

**Wisconsin Fall Prevention Activities Survey Summary**  
 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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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. 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.

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 link was then forwarded by the Division of Public Health and the Division of Disability and Elder Services to local and county health departments, RTACs, Tribal Health Departments, Stepping On program leaders, the Falls Initiative listserv, county aging units, and aging and disability resources centers. At least one person from 70 of Wisconsin's 72 counties responded to the survey. A total of 153 individuals completed the survey. The largest percentage of respondents was from a local public health department (32%), followed by respondents from Aging and Disability Resource Centers (24%), hospitals/clinics (14%), and county aging units (6%).

**Fall Prevention Program Activities Overview**

Ninety-four participants identified agencies conducting fall prevention activities in their county. Forty-two percent (42%) of participants identified one agency or organization, 23% identified 2 agencies, 14% identified 3 agencies, 3% identified 4 agencies, and 10% identified 5 agencies that conduct fall prevention activities. The most frequently identified agencies/organizations were: medical center, hospital or health system (25%); Aging and Disability Resource Center (12%), Aging Department, Commission or Unit (10%), Community coalition or Wellness Center (8%), Public Health Department (7%), and Senior Center (5%).

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 table below shows the frequency and percentage participating in various evidence-based fall prevention programs within each of the three categories.

|   | Frequency Yes | Percentage Yes* |
|---|---------------|-----------------|
| <b>Multifaceted Intervention Conducted (n=120)</b>  |               |                 |
| 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%             |

|  | Frequency Yes | Percentage Yes |
|--|---------------|----------------|
| <b>Exercise-Based Intervention Conducted (n=56)</b>    |               |                |
| Stay Safe  | 0             | 0%             |
| Otago Exercise Programme                               | 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%            |
| <b>Home Modification Intervention Conducted (n=26)</b> |               |                |
| 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

#### **Stepping On**

Nearly half (48%) of respondents whose agency had participated in some type of fall prevention activity indicated that they had participated in Stepping On during the previous 12 months. Reasons for participating included: 1) grant-funded, 2) part of our plan/focus, 3) evidence-based, 4) need identified/community outreach, 5) to reduce falls, 6) opportunity to collaborate, 7) to further test/disseminate program, and 8) other.

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 one-third (38%) reported that they had reached fewer than 25 participants with Stepping On, while nearly half of them reported they had reached between 25 and 49 participants, and 30% had reached 50 to 149 individuals. Workshops were most frequently conducted in senior residential facility/apartments (29) or a senior center (19). Other locations included: hospital/clinic (11), community center (7), church/faith organization (4), fitness center/gym (4), workspace (3), Parks & Rec Department facility (2), public health department (1), and Other (5) (e.g., an Aging Services Unit, a YWCA, Physical Therapy/Rehabilitation facility, and a library).

Funding sources listed for Stepping On 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). Most funding for Stepping On 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).

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 Coordinate and recruit participants (1).

Eighty percent (80%) reported partnering with other organizations to carry out the Stepping On program. Of those participants who identified their partners, 11 reporting having one partner, 8 reported having two partners, 6 reported having three partners, 4 reported having four partners, and 8 reported having 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), 3<sup>rd</sup> 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).

### **Sure Step**

Eighteen percent (18%) of respondents indicated that their agency had participated in Sure Step in the previous 12 months. Reasons for participating included: 1) to serve individuals in their home setting; 2) evidence-based, multifactorial assessment; 3) community outreach and support; 4) gain referrals; 5) to help seniors stay in their own homes; and 6) to reduce the incidence of falls and injuries and deaths due to falls. Three-fourths (75%) of agencies served fewer than 25 participants with Sure Step, with most sessions (15 of 16) occurring in the patients' home.

The most common source of funding for Sure Step was the state prevention grant (6). Most respondents identified one or two types of in-kind support provided or received for Sure Step, 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).

Forty-four percent (44%) reported partnering with other organizations to carry out the Sure Step program. Of those participants who identified their partners, 4 reporting having one partner, 2 reported two partners, 1 reported three partners, and 1 reported 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), 3<sup>rd</sup> party payer (1), and parish nurses (1).

### **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. Reasons given for participating included: 1) part of our focus; 2) to assist our elders to maintain an independent, healthy, productive and quality lifestyle; 3) opportunity to offer an evidence-based program to rural areas in our region; 4) to aide in confidence building of my clients who fear falling; and 5) community assessment identified unintentional injury as a health priority. Nearly three-fourths (71%) of respondents indicated that fewer than 25 individuals had been served by the Fear of Falling program. Fear of Falling workshops were held in a variety of locations – church or faith organization (4), community center (3), senior center (2), and residential facility (2). Locations in the "Other" category (3) included a reservation, Elderly Services, and in the client's home.

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). In-kind support provided/received included: staff time, class materials, printing, supplies, mileage, space, refreshments, training, volunteers, and lay leader stipend.

Forty-three percent (43%) reported partnering with other organizations to carry out the Fear of Falling program. Of those participants 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.

### **NoFalls Intervention**

Four percent (4%) of respondents indicated that their organization participated in The NoFalls Intervention in the previous 12 months, while six were not sure. Reasons listed for participating in NoFalls included: 1) evidence basis and inexpensive and easy to disseminate, and 2) fall prevention classes are greatly needed in the community.

Two respondents reported on the number of participants served by NoFalls. One said the program served fewer than 25 participants, while the other said between 25 and 49 were served. Two NoFalls workshops were held in a senior center, while one was held in a community center.

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. One respondent described in-kind support received for the program – instructors from other organizations/facilities and printing.

One respondent identified five partners for carrying out the NoFalls Intervention (Rotary, Rehab/PT Clinic, Sports Medicine, Area Agency on Aging, and RSVP), while one reported no partners.

### **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 was provided.

### **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.

### **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, while 4% were not sure.

### **Prevention of Falls in the Elderly Trial (PROFET)**

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

### **"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.

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; and 5) other combinations of components (e.g., exercise and home assessment; education and exercise; medications, vision, and home assessment).

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

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).

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).

Approximately two-thirds (66%) reported partnering with other organizations to carry out another multifaceted intervention. Of those participants who identified their partners, 12 reporting having one partner, 5 reported having two partners, 3 reported having three partners, 0 reported having four partners, and 1 reported having 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).

## **Exercise-based Interventions**

### **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. The main reason for participation in Otago was it provides an up to date assessment and focus on identifying falls risk patients and providing strategies for improving balance and strength towards preventing future falls. 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. Otago was conducted in hospitals/clinics (2), a residential facility (1), or in another location (3). "Other" locations were described as home health agency or homes.

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. In-kind provided or received by respondents' agencies/organizations included instructors, volunteers, facilities, equipment, and phone reception.

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

### **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. Reasons provided for participation in Tai Chi included: 1) fall prevention, 2) balance, 3) grant recipient, 4) part of our plan/focus, and 5) request for it. Over half of the Tai Chi

programs (58%) served fewer than 49 individuals. However, 14% served more than 200 people. Workshops were most frequently held in a senior center (6). Additional locations included: fitness center/gym (3), hospital/clinic (2), residential facility (2), community center (1), and nursing home (1).

Respondents described the funding source for their Tai Chi program. Sources included: Prevention Grant (3), Participants (1), Grant, unspecified (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. In-kind support received/provided included: staff time (3), space (3), printing (2), class materials (1), and marketing (1).

Over half of the respondents (57%) reported partnering with other organizations to carry out Tai Chi: Moving for Better Balance. Of those participants who identified their partners, 1 reporting having one partner, 3 reported having two partners, 2 reported having three partners, and 1 reported having four partners. The most common partnering agencies or organizations were: Physical therapy/Rehabilitation facilities (3), Senior centers (3), Senior residences/apartments (2), and Wellness center (1).

### **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 reported participating because his/her agency wanted to provide a fall prevention program to its seniors. Between 50 and 99 individuals were served by the program which was implemented in a residential facility and in the Aging Services Unit.

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. In-kind provided or received included facilitator time, guest speaker time, and space. The only partner for implementation was the County Aging and Disability Resource Center on implementation.

### **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. The program was offered in a Senior Center.

The Aging and Disability Resource Center was funded to implement the program; however, the funding source was not identified. In-kind support provided or received included volunteers, equipment, and phone reception. The ADRC does not have any partners in the Veterans Affairs Group Exercise Program.

### **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. Three respondents described the reason for participating: 1) Need to offer as many valid programs as available for fall prevention, 2) part of our plan/focus, and 3) grant recipient. One respondent reported serving fewer than 25 individuals, while two reported serving 25-49 individuals. Workshops were held in a variety of locations: senior center (3), community center (2), fitness center/gym (2), and residential facility (1).

Three respondents described their funding source for Simplified Tai Chi: Prevention Grant, privately paid by participants, and none. The Aging and Disability Resource Center received the Prevention Grant. One respondent described in-kind support provided or received: staff time, printing, class materials, and space. Two respondents reported partnering with other organizations: a specific person, YMCA/YWCA, and a senior center.

### **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.

## **Other Exercise-based Intervention**

Thirty-two percent (32%) of respondents said that their agency or organization had participated in another exercise-based intervention in the previous 12 months. Descriptions of these other exercise-based interventions were grouped into five categories: 1) identified exercise programs or modifications, 2) Tai Chi or modifications, 3) physical therapy, 4) screenings or assessments, and 5) exercise room available. Twenty-one percent (21%) of other exercise interventions had served at least 100 people. Locations of other exercise-based intervention workshops were senior center (12), community center (11), residential facility (4), fitness center/gym (4), hospital/clinic (3), workspace (2), Parks & Recreation Department facility (1), and other (7). "Other" locations described included: senior meal site (2), library (2), private homes (1), recreation facility (1), and walking club (1).

Twenty respondents described their funding source for other exercise-based interventions: 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). 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).

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

## **Home Modification Interventions**

### **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." Between 50 and 99 individuals were served by the program, which was held in a senior center (1), a community center (1), and a residential facility (1). The local public health department partnered with a fire department to provide Remembering When.

### **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 program. Reasons for participation included: 1) student education and service opportunity, 2) promote and sustain safe ability to remain in home for quality of life, 3) part of our program/focus, and 4) wanting to offer the highest quality services as possible to clients. Seven respondents reported the number of participants that had been served by Home Visits by an Occupational Therapist. Most (71%) had served fewer than 25 individuals. The program was conducted in hospitals/clinics (3), public health department (1), and in "other" locations – patient residences (4).

Six percent (6%) of respondents identified the funding source for the Home Visits by an Occupational Therapist 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). In-kind support included home visits, travel time, mileage, and space.

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

### **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.).

### **Other Home Modification Intervention**

Seventeen percent (17%) of respondents indicated that their agency or organization participated in a home modification intervention other than those identified. Sixteen respondents described these other interventions which 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. Most home modification programs (63%) served between 1 and 49 individuals and took place in various locations: in participants' homes (7), hospital/clinic (4), senior center (2), community center (2), residential facility (2), church/faith organization (2), and public health department (1).

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 for other home modification interventions: 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.

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

### **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/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.

### **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 most often identified as conducting 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 activities, approximately half of the respondents reported partnering with other agencies or organizations. Given the mortality and morbidity rates for fall-related injuries in Wisconsin, it is exciting to see the variety and extent of fall prevention activities being implemented.