

Milwaukee County Falls Prevention Coalition Community Impact Story

Thank you for agreeing to speak to the Milwaukee County Falls Prevention Coalition. We are so grateful that you are willing to share your personal experience with falls and the impact it has had on your life and that of your family. Your testimonial will encourage the work of the coalition and ensure that this work is focused on what matters most to the individuals in our community.

You will have approximately 5 minutes to share your story. The outline below is designed to help you formulate your thoughts and provide the group with your impactful message.

- 1) Briefly describe your fall history (or that of your loved one if you are a caregiver).
- 2) How did the fall (or series of falls) change your life or that of your loved one (Ex: activities no longer able to be involved in, impact on overall health, ability to participate in the community or stay in your own home)?
- 3) What, if anything, helped you to prevent future falls or regain the things you lost? What did this program or person mean to you?
- 4) What would you like to see in the community to help others prevent falls and not experience what you did?