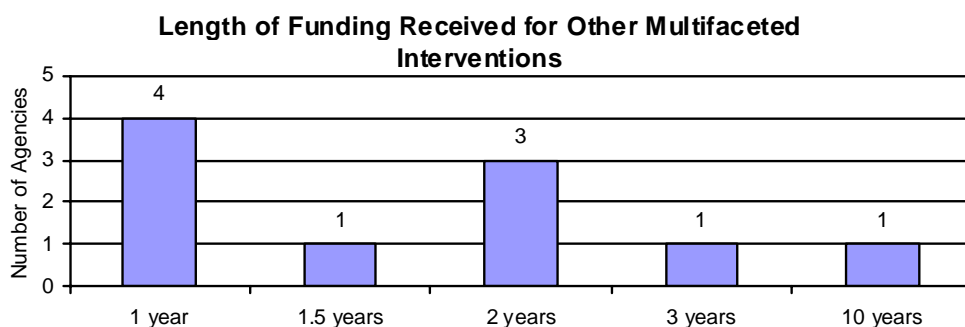
Funding

Thirty-two respondents identified funding sources for their other multifaceted interventions:

- Unspecified grant (7),
- State Prevention Grant (5),
- In-house/self (3),
- Indian Health Services (2),
- Private pay (2),
- Medicare or other insurance (2),
- Tax dollars (2),
- 3D Funds (1),
- Senior Home Repair Program (1),
- County/university partnership (1),
- Veterans Administration (1),
- Centers for Disease Control and Prevention (1),
- Volunteer and paid (1),
- "Paid for itself" (1), and
- None (2).

Funding for these other multifaceted interventions was most frequently received by an Aging and Disability Resource Center (5) or an Aging Department/Commission (4). Others receiving funding included: Health center/hospital (4), community coalition/program (2), Health Department (2), Social Services (1), Veterans Administration (1), community organization (1), state (1), tribes (1), Health and Human Services (1), and self (1).

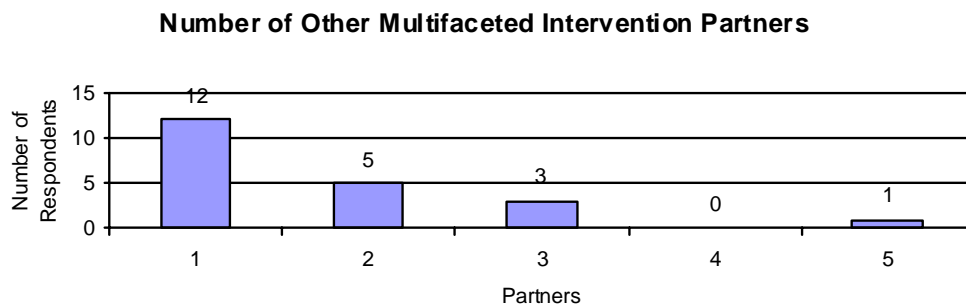
Ten respondents reported the beginning and ending dates for their other multifaceted interventions. The chart below shows the number of agencies receiving varying lengths of funding.



Twenty-four respondents described in-kind support provided/received for other multifaceted interventions. The most frequently mentioned were staff time (16) and space (10). Other in-kind support included: printing (6), marketing (5), class materials (2), supplies (2), mileage/travel (2), equipment (1), guest speaker (1), phone reception (1), development (1), volunteers (1), mailing (1), training (1), registration (1), and grant writing (1).

Partners

Approximately two-thirds (66%) of respondents reported partnering with other organizations to carry out another multifaceted intervention. Of those respondents who identified their partners, 12 listed one partner, 5 listed two partners, 3 listed three partners, and 1 listed five partners.



The most common partnering agencies or organizations were:

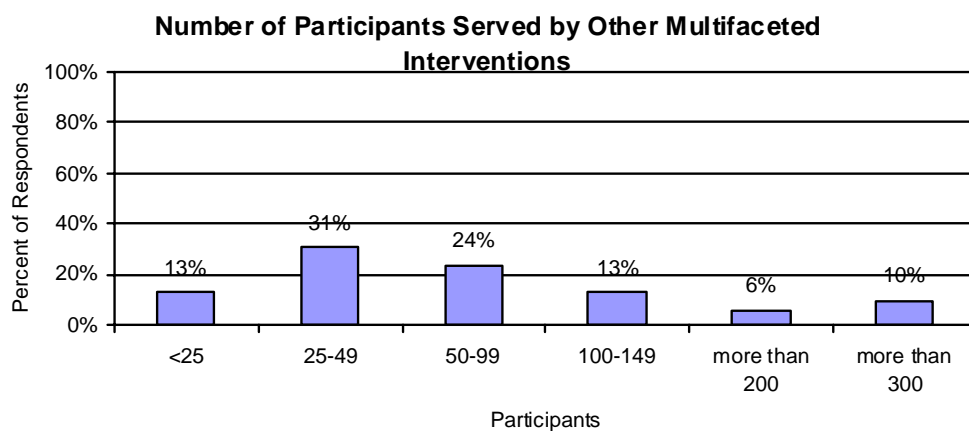
- Hospitals/health center (7),
- Aging Department (4),
- Fire Department (2),
- Social Services (2),
- Fitness instructor (2),
- Health Department (2),
- Rehab/PT facility (2),
- University (2),
- Senior center (2)
- Visiting nurses (2),
- Cooperative Extension (2),
- Aging and Disability Resource Center (1),
- Pharmacists (1),
- Community coalition (1),
- Parish nurses (1)
- Dieticians (1),
- Community organization (1), and
- Residential facility (1).

Participants

Respondents described characteristics of participants in their other multifaceted interventions. Most programs served both males and females age 60 and over.

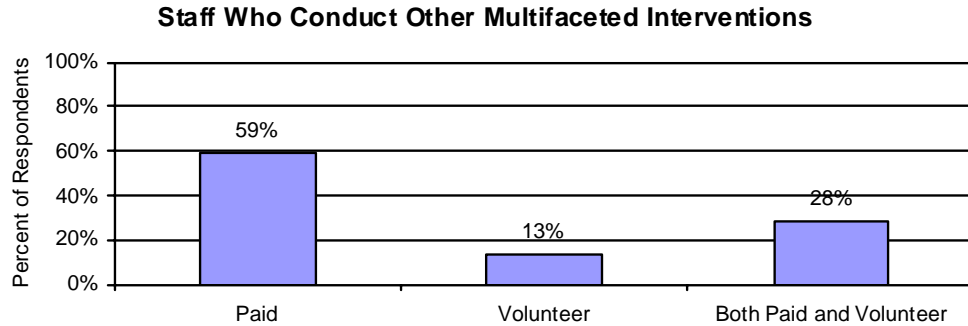
- Age:
 - All ages (5)
 - 50+ (2)
 - 55+ (3)
 - 60+ (7)
 - 65+ (7)
 - 75+ (2)
- Gender:
 - Male and female (6)
 - Mostly female (5)
 - Mostly male (1)
- Residence:
 - Living in own home (2)
 - Senior apartments (1)
 - Nursing home (1)
- Health status:
 - Chronic disease diagnosis (2)
 - Cognitive impairment (1)
 - No dementia (1)
 - Attend Tai Chi 1-2 times/week (1)
 - Functional or physical impairment (1)
 - Physically disabled (1)
- Income:
 - All incomes (1)
 - Low income (1)
- Previous fall or fear of falling (2)
- All races (2)
- Veterans (1)
- Underserved (1)
- Urban (1)

Twenty-nine percent (29%) of other multifaceted interventions had served at least 100 individuals.

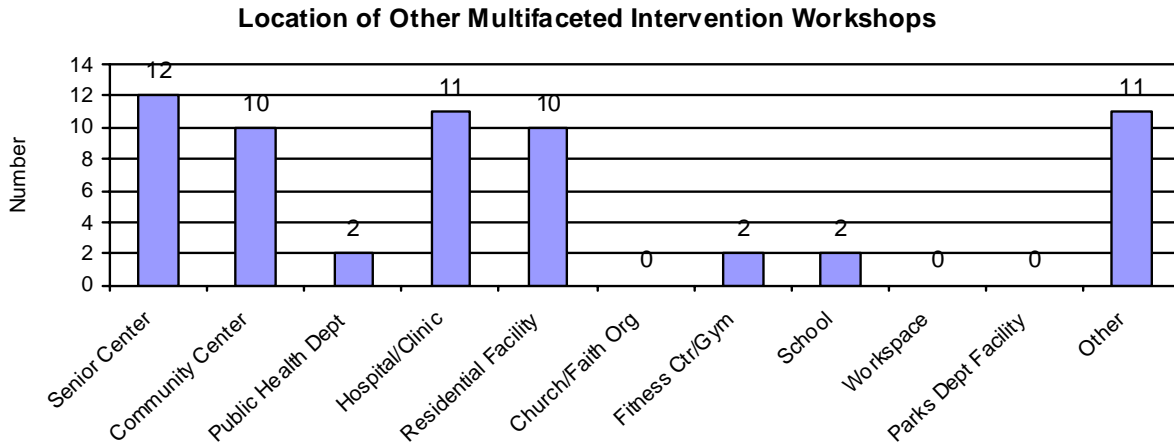


Program Logistics

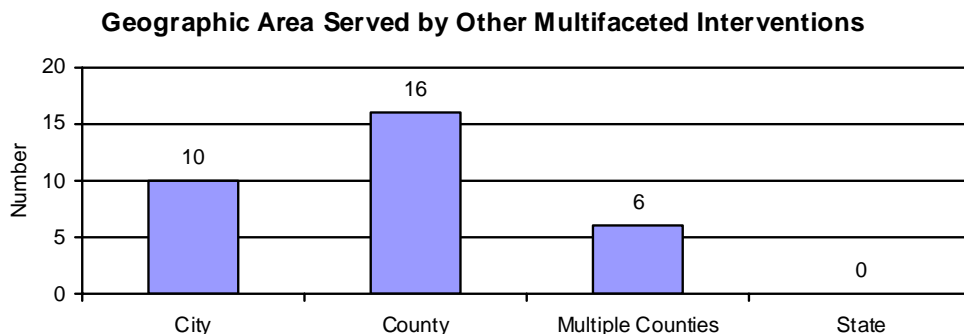
Respondents were asked whether the staff who conduct another multifaceted intervention are paid, volunteer, or both paid and volunteer. As seen below, over half (59%) were paid staff only.



Workshops for other multifaceted interventions were most frequently held in senior centers (12), hospitals/clinics (11), community centers (10), and residential facilities (10). "Other" locations included: in homes (6), senior meal sites (2), Aging Unit (1), Skilled Nursing Facility (1), and Physical Therapy Department (1).



The geographic area most frequently served by other multifaceted interventions was a county (16).



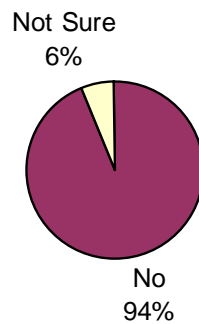
Exercise-based Interventions

Respondents were asked a series of questions about six specific exercise-based interventions: Stay Safe, Stay Active; The Otago Exercise Program; Tai Chi: Moving for Better Balance; Australian Group Exercise Program; Veterans Affairs Group Exercise Program; and Simplified Tai Chi.

Stay Safe, Stay Active

No respondents confirmed that their agency or organization participated in Stay Safe during the previous 12 months. However, 6% said they were not sure.

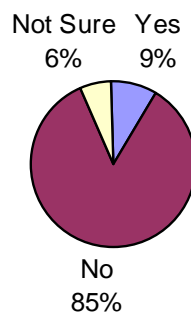
Agency Participated in Stay Safe



Otago Exercise Program

Nine percent (9%) of respondents said that their agency or organization had participated in the Otago Exercise Program in the previous 12 months.

Agency Participated in Otago Exercise Program



Reasons for participation in the Otago Exercise Program included:

- Up to date assessment and focus on identifying falls risk patients and providing strategies for improving balance and strength towards preventing future falls;
- We're interested in preventing falls in the community...actively supporting staff time and interventions by our PTs and OTs to assess our home health population for falls risk and to intervene with Otago exercises and a variety of other interventions based on patient needs;
- Continues to be the contact with individuals at risk for falls; and
- To provide patient care.

Funding

Five respondents identified the funding sources for the Otago Exercise Program. Sources included: Centers for Medicare and Medicaid Services, Home Health agency, connected with Stepping On, participant registration fees, foundation grants, and a hospital. Two respondents identified the agency funded: a health system and a community coalition. Only one respondent provided the dates of funding for Otago – January 1, 2007 through December 31, 2008. In-kind support provided or received by respondents' agencies/organizations included instructors, volunteers, facilities, equipment, and phone reception.

Partners

Three of the five respondents reported partnering with other organizations to carry out the Otago Exercise Program. Of those respondents who identified their partners, 2 listed one partner and 1 listed five partners. The partnering agencies or organizations identified were community coalition (2), health system/hospital (2), falls clinic (1), physical therapy clinics (1), and home health agencies (1).

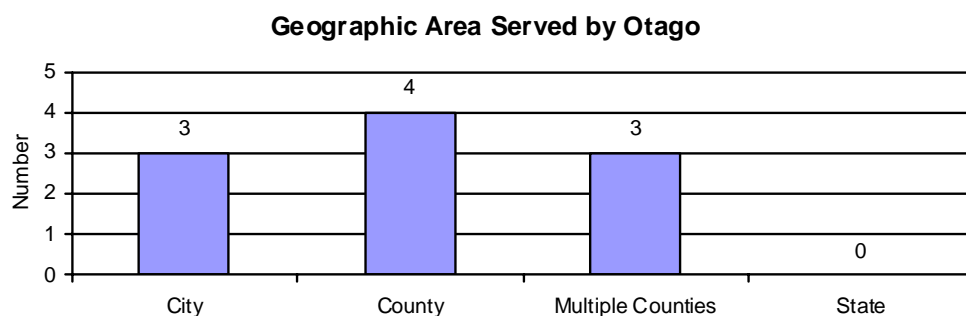
Participants

Five respondents described characteristics of Otago participants. Participants were seniors or older adults, those age 18 and older with disabilities, the home health population, or older adults with plans of going home with home health after being in an acute care setting. When asked how many individuals had been served by Otago, one respondent said less than 25, one said between 25 and 49, and one said over 300.

Program Logistics

Respondents were asked whether the staff who conduct Otago are paid, volunteer, or both paid and volunteer. Of the five who responded, all reported that staff were paid.

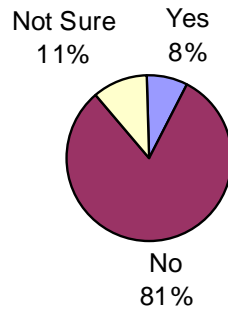
Otago was conducted in home health agencies or homes (3), hospitals/clinics (2), and a residential facility (1). Various geographic areas were served by Otago: county (4), city (3), and multiple counties (3).



Tai Chi: Moving for Better Balance

Eight percent (8%) of respondents said that their agency or organization had participated in the Tai Chi: Moving for Better Balance Program in the previous 12 months.

Agency Participated in Tai Chi: Moving for Better Balance



Reasons for participation in Tai Chi: Moving for Better Balance included:

- Fall prevention;
- Fall reduction;
- Balance for seniors;
- Recipient of an ADRC prevention grant for the intent of doing falls prevention programming;
- The majority of our Health Promotion Program is focusing on the ADD Life Fall Prevention programs (Living Well With Chronic Conditions, A Matter of Balance, Stepping On, Sure Step, and Tai Chi); and
- Had a request to offer this as a falls prevention option.

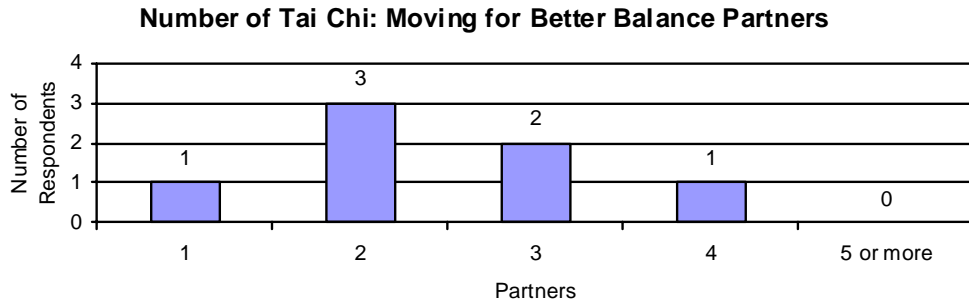
Funding

Respondents described the funding source for their Tai Chi program. Sources included: prevention grant (3), participants (1), unspecified grant (1), Veteran's Administration (1), volunteers (1), and none (1).

Five respondents identified the agency funded to conduct Tai Chi. Four reported that their Aging and Disability Resource Center received the funding, while one named the Veteran's Administration. Two respondents reported the beginning and ending dates for their Tai Chi funding. One received funding for 10 months, while the other received funding for two years. In-kind support received/provided included: staff time (3), space (3), printing (2), class materials (1), and marketing (1).

Partners

Over half of the respondents (57%) reported partnering with other organizations to carry out Tai Chi: Moving for Better Balance. Of those respondents who identified their partners, 1 listed one partner, 3 listed two partners, 2 listed three partners, and 1 listed four partners.

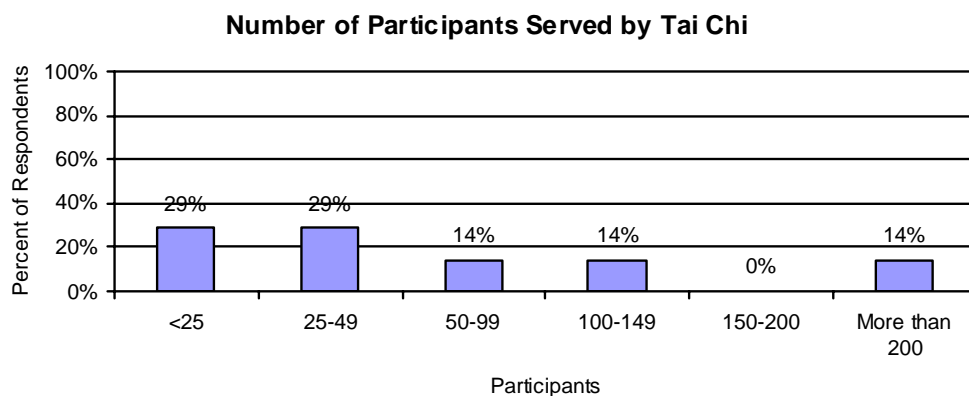


The most common partnering agencies or organizations were: physical therapy/rehabilitation facilities (3), senior centers (3), senior residences/apartments (2), and a wellness center (1).

Participants

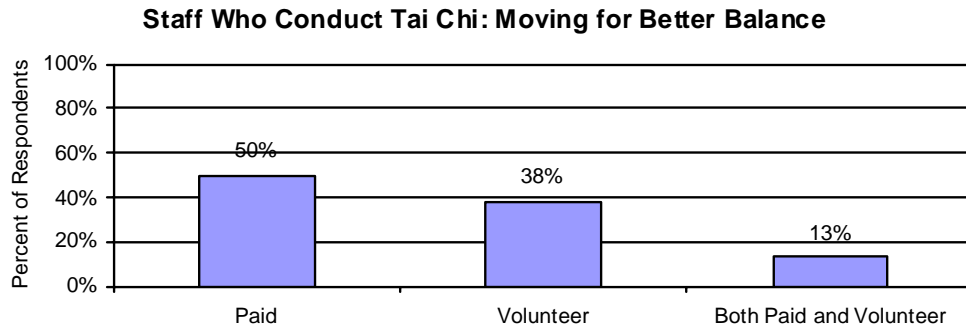
Participants in Tai Chi were a broad group. While some site limited participants to those age 60 and older, other sites allowed people of any age to participate. One site had mostly elderly male Veterans who participated, while another had mostly female participants, and one had both males and females. One site had arthritis patients who participated.

As seen in the chart below, over half of the Tai Chi programs (58%) served 49 or fewer individuals. However, 14% served more than 200 people.

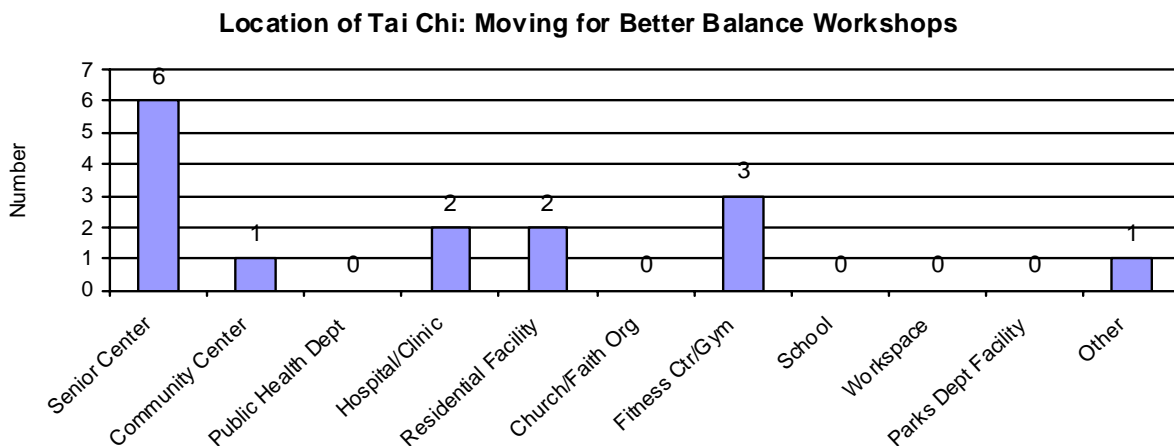


Program Logistics

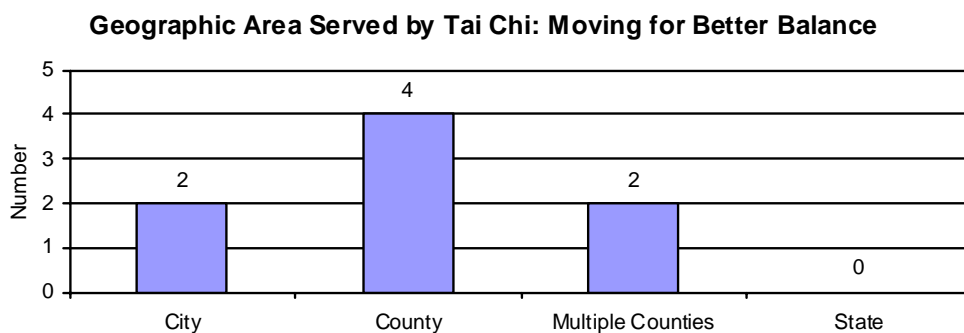
Respondents were asked whether the staff who conduct Tai Chi are paid, volunteer, or both paid and volunteer. As seen in the chart, half (50%) were paid staff only.



Tai Chi: Moving for Better Balance workshops were most frequently held in a senior center (6). Additional locations included: fitness center/gym (3), hospital/clinic (2), residential facility (2), and community center (1). The "Other" location described was a nursing home.



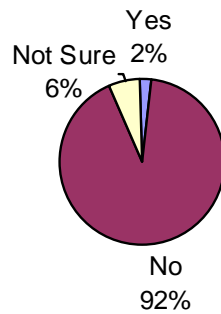
Tai Chi: Moving for Better Balance served a variety of geographic areas: city (2), county (4), and multiple counties (2).



Australian Group Exercise Program

Two percent (2%) of respondents said that their agency or organization had participated in the Australian Group Exercise Program in the previous 12 months. One respondent reported participating because his/her agency wanted to provide a fall prevention program to its seniors.

Agency Participated in Australian Group Exercise



Funding

One respondent provided details on his/her agency's involvement in the program. The County Aging Unit received grant funding to implement the Australian Group Exercise Program for nearly two years (21 months). In-kind support provided or received included facilitator time, guest speaker time, and space.

Partners

The County Aging Unit partnered with the County Aging and Disability Resource Center on implementation.

Participants

Participants in the Australian Group Exercise Program were 60 years or older and had experienced a fall in the past year, were fearful of falling, living at home, and not suffering from dementia. Between 50 and 99 individuals were served by the program.

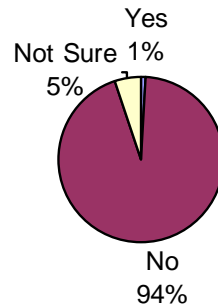
Program Logistics

Staff who conducted the program were both paid and volunteer. The program was implemented in a residential facility and in the Aging Services Unit. A single county was the only geographic area served.

Veterans Affairs Group Exercise Program

One respondent said that his/her agency or organization had participated in the Veterans Affairs Group Exercise Program in the previous 12 months in order to better serve the veterans in the county.

Agency Participated in Veterans Affairs Group Exercise Program



Funding

The Aging and Disability Resource Center received seven years of funding to implement the Veterans Affairs Group Exercise Program; however, the funding source was not identified. In-kind support provided or received included volunteers, equipment, and phone reception.

Partners

The ADRC does not have any partners in implementing the Veterans Affairs Group Exercise Program.

Participants

Participants are generally over age 45. It was unknown how many individuals had participated in the program.

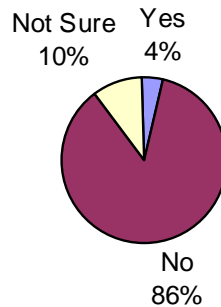
Program Logistics

Both paid and volunteer staff implement the program. The program was offered in a senior center and served an individual county.

Simplified Tai Chi

Four percent (4%) of respondents said that their agency or organization had participated in Simplified Tai Chi in the previous 12 months.

Agency Participated in Simplified Tai Chi



Reasons for participating in Simplified Tai Chi included:

- Need to offer as many valid programs as available for fall prevention;
- The majority of our Health Promotion Program is focusing on the ADD Life Fall Prevention programs (Living Well With Chronic Conditions, A Matter of Balance, Stepping On, Sure Step, and Tai Chi); and
- This was part of a grant from 2007/08 which trained community members to lead exercise groups. A small grant in 2008 paid for equipment, videos, and exercise kit that each small community could use to lead exercise classes.

Funding

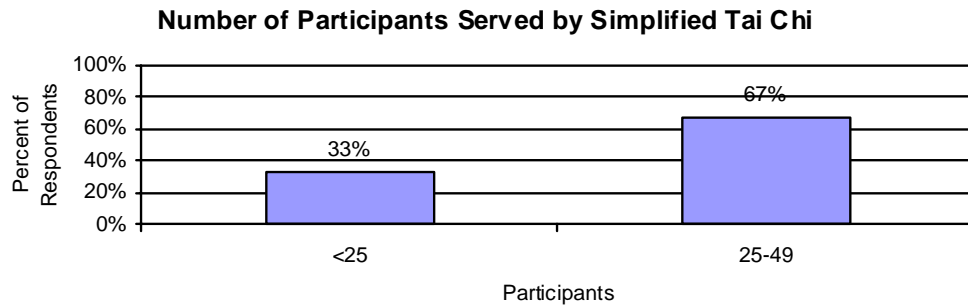
Three respondents described their funding source for Simplified Tai Chi: Prevention Grant, privately paid by participants, and none. The agency receiving the prevention grant funding was the Aging and Disability Resource Center. Two respondents reported beginning and ending dates for their Simplified Tai Chi funding; one program was funded for ten months by the prevention grant, while another had been previously funded for one year. One respondent described in-kind support provided or received: staff time, printing, class materials, and space.

Partners

Two respondents reported partnering with other organizations to carry out Simplified Tai Chi. Both reported having two partners. The partnering agencies included: a specifically named person, YMCA/YWCA, and a senior center.

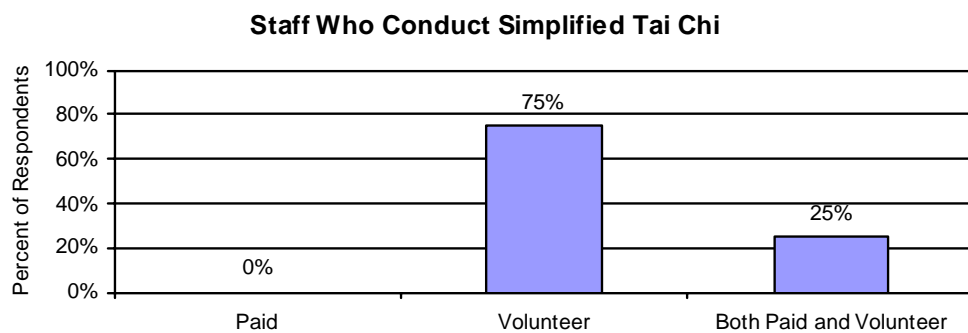
Participants

Participants in Simplified Tai Chi were generally age 50 and older. Three respondents reported the number of participants served by Simplified Tai Chi. One reported serving fewer than 25 individuals, while two reported serving 25-49 individuals.



Program Logistics

Respondents were asked whether the staff who conduct Simplified Tai Chi are paid, volunteer, or both paid and volunteer. As seen below, three-fourths (75%) were volunteer only.

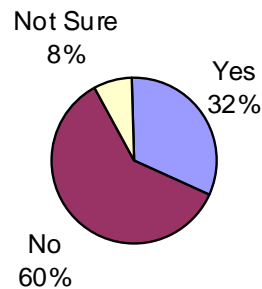


Simplified Tai Chi workshops were held in a variety of locations: senior center (3), community center (2), fitness center/gym (2), and residential facility (1). City (2), county (1), and multiple county (1) areas were served.

“Other” Exercise-based Interventions

Thirty-two percent (32%) of respondents said that their agency or organization had participated in another exercise-based intervention in the previous 12 months.

Agency Participated in Another Exercise-based Intervention



Respondents described the other exercise-based interventions in which they participated. Responses were grouped into five categories: 1) identified exercise programs or modifications, 2) Tai Chi or modifications, 3) physical therapy, 4) screenings/assessments, and 5) exercise room available.

- Identified exercise programs or modifications:
 - Public health nurses go to the Senior Center and provide an exercise program based on the Silver Sneakers program.
 - PACE - People with Arthritis Can Exercise.
 - Living Well with Chronic Conditions.
 - Project Heart Watch Physical Fitness Program.
 - Growing Stronger: Strength Training for Older Adults This program is a 12 week program that meets 2-3 times per week. The program was created by Tufts University and the CDC. The class content focuses on strength training and stretching.
 - Eat Better & Move More (3) -- This program is a 12 week program that meets once a week. The program is part of the YouCan! Steps to Healthier Aging Campaign. It was created by the National Resource Center of Nutrition, Physical Activity & Aging. The class content focuses on healthy eating and physical activity for older Americans.
 - Individuals in various community sites agreed to lead exercise groups. Initially they went through the Arthritis Foundation class work, we provided each center with supplies including free weights, thera tubing, videos so they could lead their own classes.
 - Strong Women - strength training program which in turn prevents falls.
 - This was a program we developed ourselves--included exercise, balance techniques, nutrition and yoga.
 - Body Recall.
 - The senior dining sites offer adapted exercise programs for participants.
 - Steps into Healthy Aging.
 - 2X per week exercise program (low impact) using weights and stretch bands.

- I attend classes on balance training and fall prevention at the American College of Sports Medicine Health and Fitness summit. I attend those classes and use what I learn in the Elder Fitness classes or other classes I teach in the area. I incorporate balance training in all my classes from the Headstart group to the Elders. I have not gone through any programs that you have listed but have heard of a couple of them. I was active with the program X County did and provided exercise in-services for people who were going to be leading senior classes in the community.
- Tai Chi or modification:
 - Tai Chi Fundamentals - We have trained three instructors through this program and started offering classes last February.
 - Tai Chi Fundamentals.
 - Tai Chi Fundamentals. There are many certified Tai Chi Fundamentals instructors, many who are PTs or OTs, or case managers, or certified fitness experts. It is a simplified version, with progression from simplest to hardest. It includes warm up exercises that can be done seated or standing, as the persons abilities allow. This is derived from the Yang lineage of Tai Chi, and includes side steps, stepping backward, 70/30 or staggered stance of support, one legged positions, and other Tai Chi moves and principles.
 - We offer "Balancing Act" a tai-chi based class taught by an instructor who is also an occupational therapist. This is an exercise only intervention with some limited advice and handouts on home modifications, shoes, safety, etc.
- Physical therapy:
 - Our physical and occupational therapists develop restorative nursing programs that are implemented 3x/week to maintain balance, strength, gait, safety.
 - All completed and recorded by physical therapy dept.
- Screening/assessment:
 - We have a falls Safety Health Screen at our two Senior Citizen's Health Fairs. Physical Therapists come in and do an assessment of older folks. They will do a series of tests to check the person at risk. In addition the Center for Independent Living with do cane and walker safety checks. We also have a program at one of the Alzheimer's Support groups and the Alzheimer's Adult Day Care does weekly exercises (for both the day care clients and the Nutrition Program participants).
 - We have our own system of assessment and exercise guidance combined with physical therapy treatment and informal consults.
 - Home assessments and safety inspections and recommendations.
- Exercise room available:
 - Have exercise room at center.

Reasons for participation included:

- Request from community organizations and/or citizens;
- Need for community-based classes;
- Assist seniors in maintaining an independent, healthy, productive and quality lifestyle;
- Diabetes prevention and CVD risk reduction;
- To get seniors and disabled to exercise on a regular basis;
- To offer a variety of activities and improve movement and balance;

- Reduce falls while promoting function;
- Public health injury prevention and elder safety; and
- Part of our organization's mission.

Funding

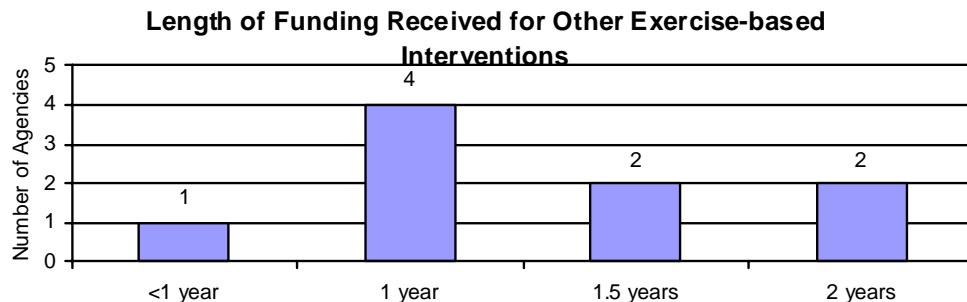
Twenty respondents described their funding source for other exercise-based interventions. Although two respondents said no funding was received, a variety of sources were mentioned:

- ADRC prevention grant (4),
- Small community/foundation grant (3),
- Fee-based (3),
- Non-specified grant (2),
- Special program funding (2),
- Therapy via Medicare or Medicaid (1),
- RNA via private pay or Medicaid (1),
- Tribal (1),
- County tax levy (1),
- Volunteer cooperation (1),
- Federal (1),
- Combination of county and university funds (1), and
- Donations (1).

The agencies receiving the funding were most commonly an Aging and Disability Resource Center (6) or an Aging Department (4). Other agencies funded were: Tribe (3), Health Department (1), fitness center (1), hospital (1), and community organization (1).

Two respondents reported the beginning and ending dates for their Simplified Tai Chi funding; one program was funded for ten months while another was funded for one year. One respondent described in-kind support provided or received: staff time, printing, class materials, and space.

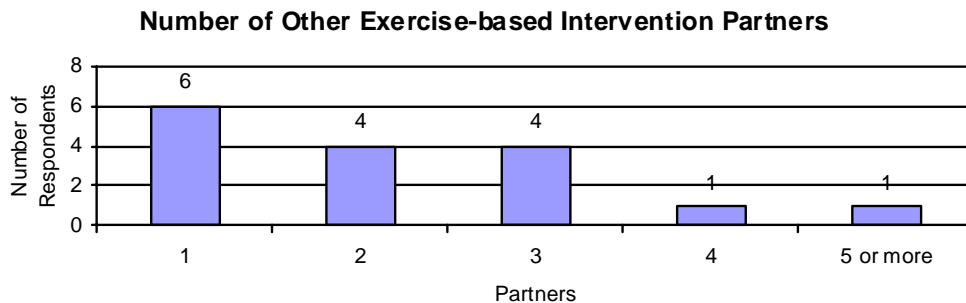
Nine respondents reported the beginning and ending dates for their funding. The chart below shows the number of agencies receiving varying lengths of funding.



In-kind support provided/received for other exercise-based interventions included: staff time (13), space (6), printing (4), equipment (3), supplies (2), marketing (2), volunteers (2), training costs (1), development (1), payment for certified instructors (1), grant writing (1), and phone reception (1).

Partners

Seventy percent (70%) of respondents reported partnering with other organizations to carry out another exercise-based intervention. Of those respondents who identified their partners, 6 listed one partner, 4 listed two partners, 4 listed three partners, 1 listed four partners, and 1 listed five or more partners.



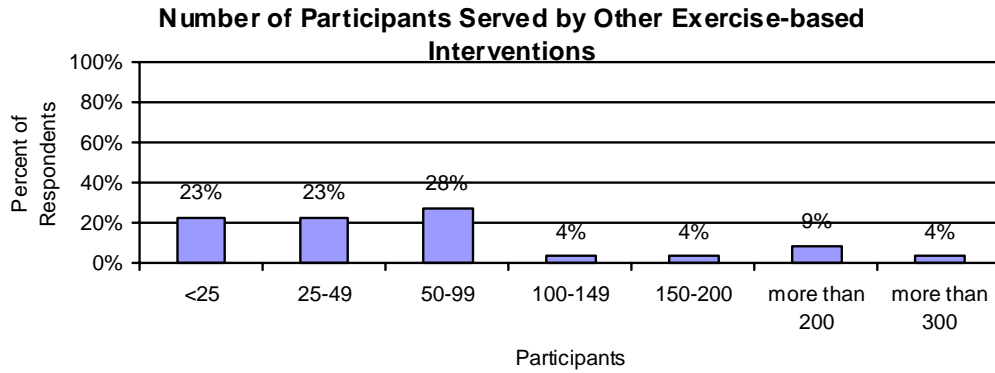
The most common partnering agencies or organizations were:

- Hospital/health system (5),
- Aging Department (4),
- YMCA (3),
- Senior center (3),
- Parks & Recreation Department (2),
- Community programs or coalitions (2),
- Fitness center or instructor (2),
- Social Services (1),
- Health and Human Services (1),
- Wellness Center (1),
- Library (1),
- Community center (1),
- Parishes (1),
- Nursing home (1),
- University (1),
- Visiting Nurses (1), and
- Adult Day Care (1).

Participants

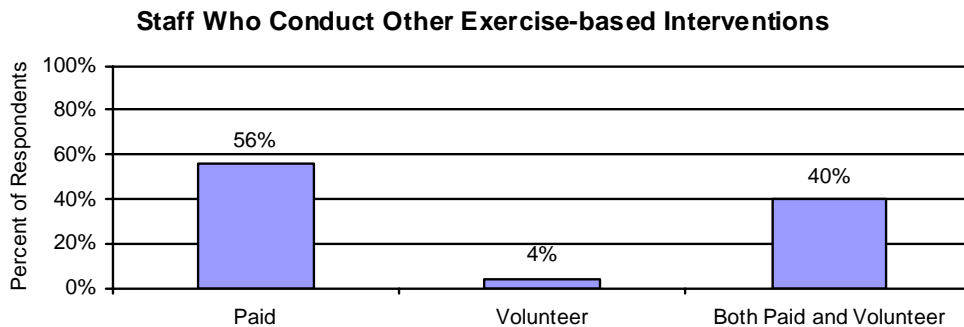
Twenty respondents described characteristics of participants in other exercise-based interventions. The majority of individuals served were age 50+ (13). Seven reported serving both males and females, while six reported serving mostly females. Other characteristics included: having a chronic condition; referred by hospital, clinic, or ED; significant health and/or mobility issues; cognitive, functional, and/or physical decline; ambulatory/independent; and Native American.

Twenty-one percent (21%) of other exercise interventions had served at least 100 people. One of the respondents who said his/her exercise intervention served more than 300 individuals reported having 1,700 registered, unduplicated participants. Two other respondents described their participant numbers: 1) 100 people per month and 2) exercise room is generally in use all day when open.

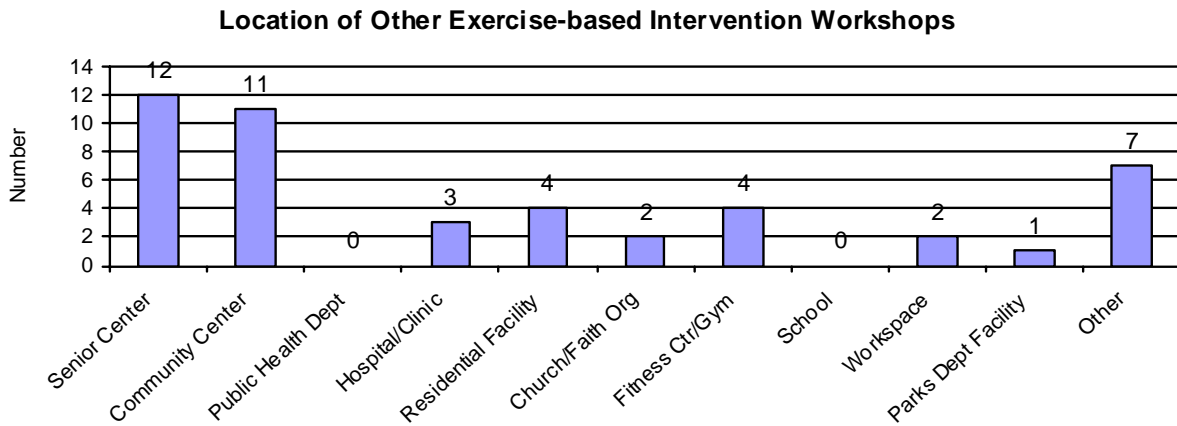


Program Logistics

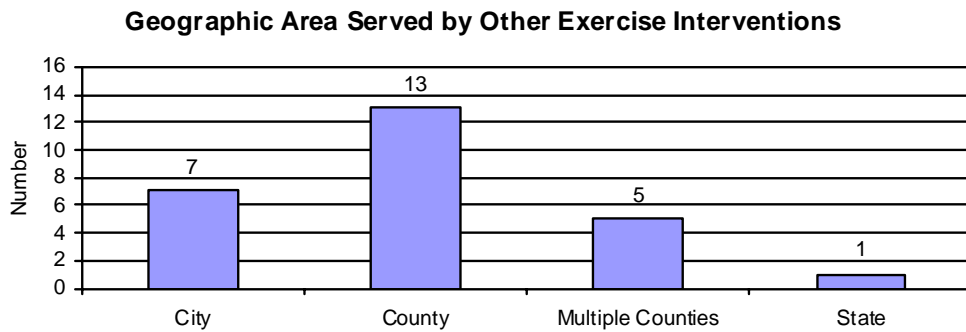
Respondents were asked whether the staff who conduct other exercise-based interventions are paid, volunteer, or both paid and volunteer. As seen below, over half (56%) were paid staff only, while 40% were both paid and volunteer.



The most common locations of other exercise-based intervention workshops were senior center (12) and community center (11). "Other" locations described were: senior meal site (2), library (2), private homes (1), recreation facility (1), and walking club (1).



The most frequently served geographic area was a county (13). But cities (7), multiple counties (5), and the state (1) were also served.



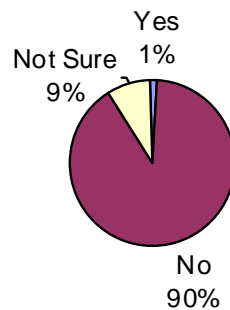
Home Modification Interventions

Respondents were asked a series of questions about three specific home modification interventions: Remembering When: A Fire and Fall Prevention Program for Older Adults; Home Visits by an Occupational Therapist; and Falls-HIT (Home Intervention Team).

Remembering When: A Fire and Fall Prevention Program for Older Adults

One respondent indicated that his/her agency or organization had participated in Remembering When in the previous 12 months. The reason for participating was: "We knew the value of prevention programs and wanted to partner with an agency to help provide the program."

Agency Participated in Remembering When



Funding

No information was provided about source of funding, agency funded, or funding dates. However, in-kind support in the form of staff time was received/provided.

Partners

The local public health department partnered with a fire department to provide Remembering When.

Participants

Participants in Remembering When were males and females of all ages and all races. Between 50 and 99 individuals were served by the program.

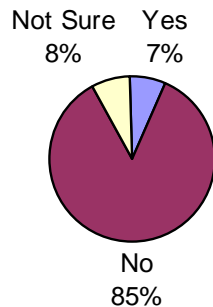
Program Logistics

Paid staff implemented Remembering When. Workshops were held in a senior center, a community center, and a residential facility. The geographic area served was a city.

Home Visits by an Occupational Therapist

Seven percent (7%) of respondents indicated that their agency or organization participated in the Home Visits by an Occupational Therapist (OT) program.

Agency Participated in Home Visits by an Occupational Therapist



Reasons for participation in Home Visits by an OT included:

- Student education and service opportunity,
- Promote and sustain safe ability to remain in home for quality of life,
- Part of a health system's memory clinic program,
- Part of a home health care program, and
- Wanting to offer the highest quality services as possible to clients.

Funding

Six respondents identified their funding source for the Home Visits by an OT program: billable through Medicare, medical assistance, or private insurance (4), family care (1), and volunteer (1). Agencies funded included: home health care (2), health system (2), community organization (1), and self (1). Only one respondent described funding dates for the program: January 1, 2008 through December 1, 2008 – nearly one year. In-kind support provided/received included home visits, travel time, mileage, and space.

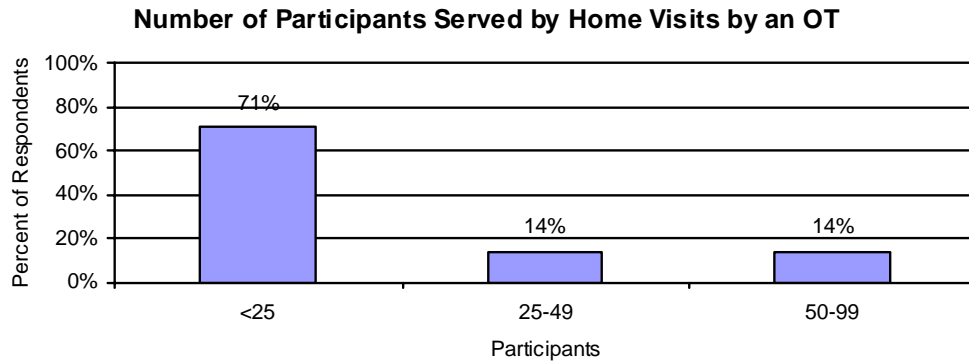
Partners

Nearly half (43%) of the respondents reported partnering with other organizations to carry out Home Visits by an OT. Two respondents identified their partners. One respondent listed one partner, while the other listed three partners. The partnering agencies or organizations were a college, community organization, health system, and an occupational therapy association.

Participants

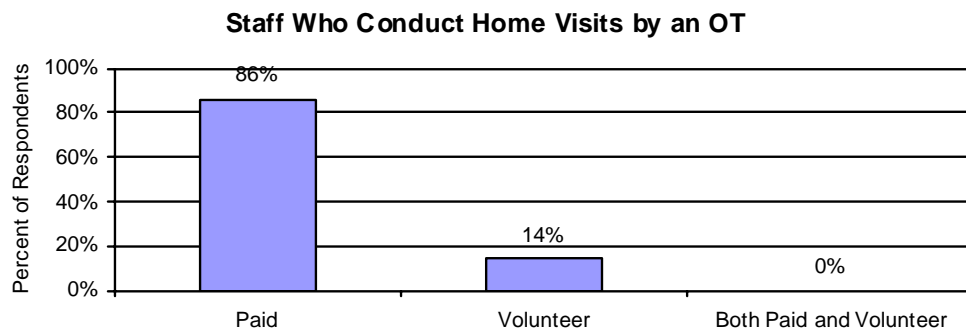
Most respondents indicated that participants in Home Visits by an OT were elderly or older adults (5). However one respondent noted that a person in any age range requiring a home evaluation was served. Other participant characteristics identified were Medicare eligible, both male and female, and those with orthopedic deficits.

Seven respondents reported the number of participants that had been served by Home Visits by an OT. Most (71%) had served fewer than 25 individuals.



Program Logistics

Respondents were asked whether the staff who conduct Home Visits by an OT are paid, volunteer, or both paid and volunteer. As seen below, 86% were paid staff only.

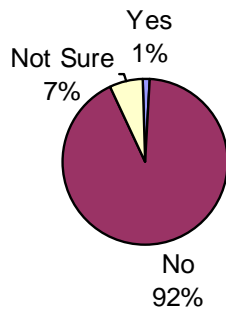


Home Visits by an Occupational Therapist were conducted in patient residences (4), hospitals/clinics (3), public health department (1), school (1), and at a Parks and Recreation Department facility (1). The geographic area most frequently served by Home Visits by an Occupational Therapist was county (6), but a city (1) was also served.

Falls-HIT (Home Intervention Team)

One respondent indicated that his/her agency participated in the Falls-HIT (Home Intervention Team) program. No other information was provided (funding source, agency funded, participants, program logistics, etc.).

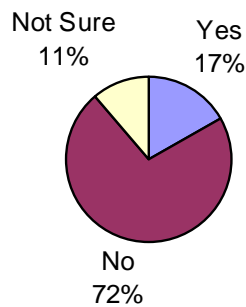
Agency Participated in Falls-HIT



"Other" Home Modification Interventions

Seventeen percent (17%) of respondents indicated that their agency or organization participated in another home modification intervention other than those identified.

Agency Participated in Another Home Modification Intervention



Sixteen respondents provided descriptions of other home modification interventions in which they participated. The interventions were grouped into seven categories: 1) formal home repair program or business, 2) other type of program, 3) video series, 4) done as part of home visits, 5) part of treatment program/hospital discharge/etc., 6) presentations to seniors, and 7) other.

- Formal home repair program/business:
 - Rebuilding Together.
 - Senior Home Repair Program (2).
 - The business I am launching is a home modification business. I have developed a comprehensive in-home assessment of function, accessibility, and safety. I have begun piloting this assessment.

- Other program:
 - Injury Prevention Program.

- Video series:
 - The Community A Health Department is in process of developing a video series for older adults to run on our cable communications channel. The series will consist of 4 parts - falls prevention, fire safety, security, medications. We are partnering with the Fire Department, Police Department, Connecting Caring Communities, and several older adult housing groups in our area, with experts from UW Milwaukee, etc.

- Done as part of home visits:
 - When staff make home visits.
 - We do home safety assessments and assess risk for falls as part of our initial admit visit by nursing and therapy evaluations by OT and PT. This is part of our homecare service. We provide education in falls prevention and work with patients on exercises for improving balance, strength, coordination, make recommendations for needed home modifications and adaptive resources available to address these issues. We work with low vision, caregiver education, social services helps address needed funding for environmental changes to try and keep people living safely in their homes.
 - PHNs include fall prevention information and education while on Home Visits to elderly.
 - Fall Risk Assessments completed by elders at a Health Fair, with fall prevention education and free night lights provided. Next, a home fall hazard survey tool was localized from a CDC template. In March, forty (40) homes will be surveyed for fall hazards and minor mitigation (non-skid strips, lights, grab bars, throw rug backing). Survey results will be used to guide charitable organizations that offer services each summer.

- Part of treatment program/hospital discharge/etc.:
 - Physician ordered home safety evaluations that were provided as an outpatient service or part of d/c preparation after hospitalization.
 - OT/PT will typically do a home safety assessment as part of their treatment program for those folks who were admitted to the SNF with the goal of returning to the community.

- Presentations to seniors:
 - We has a lady from health system talk to our membership about fall prevention for seniors.
 - Working with Life Line, our organization visited 5 local elderly high rise apartment buildings and did a question and answer game about falls, gave the attendees information about falls. It included handouts about the right shoes to wear, danger in their homes, like throw rugs and cords and also provided information about help available from Life Line Systems.
- Other:
 - Consults from providers for home modifications, DME or Home Improvement Structural Alterations (HISA) grants.
 - Falls Prevention Task Force convened Home Safety Assessment workgroup to identify which agencies in Dane County conduct home safety assessments. We've passed this information on to NoFalls instructors so they can encourage participants to set up an assessment to boost course impacts (NoFalls + home safety assessment and vision screening = improved outcomes).

Reasons for participation in another home modification intervention included:

- Client/community need,
- Objective of the Injury Prevention Program/Community Health Improvement Plan,
- Part of job/agency functions,
- Success in the past,
- Interest in assessing as many areas and individuals for fall risk,
- To promote safety and function,
- To prevent life ending/threatening incident,
- More than 50% of the traumas seen in our ED are related to falls,
- Partner interest, and
- Awareness.

Funding

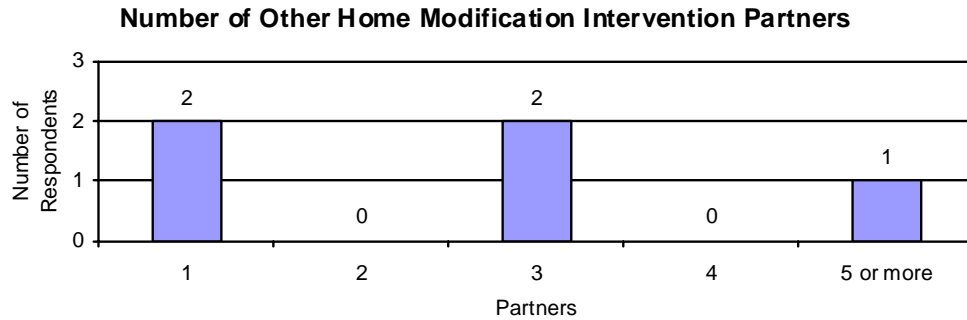
Eleven respondents reported the source of funding for other home modification interventions. Funding sources were community organizations (2), donated time by hospital staff (1), federal (1), Medicare (1), government (1), and insurance company (1). Four respondents reported receiving no funding.

Ten respondents identified the agency funded to do other home modification interventions. Community organizations were most commonly funded (3). Other agencies funded included an Aging and Disability Resource Center, hospital, community coalition, and Veterans Administration.

Nine respondents described the in-kind support provided/received: volunteers (4), staff (4), time (3), mileage (2), travel time (2), space (1), printing (1), and support (1). In-kind support came from industry, community organizations, health organizations, and cable television.

Partners

Over half of the respondents (54%) reported partnering with other organizations to carry out home modification interventions. Of those who identified their partners, 2 listed one partner, 2 listed three partners, and 1 listed five partners.

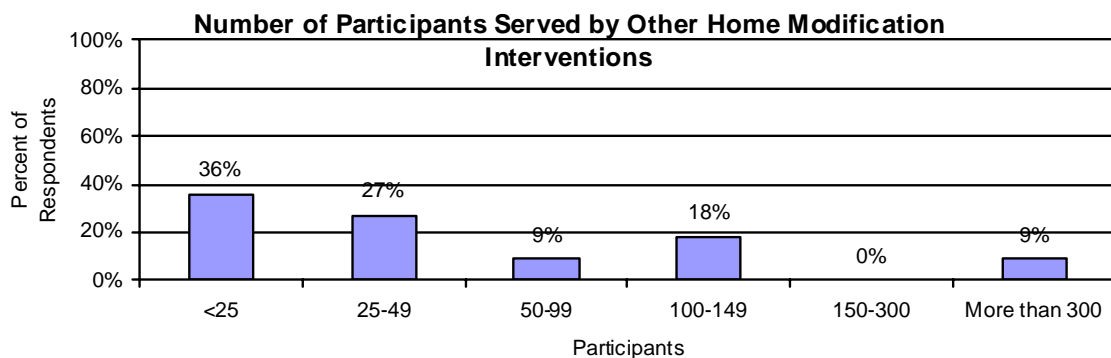


The most common partnering agencies or organizations were: community organizations (4), home care agencies (2), health services (2), Fire Department/EMS (2), Area Agency on Aging (1), physicians (1), home supply stores (1), and hospital/clinic (1).

Participants

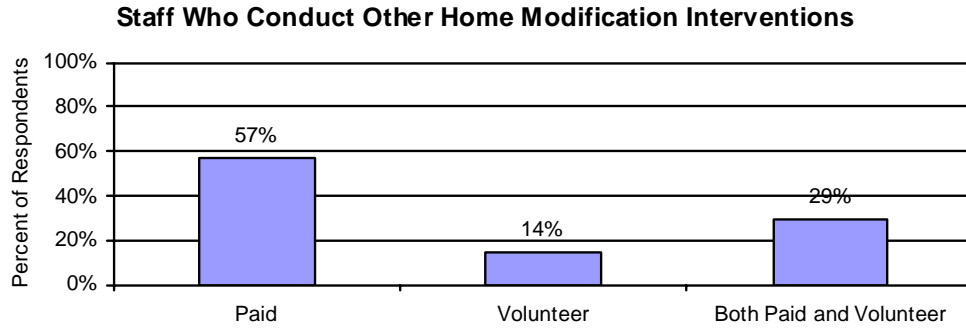
Most respondents indicated that their home modification interventions served primarily those age 60 and over (8). However, others reported serving "average ages" or "all ages." Some reported reaching more females than males. Other participant characteristics included: those with disabilities, mostly male veterans, and those who qualify for county housing in high rises.

Nine percent (9%) of other home modification interventions have served more than 300 individuals. However, most programs (63%) served between 1 and 49 individuals.

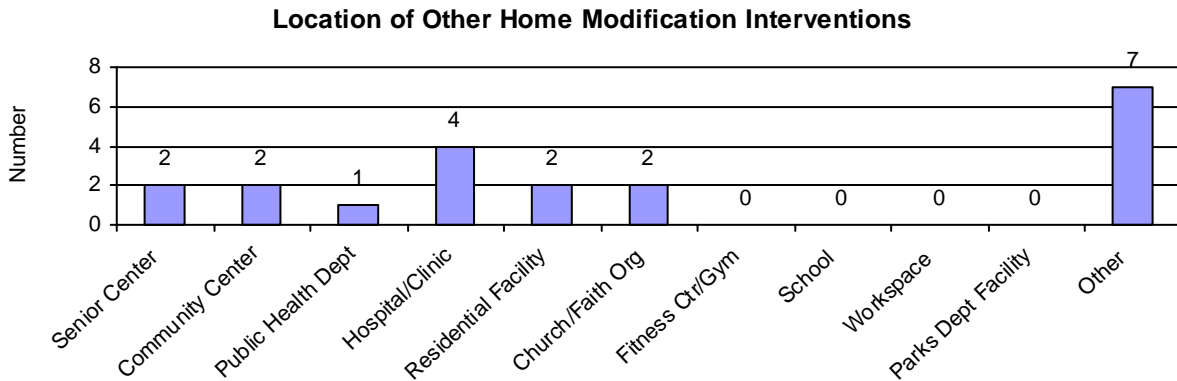


Program Logistics

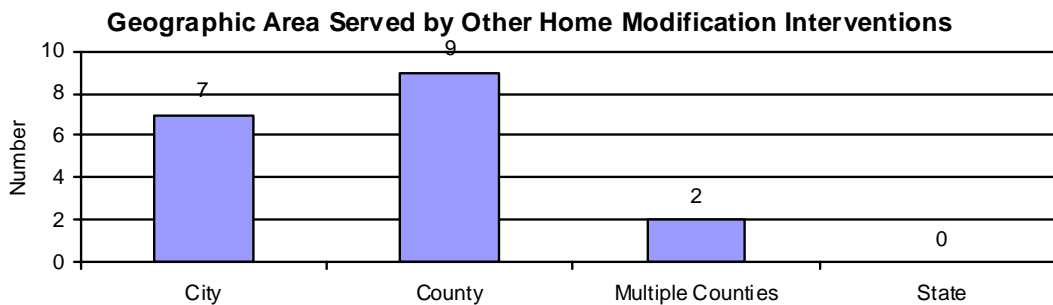
Respondents were asked whether the staff who conduct other home modification interventions are paid, volunteer, or both paid and volunteer. As seen below, over half (57%) were paid staff only.



Other home modification interventions took place in various locations as shown in the table below. The most frequent location was "Other" – described as occurring in participants' homes.



Geographic areas served by other home modification interventions included county (9), city (7), and multiple counties (2).



Any Other Fall Prevention Activities

Respondents were given the opportunity to describe any other fall prevention activities that they had not already described or that did not fit into one of the specific programs identified in the survey.

Thirty-three respondents described other fall prevention activities. Their responses were grouped into the following categories: 1) Home Visits and Safety Assessments, 2) Health Fairs/Fall Prevention Fairs, 3) presentations, educational sessions, or newsletters for community members, 4) educational sessions for professionals, 5) exercise programs, 6) community coalition, 7) United Way 2-1-1 Helpline, 8) hospital practices, and 9) other. Respondents' descriptions are below.

- Home visits and safety assessments:
 - By ADRC - explore the individual's entire living environment and if concerns exist, recommendations are made to improve the safety of the home.
 - Public health nurses make home visits to the elderly and assess the home for areas of improvement regarding fall prevention.
 - We work with the Center for Independent Living for Home Safety assessments.
 - The ADRC does an assessment when they visit clients.
 - Healthy Homes Assessment Program through CDC.
 - Home visits to elderly by a public health nurse where fall prevention was incorporated into the content of the visit.
 - The agencies work with home health and nursing home OTs/PTs when they conduct in-home assessments. The agencies may assist an individual in obtaining recommended piece of equipment or a modification or assist with transportation to therapy for balance and strengthening, etc. The nurse may request an OT/PT evaluation via assessment and help set-up in-home therapy. In-home providers may also be taught to assist individuals with an OT/PT designed ROM or other in-home therapy plan. The RN may also set-up medications in various dispensers to prevent over or under use of medications so often related to falls. The dispensers are made available through the agencies (CompuMed, etc.).
- Health fair/Fall prevention fair:
 - We held a falls prevention fair where we had balance assessments done by OT and PT departments, as well as educational break-outs. We also had providers to provide information for consumers on a variety of topics related to falls like medication management, proper foot care, bone density checks, vision impairments, etc.
 - For the past 10 years an annual health fair has focused on wellness and screening for the older adult--attended by 800-1000 people in one day.
- Presentations, newsletters, or educational sessions for community members:
 - Falls prevention informational sessions, as part of an overall prevention awareness presentation, was presented to numerous groups throughout the county; at senior dining centers, to local church and civic groups.
 - I lecture on the topic on a regular basis within Ho-Chunk Nation and have written articles for the tribal paper. I discuss fall prevention frequently with the Elders I work with.
 - Journey Towards Wellness, educational sessions on Injury Prevention including falls among the elderly.

- We have provided falls prevention related information in our senior newsletter. We have also talked about falls prevention activities in our low vision and Alzheimer's Disease Support Groups.
- For past 3 years the department has sponsored community education programs for the adult and older adult. Topics covered have included: exercise and general wellness, tai chi, meditation, exercise for those with arthritis, and strength and fitness. Health care agencies, providers, and a health club have been the presenters.
- Partnered with Northeast Wisconsin Technical College PTA program to introduce Keep Stepping (8-week) program offered to completers of either Stepping On or Living Well with Chronic Conditions.
- Local fire Departments have done programs at the Nutrition Centers, Senior Centers, and local senior citizen groups.
- Because we have been involved in doing fall prevention for years there is always presentations, and marketing that occur regularly; the ADDLIFE NEWS is a monthly newsletter that reaches many individuals in our county and has information not only for the groups being offered in the area but other education for fall prevention; the people involved in the grant do training for Sure Step, Stepping On and Living Well with Chronic conditions; we are continuing to partner with other agencies as to fall prevention activities.
- The Aging and Disability Center has received several grants for falls prevention and has their own staff (RN and Health Educator) and have implemented a number of these programs.
- I share what I learn with other health care workers and Tai Chi instructors through workshops and email networking so falls prevention can be approached from many directions and in many ways.
- Had a booth regarding fall prevention and home safety at the Legend Lake Lodge and the three Senior Meal Sites. Booths were up for 3-5 weeks at each place.
- Educational sessions for professionals:
 - We have provided education to health care providers and to the community. We have focused on facilitating systems changes to reduce falls.
 - Our department has also utilized PHN students from the College of St. Scholastica to develop teaching modules for ADRC staff.
 - We have collaborated with local agencies to educate social workers on screening process for fall risk including the timed up and go.
 - We are planning on working with ER physicians, local EMTS and hospital d/c planners to identify persons at risk to increase referrals to Sure Step.
- Exercise programs:
 - Putting together an exercise program using the Wii Gaming System for falls prevention.
 - We have done several balance training classes and workshops over the last 3 years. They are specific to exercise interventions, and as such, may not be technically "falls prevention" programs.
 - I teach Tai Chi Fundamentals to other instructors because it is a highly adaptable and easily learned form that has many of the components of the Tai Chi in research studies, without the risk for injury, and with much less frustration for the participants.
- Community coalition:
 - Participated in the Falls Prevention Coalition. This coalition has 5 subcommittees: professional education, public education, first responder, screenings and exercise. No formal program has been developed at this point in time.

- Coordination of 35 community and health care organizations to work collaboratively to reduce falls.
- We are part of a countywide Falls Prevention Task Force which has been working for the past two years to develop strategies to reduce falls among older adults. Strategies developed by the Task Force include: United Way 211 Falls Helpline, improving the process of care for people who have fallen or at risk of falling, enhancing coordination of services, educating physicians, physical and occupational therapists and nurses about evidence based evaluation and treatment of people at risk for falls, and expanding availability of community based exercise classes shown to reduce falls risk, and a public awareness campaign.
- Our agency is on the Falls Prevention Committee. At this time our role is advisory.
- United Way 2-1-1 Helpline:
 - United Way 2-1-1 is part of a network of organizations working together to reduce falls. The network is coordinated by Safe Communities. United Way 2-1-1 is the number people can call to find out more information about programs available.
 - Creation of enhanced United Way 2-1-1 Falls Helpline and development of protocols and partnerships that links callers to 1) their primary health care provider; 2) a case manager in their community to coordinate community support.
- Hospital practices:
 - We started to use yellow "Fall Risk" bracelets beginning January 1, 2009.
 - As part of discharge planning, each patient is provided with a fall prevention kit that includes a self assessment, educational materials, safety strips, night lights etc. All new admits to home care and hospice receive the information.
 - Hospital currently has fall prevention for patient intervention while in hospital. Referrals made to county Social Services and Home health agency for further evaluation.
 - As an Occupational Therapist at the hospital, and before that nursing homes and rehab centers, every week I work with people who have fallen. We work as a team to provide what they need to lead safe and independent lives with as much support as possible. From Exercises, to perceptual assessment and accommodations/adaptations, home modification suggestions, and much more.
- Other:
 - All participants given cell phone with 911 capabilities if they do not have a cell phone.
 - We are a part of the Fox Valley RTAC and the group had set up days and sites for helmet give-aways for bicyclists and skate boarders, as well as some stickers and hand outs.
 - Our agency collected information on falls prevention and entered into our Healthy People Kenosha County reports.
 - Prevention Summit -- July 2008.
 - We are developing a Falls Prevention checklist for the fire department to use on "fall calls" and for public health nurses to use during flu shot visits.
 - By ADRC -- the RN reviews the person's medications, including prescriptions and any herbals and supplements that the person is taking, and determines if the medications are being administered safely. If any risks are present, the RN helps the individual connect with services, devices, or regimens which will improve medication safety.

Any Other Comments

Respondents were given the opportunity to provide any other comments. Their comments were grouped into various categories: 1) we appreciate the funding for fall prevention we have received, 2) limited resources/need funding, 3) would like to know more about programs mentioned in the survey, 4) what programs are effective/how to pick: 5) provided info on fall prevention activities, 6) want to see survey results, 7) want other types of information, and 8) Miscellaneous. Comments in each of the categories follow.

- Appreciate funding:
 - X County has appreciated the opportunity to develop and implement its fall prevention programming with the support of the grant funding it received.
 - Y County Aging Unit has applied for a Falls prevention grant from the Medical College of Wisconsin and we were fortunate enough to receive this grant. It is \$ 5,000.00 for the next three years. We are going to facilitate numerous trainings within Y County regarding Falls prevention. We are excited!!!!
 - A Fall Prevention Grant was given to the Z County Unit on Aging in the past.
- Limited resources/need funding:
 - In order to have a program we must have funding.
 - We are very interested in developing fall prevention programs, however currently resources are very limited to initiate new programs.
 - We definitely hold falls prevention as a high priority. However, funding is an issue.
 - in addition to potential funding sources so we can promote existing services and expand our programming further.
 - We've looked at a Fall Prevention Program which is costly for training. We'd be interested in a program that has less cost attached. We have a large elderly population in our county and recognize the need for more attention to fall prevention.
- Would like to know more about programs mentioned in survey:
 - Would like to see more about the programs mentioned in this survey.
 - Could these programs be introduced at Prevention Summit? I have only heard about Tai Chi, Stepping On, and Matter of Balance.
 - Please provide a resource listing of the various fall prevention programs you asked about. We are not aware of most of them. Thanks!
 - I had no idea there were so many programs. It would be nice if these were addressed at Prevention Summit.
 - Stepping On and Sure Step are the only falls prevention programs I am familiar with. If these other programs are evidence based & successful, they need better promotion.
- What programs are effective/how to pick:
 - Just from completing this survey it is obvious that there are so many programs out there that it is difficult to know where to focus efforts. It is difficult to know which programs will best meet the needs and certainly no one can be competent in providing all of them.
 - I would like to know what other counties are doing and which programs are most effective.

- Want to see survey results:
 - Will there be a report on survey results?
 - Can I have a copy of your survey results when you are finished? I would like to contribute in some way to advance this important endeavor. Thank you.
 - Thank you. I would be very interested in seeing the results of your survey.

- Want other types of information:
 - If there are any falls prevention sessions could you please e-mail me or send me an announcement. Thank You.
 - Please get me a list of fall prevention contacts in the SWRTAC.
 - Please forward falls prevention tools that have been developed. Thanks.

- Provided info on fall prevention activities:
 - Fall prevention is our county is part of the overall assessment and service delivery system. The waiver programs are able to provide much of the equipment and adaptations for eligible recipients. The COA is in the process of making available Gentle Fitness DVDs at local meal sites and some of the Senior apartment complexes. Holding specific, long-term classes is difficult here due to the very rural nature of our county.
 - We are very pleased to have the Stepping On Falls Prevention program funds. The class is going well and it is our first experience. We have plans for two more 7 week courses in two other County locations in 2009. We have two excellent class leaders, one lay person and 1 physical therapist.
 - Our facility has in house programs that are for fall prevention.
 - My organization is an identified NCOA Best Practice site for exercise programs for the 50+ population. We service the community at large and need to offer classes to a broad range of participants. We do not offer evidence-based falls prevention programs as of yet.
 - The VA is very concerned with preventing falls, especially with the large elderly population. They provide inpatient/outpatient therapy, outpatient HBPC, durable medical equipment issues and HISA grants.
 - We are currently planning a fall prevention program within our health system.
 - We anticipate offering falls prevention activities in late 2009 or 2010. We will become an Aging & Disability Resource Center and have budgeted for a Prevention Specialist position.
 - We are planning a fall prevention symposium with UW in the summer of this year for both the professionals and the community.
 - This is an area of interest for us and we would be interested in developing a program. Currently our Home Delivered Meal Assessor is the only person here to do any prevention work. When she makes home visits, she often discusses fall risk factors with the individual and makes recommendations about what can be done to avoid falls.
 - More needs to be done, but getting people to activities regarding falls is a challenge. Working one on one in homes is a good strategy but required man power. We do provide information via newsletters and newspapers about falls and safety.
 - The Wisconsin Prevention Summit is an excellent forum to get information on current research and network with those communities that have presented programs to address falls prevention for the older adult.
 - Our Aging Unit Director has had pamphlets available for her clients and also addresses this concern in home visits.

- The fall prevention information is very useful. Our clients have found this very helpful. I was impressed with the degree of medical information collection and information that is needed. Having fall prevention information as a knowledge base really makes a difference in providing services.
- We agree that it is important, and do follow up on a more private level to educate or assist people who need to have help or be referred to agencies who can support their needs.
- Miscellaneous:
 - If you ever need my services I am happy to help where I can promote physical activity.
 - I think the survey needs to realize that some of the questions should be directed to administrative staff only and then it would make more sense to the rest of us.
 - There was a lot of interesting research presented at this years Aging in America Conference, held by the National Council on Aging and the American Society on Aging. Were you able to attend and get any of the latest information?

Summary

Seventy-two percent (72%) of all respondents indicated that their agency led, coordinated, or participated in fall prevention activities during the past 12 months. The most frequently implemented evidence-based programs were Stepping On, Sure Step, the Otago Exercise Program, Tai Chi: Moving for Better Balance, and Home Visits by an OT. Agencies or organizations that were most often identified as conducting fall prevention activities included medical center, hospital or health system; Aging and Disability Resource Center, Aging Department, Commission or Unit, Community coalition or Wellness Center, Public Health Department, and Senior Center.

For most fall prevention activities, approximately half of the respondents reported partnering with other agencies or organizations. In many cases, there were at least two partners. Common partners included hospitals/health systems, Aging Departments, Health Departments, senior centers, senior residences/apartments, Aging and Disability Resource Centers, community organizations, physical therapy/rehabilitation facilities, home health agencies, Fire Departments/EMS, Area Agencies on Aging, Social Services, Police Department/law enforcement, community centers, home supply stores, universities/colleges, Parks & Recreation Department, fitness centers, wellness centers, libraries, parish nurses/ministry health, physicians, community coalitions, Cooperative Extension, Organizations for the Blind and Visually Impaired, vision centers/eye clinics, pharmacists, churches, nursing homes, hospices, Housing Authority, and dieticians.

The most common locations for fall prevention programs and activities were hospitals/clinics, senior centers, residential facilities, participants' homes, health departments, community centers, churches/faith organizations, and fitness centers/gyms. Other locations included Parks & Recreation Department facilities, senior meal sites, libraries, recreation facilities, Aging units, and nursing homes.

Knowing the mortality and morbidity rates for fall-related injuries in Wisconsin, it is exciting to see the variety and extent of fall prevention programs being implemented. This survey will be repeated annually to track changes in fall prevention programs and activities across the state.