

**Wisconsin Fall Prevention Activities Survey Report
Round 2 (2010)**

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

September 8, 2011

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Introduction

In late summer-early fall 2010, the Wisconsin Department of Health Services in collaboration with the Injury Research Center at the Medical College of Wisconsin repeated 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 time.

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 Long Term Care 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 62 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 150 individuals completed the survey.

County	Number of Respondents
Adams	1
Ashland	3
Barron	2
Bayfield	1
Brown	4
Buffalo	0
Burnett	1
Calumet	1
Chippewa	3
Clark	1
Columbia	1
Crawford	4
Dane	5
Dodge	2
Door	2
Douglas	3

County (continued)	Number of Respondents
Dunn	1
Eau Claire	2
Florence	0
Fond du Lac	4
Forest	2
Grant	0
Green	1
Green Lake	1
Iowa	2
Iron	1
Jackson	2
Jefferson	1
Juneau	1
Kenosha	2
Kewaunee	1
La Crosse	10
Lafayette	0
Langlade	2
Lincoln	3
Manitowoc	3
Marathon	2
Marinette	1
Marquette	1
Menominee	3
Milwaukee	16
Monroe	4
Oconto	0
Oneida	1
Outagamie	2
Ozaukee	2
Pepin	0
Pierce	1
Polk	2
Portage	1
Price	1
Racine	4
Richland	0
Rock	0
Rusk	2
St Croix	3
Sauk	2
Sawyer	0
Shawano	2

County (continued)	Number of Respondents
Sheboygan	1
Taylor	1
Trempeleau	2
Vernon	2
Vilas	0
Walworth	1
Washburn	1
Washington	1
Waukesha	2
Waupaca	6
Waushara	3
Winnebago	6
Wood	5
Other*	1

*Other not already reported in above table included: Statewide Initiatives. The number of respondents in the table exceeds 150 as some reported multiple counties.

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 (35%), followed by Aging and Disability Resource Centers (23%).

Agency Type	Frequency	Percent
Local Public Health Department	52	35%
Aging and Disability Resource Center	35	23%
Hospital / Clinic / Trauma System / Tribal Health Center	21	14%
Aging Unit or Department / Elder Services	12	8%
Senior Center	7	5%
Ambulance Service / Rescue Squad	5	3%
Local Area Agency on Aging	4	3%
Department of Health and Human Services	3	2%
Fire Department / First Responder	2	1%
University / Education	2	1%
Community Care Ministry	1	<1%
Community Coalition	1	<1%
Community Organization	1	<1%
Health Insurance Plan	1	<1%
Occupational Therapy	1	<1%
Regional Trauma Advisory Council (RTAC)	1	<1%
YMCA	1	<1%

Agencies/Organizations Conducting Fall Prevention Activities

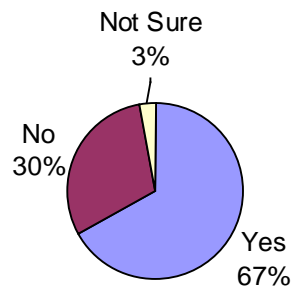
Eighty-seven respondents (58%) identified at least one agency conducting fall prevention activities in their county. Thirty-seven percent (37%) listed one agency or organization, 28% listed 2 agencies, 15% listed 3 agencies, 6% listed 4 agencies, and 15% listed 5 agencies. The types of agencies included:

Agency/Organization Type	Frequency	Percent
Medical Center, Hospital, or Health System	49	24%
Aging and Disability Resource Center	28	14%
Aging Department, Commission, or Unit	17	8%
Public Health Department	15	7%
Community Coalition or Wellness Center	13	6%
Home Health Care Agency	12	6%
YMCA, Fitness Center, or Community Recreation	10	5%
Senior Center	9	4%
University or Technical College	8	4%
Ambulance Service, EMS, or Fire Department	7	3%
State or National Organizations	5	2%
Physical Therapy Clinic or Rehabilitation Facility	4	2%
Senior Residences (apartments, assisted living, etc.)	4	2%
Social Services, Elder Services, etc.	4	2%
Interfaith	2	1%
Nursing Homes	3	1%
Regional Trauma Advisory Council (RTAC)	3	1%
UW-Extension	2	1%
Area Agency on Aging	1	<1%
Church	1	<1%
Community Care Ministry	1	<1%
Injury Prevention Program	1	<1%
Insurance Plan	1	<1%
Long-term Care Organization	1	<1%
Medical Examiner's Office	1	<1%
Visiting Nurses Association	1	<1%

Fall Prevention Program Activities Overview

Sixty-seven percent (67%) 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” as well as other fall prevention programs not listed in the compendium. 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, eight 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 logistical 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 fall prevention programs were Stepping On, Sure Step, and A Multifactorial Program.

	Frequency Yes	Percentage Yes*
Multifaceted Intervention Conducted (n=99)		
Stepping On	46	46%
Sure Step	9	9%
Fear of Falling: A Matter of Balance	2	2%
Prevention of Falls in the Elderly Trial (PROFET)	0	0%
The NoFalls Intervention	2	2%
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	9	9%
Other Multifaceted Intervention	31	31%
Exercise-Based Intervention Conducted (n=62)		
Stay Safe	1	2%
Otago Exercise Program	1	2%
Tai Chi: Moving for Better Balance	6	10%
Simplified Tai Chi	2	3%
Other Tai Chi Program	12	19%
Australian Group Exercise Program	0	0%
Veterans Affairs Group Exercise Program	0	0%
Walking Program	18	29%
Other Exercise-Based Intervention	22	35%
Home Modification Intervention Conducted (n=21)		
Remembering When	2	10%
Home Visits by an Occupational Therapist	3	14%
Falls-HIT (Home Intervention Team)	0	0%
Other Home Modification Intervention	16	76%

*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.

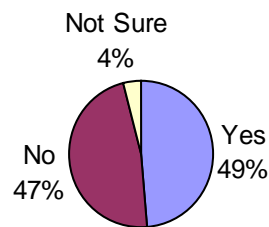
Multifaceted Interventions

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 (49%) 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



Forty-five respondents described reasons for participating in Stepping On. Responses were grouped into five categories: 1) good program, 2) need in the community, 3) part of our services/mission, 4) to reduce falls and help seniors maintain their independence, and 5) grant funding.

- Good program:
 - Great prevention program.
 - Believe in the program and its effectiveness.
 - Evidence-based prevention program.
 - To employ an evidence-based program to reduce falls among elders.
 - Effectiveness and content.
 - The ADRC felt that Stepping On is very worthwhile and wanted to get a class started as soon as possible and this has been accomplished very successfully.
 - It is a valuable prevention program for our seniors who are trying to maintain independence safely.
 - Great review of program by other agencies.
 - Ease of use of program materials and great support from Medical College of Wisconsin.
- Need in the community:
 - See the need for the community.
 - To bring out the awareness in preventing falls -- they occur often in the communities that it is needed.

- To offer more programs for the older population.
 - To address the high incidence of falls in our county.
 - County has a 25% senior population, and the local hospital has had one of the highest incidences of emergency room visits due to falls in Wisconsin.
 - To meet local need.
 - High degree of falls in the community.
 - High rate of injury and deaths in our county due to falls; See a need to reduce falls in our county.
 - Senior falls were identified during our Community Needs Assessment as a result from input from our Fire Department.
- Part of our services/mission:
 - One of our core services is to prevent and delay and lessen the impacts of aging and disabilities in the lives of adults. Falls prevention is an important piece of this service.
 - It complimented our existing Living Well with Chronic Disease Program.
 - Health department mission.
 - Prevention and promotion of independents essential to our agency.
 - Felt the ADRC could take the leadership role in recruiting other agencies to be involved.
 - We feel this is a very important part of Public Health Nursing due to the number of falls and injuries related to falls.
 - Therapist was trained to do these assessments.
 - Coordination of participation in County with the Park/Rec Department to be involved in the Stepping On research through UW-Madison.
- To reduce falls and help seniors maintain their independence:
 - The elderly, 65+, consist of 25% of our county's population, and injuries due to falls are a major reason for our hospital's emergency room visits. We wanted to help reduce that number.
 - There is an acute need for falls prevention programs to prevent the human cost of an injury and medical costs. Quality of life issues for older people to avoid falls and the effect on their lives of the fear of falling.
 - Prevent falls, keep persons in their homes, decrease medical costs.
 - Prevent falls.
 - To provide opportunity for community residents to prevent falls and increase independence.
 - To decrease falls in our county.
 - Hoping to reduce falls within our county.
 - Goal is to keep individuals in their homes as long as possible and living healthy, independent lives.
 - Reduce falls.
 - Prevention of falls in our senior residents.
 - To increase awareness of modifiable risk factors for falls in older adults and provide a instructional class to assist older adults to increase their balance and strength through exercise.
 - Falls are preventable and statistically frequent. It is the mission of public health to prevent injury and illness and promote health across the lifespan.

- Coordinate with hospital to provide information to our Seniors in County on fall prevention.
 - Awareness for Fall Prevention.
 - To reduce the risk of falls in our community.
 - We are an injury prevention coalition, and falls is County's number 1 cause of injury hospitalization.
 - We promote fall prevention programs in our counties.
 - Senior safety.
 - Commitment to help older adults remain independent.
 - Provide prevention program to help decrease the rate of falls; needed program with the high number of falls in WI; wellness for the elderly.
 - Community awareness, education, and wellness.
 - Desire to provide a quality falls prevention program.
- Grant funding:
 - Grant funding for a worthy prevention issue.
 - Grant funded--Sure Step.
 - ADRC Director received the Enhanced Grant as County had no falls prevention activities going on before Stepping On.
 - Seed funding was available.
 - \$.
 - Received grant to provide this program.
 - It was an evidenced based Fall Prevention Program with funding.
 - As a way to continue the Falls Prevention Screening Grant that the Department was a part of in conjunction with Medical College of WI and 4 other counties.

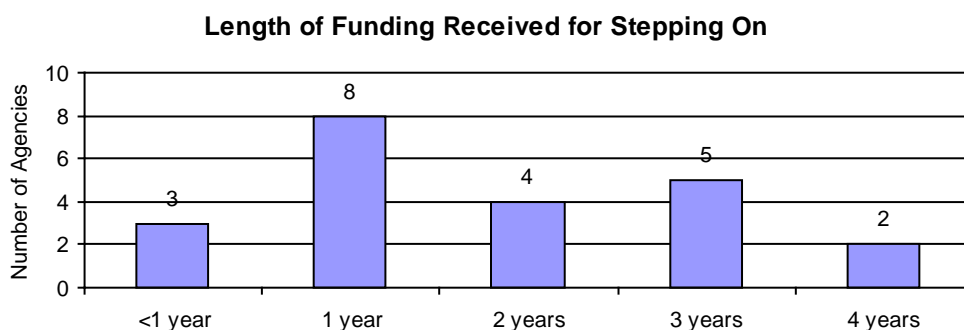
Funding

Funding sources identified for the Stepping On program included:

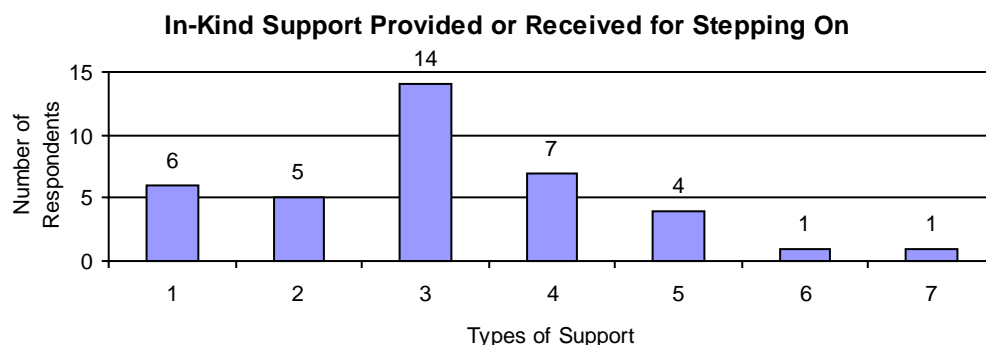
- Medical College of Wisconsin (10),
- Aging and Disability Resource Center (6),
- State grant (5),
- Greater Wisconsin Agency on Aging Resources (GWAAR) (4),
- Hospital/Health system (3),
- Prevention Block Grant (2),
- Grants not specifically identified (2),
- 3D funds (1),
- Agency (1),
- Aging Unit (1),
- Coalition (1),
- County tax levy funds (1),
- Donation (1),
- Grant through Department of Health Services (1),
- Insurance (1),
- Medicare Part A (1),
- Participant registration fees (1), and
- Wisconsin Partnership Program (1).

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 (17). Other local agencies funded included: health departments (9), aging departments (5), hospitals (1), GWAAR (1), and the organizations hosting the classes (1).

Twenty-two 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.



Thirty-eight respondents described the in-kind support their agency provides or receives for the Stepping On program. As shown below, nearly three-fourths (27) identified at least three types of in-kind support.

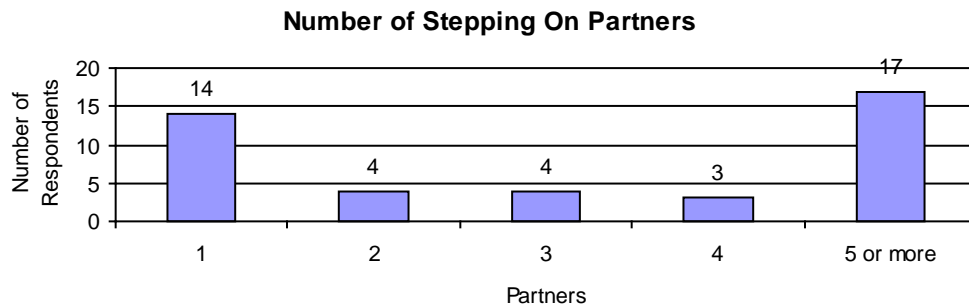


The most common type of in-kind support was staff time – listed by 29 of the 38 respondents. Space (23) and printing (20) were the next most frequently listed. Other types of in-kind support included:

- Refreshments (15),
- Program supplies/class materials (6),
- Marketing, advertising, media (5),
- Guest experts (5),
- Computer equipment/support (4),
- Supplies (4),
- Lay leaders (4),
- Logical support for registration and classes (3),
- Mailing (2), and
- Travel expenses/mileage (1).

Partners

Ninety-three percent (93%) of respondents reported partnering with other organizations to carry out the Stepping On program. Of those respondents who identified their partners, 14 listed one partner, 4 listed two partners, 4 listed three partners, 3 listed four partners, and 17 listed five or more partners.



The most common partnering agencies or organizations were medical centers/hospitals (22) and physical therapy/rehabilitation facilities (13). Other partners included:

- Pharmacy (10),
- Church (9),
- Health department (9),
- Senior residences/Retirement apartments (9),
- Organization for the Blind and Visually Impaired (7),
- Police department/Law enforcement (7),
- Aging and Disability Resource Center (6),
- Aging department, Agency on Aging, Senior services (5),
- Home health care agency (5),
- Senior center (5),
- University (3),
- Community care organization (2),
- EMS/Fire department (2),
- Local stores (2),
- Nursing home (2),
- Vision center/Eye clinic (2),
- Visiting nurses (2),
- City (1),
- Community care ministry (1),
- Community center (1),
- County (1),
- Dining site (1),
- Faith in Action (1),
- Fitness center (1),
- Hospice (1),
- Housing authority (1),

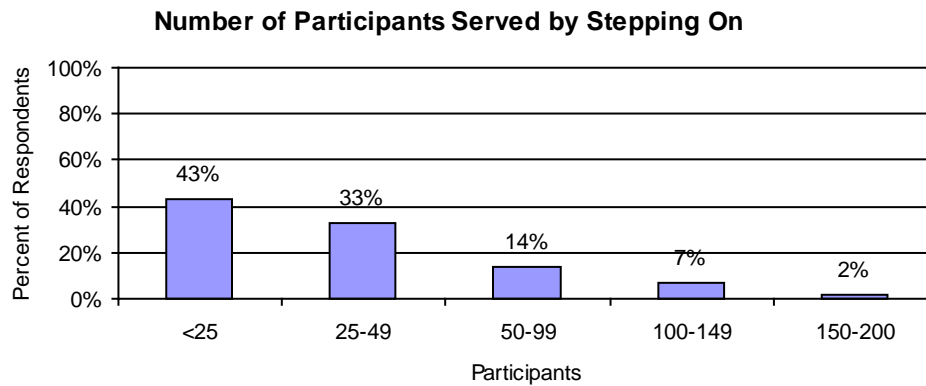
- Health plan (1),
- Library (1),
- Lions Club (1),
- Parks and Recreation (1), and
- YMCA (1).

Participants

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

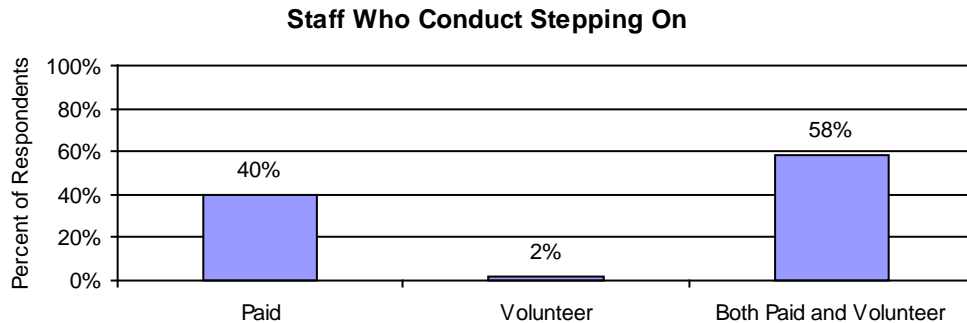
- Age:
 - 55+ (1)
 - 60+ (20)
 - 65+ (12)
 - 70+ (1)
- Gender:
 - Mostly female (17)
 - Male and female (11)
- Residence:
 - Community dwelling (5)
 - Senior apartments (1)
 - Low income housing (1)
 - Assisted living facility (1)
- Fear of falling, previous fall, or risk of falling (5)

Forty-three percent of the respondents (43%) reported that they had reached fewer than 25 participants with Stepping On, while 9% had reached 100 or more.



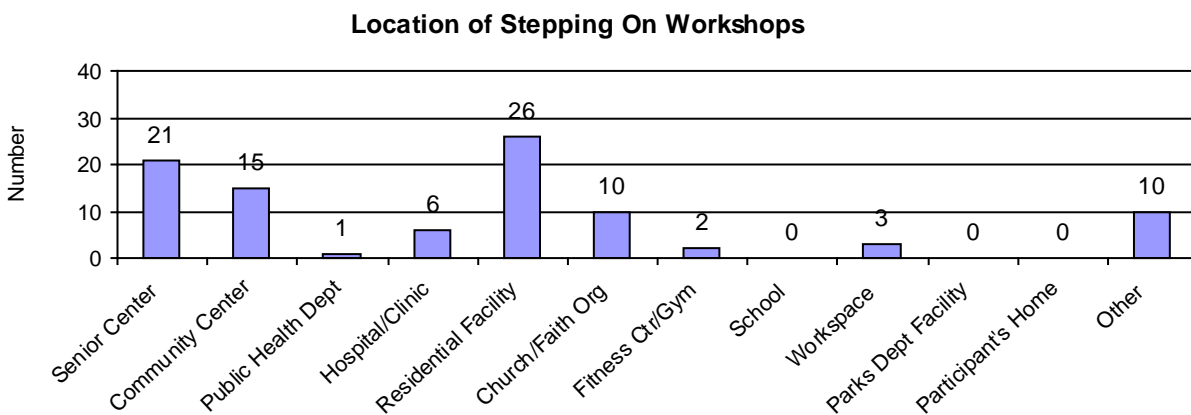
Program Logistics

Participants were asked whether the staff who conduct Stepping On are paid, volunteer, or both paid and volunteer. As seen below, over half (58%) had both paid and volunteer staff.

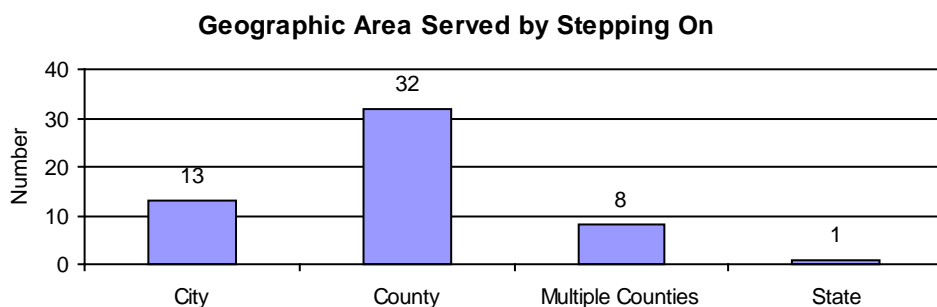


Nearly two-thirds (62%) of respondents reported that their agency or organization had conducted between one and three Stepping On workshops in the previous 12 months. Thirty-one percent (31%) had conducted 4-6 workshops, and 7% had not conducted any.

Half (50%) 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, senior meals program, Aging and Disability Resource Center, low income apartment complex, and a library.



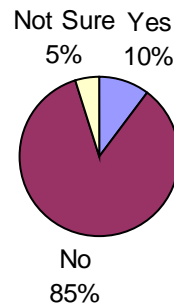
Over half (59%) of the Stepping On programs served a county, while 15% served multiple counties, and 24% served a city.



Sure Step

Ten percent (10%) 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:

- Evidence-based, good use of RN time in health promotion area, increased relationship between ADRC and healthcare providers and EMS (referral sources);
- Partnership in serving the same population;
- To provide an in home fall assessment for homebound individuals;
- Grant funding available for worthy prevention assessments;
- Under the grant;
- The high incidence of falls in County;
- In-home evidence based intervention to reduce falls; and
- Community outreach.

Funding

Respondents identified sources of their Sure Step funding: Aging and Disability Resource Center Prevention Grant (2), unidentified grant (2), agency budget (2), Medicare (1), ADD Life grant (1), family care (1), and Wisconsin Partnership Program grant (1). Agencies identified as receiving the funding for Sure Step included: Aging and Disability Resource Centers (5), home health care agency (3), and public health department (1).

Two respondents reported the beginning and ending dates for their Sure Step funding. Both received one year 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 two listed four. The most common type of support was staff time (7). Other types included space (4), printing (3), supplies (1), sharing referrals (1), and outreach (1).

Partners

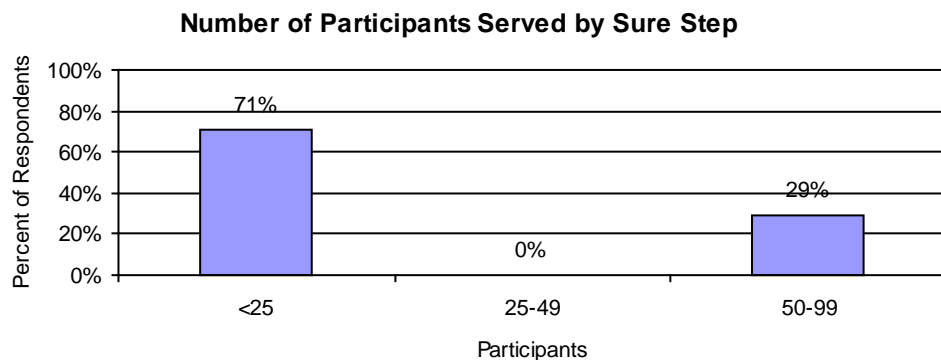
Fifty-six percent (56%) of respondents reported partnering with other organizations to carry out the Sure Step program. Of those respondents who identified their partners, 3 listed one partner and 1 listed two partners. Partners included a home health care agency, community care organization, public health department, ambulance service, and a volunteer organization.

Participants

Respondents described characteristics of Sure Step participants. Programs served those age 60 and over.

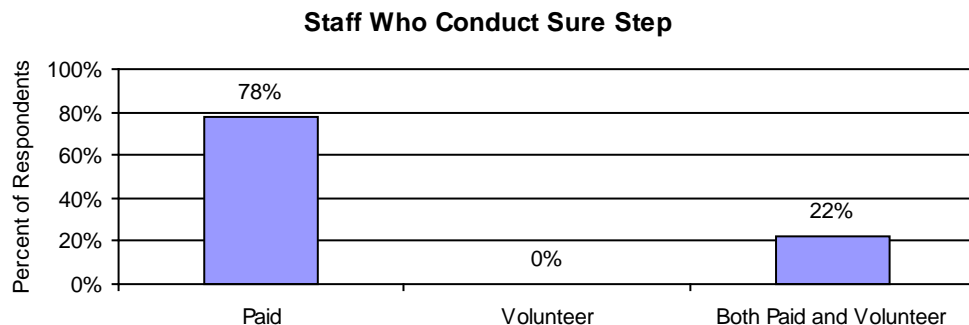
- Age:
 - 60+ (4)
 - 65+ (2)
- Gender:
 - Male and female (2)
- Health status:
 - Mild cognitive impairments (1)
- Previous fall or risk of falling (2)

As shown below, nearly three-fourths (71%) of agencies served fewer than 25 participants with Sure Step.

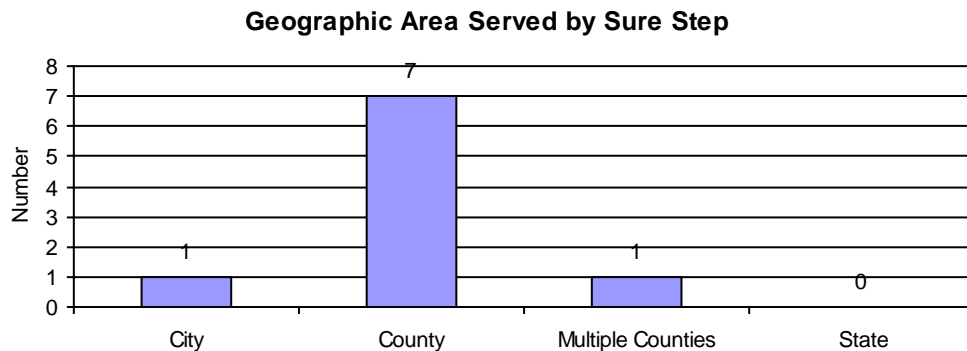


Program Logistics

Respondents were asked whether the staff who conduct Sure Step are paid, volunteer, or both paid and volunteer. As seen below, most (78%) had paid staff only.



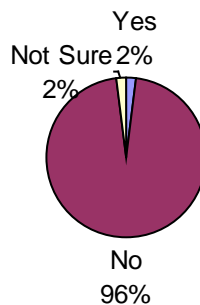
Respondents said most Sure Step workshops occurred in the participant's home (8). Workshops also took place in a senior center (1), and public health department (1). The majority of Sure Step workshops served a county area.



Fear of Falling: A Matter of Balance

Two percent (2%) 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:

- Prevent falls for elders, handicapped and the disabled in our community.
- To help individuals overcome the fear of falling and help them find ways to approach situations that may put them at risk.

Funding

The only reported funding source for Fear of Falling was an ADD Life grant to an Aging and Disability Resource Center. In-kind support provided/received included: staff time, printing, space, and section in a newsletter.

Partners

Neither respondent reported partnering with other organizations to carry out the Fear of Falling program.

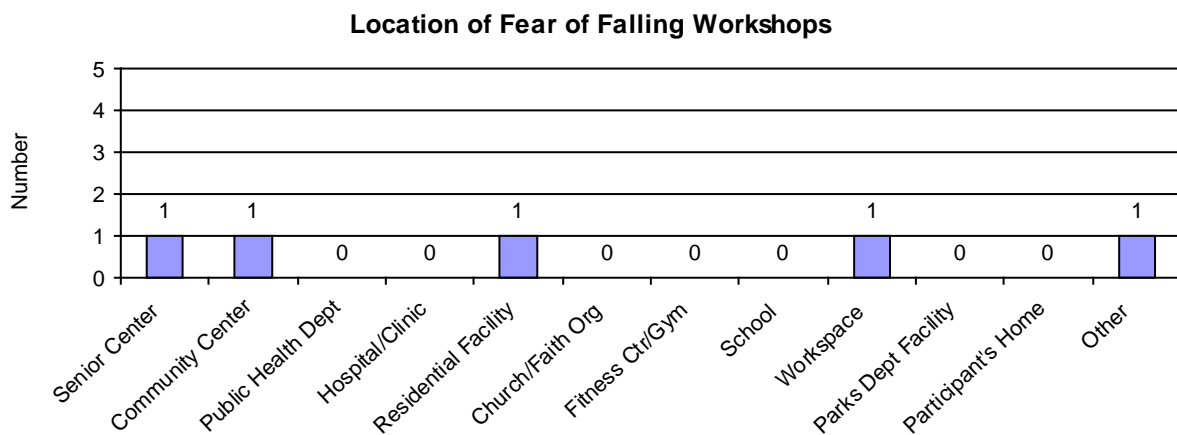
Participants

Participants in the Fear of Falling program were typically age 55 and above. One respondent indicated that fewer than 25 individuals had been served by the program, while the other reported reaching 25-49 participants.

Program Logistics

Respondents were asked whether the staff who conduct Fear of Falling are paid, volunteer, or both paid and volunteer. One used paid staff only, while the other used both paid and volunteer staff.

Fear of Falling workshops were held in a variety of locations – community center, senior center, workspace, and residential facility. One location identified as “Other” was Elder services.

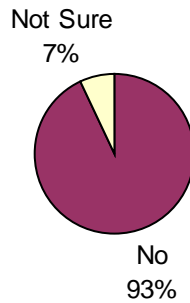


Respondents indicated that Fear of Falling served a city (1) and multiple counties (2).

Prevention of Falls in the Elderly Trial (PROFET)

No respondents confirmed that their organization participated in PROFET in the previous 12 months, while 7% were not sure.

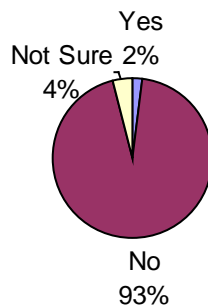
Agency Participated in PROFET



NoFalls Intervention

Two percent (2%) of respondents indicated that their organization participated in The NoFalls Intervention in the previous 12 months, while 4% were not sure. The reason listed for participating in NoFalls was community outreach.

Agency Participated in The NoFalls Intervention



Funding

No information was provided about source of funding, agency funded, funding dates, or in-kind support provided or received.

Partners

One individual responded to the question about partners for carrying out the NoFalls Intervention and reported having three partners: sports medicine, Falls Task Force, and community recreation.

Participants

No respondents reported the number of participants served by NoFalls.

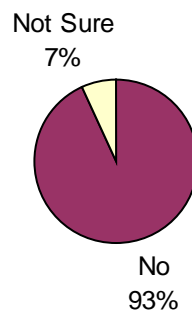
Program Logistics

The only information provided regarding logistics for NoFalls was that the geographic area served by the program was the state.

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, 7% said they were not sure.

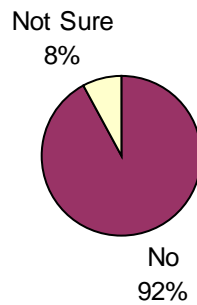
Agency Participated in SAFE Health Behavior and Exercise Intervention



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.

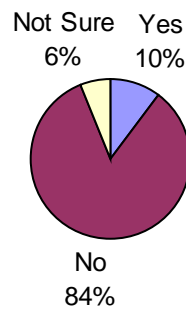
Agency Participated in Yale FICSIT



A Multifactorial Program

Nine respondents (10%) indicated that their agency conducted A Multifactorial Program in the previous 12 months.

Agency Participated in A Multifactorial Program



Reasons for participating in A Multifactorial Program included:

- To complete OASIS-C components for Medicare payments for services rendered,
- Trauma Injury Prevention,
- Development,
- Prevention program run through Nutrition program,
- Fall injuries are a more cause of morbidity and mortality in County for the senior population especially, and
- We have originated this program because of our interest in fall prevention.

Funding

Respondents identified sources of their funding for A Multifactorial Program: Aging and Disability Resource Center budget, insurance reimbursement for comprehensive fall evaluation, Healthy Lifestyles Network, and state funding. Two agencies identified as receiving the funding for Sure Step were Aging and Disability Resource Center and Regional Trauma Advisory Council. Four respondents reported the beginning and ending dates for their funding. Two received one year of funding, one received 3 months, and one received five years. Respondents were asked to describe the in-kind support provided or received for A Multifactorial Program. In-kind support included staff time (3), space (2), use of loan closet (1), resources (1), and printing (1).

Partners

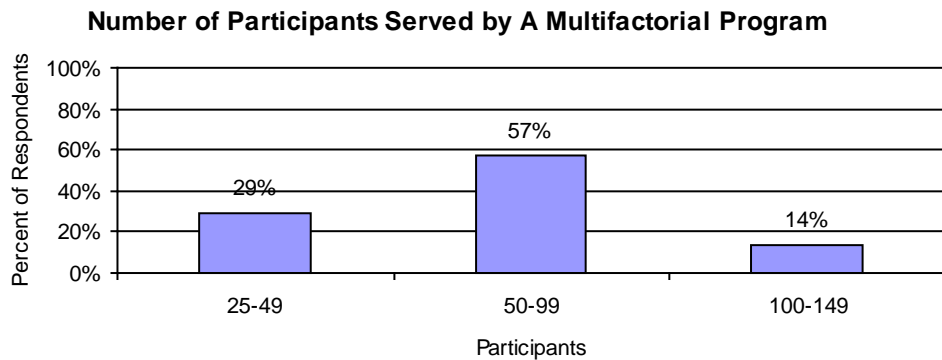
Seventy-one percent (71%) reported partnering with other organizations to carry out A Multifactorial Program. Of those respondents who identified their partners, 4 listed one partner, 1 listed two, and 1 listed five partners. Partners included Aging and Disability Resource Center, senior center, healthcare system, community coalition, public health department, pharmacy, and university/technical school.

Participants

Respondents described characteristics of A Multifactorial Program participants as shown below.

- Age:
 - 40+ (1)
 - 50+ (1)
 - 60+ (1)
 - 65+ (1)
 - 80+ (1)
- Gender:
 - Male and female (1)
 - Primarily female (1)
- Health status:
 - Mild cognitive impairments (1)
 - Served by home care program (1)
- Previous fall or risk of falling (2)
- Concerns about balance (1)
- Seniors at meal sites throughout the county (1)

As shown below, nearly three-fourths (71%) of agencies served at least 50 participants with A Multifactorial Program.



Program Logistics

Respondents were asked whether the staff who conduct A Multifactorial Program are paid, volunteer, or both paid and volunteer. All were paid staff only.

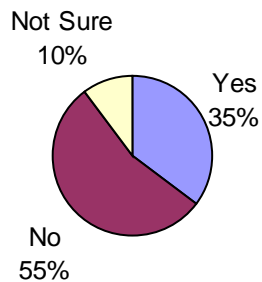
Respondents said workshops occurred in a senior center (2), hospital/clinic (2), community center (1), residential facility (1), school (1), and participant's home (1). One "Other" location included a home care agency.

The majority of A Multifactorial Program workshops served a county area (5), but city areas (2) were also served.

"Other" Multifactorial Fall Prevention Programs and Activities

Thirty-five percent of respondents (35%) 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 four categories: 1) combinations of components, 2) assessments and follow-ups, 3) displays/newsletters/presentations, and 4) other programs.

- Combinations of components:
 - The ADRC was involved in a multifactorial fall prevention program that addressed individual readiness for change, a home assessment and modification piece, and a continuum of evidence-based fall prevention programs.
 - Stronger Seniors Exercise program that incorporates gentle weights, repetition, and nutrition education, self in home assessments.
 - The hospital has its own program titled "Senior Steps". This community based program addresses physical exercise as the primary way to reduce falls. Other components such as vision, medicine, etc. are addressed and advised to seek medical care. This booklet is also distributed within the homecare program.
 - Created our own multi-disciplinary fall prevention/response program, to include nursing, physicians, pharmacy, physical & occupational therapy, case management, social workers.
 - Senior Steps is a hospital developed program on fall prevention.
 - We had previously been involved in both Sure Step and Stepping on. We incorporated these skills into our teachings for our elderly clients. This is not a program but we use things we have learned and continue to share this knowledge.
 - Steady and Ready. Lead: Good Samaritan Healthcare Center. Provides balance training through the PT department and health department provides education sessions on medication, home safety and nutrition.
 - Steady and Ready Program - Physical Therapy provides individual assessments and exercises based on balance and gait to participants. Public Health Educator provides educational sessions on fall prevention in the home, medication safety and nutrition.
 - 3 PT students from the UW-Madison designed a program specifically for us incorporating our interest and leadership in Wii bowling and bocce. They did a presentation, a falls risk assessment, created a video and made a series of posters for our ongoing use. They also recommended simple exercise equipment that we should have on hand. We wrote and received a grant to purchase the equipment.
 - WellnessWorks Healthy Aging Centers. Combines therapeutic functional assessments and supervised physical fitness/strength training at five senior fitness centers.
 - We are also working with the two coalitions in our counties to provide Medication Safety Bags for individuals on multiple medications. The bags are free, and are provided with education on managing medications. We are also working with EMTs to better coordinate services for individuals they encounter due to a fall.

- Assessments and follow-ups:
 - Our agency has a Senior Home Repair Program, where a staff member can assess the home for safety considerations. Once identified, volunteers make the necessary home repairs or changes.
 - We have Physical Therapists who do Balance checks and falls safety awareness as well as the Center for Independent Living that checks cane and walker tips for safety at two Senior Citizen's Health Fairs a year.

- Developed a Fall Risk Assessment program. This program involves a 30-45 min home visit to do a multi-component screen of the factors that contribute to a fall. The screening involves assessment of vital signs, interview regarding vision and vision care, cognitive and depression screen, mobility screen, fall history review and medication review. The nurse will educate and referral for follow-up concerns/risks identified in the assessment.
 - Sure Step training in April, 2010, Kenosha. Trained 1 person to be a trainer and 4 other professionals to be assessors. Sure Step Training in November, 2009, Green Bay. Trained 3 health professionals to be trainers and 7 other professionals to be assessors.
 - Client fall risk assessment upon admission to our Home Care Program Interventions developed and implemented based upon findings such as home modification, medication management, therapy assessments, exercise programs.
 - Geriatric Falls Clinic -- PT falls evaluation and treatment.
 - TUG as part of our multi-factorial assessment for Falls Risk, completed on ALL home care clients on admission, recertification and any other time during the time they are receiving home care services if skilled nurse feels it's warranted.
- Displays/Newsletters/Presentations:
 - We placed information and statistics pertaining to fall prevention and exercises in our local newsletter which is distributed to approximately 1,500 individuals within the county.
 - Informal educational displays on fall prevention were also conducted.
 - We had a speaker from Response Link speak on fall prevention and Health Reach held a balance clinic where they measured balance on a machine and then taught attendees ways to improve balance.
 - Aging Council held a Fall Prevention Day. Included in the activity were blood pressure screening, proper shoe fit, exercise class, fall prevention and a presentation by an eye clinic.
- Other programs:
 - In cooperation and collaboration with The Arthritis Foundation, Wisconsin Chapter, we participated in the Arthritis Foundation Exercise Program.
 - We offer the Arthritis Foundation Exercise Class and Tai Chi, both evidence-based programs.
 - TaiChi/QiGong classes. Purpose to increase physical strength, mobility and balance.
 - Keep Stepping.
 - Get Up and Go.
 - Tribal Injury Prevention Program.
 - Strong Women.
 - We partnered and collaborated with the Arthritis Foundation to offer a fall prevention exercise program at a local church community center.
 - Our agency did a pilot program with Hospital, Senior Activity Center, Non-Motorized Transportation, Public School and the Aging & Disability Resource Center to recruit and train over 30 adults to participate in "Walking School Bus" an intergenerational volunteer program to promote physical activity for older adults by having them walk children to school once per week for 10 weeks.

Reasons for participating in other multifaceted interventions included: 1) community need, 2) fall prevention, 3) increase quality of life, 4) good program, 5) priority, and 6) other.

- Community need:
 - High number of ambulance runs related to repeat falls among older adults.
 - A community health assessment indicated lack of physical activity and injury prevention as health priorities within our jurisdiction, especially for seniors and those with physical barriers to activity.
 - Falls is a main reason patients are entered into the trauma registry.
 - County reports that 74% of hospitalizations related to falls were in the 65 + age group. Falls are the leading cause of hospitalization and ER visits in County. In 2007 adults over the age of 65 accounted for 13% of the county's population- and this number will continue to increase.
 - Increasing fall rates, with injuries.
 - Need was identified for an Injury Prevention Program to serve four reservations.
 - Based on a recent community health survey and information obtained from local fire department officials (rescue calls), we knew falls were a cause of hospitalization and rescue calls in our community.

- Fall prevention:
 - Falls/ injury prevention.
 - To help support and provide fall prevention education to older population in our county.
 - To get education out within the county to prevent falls.
 - Our Trauma Registry data supports the need for fall prevention education and intervention in the >65 year old population.
 - Important to prevent fall injuries.
 - To help our community to prevent falls and learn their own risk factors.
 - Promoting the importance of fall prevention.
 - To provide additional support to Stepping On Completers with the exercise component.

- Increase quality of life:
 - Increase quality of life.
 - Compression of morbidity.
 - Better the quality of life for our seniors and incorporate intervention to weak bones and muscle tone.
 - Importance of helping people better manage their medications and health care.
 - Wellness check of our elderly.
 - Falls are preventable and we want to prevent falls in our older adults to increase the quality of life of individuals and reduce health care costs related to injuries from falls.
 - Promote quality of health.
 - Patient care.
 - To promote physical activity for older adults to reduce the risk of falling, to increase safety skills through training program and provide an intergenerational activity to for the social and emotional well being of the older adults in our community.

- Good program:
 - Strong support for evidence-based programming.
 - Excellent prevention program to promote health in the community.
 - Innovative, creative, and encouraging of the students. Provided a new 'take' on the subject of balance and falls and general fitness and conditioning.

- Priority:
 - Priority of local falls prevention coalition.
 - Part of our community health improvement process plan.
 - Part of the new OASIS regulations that took affect 1-1-2010.

- Other:
 - To increase our exercise class offerings.
 - Requests from participants.
 - To collaborate with the Aging & Disability Resource Center.

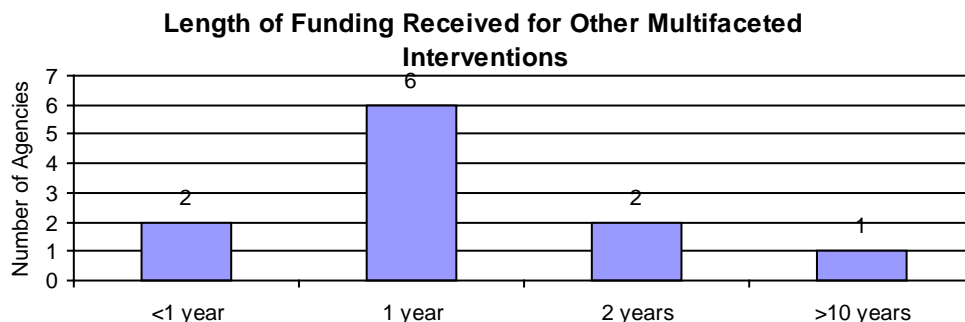
Funding

Twenty-six respondents identified funding sources for their other multifaceted interventions:

- In-house/self (7),
- Unspecified grant (4),
- Preventive Health and Health Services Block grant (3),
- Volunteers (3),
- Class fees (2),
- Hospital foundation (2),
- Medicare or other insurance (2),
- Aging & Disability Resource Center Prevention grant (1),
- Aging Unit allocation from the state (1),
- County tax levy (1),
- County/university partnership (1),
- Employee Wellness (1),
- Greater Wisconsin Agency on Aging Resources grant (1),
- Indian Health Service (1),
- Older Americans Act (1), and
- Trauma Services (1).

Funding for these other multifaceted interventions was most frequently received by a hospital/health center (5), an Aging and Disability Resource Center (4), or a health department (4). Others receiving funding included: aging department/commission (2), university (2), home health care agency (1), fitness center (1), county (1), and self (1).

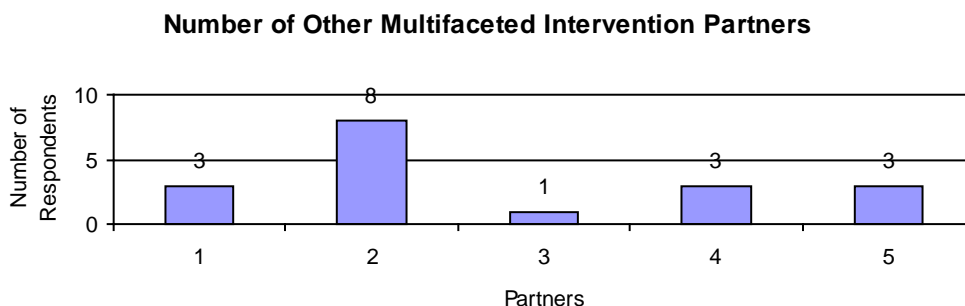
Eleven respondents reported the beginning and ending dates for their other multifaceted interventions. The chart below shows the number of agencies receiving varying lengths of funding.



Twenty-two respondents described in-kind support provided/received for other multifaceted interventions. The most frequently mentioned were staff time (18) and space (9). Other in-kind support included: printing (5), advertising/marketing (3), assistance with program planning/logistics (3), class materials (2), accounting services (1), refreshments (1), and supplies (1).

Partners

Approximately two-thirds (62%) of respondents reported partnering with other organizations to carry out another multifaceted intervention. Of those respondents who identified their partners, 3 listed one partner, 8 listed two partners, 1 listed three partners, 3 listed four partners, and 3 listed five partners.



The most common partnering agencies or organizations were:

- Hospitals/health center (6),
- Public school (4),
- Aging and Disability Resource Center (3),
- Community coalition (3),
- Human services (3),
- Rehab/PT facility (3),
- University (3),
- Arthritis Foundation (2),
- Community organization (2),
- UW - Extension (2),
- Fire department (2),

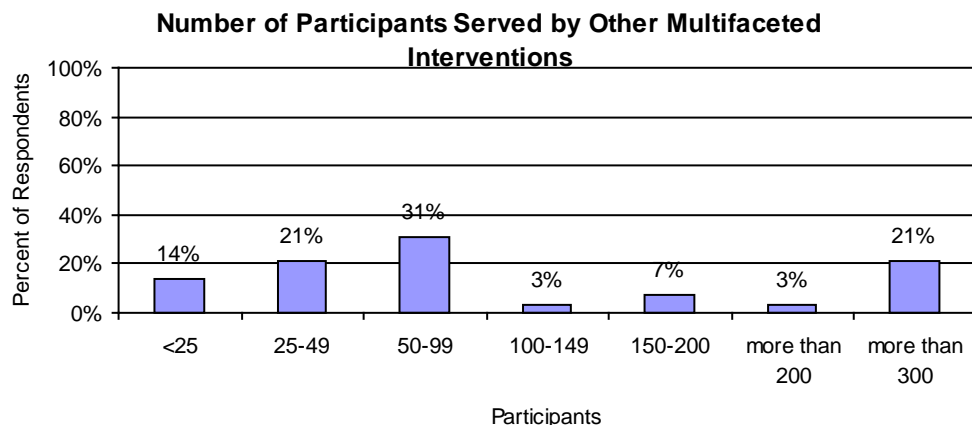
- Nursing home (2),
- Senior center (2),
- Visiting nurses (2),
- Aging department (1),
- Ambulance service (1),
- Church (1),
- Community center (1),
- County transportation (1),
- Eye clinic (1),
- Health department (1),
- Interfaith (1),
- Local business (1), and
- Managed care organization (1).

Participants

Respondents described characteristics of participants in their other multifaceted interventions.

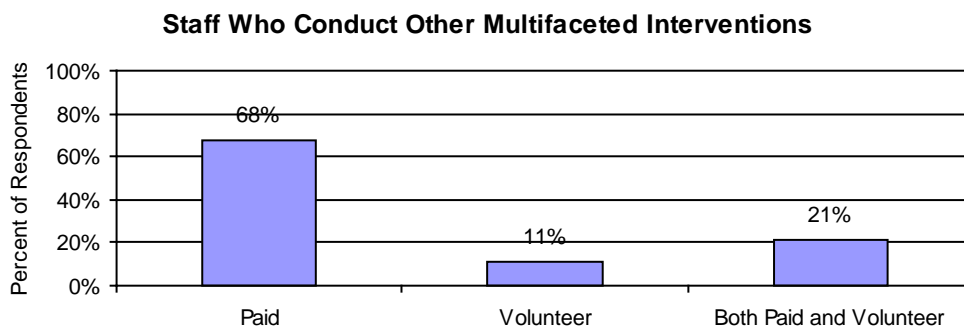
- Age:
 - All ages (5)
 - 50+ (4)
 - 55+ (2)
 - 60+ (8)
 - 65+ (2)
 - 75+ (1)
- Gender:
 - Male and female (6)
 - Mostly female (2)
- Residence:
 - Community-dwelling/living in own home (2)
- Health status:
 - Chronic disease diagnosis (2)
 - Taking 4 or more medications (1)
 - Mobility or balance problems due to health concerns (2)
- Income:
 - Low income (1)

Thirty-four percent (34%) of other multifaceted interventions had served at least 100 individuals.

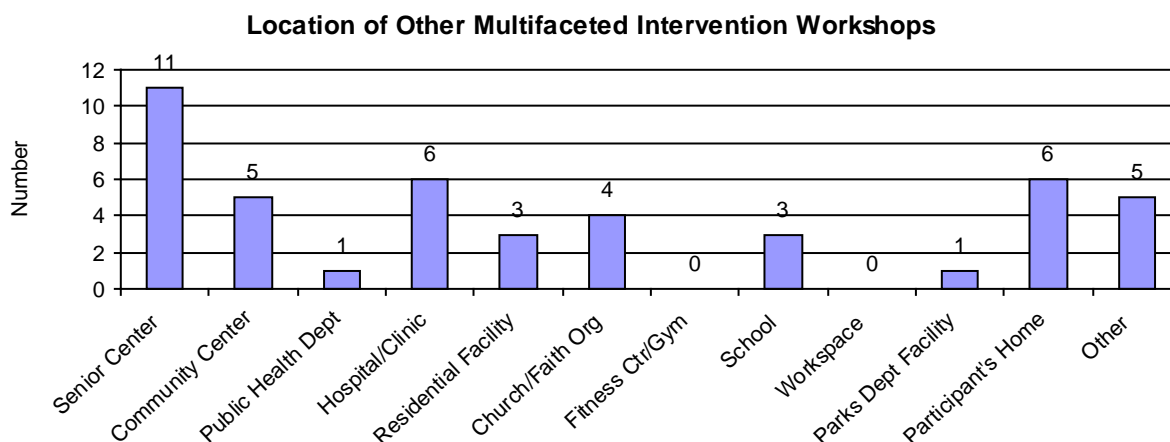


Program Logistics

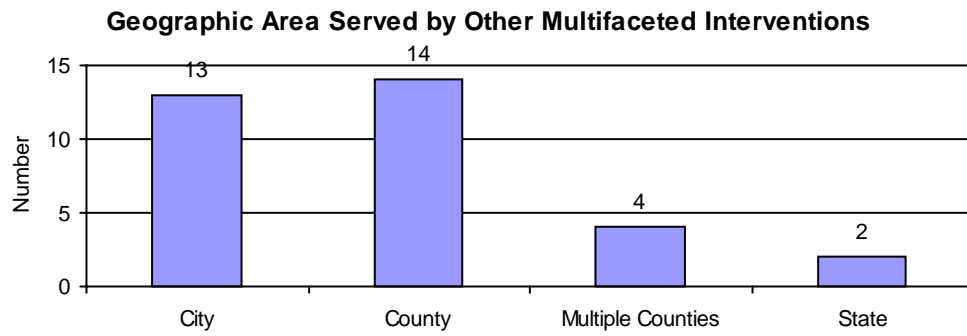
Respondents were asked whether the staff who conduct another multifaceted intervention are paid, volunteer, or both paid and volunteer. As seen below, two-thirds (68%) used paid staff only.



Workshops for other multifaceted interventions were most frequently held in senior centers (11), hospitals/clinics (6), participant's homes (6), and community centers (5). "Other" locations included educational facility (2), fair (1), home care agency (1), and newsletter (1).



The geographic areas most frequently served by other multifaceted interventions were a county (14) and a city (13).



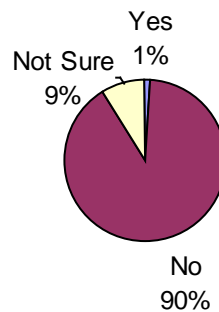
Exercise-based Interventions

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

Stay Safe, Stay Active

One respondent reported that his/her agency or organization participated in Stay Safe during the previous 12 months, while 9% were not sure. No other information was provided.

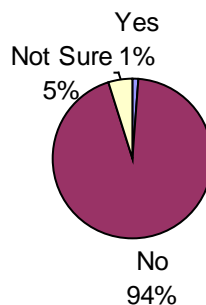
Agency Participated in Stay Safe, Stay Active



Otago Exercise Program

One respondent said that his/her agency or organization had participated in the Otago Exercise Program in the previous 12 months, while 5% were not sure. The reason for participation in the Otago Exercise Program was patient care.

Agency Participated in Otago Exercise Program



Funding

The funding source for Otago was Medicare and the program was offered through UW Hospital and Clinics. No in-kind support was listed.

Partners

No partners in carrying out the Otago Exercise Program were identified.

Participants

More than 200 individuals were served by the Otago Exercise Program; all were age 60 or older.

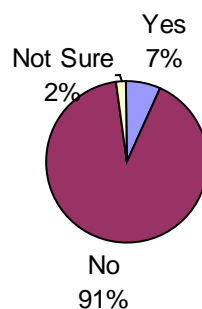
Program Logistics

Only paid staff conducted Otago; it was conducted in a hospital/clinic. The state was identified as the geographic area served.

Tai Chi: Moving for Better Balance

Seven percent (7%) 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:

- Evidence-based, consumer interest,
- Exercise option,
- Looking for a great preventive program for seniors,
- Reduce risk of falls in high risk population,
- We had a prevention grant several years ago that allowed us to pay for training of instructors, and
- Benefits of Tai Chi for overall health improvement and for balance.

Funding

Respondents described the funding source for their Tai Chi program. Sources included: class fees (3) and self (1).

Four respondents identified the agency funded to conduct Tai Chi. Two reported that their Aging and Disability Resource Center received the funding, while one listed a private instructor, and one reported "self." One respondent reported the beginning and ending dates for his/her Tai Chi funding – 9 months. In-kind support received/provided included: space (3), printing (2), and marketing (2), staff time (1), outreach (1), and county levy (1).

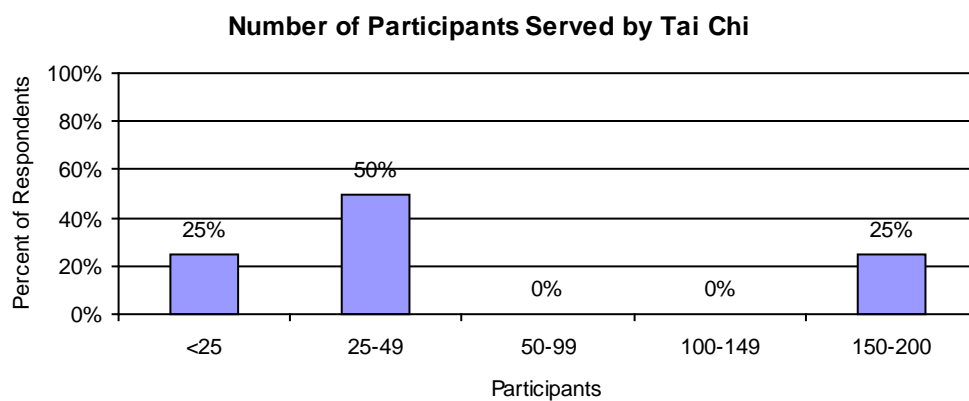
Partners

One respondent reported partnering with one other organization – a senior center -- to carry out Tai Chi: Moving for Better Balance.

Participants

Participants in Tai Chi were described as: adults age 55 and over, mostly women age 40 and over, and mostly between age 70 and 80.

As seen in the chart below, three-fourths of the Tai Chi programs (75%) served 49 or fewer individuals.



Program Logistics

Respondents were asked whether the staff who conduct Tai Chi are paid, volunteer, or both paid and volunteer. All used paid staff only.

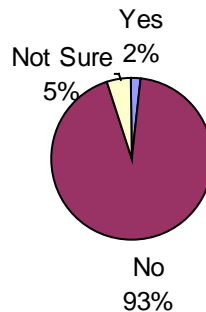
Tai Chi: Moving for Better Balance workshops were most frequently held in a senior center (5). Additional locations included: hospital/clinic (1), church (1), workspace (1), and community center (1). "Other" locations described were a library and a life enrichment location.

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

Simplified Tai Chi

Two percent (2%) of respondents said that their agency or organization had participated in Simplified Tai Chi in the previous 12 months. One respondent described his/her agency's reason for participating in Simplified Tai Chi as wanting to reach out to a younger group.

Agency Participated in Simplified Tai Chi



Funding

No respondents provided information regarding funding source, funded agency or funding dates. However in-kind support provided/received included staff time, printing, and space.

Partners

No respondents reported partnering with other organizations to carry out Simplified Tai Chi.

Participants

Two respondents reported the number of participants served by Simplified Tai Chi. One reported serving 25-49 individuals, while one served 150-200 individuals.

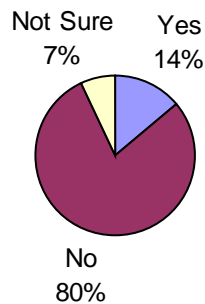
Program Logistics

Only paid staff conducted Simplified Tai Chi. Workshops were held in a variety of locations: senior center (2), community center (1), church (1), and residential facility (1). County (1) and multiple county (1) areas were served.

Other Tai Chi Programs

Fourteen percent (14%) of respondents reported that their agency or organization conducted some other Tai Chi program.

Agency Participated in Another Tai Chi Program



Respondents provided a description of their Tai Chi Programs:

- Senior center programming;
- Tai Chi was offered at the senior center;
- Located at the Senior Center, the classes meet once each week for 1 hr in 10 wk sessions which are repeated throughout the year after a 2 wk break;
- Traditional Yang Style Tai Chi is offered at the senior center. 4 week sessions that meet twice per week for an hour are offered 6 times per year;
- Ongoing classes at senior centers. Regularly scheduled at various times in various sites;
- We offer Tai Chi classes on an ongoing basis. The classes are held at churches, senior centers, ADRC offices. The classes run for 8 weeks meeting either once or twice a week for an hour;
- Through the Aging and Disability Resource Center, Tai Chi instructors have been trained;
- Weekly QiGong & TaiChi exercises, ongoing;
- Tai Chi is offered through Hospital employee Wellness Works Program;
- Integrate Tai Chi exercises for balance for patients; and
- Tai Chi Fundamentals- Four 8-week sessions in each of three communities.

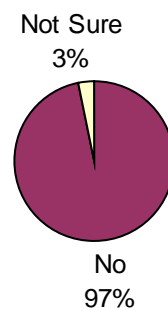
Eight respondents described the training that their Tai Chi instructors received:

- Certified instructor and years of participation;
- Trained through Tai Chi Fundamentals and are either certified to teach Levels 1 and 2 or Levels 1, 2, and 3;
- Nationally certified;
- Instructor has taken Tai Chi for many, many years and has taken a certification course offered through an Aging and Disability Resource Center;
- Professional;
- Physical Therapist;
- Registered Nurse and instructor; and
- Level 1 and 2 training from Tai Chi Fundamentals.

Australian Group Exercise Program

No respondents said that their agency or organization had participated in the Australian Group Exercise Program in the previous 12 months.

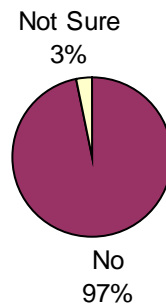
Agency Participated in Australian Group Exercise



Veterans Affairs Group Exercise Program

No respondents said that his/her agency or organization had participated in the Veterans Affairs Group Exercise Program in the previous 12 months.

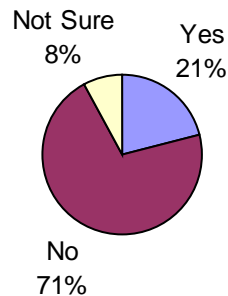
Agency Participated in Veterans Affairs Group Exercise Program



Walking Programs

Twenty-one percent (21%) of respondents reported that their agency or organization offered a walking program for older adults in the previous 12 months.

Agency Participated in a Walking Program



Fifteen respondents described their walking programs. While some were informal, "walk on your own" programs, most were described as more formal walking clubs or programs:

- Informal/Walk on your own:
 - Monday Through Friday in the gym of the Community Center. It was a walk on your own type of program.

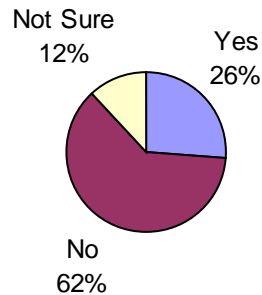
- Signs put up in the Human Resource Building for regular walkers--informal--no training done.
- We have a group that can walk each week day at an athletic club. We have arranged for no charge hrs in the morning. Participants can walk as long as they choose as many days as they like. The program operates yr round.
- Walking Club/Program:
 - County on the Move. Sessions were held through various villages and towns in the County. 6 locations ADRC partnered with Public Health and UW-Extension to invite people of all ages to walk or run with the goal of walking or running 5K. 8 sessions held with an instructor in each location once a week. 146 participants signed up.
 - Healthy Lifestyles Walking Club, open to children, families and community members. Participants decide upon a goal, ex. 200 miles during the spring and summer months or whatever their physician declares a safe amount of miles. Participants walk according to their own individual plans, call in their miles weekly, participate in health screening and a "Walking Club Celebration" at the end of the Walking club period. Walking club activities are limited to the months when the weather is good because we have no indoor facility.
 - Community education and walking programs were held in 7 communities for 8 weeks. The educational component was 20-30 minutes and the walking component started at 30 minutes and increased gradually to 5K. The time component was not a factor as all accomplished at different times, then the relax phase lasted 15 minutes. Stretching, weight bearing, and cool-down exercises were incorporated with walking.
 - A 6-week Walking Club at shopping malls. The Walking Clubs are continuing from September-November and going for 10 weeks.
 - Walking School Bus.
 - Walk to Win program in September through December.
 - Daily walking club offered at the local mall prior to opening to the public each day.
 - We provided a 6 week walking program. The groups each received pedometers and tracked their steps for the week. The group met once a week for an hour. An educational topic was shared and the group went for a walk. The steps were translated into miles and charted on a US map.
 - We have exercises within the Community Center which is sponsored by the County Aging Unit. The exercises are done twice a week.
 - Eat Better, Move More: Healthier Steps to Aging offered at senior dining centers.
 - Senior Fitness program offered through University.
 - All senior dining centers participate in "America on the Move" Day and do walking programs at the locations.
 - Integrated with falls training.
 - Some senior centers have walking groups.

Four respondents indicated that their walking program included balance exercises: 1) heel to toe standing and walking, sideways walking, stork pose; 2) lifting weights while standing and then balancing by hanging onto the back of a chair; 3) senior fitness testing including "timed get up and go," and various other fitness testing and exercises to improve balance; and 4) on their feet, sensory challenges, stationary and dynamic balance.

“Other” Exercise-based Interventions

Twenty-six percent (26%) 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 their other exercise-based interventions. Responses were grouped into four categories: 1) identified exercise programs, 2) chair exercises, 3) assessments and exercises, and 4) other.

- Identified exercise programs:
 - StrongWomen - Strength training program. (3 respondents)
 - Arthritis Foundation Exercise Program. (3 respondents)
 - Eat Better/Move More.
 - We also began offering the Tufts University Program, Strong Bones. This is a 12 week strength training class which meets twice a week for 1 hour.
 - A hospital based program called Senior Steps.
 - Steady and Ready, basic and advanced programs.
- Chair exercises:
 - Chair exercises using weights and stretch bands.
 - Chair exercises for the disabled, exercise program for pre-school, daycare, and youth.
- Assessments and exercises:
 - All WellnessWorks programs are focused on reduction of injury from falls. We use a comprehensive strategy of strength and balance training combined with therapeutic interventions that begin with an initial functional assessment. Participants consult with the therapist on the best fitness regimen for them to use at the senior fitness center depending on their personal goals and needs identified by the therapist.... any combination of strength training, weight control and balance. Each participant has the opportunity for ongoing reassessments that target change of condition. They can also request a formal or informal follow up consult with the therapist to evaluate progress and make changes to the therapy/exercise routine as needed. We consider this program to be evidence based, as we have been doing ongoing data collection and evaluation of efficacy for over 9 years.

- Senior fitness testing and individualized exercise programs offered with Carroll University graduate Physical Therapy students.
- 4 of 5 Senior fitness centers now include a Healthy Living center in partnership with Therapy plus of Wisconsin. Healthy living centers conduct functional assessments and give therapeutic OT/PT consultations free of charge. They also take referrals for therapy on site at senior centers with senior fitness centers and offer ongoing support and clinical evaluation for functional change. Fall prevention is a focus.
- Other:
 - Yoga, 5 days a week for strength & balance, inside & out.
 - Partnered with local fitness instructor who offers senior exercise classes.
 - We currently are offering a low impact, balance and strength improvement class at two of our senior meal sites. It is led by a physical therapist from Medical Center at a nominal fee per class.
 - PT.
 - Hold weekly exercise programs at our Center.

Eighteen of twenty-three respondents indicated that their exercise programs included balance exercises. Balance exercises identified were:

- Heel raises;
- Balancing on one leg;
- Tandem standing and walking;
- Single-leg stands;
- Leg swings;
- Squats;
- Walking;
- Marching;
- Sit to stand;
- Side stepping;
- Heel-toe standing;
- Heel to toe walking;
- Stork pose;
- Calf and toe raise;
- Front knee extensions;
- Side leg raise;
- Standing, use of chairs, blocks, other props when doing yoga exercise for balance such as triangle and warrior poses; and
- Large and small motor skill development.

Reasons for participation in other exercise-based interventions for fall prevention included: 1) identified need, 2) demand, 3) to increase program options, 4) good program, 5) enhance collaboration, 6) health benefits, and 7) other.

- Identified need:
 - Trauma registry data.
 - Need was identified in health assessment.
 - Needed to provide more clinical assessments for fitness participants with mobility issues and loss of function. Fitness center student staff is not appropriate for this task.

- Demand:
 - There was a demand for the program. Our Body Recall fitness program is on hiatus during the summer, and I wanted to offer our seniors a fitness program as a substitute, and then continue the Arthritis Foundation Exercise Program in September, when the Body Recall program commences, also.
 - Seniors asked for program.
 - Consumer interest.

- Increase program options:
 - Bringing another option for exercise into the senior programs we offer.
 - To provide additional exercise opportunities.

- Good program:
 - Believe in the program and the results.
 - Benefit to students and seniors.
 - Evidence-based.

- Enhance collaboration:
 - Collaborate with the ADRC.
 - Encouragement by County UW Extension and ADRC of healthy living fitness programs.

- Health benefits:
 - The program helps older adults build muscle strength, increase bone mass and improve balance, along with other health benefits.
 - Improve overall health status for our population.
 - Improvement of quality of life for seniors.
 - Fall prevention.

- Other:
 - Patient care.
 - Grant funded.
 - Community Benefit as part of hospital mission.
 - Part of 5-year health plan.

Funding

Nineteen respondents described their funding source for other exercise-based interventions:

- Class fees (5),
- Community partnership (2),
- Foundation grant (2),
- Health service/center (2),
- 3b grant (1),
- ADRC prevention grant (1),
- Community development block grant (1),
- County (1),
- Grant through Greater Wisconsin Agency on Aging Resources (1),
- In-house (1),
- Local funding (1),
- Medicare (1),
- Non-specified grant (1),
- Title III (1),
- Trauma Services (1), and
- University (1).

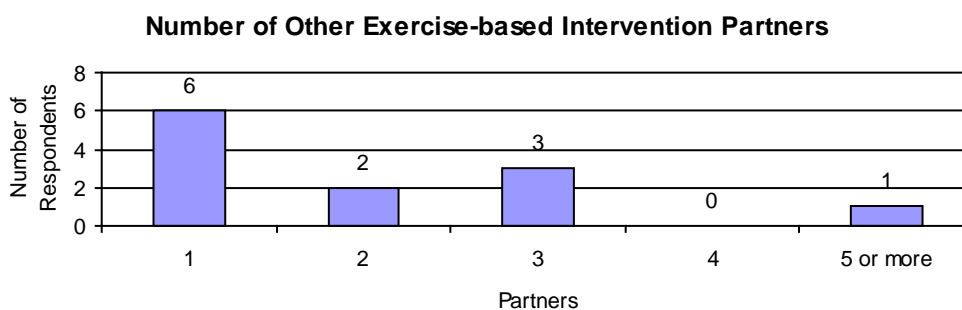
The agencies receiving the funding were most commonly an Aging Department (5) or a health service/system (5). Other agencies funded were: Aging and Disability Resource Center (3), university (1), and city (1).

Eight respondents reported the beginning and ending dates for their funding. Six received 1 year of funding, one received 5 years, and one received 30 years of funding.

In-kind support provided/received for other exercise-based interventions included: staff time (13), space (8), printing (6), advertising/marketing (5), program supplies/equipment (3), volunteers (1), and logistical support (1).

Partners

Sixty-five percent (65%) 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, 2 listed two partners, 3 listed three partners, and 1 listed five or more partners.



The identified partnering agencies or organizations were:

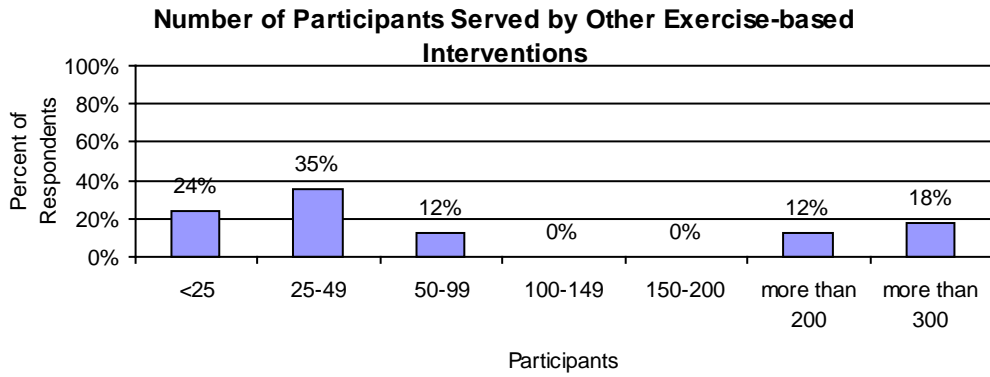
- University (4),
- Hospital/health system (3),
- UW - Extension (2),
- Adult day care (1),
- Aging and Disability Resource Center (1),
- Aging department (1),
- Church (1),
- Community group (1),
- Elderly program (1),
- Fitness center (1),
- HeadStart (1),
- Health department (1),
- Interfaith (1),
- Physical therapist (1),
- Senior housing (1),
- School recreation department (1),
- Volunteer program (1), and
- YMCA (1).

Participants

Respondents described characteristics of participants in other exercise-based interventions.

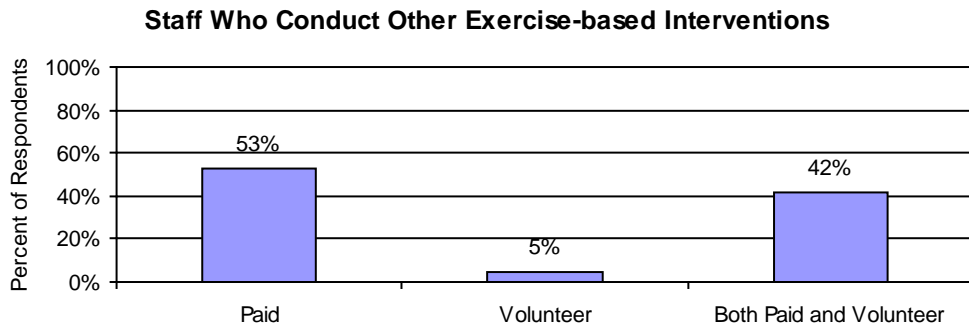
- Age:
 - All ages (2)
 - 50+ (3)
 - 55+ (1)
 - 60+ (7)
 - 65+ (1)
- Gender:
 - Male and female (3)
 - Mostly female (5)
- Residence:
 - Community-dwelling (2)
- Disabled (1)
- Meal site participants (1)

As seen below, 30% of other exercise interventions had served at least 200 people.

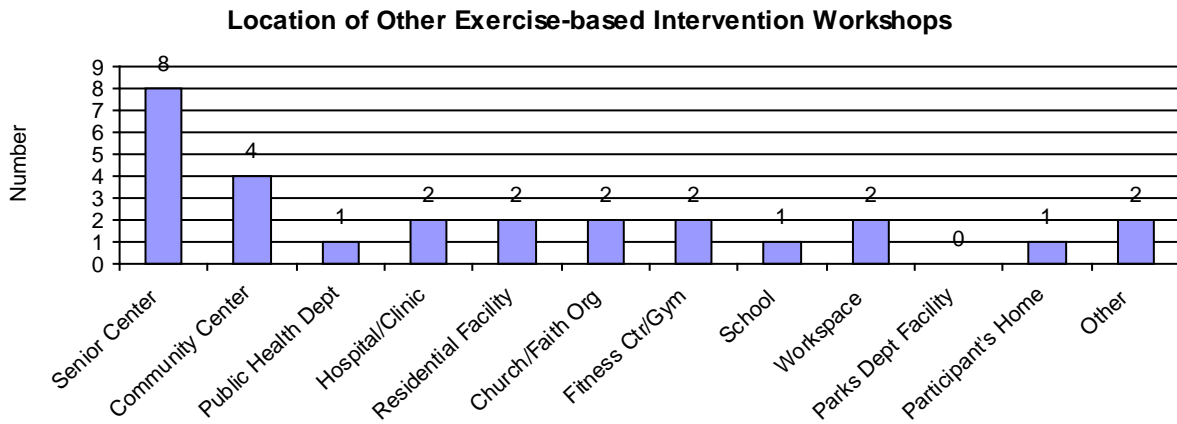


Program Logistics

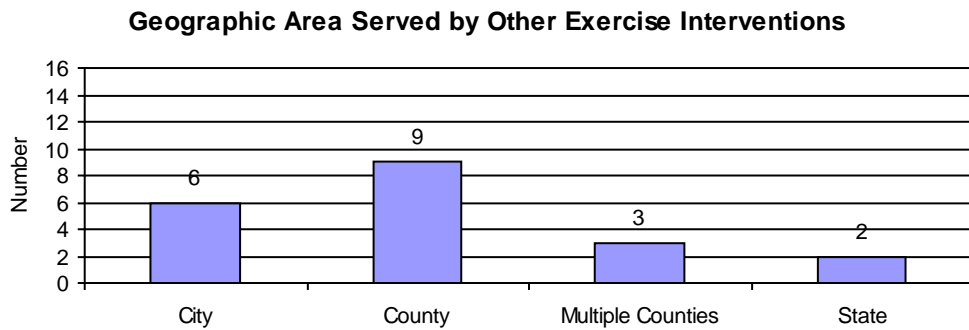
Respondents were asked whether the staff who conduct other exercise-based interventions are paid, volunteer, or both paid and volunteer. As seen below, over half (53%) used paid staff only, while 42% were used both paid and volunteer staff.



The most common location of other exercise-based intervention workshops was a senior center (8). "Other" locations described were: library (1) and fair (1).



The most frequently served geographic area was a county (9). But cities (6), multiple counties (3), and the state (2) were also served.



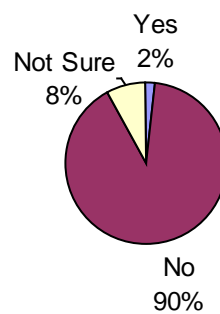
Home Modification Interventions

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

Two respondents indicated that their agency or organization had participated in Remembering When in the previous 12 months.

Agency Participated in Remembering When



The reasons for participating were:

- Request made by the Fire Department to partner with them to attend the training and carry out further training in the community. Funding was one time funding for training only.
- The program was well-rounded and the program had training offered by National Fire Protection Association at no cost to participating agencies partnering with another community organization.

Funding

Both respondents identified fire departments as the agency funded. One was funded through the fire department budget, while the other was through prevention funds and a grant from the National Fire Protection Association. In-kind support in the form of staff time was received/provided.

Partners

Both respondents partnered with a fire department to provide Remembering When.

Participants

Participants in Remembering When were males and females. One organization's participants were over age 50, some of whom were high risk disabled and low income. The other organization's participants were described as age 65 and over.

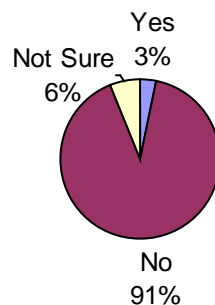
Program Logistics

Only paid staff implemented Remembering When. Workshops were held in a senior center, community center, residential facility, church, public health department, participant's home, and apartment/condo complexes. The geographic areas served were city (2) and county (1).

Home Visits by an Occupational Therapist

Three percent (3%) 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:

- I am credentialed in fall prevention Stepping On and Matter of Balance; I'm on Social Security but I still keep my OT credentials as I want to continue educating/facilitating others on fall awareness and prevention.
- No cost to the participant. Available to home bound folks.

Funding

Two respondents identified their funding source for the Home Visits by an OT program: insurance reimbursement and provided by volunteers at no cost. Agencies funded included a volunteer organization and an occupational therapy service. In-kind support provided/received included home visits, phone surveys, and referrals.

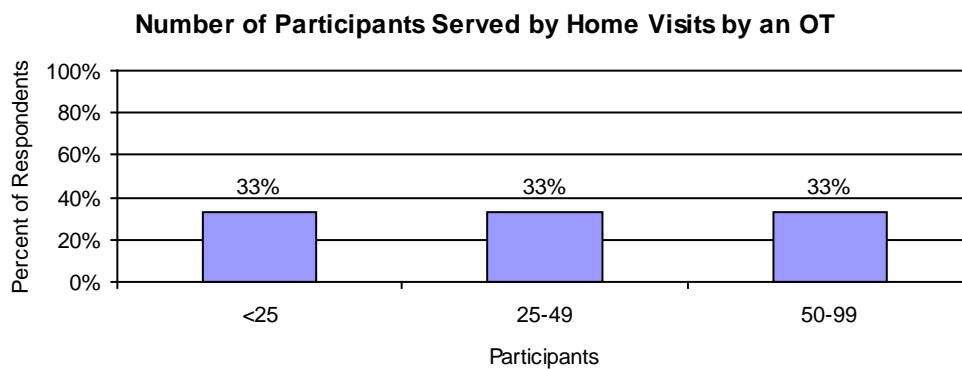
Partners

Two of the respondents reported partnering with other organizations to carry out Home Visits by an OT. Two respondents identified their partners: a rehabilitation services organization and a volunteer program.

Participants

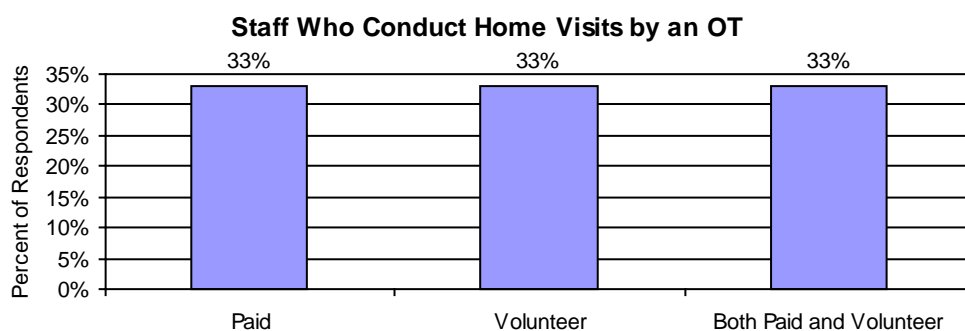
Participants in Home Visits by an OT were age 55 or over. Some were primarily home bound, while others were community-dwelling citizens living in senior apartments, condos, or residential homes. Some were active fitness center participants or involved in neighborhood walking activities. Individuals who had fallen in the past and wanted to modify their activity level and/or their residences to prevention another fall also participated.

Three respondents reported the number of participants that had been served by Home Visits by an OT as shown below.



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, all types were used.

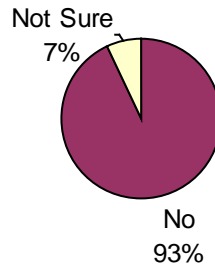


Home Visits by an OT were conducted in participant homes (3), hospitals/clinics (1), and a fitness center (1). The geographic areas served were city(1), county (1), and multiple counties (1).

Falls-HIT (Home Intervention Team)

No respondents indicated that their agency participated in the Falls-HIT (Home Intervention Team) program, while 7% were not sure.

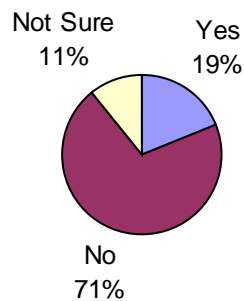
Agency Participated in Falls-HIT



"Other" Home Modification Interventions

Nineteen percent (19%) 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 four categories: 1) presentations/print resources, 2) home repair/modification activities, 3) assessments, and 4) other.

- Presentations/Print resources:
 - Caregiver Fall Prevention Program in October 2009. The program consisted of guest speakers that included a pharmacist, physical therapists and a representative from a local home medical supply retailer.
 - Visits to elderly high rises in the area and gave a talk about hazards around the home and how to prevent falls. Also focused on proper footwear to prevent falls.
 - We've also done education using our monthly newsletter.
 - As we do in hoe visits we often leave information on falls prevention and we review this information with at-risk HDM participants as far as being safe in the kitchen, bathroom and bedroom.

- Home repair/modification activities:
 - Senior Home Repair Program.
 - Made recommendations for home modification through our home health care program and assisted with getting vendors to accomplish if needed.
 - Install grab bars using volunteers in the homes of low-income older adults.
 - Our agency has assisted with 3 ramps and bathroom modifications in 2 homes within the past year.
 - Referrals to the Housing Authority or Center for Independent Living for structural improvements.

- Assessments:
 - We have individuals from the local hospital, local nursing home, and Health & Human Services who do individual home assets if their injury has resulted in some type of fall.
 - Persons who fell frequently and were transported by EMS were visited for a home environment assessment to reduce falls through possible home modification or patient assessment and education.
 - Developing an assessment tool to use in ERs and also during homecare visits.
 - We have done our own falls prevention. Some of it was based on the CDC preventing falls program. We offer a fall assessment, medication review and home safety assessment.
 - Equipment recommendations were made and arrangements completed through hospital loan closet until person was able to purchase on their own.

- Other:
 - Step-by-Step Fall Prevention Program.
 - OT as part of Falls Clinic.

Reasons for participating included: to reduce/prevent falls and fall injuries/mortality, keep seniors safe, and allow them to stay in their own home longer (6); a need was identified (3); to provide a program to caregivers and older adults that provides useful information and resources; past success; Title 3 requirement; and part of regular in-home visits as part of nutrition assessments.

Funding

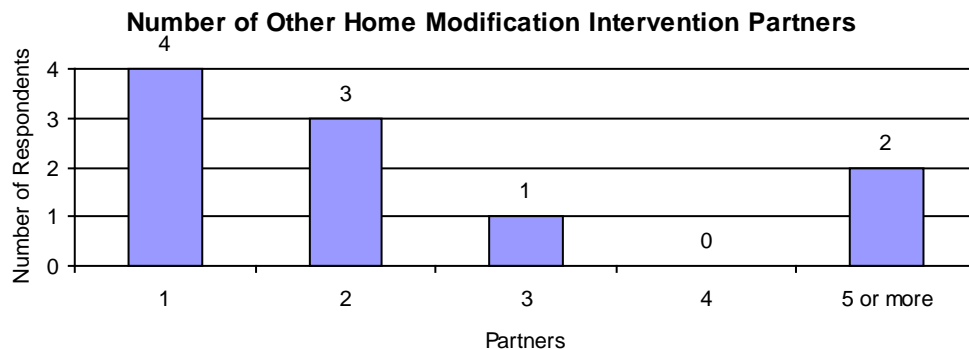
Fourteen respondents reported the source of funding for other home modification interventions. Numerous funding sources were identified: Lifeline, Trauma Program, Aging and Disability Resource Center, home repair organization, fee for service (Medicare, Medicaid, private insurance), prevention grant, health service, tribal funds, county funds, donations, and in-house. Four respondents reported funding start and end dates. Two reported having 2 years of funding, one had 1 year, and one had less than 1 year of funding.

Twelve respondents identified the agency funded to do other home modification interventions: Aging and Disability Resource Center (2), hospital (2), health department (2), tribe (2), home repair organization (1), and EMS (1).

Ten respondents described the in-kind support provided/received: staff (8), space (5), printing (4), supplies (3), volunteers (1), incentives (1), and travel expenses (1).

Partners

Sixty-three percent (63%) of respondents reported partnering with other organizations to carry out home modification interventions. Of those who identified their partners, 4 listed one partner, 3 listed 2 partners, 1 listed three partners, and 2 listed five partners.



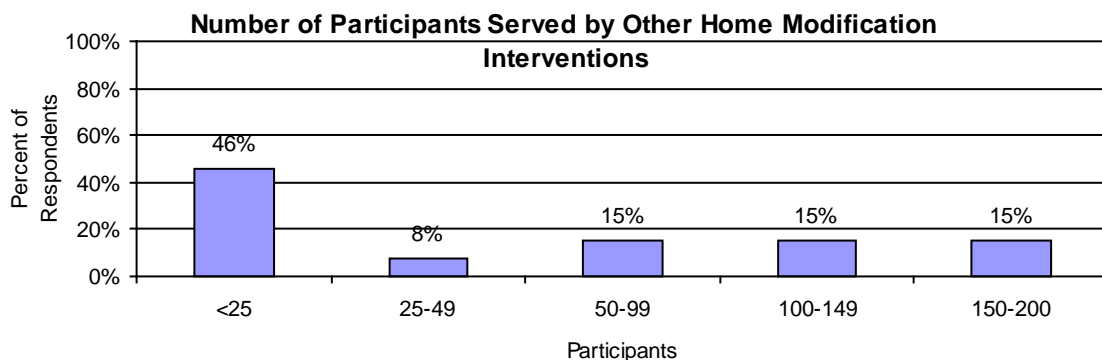
The most common partnering agencies or organizations were: Aging and Disability Resource Center (3), hospital/health care (3), human/social services (3), nursing home (2), home health care agency (2), pharmacy (1), aging commission (1), Interfaith (1), housing authority (1), health department (1), industry (1), elderly program (1), EMS (1), Visiting Nurses Association (1), and fire department (1).

Participants

Respondents described characteristics of participants in other home modification programs.

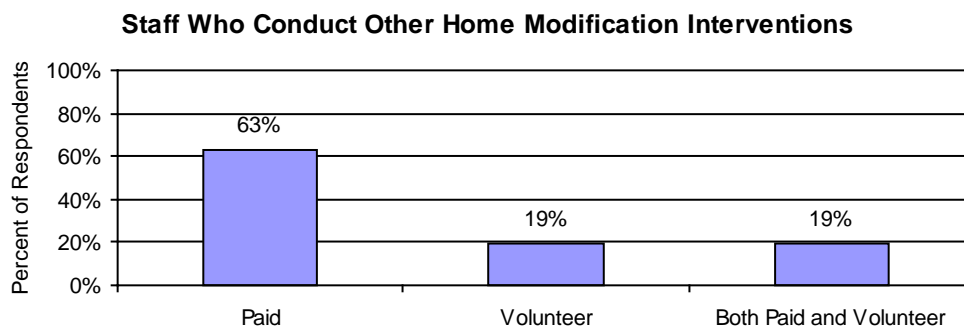
- Age:
 - All ages (1)
 - 55+ (2)
 - 60+ (5)
 - 65+ (4)
 - 75+ (1)
 - 80+ (1)
- Gender:
 - Mostly female (3)
- Residence:
 - Elderly high rise apartments (1)
- Health status:
 - Disabilities (1)
- Native American (1)

Thirty percent (30%) of other home modification interventions have served more than 100 individuals.

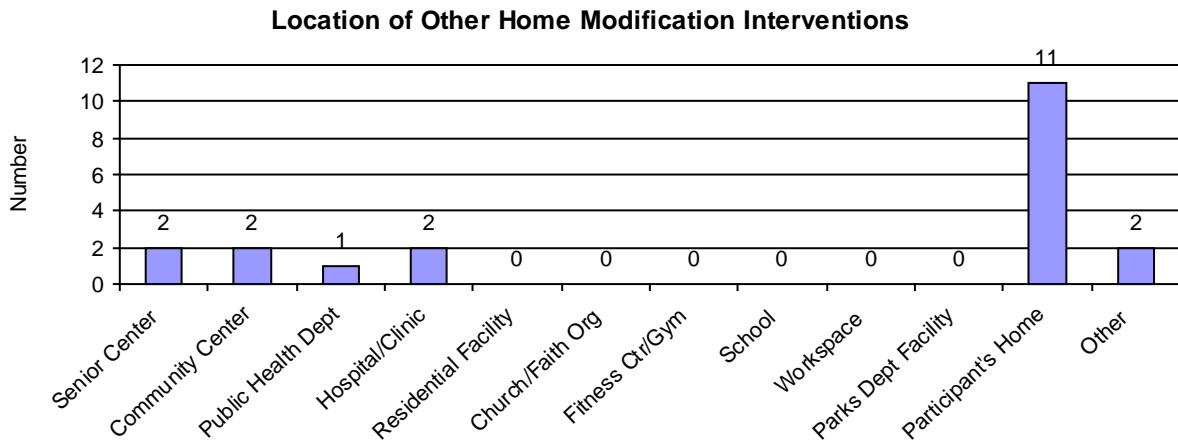


Program Logistics

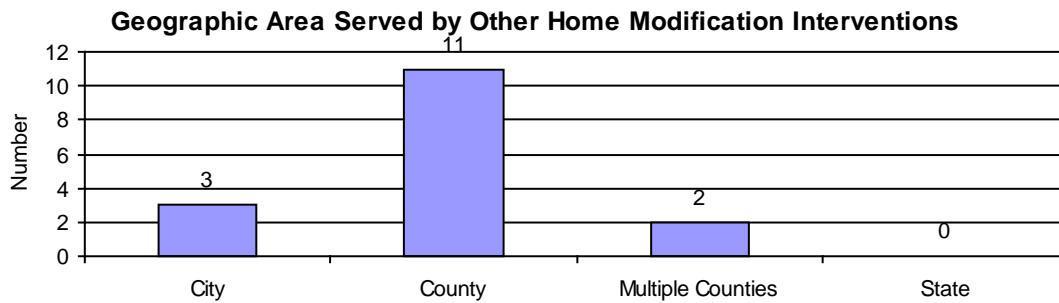
Respondents were asked whether the staff who conduct other home modification interventions are paid, volunteer, or both paid and volunteer. As seen below, 63% used paid staff only.



Other home modification interventions most commonly took place in participant homes (11). "Other" locations included an Aging and Disability Resource Center and an aging division office.



Geographic areas served by other home modification interventions included county (11), city (3), 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. Twenty-six respondents described such activities. Their responses were grouped into the following categories: 1) print resources/newsletters/displays, 2) presentations, 3) data collection/review, 4) toolkit distribution, 5) health fairs/screenings, and 6) other.

- Print resources/newsletters/displays:
 - The Health Department continues to offer fall prevention literature in all municipal buildings (Health Department, Library, Village Hall), has submitted fall prevention articles for the municipal quarterly newsletter, and posts fall prevention information and brochures on the Village website.
 - Posterboard displays at our local senior center and article in our local weekly newspaper about home safety for elders.
 - We always partner with the agencies to put educational information within our bi-monthly newsletters.
 - Bulletin boards have promoted activity and local senior walking club.
 - News articles and bulletin boards in clinic areas.
 - Monthly articles in the Senior Review.

- Presentations:
 - Department also has sponsored speaker series that has dealt with issues of balance, strength, and well being.
 - September Awareness events - interactive presentations were given at five sites in County during the month of September. Topic included: balance and fall risk assessments by a physical therapist, Medication Safety Bag distribution, calcium & vitamin D, and tai chi demonstrations. A total of 200 older adults attended the events.
 - Offer fall prevention education during Caregiver Support Group once a month meetings and Powerful Tools for Caregivers- a 6 week class given once a year-education with literature offered.
 - Winter walking conditions for elderly, pre-natal clients.
 - "Vital Aging Conference" in May 20, 2010 emphasized yoga gold, zumba gold and a YMCA program to attract older exercisers to their programs. This conference also offered "living with purpose" and other ways to enjoy life at all ages. We also had an "Aging in Place" event in April, 2010 which emphasized home adaptations to make your home more aging friendly, including information about the Certified Aging in Place Specialist (CAPS) designation for contractors created by AARP & the National Home Builders.

- Data collection/Review:
 - We are currently conducting research with our Trauma population as well as our Health Plan to determine fall characteristics within our community.
 - Medical Examiners Senior Review Committee - Community participants including medical examiner's office, health care facilities, colleges, government to look at deaths of falls from seniors living in their homes. Discussion to encourage community involvement in reducing falls. Also interventions that can be put in place to reduce falls.

- Toolkit distribution:
 - Created and distribute a fall prevention toolkit for caregivers of older adults. The toolkit was based on information from the Centers for Disease Control and Prevention and the Minnesota Department of Health.
 - Fall prevention kit distribution.

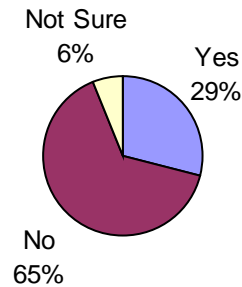
- Health fair/Screenings:
 - Fall Prevention Screening Day.
 - Department sponsors a senior health fair where local health care providers exhibit and screen. Because it is called Health & Wellness Day, our providers are exhibiting information on healthy lifestyle and activity with screenings for vision, hearing, balance screening, dizziness screening, bone density, walking clubs and athletic club activities that promote the wellness of older adults--tai chi, yoga, water aerobics, pilates.
 - Community event balance screenings.
 - We host an annual Fall Focus on Safe and Healthy Living event on Fall Focus day. There are exhibits by local businesses, speakers, various screenings, a healthy breakfast and lunch, a nutrition talk before lunch, and much more.
 - Thus far we have only consulted in homes on a case-by-case basis where there were indications of safety issues.
 - In September 2009, we organized a fall prevention health fair which was held in the Health and Human Services Building.

- Other:
 - We have assisted persons in accessing funding through Community Action, Rural Housing, USDA Rural Development, and other smaller providers who do home modifications such as ramps, steps, and other home repairs.
 - Started a Falls Prevention Coalition in 2/10 and still meeting monthly.
 - Planning for new program: Medical Management Services.
 - We attended a fall prevention event that was held at a Community Center.
 - Did a Fall Focus on Safe & Healthy Living on the first day of fall.
 - Continue to encourage Aging and Disability Resource Center (ADRCs) Information and Assistance and Options counseling staff to incorporate Prevention/Early Intervention into daily practice; fall prevention as it is indicated based on individual consumer need. Availability of local programs varies throughout WI. Initial discussion about Stepping On to Regional Quality Specialists and contract managers for ADRCs and Family Care programs in late Sept. 2010.
 - There are programs for 55 + through the City Park and Rec Department but they are not specific to fall prevention.
 - Nurses who case manage persons make recommendations for home safety and fall prevention.

Fall Prevention Coalitions

Twenty-nine percent (29%) of respondents indicated that their agency or organization had led, coordinated, or participated in any local or county fall prevention coalitions during the previous 12 months.

Agency Participated in a Local or County Fall Prevention Coalition



Coalition Names

Coalitions were mentioned in 25 of Wisconsin's 72 counties (35%): Adams, Ashland, Brown, Chippewa, Crawford, Dane, Eau Claire, Fond du Lac, Jackson, Kewaunee, La Crosse, Langlade, Lincoln, Manitowoc, Marathon, Milwaukee, Outagamie, Portage, St. Croix, Taylor, Vernon, Washington, Waukesha, Winnebago, and Wood.

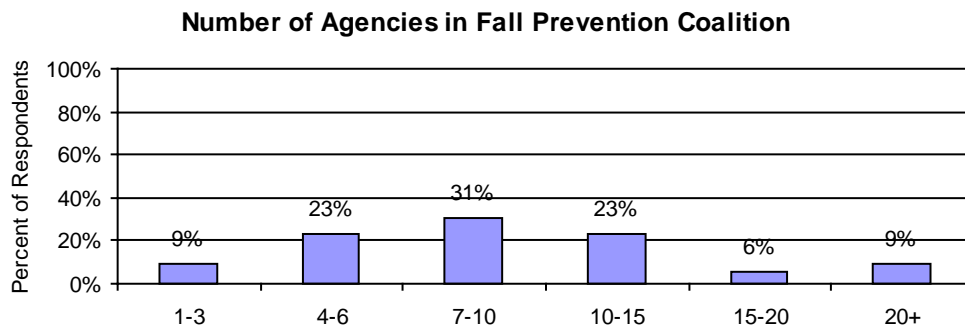
Coalitions identified included:

- Portage County Live Well, Live Long Coalition
- Partners For Fall Prevention
- Partnership for Healthy Aging
- Wood County Falls Prevention Coalition
- Manitowoc County Safe Communities coalition
- The Falls Prevention Coalition
- Medical Examiners Senior Review Committee
- Safe Active Independent Living (SAIL) Falls Coalition
- Injury Prevention Coalition, which includes falls
- Prevent Falls Coalition of Crawford County
- Bad River Safe Home Coalition
- Dane County Falls Task Force – part of the Safe Communities Coalition
- Stepping Up
- Vernon County Partnership Council
- Safe Steps of Taylor County
- Community Partners for Fall Prevention
- Fall Prevention in Outagamie County in Wisconsin

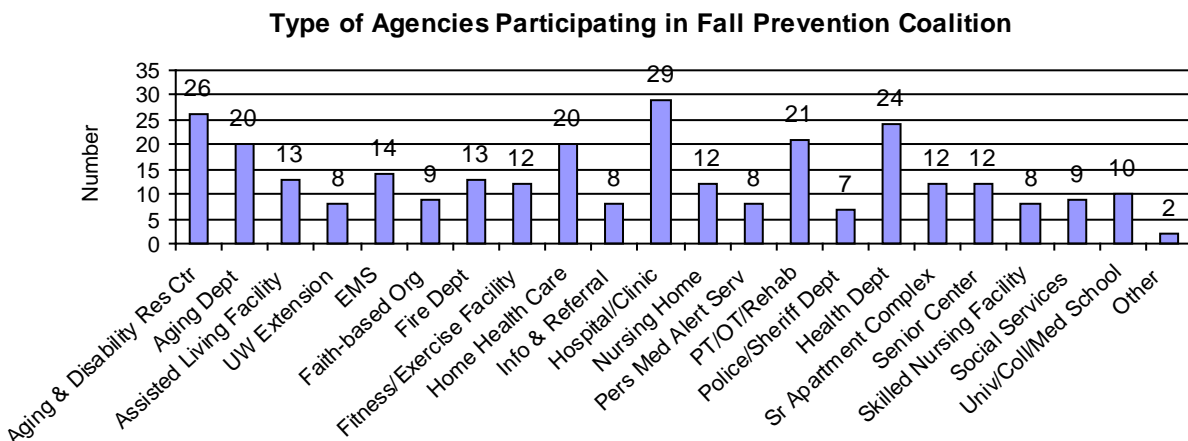
- La Crosse County Falls Prevention Coalition
- Wisconsin Fall Prevention Initiative (statewide)
- We are a very new group, not sure if we ever decided on a name, but for now we call ourselves the "Fall Prevention Coalition."
- No name as of yet. We have only had 3 meetings.
- It is not a formal coalition, but we are in the beginnings of a wonderful partnership with Black River Memorial Hospital. In the past, the Jackson County Aging office worked with the hospital in various ways - we are looking forward to new ventures. As supervisor of the ADRC in Jackson County, the ADRC staff are also involved. Additionally, I have brought Interfaith and Jackson County's Public Health Department to the table as well.
- This coalition consists of various individuals from all the agencies listed in this survey plus three individuals that are 60 years of age and older and have experienced falls within their lives.

Coalition Members

Thirty-five respondents reported the number of agencies participating in their coalition. Approximately one-third of the fall prevention coalitions had 7-10 agencies or organizations as members.



The types of agencies or organizations participating in the fall prevention coalitions were diverse. The most frequently mentioned agencies were hospital/clinic (29), Aging and Disability Resource Center (26), and public health department (24). "Other" included a pharmacist and "not sure."

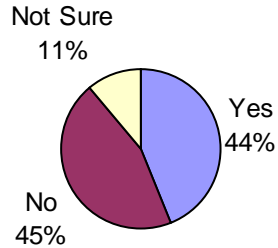


General Health-Related or Prevention Coalitions

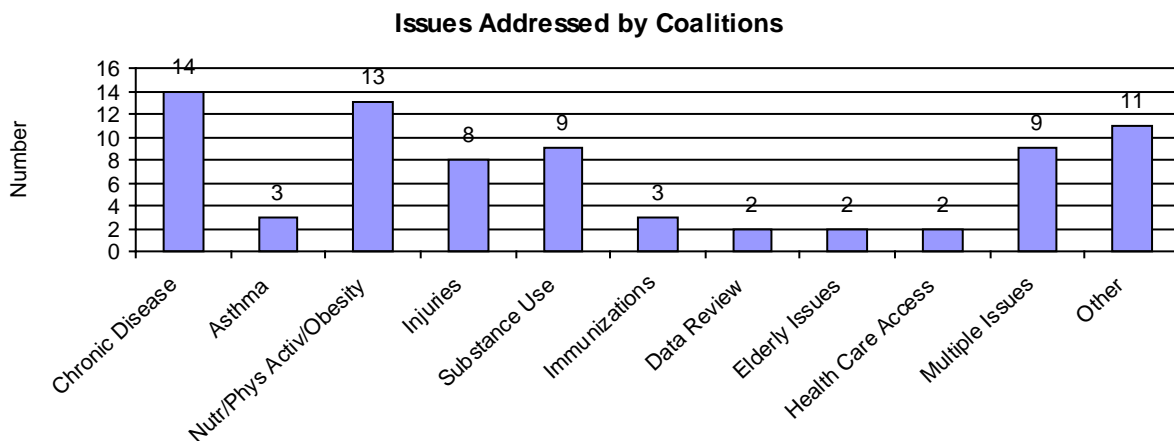
Many agencies have developed broader evidence-based coalitions to include other programs focused on older people and people with disabilities, such as Living Well with Chronic Conditions, Matter of Balance, Medication Management, etc. Respondents were also asked about participation in general health-related or prevention coalitions that were not focused on fall prevention. Beyond having access to a larger population, a general health-related coalition can help create a culture of prevention in a community, may have access to a larger variety of resources and assure services are not be duplicated.

Forty-four percent (44%) of respondents indicated that their agency led, coordinated, or participated in another health-related or prevention coalition during the previous 12 months.

Agency Participated in a General Health-Related or Prevention Coalition



Various health-related or prevention issues are addressed by these coalitions as shown below.



Respondents identified the names of their coalitions and described the focus area(s) of the group. Coalitions focused on Living Well with Chronic Conditions were the most frequently mentioned general health-related coalitions (14). Three additional coalitions focused on asthma-related issues.

Coalition Name	Coalition Focus
Portage County Live Well, Live Long Coalition	Falls Prevention and chronic disease management
Living Well with Chronic Conditions Living Well with Diabetes	Self management of chronic conditions
Chronic Disease Self Management Program	Chronic Disease
The Partnership for Chronic Disease Prevention & Management Steering Committee	Prevention & Management Of Chronic Disease
Living Well with Chronic Conditions	
Living Well with Chronic Conditions	
Living Well with Chronic conditions, Keeping Your Mind Sharp, and Med Wise	
Living Well with Chronic Conditions	Chronic Conditions
Chronic Disease Self-Management Program (CDSMP)	Overall managing of chronic conditions
Living Well with Chronic Conditions	Chronic health conditions
We have a nurse who has worked with Commission on Aging and Living Well with Chronic Conditions	
Living Well with Chronic Conditions	
Living Well with Chronic Conditions	Deals with chronic illness coping strategies
Living Well with Chronic Conditions	Not enough people wanting to attend a class
Chippewa County Asthma Coalition	Asthma
Community Asthma Network of West Allis	Asthma related issues - increase awareness of asthma and asthma management
Asthma Coalition	Asthma education

Thirteen coalitions focused on nutrition, physical activity, and/or obesity prevention:

Coalition Name	Coalition Focus
1) U-> CAN- Calumet County's Nutrition and Physical Activity Coalition 2) FAN- Fitness and Nutrition- Outagamie County 3) NuAct- Waupaca County's Nutrition and physical activity coalition	All address nutrition and physical activity
Healthy Ways Healthier 2020	Increasing worksite fitness program participation

Healthier Dodge and Jefferson Counties	Healthier Dodge and Jefferson Counties is working on improving nutrition and increasing physical activity in the two county area
St. Croix County Youth Nutrition and Activity Coalition	Nutrition and activity-obesity prevention
New Richmond Multi-Purpose Pathway Committee	Pathways system throughout the county--active lifestyles-healthy living
Eat Right, Be Fit Nutrition Coalition-Community partners: Public Health, Aging, UW-Extension, WIC, Clark County Health Care Center, local schools, etc.	Nutrition-healthy eating, Farmer's Market for Seniors and WIC, School and community gardens, Obesity issues, Breastfeeding in work site
Youth Nutrition Activity Coalition	Works with schools on youth nutrition and activity
Marinette & Oconto Childhood Wellness Coalition	Physical Activity and Obesity
Nutrition Coalition	Nutrition Coalition: obesity, inactivity
Hunger Task Force	Hunger Task Force: Food insecurity
Breastfeeding Coalition of West Allis-West Milwaukee	Breastfeeding - improve initiation and 6 month continuation rates

Nine coalitions focused on tobacco, alcohol, or drug-related issues:

Coalition Name	Coalition Focus
Tobacco Prevention Coalition	Smoking cessation among all age groups, smoke-free air in restaurants, etc.
Barron County Safe and Stable Families ATOD Group	Drugs/Alcohol/Tobacco
Iron County Substance Abuse Prevention Community Coalition	Underage drinking
Tobacco Free Community Partnership Dodge Jefferson Waukesha	Tobacco Free Community Partnership Dodge Jefferson Waukesha is working on both tobacco prevention strategies, the implementation of the smoke free air law and improving nutrition and increasing physical activity in the three county area
Burnett County Adolescent AODA Prevention Coalition	AODA issues
Burnett County Coalition for Healthy Living,	Coalition for healthy living: RX drug abuse
Tobacco Coalition.	Tobacco education
7 C's Coalition	Tobacco

Eight coalitions focused on issues related to injuries:

Coalition Name	Coalition Focus
Safe Communities and Safe Kids Safe Routes to School	car seat safety, boat safety, falls prevention, safe routes to schools
Injury Prevention	Broad based approach to injury prevention
Child Abuse, Injury prevention	Domestic abuse Bike helmet safety,
Safe Communities Coalition	Safe communities
Car Seat Safety Program	
County Highway Safety Program	
BRMH fall prevention work group	Hospital wide fall prevention and referral after d/c for comprehensive fall risk assessments
Brown Bag event where we had individuals bring in their medication and a nurse reviewed them all to make certain the medications were not acting against each other. Monthly blood pressure clinic, monthly toe nail clinic, eye clinics and shots from the Public health Department such as flu, H1N1 just to name a few	The number of falls incidents that have occurred within our county that were handle through the local Emergency room or the doctor's offices etc.

Three coalitions focused on immunizations:

Coalition Name	Coalition Focus
St. Croix-Pierce Immunization Coalition	Immunizations-disease prevention
Annual Influenza Immunizations Campaign	Prevention of influenza deaths and hospitalizations; vaccination of the healthcare workforce
NEWIC - North East Wisconsin Coalition	Promotion of Immunizations for children

Two coalitions focused on reviewing data:

Coalition Name	Coalition Focus
Ozaukee Health Initiative	Community Survey results from all sources are reviewed, Community Health Improvement Plans are generated from this group
Health and Family Committee	Reviews injury surveillance reports

Two coalitions focused on issues related to the elderly:

Coalition Name	Coalition Focus
Elder Issues and COP board	Elder Issues: abuse, living at home COP board: living at home safely and with help if needed
Aging Network	Issues with aging in the area

Two coalitions focused on access to health care:

Coalition Name	Coalition Focus
Milwaukee Health Care Partnership	Health access
Public Health- Healthy Wisconsin 2020	Working with minority populations: Amish and Mennonite, issues with uninsured and underinsured meeting health care needs of uninsured

Nine coalitions focused broadly on a variety of health-related issues:

Coalition Name	Coalition Focus
The Juneau County Health Dept led a health consortium for approximately a year called Creating Healthy Rural Communities. It was in response to our county's low health ranking status.	All areas of health care including children-senior age groups. Smoking cessation, dental care for low income persons, ADRC activities that focus on prevention, school programs, WIC, mental health, etc.
Waushara Prevention Council Wild Rose Wellness Coalition Green Lake Prevention Council	The education and information that community members need for high incident rate occurrence to better protect themselves and others
Healthy Marathon County (a coalition of coalitions)	Nutrition/Physical Activity Mental Health/Suicide Prevention Healthy Babies Alcohol and Other Drug Partnership Council Tobacco Free Coalition Cost of Health Care Partnership for Health Aging (addresses falls) these are the seven coalitions that make up "Healthy Marathon County"
Safe & Stable Families Coalition	Youth substance abuse, Substance Use, Reducing cardiovascular disease (overweight/obesity), obesity prevention
Healthy Communities Council	Health Promotion and Disease Prevention across the life-span. Active action teams on infant and child health, oral health promotion, health care access.
Healthy People Wood County	Obesity, mental health, alcohol use, tobacco use, increasing physical activity

Challenge Chippewa, Chippewa Health Improvement Project (CHIP)	Health Care access, nutrition, physical activity, youth issues, AODA, others based upon community assessment
IWATCH (Iowa County Wellness, Alcohol and Tobacco Coalition for Healthy Youth)	Children's wellness, tobacco and alcohol prevention
CHIP - Community Health Improvement Plan	CHIP addresses the needs of all residents of our county. The 4 key areas of concern are Overweight/Obesity and Type II diabetes, physical activity, healthy lifestyles, healthy recreation activities. We are making concentrated efforts to include considerations for the older adult as we develop our strategies for these priorities.

Other coalitions focused on:

Coalition Name	Coalition Focus
Homeless task force	
West Allis-West Milwaukee Mental Health Workgroup	Mental health issues - improve access to care, increase screenings, decrease stigma
Cultural Competency	Increase cultural competency
Domestic Violence Subgroup	Initiate and maintain a DV support group called WISH
Teen Pregnancy Prevention and Parenting	Teen pregnancy and parenting issues
Northwoods Emergency Coalition	Emergency Response/Preparedness
I Team	Interdisciplinary team that discusses specific cases of adults who are having problems at home, including elderly clients
Statewide coordination of the Living Well, Stepping On, Sure Step programs. ADRC prevention grant management until 2010 when funding removed from State budget.	Planning, technical assistance, leader training, expanding Stepping On to other States, etc.
Langlade County Healthy Ways Coalition	We promote health and wellness to Langlade County corporation employees
No name yet. We are trying to start a "Caregivers Coalition".	Making support, education, services and information more readily available for caregivers
Dodge County Child Death Review Team	Child Death Review Team looks for ways to prevent deaths of infants and children to age 19

Any Other Comments

Respondents were given the opportunity to provide any other comments. Their comments were grouped into various categories: 1) lack of funding prevents/hinders implementation of fall prevention activities, 2) want to initiate fall prevention activities, 3) comments related to Stepping On, 4) want more information on interventions in the survey, and 5) other.

- Lack of funding prevents/hinders implementation of fall prevention activities:
 - Due to budget constraints and staffing issues, prevention activities have not gotten the attention they deserve. Our goal is to explore what others in our community already offer and see if we can partner with them on a project or two.
 - The ADRC Prevention grant ended at in Dec. 2009, since that time, the falls prevention and chronic disease management initiatives have continued but on a smaller scale with very part-time staff and significant use of volunteers.
 - It is my hope that the state and federal government will continue to help fund prevention activities so that we can continue the work that has been started and maintained. Without grants to provide these services they will be hard to deliver as the counties do not have the funds to do it on their own.
 - We are very interested in developing Fall Prevention programs in County, however without additional funding this isn't possible at this time.
 - We cannot take on these activities without adequate funding.
 - We would be interested in implementing evidence-based fall prevention programs if there was a funding source to do so.
 - We would love to have a Fall Prevention Program, but due to limited staff, time and financial resources, we have not been able to implement a program.

- Want to initiate fall prevention activities:
 - We are interested in including some preventive activities in our county.
 - Planning is in place to pilot medication management in 2011 in County.
 - I am the new director and one main goal I have is to initiate a falls prevention program through our service. We will be seeking assistance.
 - We need to get involved with fall prevention. Good for community involvement.
 - I am aware the state has some good fall prevention programs. In the future I hope fall prevention and other health related prevention programs will be made available to residents of this county.

- Stepping On:
 - We work with ADRCs and Senior centers to promote Stepping On fall prevention classes in other surrounding counties.
 - Just the previously asked question if the Australian falls prevention program is the same as Stepping On.
 - Each year we run at least 4-5 Stepping On sessions in our county, we try to reach people all over the county. One thing I would love to see is follow-up to see if there were really fewer falls in a class participant overall, that would be very helpful to know.
 - Our department is anticipating sending folks to Stepping On trainings in the coming year and starting that program ASAP.

- Want more information on interventions in the survey:
 - I would like to see an online summary of the various intervention programs you listed on this survey, how effective they were in terms of outcomes, and who and how to contact to get more information.
 - We are not aware of the many programs mentioned in the survey, but would like to know where we could find out more information.

- Other:
 - Our fall prevention program is based upon information received from Indian Health Service and our sanitarian. We integrate the fall prevention program into several programs such as; Injury prevention, Emergency Preparedness, CHR/CHN program, Heart Watch, and Healthy Lifestyles.
 - HAFA preferred to not only provide services to elderly, but to coordinate elder program with daycare, healthcare and activities for the depressed elders in our own facility.
 - Falls prevention issues are a major topic and I do not feel this should ever be neglected. We need to stay active and current on this. My professional goal would be to see falls incidents decrease by at least 10% within a five year period within our county.

Summary

Sixty-seven percent (67%) 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, and A Multifactorial Program. 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; home health care agency; community coalition; and public health department.

For most fall prevention activities, at least 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, Aging and Disability Resource Centers, physical therapy/rehabilitation facilities, home health care agencies, fire departments/EMS, social services, universities/colleges, community coalitions, UW - Extension, pharmacists, and churches.

The most common locations for fall prevention programs and activities were hospitals/clinics, senior centers, residential facilities, participants' homes, health departments, community centers, and churches/faith organizations. Other locations included senior meal sites, libraries, workspaces, and educational facilities.

In 2010, when the Fall Prevention Activities Survey was first implemented, 153 individuals responded; 70 of 72 counties were represented. In 2011, 150 individuals responded, with 62 counties represented. Responses were quite similar in 2010 and 2011. In both rounds, nearly 75% of respondents were from local public health departments; Aging and Disability Resource Centers; or hospitals, clinics, or trauma systems. Agencies/organizations most frequently identified as conducting fall prevention activities in both rounds were medical centers, hospitals, or health systems; Aging and Disability Resource Centers; and aging departments, commissions, or units. In 2010, 72% of respondents indicated that their agency led,

coordinated, or participated in fall prevention activities during the previous 12 months, compared to 67% in 2011. In both rounds, Stepping On (confirmed by 48% of respondents in 2010 and 49% in 2011) and Sure Step (18% in 2010 and 10% in 2011) were among the most frequently implemented evidence-based programs.

In the 2011 survey, questions about fall prevention and other general health-related or prevention coalitions were added. Twenty-nine percent (29%) of respondents indicated that their agency or organization had led, coordinated, or participated in any local or county fall prevention coalitions during the previous 12 months. Coalitions were mentioned in 25 of Wisconsin's 72 counties (35%). Approximately one-third of the fall prevention coalitions had 7-10 agencies or organizations as members. Additionally, 44% of respondents indicated that their agency led, coordinated, or participated in another health-related or prevention coalition (not focused on falls) during the previous 12 months.

Knowing the morbidity and mortality rates for fall-related injuries in Wisconsin, it is encouraging to see that some type of fall prevention activity is being implemented in many of the counties. It is not surprising that Stepping On is the most frequently reported evidence-based program being implemented in Wisconsin, given the emphasis on and state infrastructure for the program. As funding streams change, it will be interesting to see how programmatic trends may change. We will continue to repeat the survey to track such changes in fall prevention programs and activities across the state over time.