

Falls Free® Wisconsin Coalition Quick Guide

August 2022



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Introduction

This guide has been prepared in recognition of the special role local communities play in reducing falls and fall-related injuries within the older adult population. Based upon the [Practical Guide to State Coalition Building for Fall Prevention](#) developed by the National Council on Aging (NCOA) in 2015, this quick guide provides practical tools, resources, and strategies to assist coalition building efforts. It also provides the framework, infrastructure, and guidance to establish community partnerships and implement fall prevention interventions.

In addition, this guide contains examples from coalitions around the state of Wisconsin and contains resources on not only starting a coalition but maintaining these efforts and aligning them with other initiatives. This toolkit was designed as part of a statewide fall prevention initiative, Falls Free® Wisconsin (FFWI).

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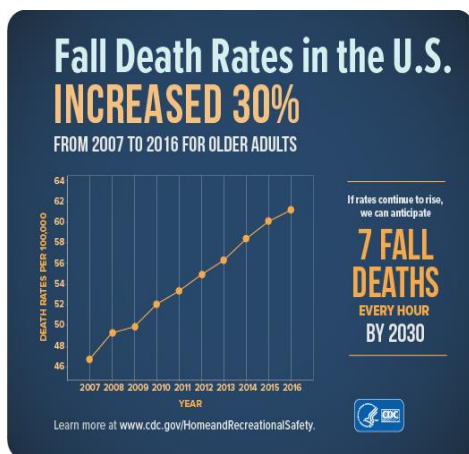
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SECTION 1 – INTRODUCTION/GETTING STARTED

Falls are the [leading cause of fatal injury](#) among older adults in the United States (Centers for Disease Control and Prevention). See [falls data](#) and [falls facts](#).



Falls are associated with complications such as [limited social interaction, functional decline, and depression](#) and are a strong predictor of skilled nursing facility placement.

In addition, fall related injuries and complications result in significant strain on the healthcare system. [Wisconsin has the highest rate of fall-related deaths for adults over the age of 65.](#)



Falls Free Wisconsin Coalition

The [Falls Free Wisconsin Coalition](#) is committed to improving health outcomes and healthy aging among older adults in Wisconsin using a collective impact approach. Made up of community-based organizations such as aging offices and Aging & Disability Resource Centers, health care providers and systems, local falls and injury prevention coalitions, and others, the group is focused on:

- Raising awareness of the physical, emotional, and financial impact of falls.
- Identifying/sharing best practices to promote safe mobility, strength, and improved balance.
- Engaging in policy and systems change to improve prevention of and response to falls.
- Collecting and analyzing falls data and providing data customization for local communities.

Intended Audience

This toolkit is designed to meet a wide variety of communities and organizations, including:

- [Communities interested in starting a coalition.](#)
- Communities interested in incorporating fall prevention initiatives into an existing wellness committee or coalition.
- Communities with an existing coalition interested in strengthening/re-energizing efforts.

Throughout this document, the term coalition will be used to broadly refer to all collaborative efforts for fall prevention.

Benefits of Coalition

Developing a county coalition can play an important role in changing systems to address fall prevention. A coalition to address falls and fall related injuries can offer a variety of opportunities and advantages, which include:



Recommendations for Starting a Coalition

The key recommendation from coalitions across the state and the country is to be **inclusive**. All members of a community, including consumers, providers, policy makers, older adults themselves, and others, have a role to play in reducing the number of falls and fall related injuries among older adults and promoting best practices for maintaining independence, safe mobility, and strength and balance. Other recommendations include the following:

- Use the state and local data to define the issues and their impact to design strategies.
- Target those at risk, but increase the availability of tools, resources, and programs so all aging adults can reduce their individual risks and maintain their independence.
- Inventory what programming and partnerships already exist that can be leveraged or used to identify state and community leaders.
- Seek out opportunities to create and nurture effective partnerships between healthcare providers and the aging services network – include the Home Care Agencies as a bridge to homebound older adults.

- Seek out opportunities to engage students in professional training programs.
- Develop strategies to link healthcare, aging, research networks as well as your region's trauma advisory coordinator/council (RTAC).
- Seek out and adapt evidence-based solutions to community issues.
- Employ strategies that are measurable/feasible and reflect collaboration and partnership.
- Employ sustainable strategies that make effective use of resources.
- Increase awareness among community members on fall prevention strategies.

Additional Resources to Start a Coalition

- [University of Kansas Community Toolkit](#)
- [National Council on Aging](#)
- [County Health Rankings & Roadmaps](#)

SECTION 2 – FORMATION STATE

Step One: Reviewing the State & Local Action Plan

Start by locating and reviewing the [Fall Prevention Action Plan](#) developed by the Department of Health Service of Wisconsin as well as your local community action plan or local aging unit's three-year plan. If there is a non-profit hospital in the community, it may be helpful to review and align with the community health needs assessment and priority areas. These action plans lay out strategies and action steps that should be initiated to reduce falls and fall related injuries. These tools can also assist in gaining community support, promoting awareness, obtaining funding for fall related initiatives, and building goal and mission statements. Although the state plan is dated, it remains viable.

Step Two: Identifying Key Partners

When building/growing your fall prevention coalition, think about those that have a vested interest in falls prevention in the community. Categories to consider include community members, healthcare providers, public health, local businesses and organizations, local government agencies, local aging unit or Aging and Disability Resource Center (ADRC), Managed Care Organizations (MCO's), hospitals/clinics, emergency medical services (EMS), regional trauma advisory councils (RTAC), and policy makers to start. It is recommended that the ask is being made with a champion or leader within each of these organizations. Once you have a small group identified you can start planning your first meeting.

Assemble the small group to discuss an overall strategy and form a core leadership and exploratory team. Begin to draft ideas and goals from this group. As one of the group's first action items, the case for improved balance and mobility in the community must be a priority for the group among competing interests in the community.

Step Three: [Making the Case for Fall Prevention in Your Community](#)

Take time to collect some information early in the development of the group, as well as scanning the programs and services that already exist in the area for fall prevention. Some questions (from the [Practical Guide to State Coalition Building to Address a Growing Public Health Issue](#)) that may help you gather necessary information include:

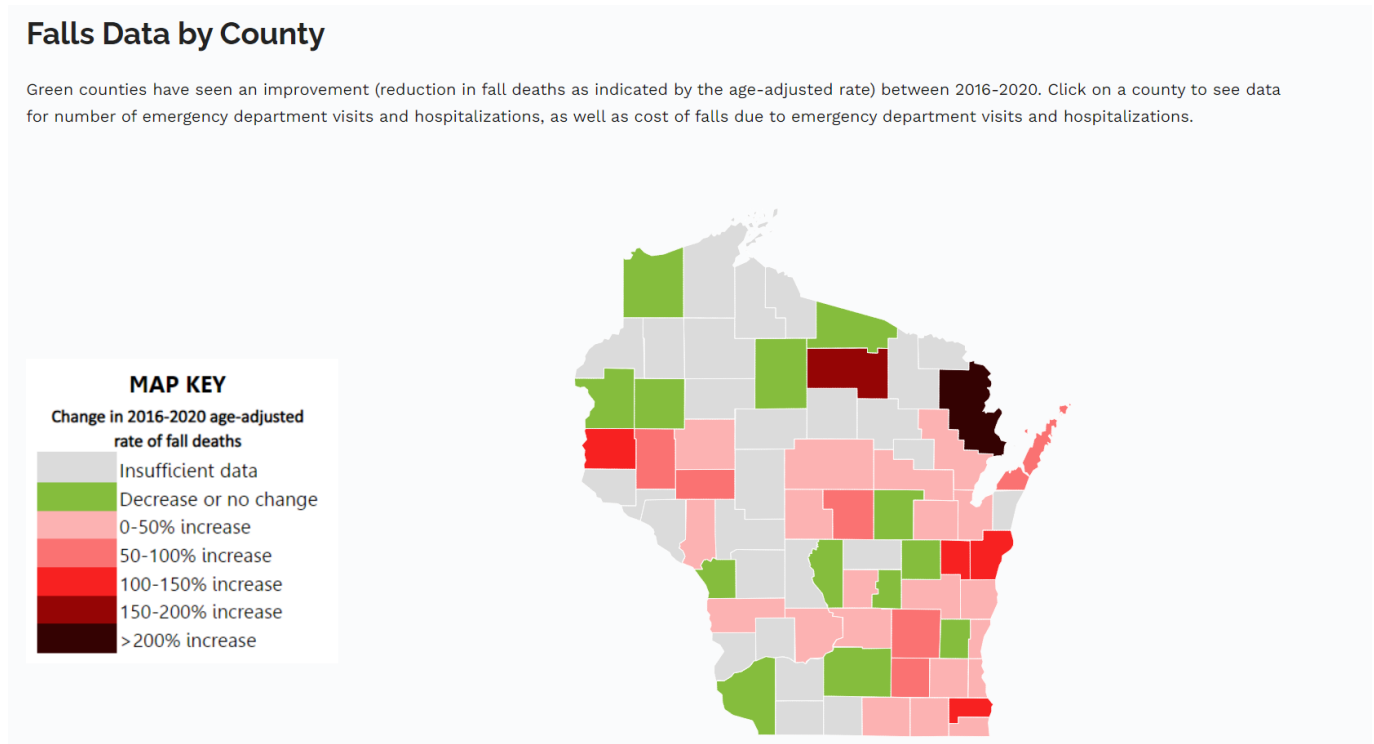
- What is the magnitude of the falls and injuries in your region/county.
- What is the cost of falls for the state?
- How will the growth of the aging population in your community affect the future magnitude of the problem and related costs?

Working within the coalition group, discuss what data is available for use in planning efforts. Many times, public health, health systems (including hospitals, clinics, and emergency services) have data points on local falls and older adults. Other data resources could include:

- [CDC – Falls by state](#)
 - Cost of Falls Among Older Adults
 - Hip Fractures Among Older Adults
 - Falls in Nursing Homes
- [WISH Data Sources for Wisconsin](#)
- [WISQARSTM \(Web-based Injury Statistics Query and Reporting System\)](#)

- Reach out to local Hospital for data including annual emergency department visits and admissions for falls
- Request EMS report of annual non-medical falls patient transports or pick-up counts

Example of available data:



Community Characteristics/Programs

When planning your coalition outreach it's important to consider the characteristics of older adults in the community. Some of those include income level, health literacy, education, culture and ethnicity, access, and transportation. When doing a community scan, identify what is in place and what needs/gaps exist.

Once data and information is collected and a scan of programs and services is completed, start by choosing the program or programs (new or existing) that best meet the needs of the community. Use these programs to develop a plan and process for referrals to link healthcare providers and aging network services to enhance relationships and collaboration. One tool to use with providers is the [Stopping Elderly Accidents, Deaths and Injuries \(STEADI\)](#) provider toolkit. Another is to explore other programs that may not exist in the community but may meet a need. Review the [CDC Compendium of Effective Fall Interventions](#), visit the [NCOA website](#) for a high-level evidence-based fall prevention program or view a list of programs and practices on the [Falls Free Wisconsin website](#).

When choosing a program or re-evaluating an existing one, consider the following within each community:

- Socioeconomic status
- Resources

- Race/ethnicity
- Traditions
- Priorities
- Community structure and value
- Age appropriate
- Multifactorial

Besides physical mobility, scan and/or add in programs and resources that cover medication management, home safety, vision, footwear, and environmental safety (community). [Evidence-based health promotion programs](#) offer solutions to managing chronic conditions and improve balance, strength, and mobility by encouraging physical activity, maintaining a healthy weight, and a regular sleep schedule to maintain independence. Some programs focus on creating a safe home environment and developing the skills to discuss medication management and lifestyle changes with a health care provider.

A strong collaboration between healthcare and facility-based programs is key to providing an integrated intervention that can be tailored to address risk factors and modifications for older adults within the local community; include members in these areas when building your coalition.

Other online resources for building a coalition includes:

- [Developing Effective Coalitions: An Eight-Step Guide Prevention](#)
- [The Tension of Turf: Making It Work for the Coalition](#)
- [The Collaboration Primer: Proven Strategies, Considerations, and Tools to Get You Started](#)
- [A Practical Guide to State Coalition Building for Falls Prevention](#)

Step Four: Creating a Planning Group

Once you have completed steps 1-3 above, the next step would be to have a core working group/steering committee. This group would establish the groundwork for the coalition by recruiting members, planning the first coalition meeting, and drafting the coalition's mission and goals. It's best to have this group lead the coalition, rather than an individual, as they will:

- Have more contacts and knowledge of the community.
- Give the concept of a coalition more standing among potential members.
- Make finding and reaching potential members a much faster process.
- Spread the work among the individuals involved.
- Show that the effort has wide support.

Resources/References

- [DHS County and Tribal Aging Offices webpage](#)
- [American Physical Therapy Association](#)
- [American Occupational Therapy Association](#)
- [DHS of Wisconsin – Fall Prevention for Older Adults](#)
- [Wisconsin still has the nation's highest rate of deadly falls among older adults](#)

SECTION 3 – STARTING/LAUNCHING COALITION (Maintenance Phase)

Develop Foundational Documents and Strategic Plan

It is important to have a well-defined mission, vision, and key strategies based upon the needs and themes identified from community conversations. These will serve as the foundation for further development of key objectives and actions. It is suggested that a core group or steering committee develop these documents and then share with the large coalition for feedback, discussion, and modification as needed. If you have an existing coalition with a larger focus on healthy aging and wellness, consider how your mission and vision could incorporate the work around fall prevention and if any modifications are needed. If sufficient, you may focus further on developing key objectives and action teams in the next section.

Resource: [Community Tool Box: Starting a Coalition](#)

Examples

Milwaukee County

Mission: The [Milwaukee County Falls Prevention Coalition](#) will address the adult community's risk of falling by providing access to comprehensive programs and targeted interventions. The coalition will create links between community programs and services to enhance collaborative efforts.

Vision: Milwaukee County will be a national leader in the prevention of falls in the adult population through community education, collaboration, and innovation.

Key Strategies

1. Create access to fall screening and fall prevention interventions in all communities in Milwaukee County.
2. Create broad awareness of fall prevention within the community through branding, community education & communication plan.
3. Capture data to monitor success of fall prevention initiatives and leverage technology to identify patterns and prevent falls within the community.
4. Educate providers on evidence-based screening & interventions & provide access to resources to support the community.

[Brown County](#)

Mission: To educate people throughout our communities that falls are the leading cause of serious injuries but are preventable.

Vision: Achieve a Fall Free Community where people are consciously making choices to positively impact their health and well-being.

Recruit and Engage Coalition Members

When recruiting members, it is important to be as inclusive as possible and to use the networking capacity of the core group. Engage those with diverse skills sets, knowledge, and backgrounds to gain unique perspectives. Whenever possible, leverage personal connections to contact and engage individuals for the coalition. In addition to specifying key individuals, identify key organizations and ask the leadership of the organization to select a representative for the coalition. Individuals often change

positions or move to other organizations, so *it is important to institutionalize and embed membership on the coalition within an organization, not just with one person.* To embed coalition membership within an organization, the coalition’s mission and goals must be compatible with those of the organization. It is recommended to create a document that outlines expectations of participants which include but are not limited to regular meeting attendance and promotion of coalition within their population. See [Strategies to Engage Additional Members](#) for a detailed description of potential coalition partners.

Suggested key organizations for county coalitions:



Planning the Kickoff Meeting

The first coalition meeting is extremely important to get attendees excited about helping older adults age independently with improved balance, strength, and mobility and make them feel they are part of a vital and timely movement. The core group/steering should plan the first meeting and depending on the direction taken after the coalition is established, the membership of the steering team may change/further develop.

[Example first meeting structure/agenda:](#)

- Take time for introductions: Ask attendees to introduce themselves and state their interest in older adult falls. Understand the sector of the community they represent.
- [Sample ice breakers](#)- In Person: Set time and the ask: in 5 minutes or less, toss the a ball around the room and each person list their name, org and one thing they want out of coalition. Virtual: name, org and in one word describe what you want of the meeting.
- Make the case for fall prevention: Review state and specific county falls data. Link fall prevention to key areas of focus in the community (health equity, healthy aging, healthcare utilization, etc.).
- Review environmental scan or focus group findings to gain additional insight of the community’s needs.
- [Consider a community impact speaker](#): Have someone share their personal experience with falls, this can solidify and create a shared sense of purpose.
- Formulate the organizational structure and mission: Ask the group to confirm the need for a coalition and to discuss the mission, vision, and goals that the steering team drafted. Allow coalition members the opportunity to offer their input to the proposed strategic framework, this will assist with buy-in.
- Prioritize key actions of groups and identify timeline for potential action teams.

- Set a timeline for when and where the coalition will meet next and possibly ongoing.
- Have coalition members create group rules for ongoing meetings.
- Clearly define expectations of coalition members (i.e. regularly attend meetings, etc.). See suggested tools from County Health Rankings & Roadmaps under Activity 7: [Model Coalition Commitment Letter, Roles and Job Descriptions and Memorandum of Understanding](#).

Meeting Formats

Consider the coalition members who will be participating when selecting a format. While in-person meetings can increase engagement, networking, and collaboration, they can be a challenge for busy professionals. You may consider offering meetings virtually or a hybrid of in-person and virtual meetings. If selecting a virtual platform, consider the following:

- Plan activities and questions that will encourage participation and discussion.
- Consider sending out instructions to navigate the virtual platform and “housekeeping” items such as muting, encourage use of cameras, etc.
- Try to limit sharing of power points to allow participants to see each other and utilize other media/apps (polling, word clouds, etc.) to [increase engagement](#).
- Use [breakout rooms](#) within the virtual platform to allow for action team/small group work. Resource: [How to enable breakout rooms](#).
- Allow time at the end for each action team to report out on current work and next steps.

Once the meeting format is determined, set a schedule of regular meetings well in advance to allow members to plan and commit. Consider use of a Doodle poll after the kickoff meeting to confirm membership and find a time that works best for the majority. Send agenda and reminders in advance of each meeting to further engage members and encourage attendance and participation.

Coalition Communication

Engaging members of the coalition should occur beyond regularly scheduled meetings. Some suggestions to do this include the following:

- Create a listserv for distribution of resources, articles, and to provide key updates.
- Establish a website for both community members and coalition members. Some coalitions have created a “members only” section in their website (password protected).
- Create a list of individuals who would like to stay up to date on actions of coalition. This may include organizational and community leaders who, while not active in regular meetings, can be important partners in achieving funding, support, and visibility.
- Send meeting summaries to coalition members/member lists to inform coalition efforts.

Identify Key Objectives and Actions

Sometimes the hardest part of moving a coalition forward is defining exactly what needs to be done, prioritizing those action items, and deciding who will do the work. It is important to have strategies and action plans to accompany the coalition’s mission and goals. Good planning increases the coalition’s chances for success. The creation of action teams can be effective in leveraging the unique skill sets of coalition members and increase engagement. Each action team should have specific goals and key objectives that align with the coalition mission and strategies. These action teams may be ongoing or designed to accomplish a specific task.

Example from Milwaukee County

Action Team: Communication Plan- Goal: Increase fall risk awareness by leveraging knowledge and expertise of coalition members and achieve at least 5000 community interactions by the end of the year.

Action Team: Data Dashboard- Goal: Identify key metrics to monitor fall rates/injuries as well as the impact of fall prevention interventions.

Action Team: Provide Education- Goal: Train the workforce on a standardized fall prevention approach and educate at least 500 providers by the end of the year.

Example from Brown County

Goal Area: Data – Increase EMS referrals to ADRC by 30%. Collect data from Brown County Fire/EMS (specifically lift assist and non-transport calls).

Goal Area: Education – Plan and deliver collaborative community falls prevention event (with booths and balance screening). Prepare standard educational PowerPoint presentation (about the Brown County Falls Prevention Partnership, local falls issues and efforts) to be used by each member to educate at least one influential unit/department within their organization (providers, pharmacy, hospitals, assisted living, skilled nursing, other). Minimum of 4-5 outreach events, with a focus on expanding to rural communities.

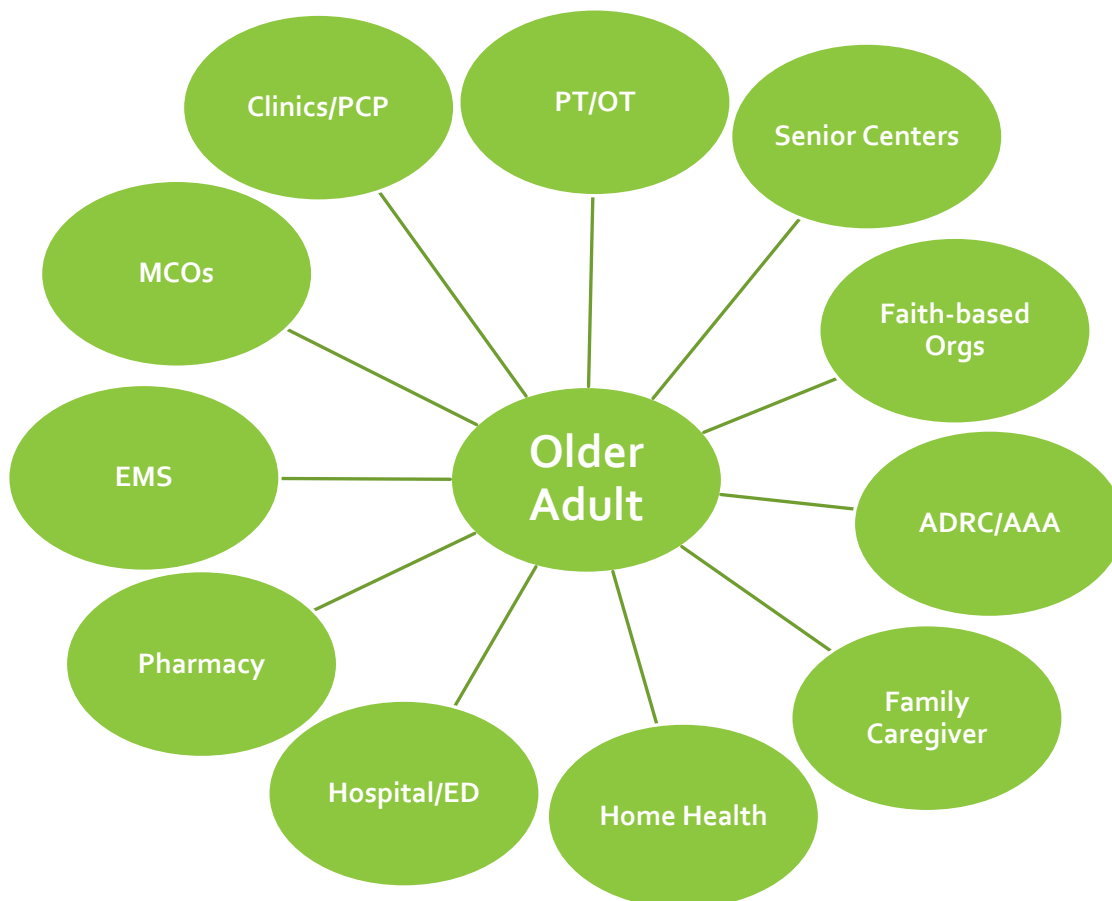
SECTION 4 – INSTITUTIONALIZATION STAGE (Keeping the Momentum and Energy)

Strategies to Engage Additional Members

A successful coalition depends upon the active engagement of the coalition’s members. Ensuring the appropriate people are “at the table” and ensuring that the coalition has a process for recruiting and maintaining its members is key. Creating consistent messaging about the coalition’s goals and priorities will help solidify the group’s identity and purpose.

- Voices from diverse communities are imperative for successful strategy development and implementation.
- Meet people where they are –you can’t always expect people to come to you. This goes for both coalition meetings and program implementation.
- Identify who is missing from the coalition. Is there a health care system or community partner working in falls prevention, but not part of the coalition?
- Ask existing members/partners to invite colleagues or missing representatives. Use contacts and connections where they already exist.

Key tip: *Target* the ask of participation in the coalition instead of broadly asking if anyone wants to join. (Is there a health care system missing that has high utilization of either or both inpatient and/or ER; know the people you work with – where do they receive their healthcare? Conduct an annual review of “who’s here? who’s not here?” then reach out to individuals to broaden coalition representation. Ensure EMS involvement and both rural AND inner-city representation.



Importance of Potential Coalition Partners:

Physical/Occupational Therapist: Often work closely with older adults on enhancing balance and strength, as well as evaluating ways to stay safe at home and in their external environment.

Senior Centers: Often the hub for case management, home-delivered and congregate meals, and activities for older adults. They have a natural connection with the older population, and partnership with a senior center is great for events and balance-enhancing/falls prevention programming.

Faith-Based Organizations: A great way to connect with the older population since this is often a place where older adults are engaged and involved.

Aging & Disability Resource Center (ADRC)/Area Agency on Aging (AAA): Entities that receive federal and state funding to work specifically with older adults. They have a pulse on older adult needs in the community and are often a great connector of resources for the older population.

Family Caregiver: Have insight and perspective that is valuable to the coalition because they have first-hand experience and knowledge about what supports are needed.

Home Health: Has direct contact with older adults and can be a great resource for assessing needs and also administering information about local resources.

Hospital/Emergency Department: See first-hand the impact that falls have on older adults and can be a great partner for collaborating on connecting older adults to community resources to help them stay healthy both before and after a fall.

Orthopedic/Trauma Doctors: Help older adults with mobility and can be helpful in keeping older adults moving, which is important for falls prevention, as well as overall health.

Pharmacy: Have expertise in how medications interact which can lead to a fall and because of their direct contact with older adults and their ability to provide information and resources about safe medication management.

Emergency Medical Services (EMS): Often the first individuals to engage with an older adult who has fallen and called 911 for help. They can be a great resource for providing information to older adults about staying safe and preventing falls.

Managed Care Organizations (MCOs): Involved in helping meet the health care needs of older adults and can be helpful in informing an older adult's plan of care, which includes falls prevention.

Clinics/Primary Care Physicians: Most often the place an older adult goes for health care needs and can be the first line of identifying a fall risk. A primary care provider can help connect older adults to additional therapies or resources to help them prevent a fall.

Older Adults: It's important to include the voice(s) of the population you're serving, so having an older adult on the coalition is a very valuable perspective.

Additional Tips:

- Representation from older adults as part of the Coalition/ad hoc is vital for connecting to their needs and language of communication. **(Representation)**
- Avoid Coalition burnout – bring in *as needed* members (may not be full-time coalition members) to help find linkages in the work. **(Member Engagement)**
- Develop an onboarding process for new coalition members and plan for turnover. Send welcome emails to new members and include information about the history of the coalition, achievements, and future plans. Create a document and keep it updated so that new members gain a better understanding the coalition’s foundation, goals, and mission. **(Onboarding)**
- Identify clear goals, objectives, and a work plan for the coalition. Identify who will lead meetings, coordinate logistics, etc. Is this a consistent person or a rotating responsibility? How to share the load? **(Structure)**
- Develop a process for attendance – check in after 2 no-show meetings and confirm whether still interested in participating. Possibly send a back-up when a member has a meeting conflict to help maintain continuity. **(Attendance)**
- Develop a coalition logo to encourage members to invest (skin in the game) and it also helps increase exposure of the coalition AND its members. **(Engagement/Awareness)**

Regular Communication/Updates

Clear, consistent communication and expectations are important to maintain shared goals and objectives as a coalition. Determine the protocols for ongoing meetings and smaller subcommittees will help keep the work moving forward.

- Schedule meetings on a regular schedule so coalition members know what to expect. Provide virtual/call-in options, Zoom/Teams meetings.
- Don’t meet too frequently. *Establish smaller workgroups* that can meet in between coalition meetings to help keep work moving forward.
- Agree on a central location to host ongoing in-person meetings.
- Meet at a time that works for all/majority coalition members- early meetings before the workday begins or late afternoon/evening after the workday concludes.
- Allow meeting time for updates (class/event offerings, policy changes), round robin, etc.
- Review onboarding process with new members.

Sustainability

After your coalition is formed, it’s important to consider what will keep it viable. This may include motivation itself for the work, as well as financial and in-kind contributions to help sustain the work. The following includes ways to keep the momentum going after your coalition creation.

- Leverage who you have at the table, everyone that is a part of the coalition has something to offer whether it’s an older adult, a health care representative, or a senior center director. Think outside of the monetary value and look for in-kind contributions like space, volunteers, organizational resources, knowledge, connections, etc.
- At community annual falls prevention event (if applicable), be intentional about recruiting older adults (wide range of ages) as part of the effort. (Ex. La Crosse used a placemat with information about improving strength/balance/mobility, shoe safety, Coalition outreach, membership, how to get involved/connect, benefits, and commitment).

- Connect with other organizations or Coalitions that may intersect with the work.
- At least one organization should serve as the “backbone” to ensure a strong foundation for the coalition. The “backbone” organization can keep the work moving forward but also help with initial financial resources for the work.
- Rotate the Coalition’s chairpersons (at least 2, for a 1- or 2-year commitment) so the work is shared and to maintain engagement.
- Follow up with members of the group who are unable to attend workgroup meetings.
- Highlight wins annually to help with momentum and sustainability of the group.
- Incorporate fund development into the work of the coalition – identify potential grant opportunities, work with the county to identify resources that align with improving strength, balance, mobility, home and environmental risks, etc. Align with local organizations and potential funding sources.
- Create manageable and achievable set of objectives. Set the coalition up for success by prioritizing the few critical goals.

Obtaining Funding

Coalition work often requires a certain amount of funding to help sustainability. A coalition might simultaneously create a financial plan for its work alongside the goals, objectives, and priorities the coalition is hoping to achieve. Ensuring the financial sustainability of the coalition is important to guarantee the work of the coalition continues.

- Incorporate a fund development strategy into the work of the coalition.
- Identify whether or whether not one organization should take the lead on grants and other funding opportunities.
- Identify if an organization provides in-kind a grant writer for a specific application.
- Provide examples of how coalition members pool resources when there’s an expense. Make this a group decision (helps with engagement).

Examples of funding sources currently invested in falls prevention. ([Administration for Community Living/National Council on Aging \(ACL/NCOA\)](#), United Way, Bader Philanthropies, [Regional Trauma Advisory Council \(RTAC\)](#), [Wisconsin Institute for Healthy Aging \(WIHA\)](#)).

Create Methods for Sharing the Work of the Coalition with the Community

Communicating your coalition’s work with the various audiences maximizes your coalition’s efforts. Create goals/objectives and a financial plan for sustainability, but also communicate your coalition work to help increase awareness, interest, engagement, and longevity.

- Create materials that can be shared with various audiences (Providers, community members, etc.).
- Utilize marketing skills/expertise from organizations of coalition members to ensure consistent messaging.
- Utilize social media (Facebook, Twitter, Instagram, website).
- Be intentional and identify community groups who would welcome learning about the goals and work of the Coalition. This could lead to opportunities to leverage partnership and even potential funding.
- Have a process to find and review resources and best practices and share with other stakeholders. (Link resources to updated websites).

Example Social Media Posts

September is Falls Prevention Awareness Month!

One in four people age 65 or older has a fall each year.

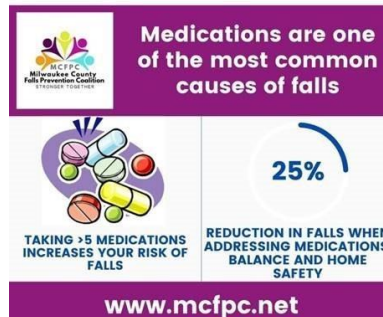


Learn your risk and take steps to prevent a fall!

wiha
Wisconsin Institute for Healthy Aging

Milwaukee County Aging Services
4d · 🌐

Falls can be caused by many factors, with medications being one of the most common. Medication side effects as well as taking multiple medications are most likely to lead to falls. It is important to talk to your healthcare team about the medications you are taking and ways to reduce risk and prevent falls. Practical Tips... See more



Medications are one of the most common causes of falls

25%

TAKING >5 MEDICATIONS INCREASES YOUR RISK OF FALLS

REDUCTION IN FALLS WHEN ADDRESSING MEDICATIONS, BALANCE AND HOME SAFETY

www.mcfpc.net



Falls Free Wisconsin

Tip: Know Your Medications

wiha
Wisconsin Institute for Healthy Aging

Certain prescribed and over-the-counter medications can increase your risk of a fall. Ask your doctor or pharmacist how to reduce drug interactions and side effects.



fallsfreewi.org

Stay Connected

There are a few different groups that meet regularly to talk about falls prevention throughout the state, including [local falls and injury prevention coalitions](#). The State Falls Prevention Quarterly Collaborative works together to increase fall prevention efforts, share best practices, and support the work happening at county levels. The Collaborative includes members of coalitions from over 13 counties throughout the State of Wisconsin. The Collaborative meets quarterly. For any questions contact Suzie Ryer: suzanne.Ryer@aah.org or Ann Gallo: ann.gallo@aah.org.

In addition, the [Falls Free Wisconsin Coalition](#) meets regularly to support falls prevention initiatives statewide. The coalition includes representation from ADRCs and aging offices, senior centers, healthcare, public health, physical therapy and more. [Join the coalition](#).

The Wisconsin Institute for Healthy Aging, in collaboration with the Falls Free Wisconsin Coalition, is happy to provide technical assistance to any individuals and organizations interested in starting a coalition, or for other falls prevention-related activities. Request technical assistance [here](#), or email falls@wihealthyaging.org.

SECTION 5 – CASE STUDIES (Appendices)

Appendix A: Lessons Learned from an Urban County Falls Prevention Coalition- Milwaukee

Overview of the Coalition:

The Milwaukee County Falls Prevention Coalition (MCFPC) was formed in 2019 to address the issue of falls amongst community-dwelling older adults within the county. The initiative started following conversations with community stakeholders including emergency medical services (EMS), public health, healthcare providers, and county aging department. The central theme of a community needs assessment was the lack of coordination between older adults who were at risk of falls, health systems, EMS providers, and community programs. The coalition was formed to prevent falls and address a lack of equitable access to resources across a racially and economically diverse county. The coalition holds monthly meetings (virtually beginning in June 2020) with members organized into action teams to accomplish components of strategic plan. The primary focus of the coalition has been increasing community awareness, outreach education, and building partnerships within the community.

Successes:

- Defined the public health problem in the community and set a clear strategic plan to address
- Formed a steering committee with engaged leaders to lay the foundation and drive efforts
- Organize work into short cycles of action teams with clear objectives aligned with larger goals
- Initial and ongoing efforts to recruit new members, leveraging networks of existing coalition
- Strategic partnerships and alignment with complimentary programs
 - Philanthropic funding
 - DHHS Division on Aging
 - Multiple health systems
 - Community organizations

Challenges:

- Lack of representation of communities of color in planning fall prevention outreach and efforts
- Difficult to reach communities of color with evidence-based programs and resources
- Coordinating efforts across large footprint and handoffs between levels of care
- Measuring impact of fall prevention efforts on fall rates in community
- Limited outreach during COVID-19 pandemic and challenges in virtually connecting with the community

Lessons Learned:

- Engage members throughout the journey with shared vision for community and what they can take away from coalition as well as in monthly meetings
- Think outside the box – important to have creative thinkers from different aspects of community present
- Build upon established relationships in the community
 - EMS outreach to local communities
 - Home care/senior networks that have large membership of professionals who can be allies for coalition

- Measure everything! Expand focus from specific falls outcomes to measurement of individuals educated, attendees at outreach events, and traffic on electronic sites (social media, website)
- Place early emphasis on identifying, creating, and distributing materials as community members and providers are starving for resources
- Have strong leaders who can drive efforts forward but also build a sustainability plan to outlast individuals
- Regular check in with members and stakeholders to assess impact and effectiveness of coalition
- Align efforts with existing priorities and efforts within community and/or partner organizations

Appendix B: Lessons Learned From a Rural County Coalition- Waushara

Overview of Coalition:

The Active Aging Committee is a subgroup of the Waushara County Prevention Council. The group was formed in 2012 to increase the need and awareness of the growing number of aging adults in the county. The group started with 2 representatives from the Prevention Council, who then recruited 3 older adults. The group began meeting bi-monthly to discuss opportunities to share more about resources and events that focused on healthy aging. The group also began to explore gap areas that have been expressed. The group continues its work in being active in developing goals and objectives from community input and the Aging Unit Goals.

Successes:

- Brings a focus for healthy aging within the Prevention Council (which traditionally had a strong focus on maternal and family health)
- Partner in the Health Fair directed towards older adults and now continues with the Community Fair each year. This is a good example of leveraging something that already exists to further the goals of the Active Aging Committee.
- Initial and ongoing efforts to recruit new members, leveraging networks of the existing coalition
- ADA assessment on all county parks -Waushara County Parks Department received a \$600,000 grant to update parks based on committee's input.
- Established different community events for older adults, such as Twisting to Your Favorites dance
- Engaging older adults on the Committee because their perspective is vital to the group's overall success.

Challenges:

- Keep enough members to help with the events
- Lack of community participation in events
- Effectively communicating the work of the Committee so that the broader community understands why it exists and what value it brings.
- Keeping people engaged while not meeting during the pandemic

Lessons Learned:

- To be flexible and adapt, as necessary to sustain the Committee despite what may be happening around us in the community and world
- Better marketing and communication which would help garner community support for the Committee's priorities and goals
- Recruit members with the same goals in mind and ensure clear goals and expectations are identified and communicated
- Identify what's going to best motivate the Committee to ensure the work continues, even when unable to meet in person

Appendix C: September Falls Prevention Month Activities- Dane County

September is National Falls Prevention Month and an opportunity to shed light on this topic that impacts so many of our older adults and their families. The [Dane County Falls Prevention Task Force](#), supported by Safe Communities, collaborates with community, health, and academic partners to host an annual free half-day event called "Only Leaves Should Fall" (OLSF). Prior to Covid-19, this event rotated locations/host sites throughout Dane County in an effort to reach all areas of the County. Due to Covid-19, virtual events were held for two years and starting in 2022, there will be multiple "mini" events in different areas of the County with the goal of taking programming to our local communities.

This annual event brings together each of the major health-care systems in Dane County, nonprofit organizations serving older adults, senior centers, UW-Madison, and Madison College. At OLSF, older adults are able to learn about local falls-prevention programs/classes, receive screenings and reviews for blood pressure, cognitive function, medication, vision, gait and balance; and to participate in program demonstrations, such as Tai Chi and Stepping On. Participants leave with community resources and information about how to best prevent a fall. The goal of the event is to help participants better understand what might contribute to their risk of falling and how to best prevent a fall from happening in the first place.

Lessons Learned:

- Making the event free of charge and hosting mini events in local communities throughout the county reduces both financial and transportation barriers to participation.
- Providing lunch and making the event free of charge are good incentives to encourage and increase participation.
- Working with faculty partners at UW-Madison and Madison College provides the opportunity for intergenerational interaction and connection.
- Evaluations and feedback forms provide the opportunity to conduct follow-up with participants and to improve the event in subsequent years.
- Rotating host sites provides the opportunity to reach all areas of the County.
- A keynote address from someone well-known helps engage participants and increase participation numbers.
- Local businesses and companies are often happy to sponsor lunch, if asked, because it helps them engage with their community.