



Advancing Resilience: A Falls Prevention Summit

Brought to you by:

The Falls Free Wisconsin Coalition, a Wisconsin
Institute for Healthy Aging initiative



Summit Day 2

Thank you for your commitment to preventing falls and supporting falls resiliency as we age throughout Wisconsin!

Thank You, Sponsors!



FallsFreeWI.org

THURSDAY	DAY 2: THURSDAY, APRIL 23, 2026
9:00 AM	WELCOME
9:10 AM	KEYNOTE: MEDICATIONS & FALLS Beth Martin, RPh; PhD, FAPhA, <u>UW-Madison School of Pharmacy</u> Kaisa Kerrigan, MPH, <u>Milwaukee County Department of Health & Human Services</u> Michelle Erdmann, <u>ADRC of Brown County</u>
10:20 AM	BREAK
10:30 AM	PANEL: CULTURAL NEEDS & RELEVANCY IN PROGRAMMING Alisa Lammers, <u>ADRC of Barron and Rusk Counties</u> Mary Wolf, <u>Lac Courte Oreilles Aging & Disability Programs</u> Shary Pérez-Torres, MPH, <u>United Community Center</u> Johnny Winston Jr., ISSA-CPT, <u>Johnny Winston CARES Fitness and Wellness</u>
11:05 AM	PANEL: HOW TO TALK ABOUT FALLS WITH OLDER ADULTS Candy Hoyt, <u>Stepping On Peer Facilitator</u> Holly Altenberger, <u>O'Connell Pharmacy</u> Edmund Duthie, MD, <u>Medical College of Wisconsin</u> Kate Garcia, <u>Heritage Senior Living</u>
11:45 AM	BREAK
11:55 AM	PANEL: TECHNOLOGY FOR FALLS PREVENTION Joel Rosales <u>Health Care District of Palm Beach County</u> Cierra Boutelle, <u>Oshkosh Seniors Center</u> Jayer Fernandes, <u>UW-Madison, Dept. of Electrical & Computer Engineering</u>
12:25 PM	WRAP UP: STAY CONNECTED Suzanne Morley, CHES, <u>Wisconsin Institute for Healthy Aging</u>

About WIHA

Mission: To improve the health and well-being of all people as we age by disseminating evidence-based programs and practices and by engaging in collaborative public health strategies in Wisconsin and beyond.

Evidence-Based Programs

Falls prevention programs: Stepping On & Pisando Fuerte

Other: Chronic disease self-management, incontinence, physical activity

Community Education & Coalitions

Age Well Series & newsletter

Falls Free Wisconsin Coalition & Wisconsin Coalition for Social Connection

Other

Reframing Aging & Disability

Brain health

Bi-annual Healthy Aging Summit

& more!

About Falls Free Wisconsin



Advocacy

Advocate for state investment in falls prevention and policy/systems changes



Best Practices

Gather and share information (programs, education, coalition development, etc.) with professionals



Awareness

Share messages with older adults, families & caregivers about the ways falls can be prevented



Data

Collect state and county-level falls rates (ED visits, hospitalizations, deaths, cost), and program impact data



Welcome...

Beth Martin, RPh; PhD, FAPhA

- *Professor (CHS) and Chair, Clinical Practice, Innovation, and Research Division*
- *Assistant Dean for Teaching & Learning*
- *University of Wisconsin-Madison School of Pharmacy*

Kaisa Kerrigan, MPH

- *Community Health Coordinator*
- *Milwaukee County Department of Health & Human Services*

Michelle Erdmann

- *Caregiver, Dementia & Prevention Manager*
- *Aging & Disability Resource Center of Brown County*

Medications & Falls: The Power of Patient/Provider Engagement With Medicines

Beth Martin, RPh, PhD, FAPhA

Professor (CHS) and Chair, Clinical Practice, Innovation, & Research Division

Assistant Dean for Teaching & Learning

Oakwood University Woods Pharmacy Clinical Practice




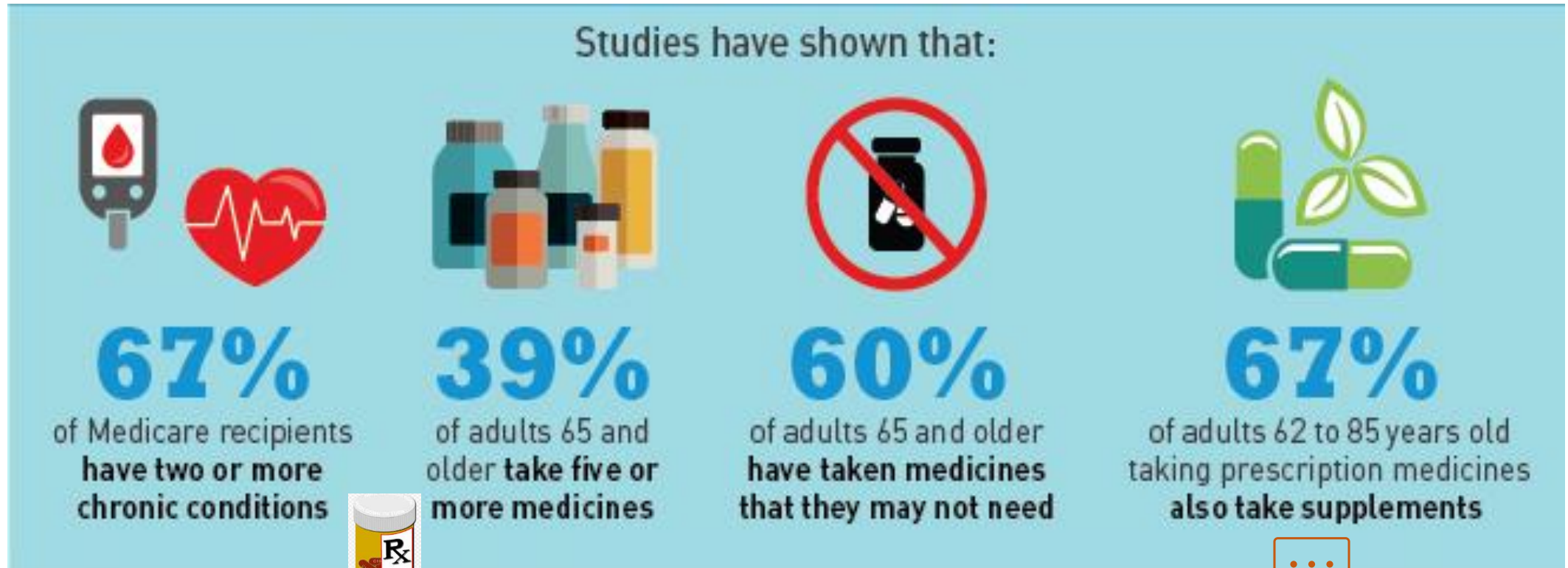
School of Pharmacy
UNIVERSITY OF WISCONSIN-MADISON



Our time together...

- Describe medication use by older adults
- Describe factors that predispose older adults to medication-related problems
- Identify evidence-based strategies for minimizing medication-related problems and optimizing a medication regimen

Older Adults & Medicines: *Is there an overuse problem?*



90%
take at least
one Rx med



75%
do not report use
to their clinicians

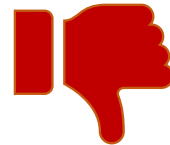
Medications can be...

• GOOD when...



- Indicated
- Used appropriately
- Monitored frequently

• NOT SO GOOD when...



- Side effects occur
- Adverse Drug Events (ADEs) occur
 - **Harm** caused by medical use of the drug
 - From 2017-2020, 45% of ≥ 65 yo taking “potentially inappropriate” Rx drug
 - At least 33% of all ADEs are preventable

Why Do We Need to Know About ADEs?



ADEs 5th leading cause of death in the U.S.

- >2 million patients/year have severe ADEs

ADE incidence is higher for older adults

- 2 - 10% in young adults VS 20 - 25% in older adults

3 to 10% of all hospital admissions for older patients are due to ADEs



Both prescription and nonprescription medicines (which includes vitamins, herbals and supplements) can cause adverse effects.

What changes take place in our body as we age that could affect how our body handles medicines?

Kidney and Liver function decline

Shifts in body composition

- More body fat
- Less body water and serum albumin

Slower Metabolism and Circulation

- More permeable blood-brain barrier to meds

Sensory and physical changes

- Vision
- Dexterity

What other factors increase the risk for ADEs?



Multiple medical conditions



Multiple prescribers



Multiple medications (5 or more chronic medicines)

Interactions & Burden



Overuse/underuse of medicines



Ability to pay for medicines



Poor technique with medicine devices (eye drops, inhalers, injections)

Adherence



Appropriateness or lack of research in older adults



The Prescribing Cascade



Transitions in Care

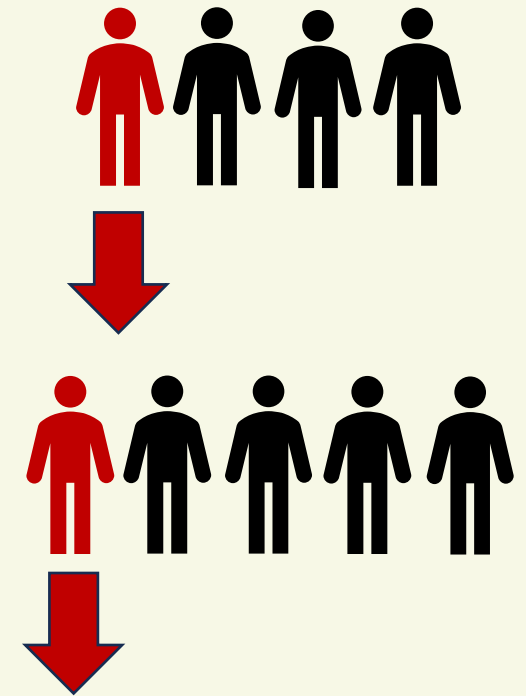
Clinical Factors

Medications & Falls: Why It Matters

- Falls are common, but not a normal part of aging
- Medications can contribute to fall risk – **Screen**

Fall Risk-Increasing Drugs: Drugs that cause drowsiness or impaired balance or coordination

- Risk reduced through **medication review and modifications**
 - Adjust doses, time of day, or technique
 - Deprescribe
 - Switch to safer alternative – even non-drug
 - Educate on side effects
 - Improve monitoring



65%-93% FRID use

How Medications Contribute to Fall Risk

- Sedation
- Dizziness
- Impaired balance/gait
- Slowed reaction time
- Memory loss/Confusion
- Vision blurred/impaired

Other Mechanisms Include:

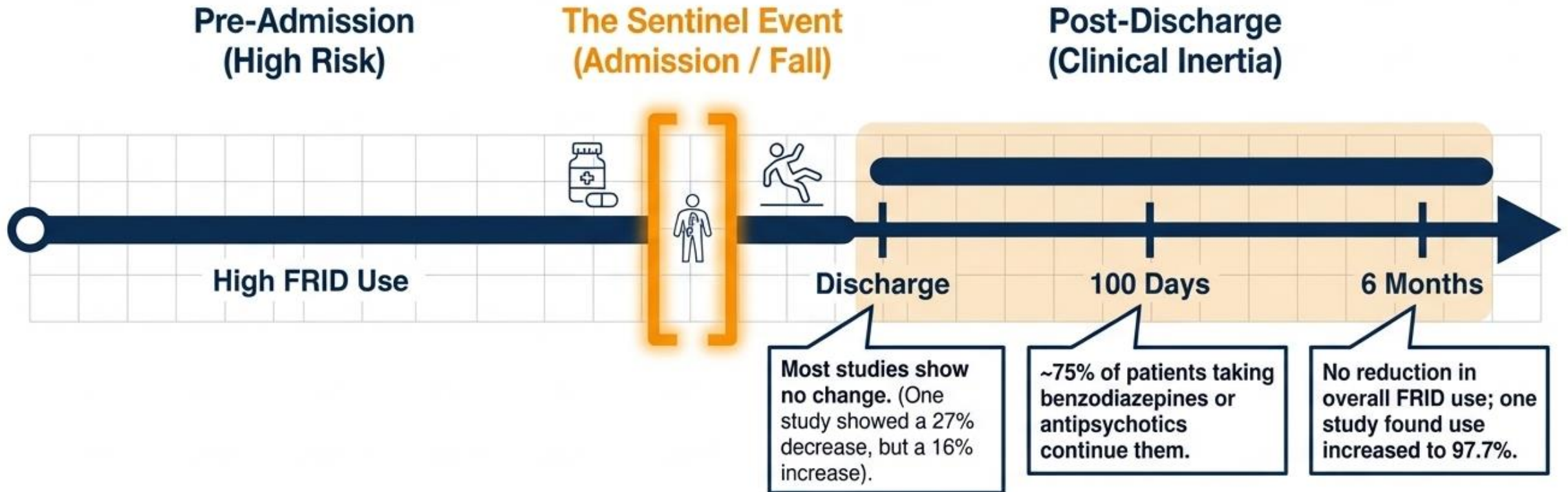
- Electrolyte imbalance
- Volume depletion
- Hypotension
- Drug interactions
- Peripheral neuropathy
- Drug-induced Parkinsonism

Boyle N et al *Clin Geriatr Med* 2010;26:583-605.

Dykes D, Sadowski C. *CGS J CME* 2015;5(1):23-31.

The Missed Opportunity: Post-Fall Clinical Inertia

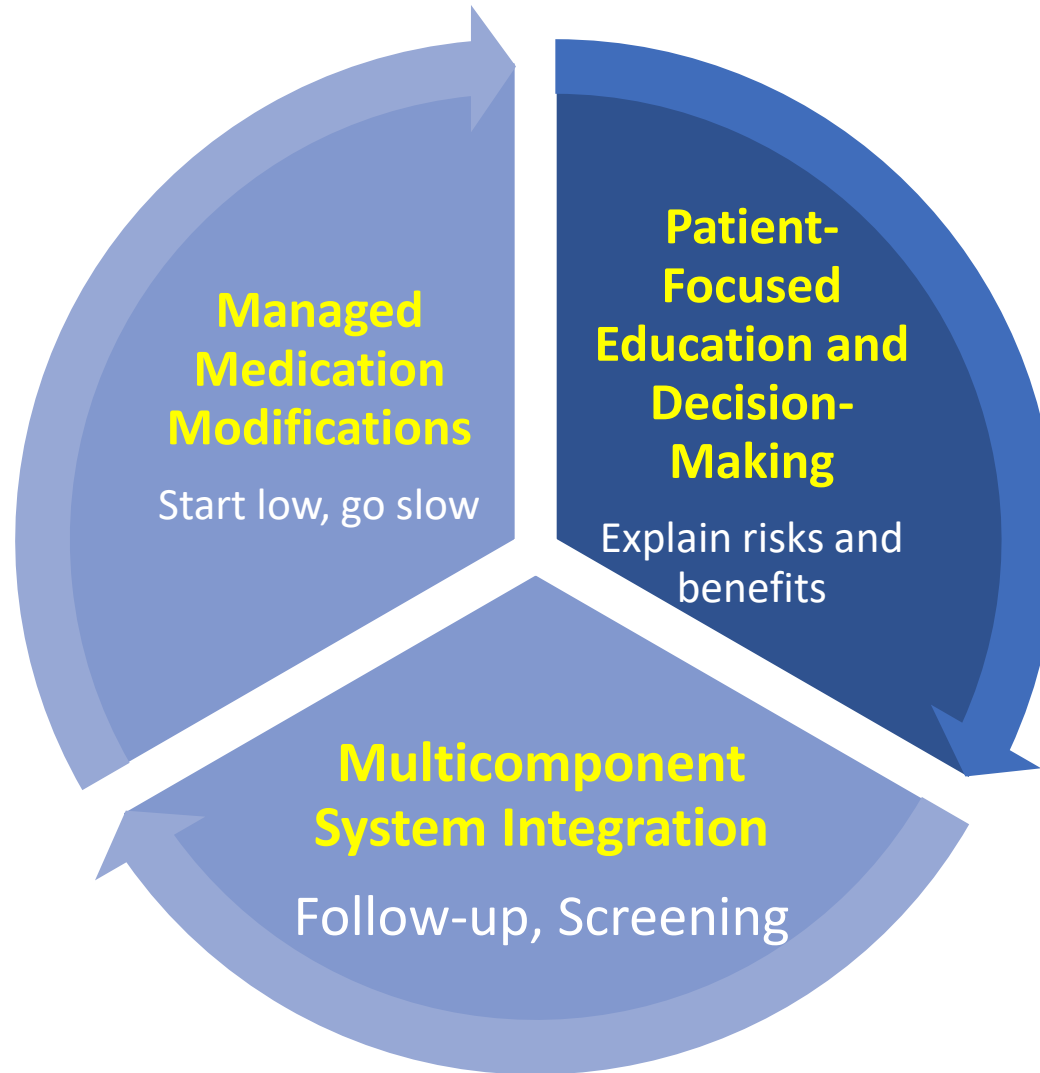
Care Continuum Timeline



The sentinel event of a fall-related injury consistently fails to trigger life-saving medication optimization.

New Rx: Activating Patients, Providers, and Systems

*To reduce fall risk, **FRID deprescribing** must transform from an isolated clinical note into a **comprehensive, integrated patient journey.***





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Available online at www.sciencedirect.com



Research in Social and
Administrative Pharmacy 12 (2016) 569–577

RESEARCH IN SOCIAL &
ADMINISTRATIVE PHARMACY

Original Research

Med Wise: A theory-based program to improve older adults' communication with pharmacists about their medicines

B.A. Martin, B.S., M.S., Ph.D.^{a,*}, B.A. Chewning, Ph.D.^a,
A.R. Margolis, Pharm.D., M.S.^a, D.A. Wilson, M.S.^a,
J. Renken, M.P.H.^b

^aUniversity of Wisconsin-Madison School of Pharmacy, 777 Highland Avenue, Madison, WI 53705-2222, USA

^bCommunity Academic and Aging Research Network, 310 N Midvale Blvd, Suite 205, Madison, WI 53705, USA

Med Wise Rx (a virtual 2-session program) was created on the premise that older adults themselves can be key **self-advocates** to reduce these medication-related risks through improved communication skills and medication management.

Training incorporated videos modeling an active patient role in healthcare encounters to promote patients cuing the pharmacist/prescriber to action

- Asking for a comprehensive medication review



Funding provided by the UW SMPH from the Wisconsin Partnership Program (WPP 5129) through a grant to the UW Institute for Clinical and Translational Research (UW ICTR). ICTR also received funding from NIH-NCATS Clinical and Translational Science Award (CTSA)(1UL1TR002373).

Training Emphasized Communication Strategies for Getting Best Results with Medicines

- Ask:

Do the potential benefits of the medication outweigh the potential risks for me?

Is a non-drug therapy available and effective?

Could this problem or new symptom be related to any of my medicines?

What else do I need to know?

- Read the OTC labels
- Be sure your pharmacy/provider has an up-to-date list of all medicines you take – including OTC
- Talk with your pharmacist – your medication expert -- about your medicines. Ask for a CMR

What is a Comprehensive Medication Review (CMR)?

- *MedWiseRx def'n*: When a pharmacist sits down with you to review all your medications to ensure they are safe and effective for you.
- Most Medicare Part D plans cover this service.
 - Only 12% of eligible beneficiaries receive a CMR through Medicare annually.
- Effective in preventing fall-related injuries and fall-related fractures in community-dwelling older adults



Results: CMRs & Pharmacist Services

- At baseline, 16% of participants (N=109) had ever received a CMR; only 2 within the last two years.
- 42% of participants who completed the full 6-month study had received a CMR during the study period.
 - Medication changes were common, with **medication discontinuation #1**
- Additional services sought and received included:
 - discussing medication schedule (72%)
 - medication questions (81%)
 - synced refills (35%)

So...Can a CMR Make a Difference?

Modifying Use of Medications Associated with Falling Among Older Adults: The Impact of a Community Pharmacist

JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION 39 (2010) 44–48

Contents lists available at ScienceDirect

 **Journal of the American Pharmacists Association** 

ELSEVIER [journal homepage: www.japha.org](http://www.japha.org) APhA

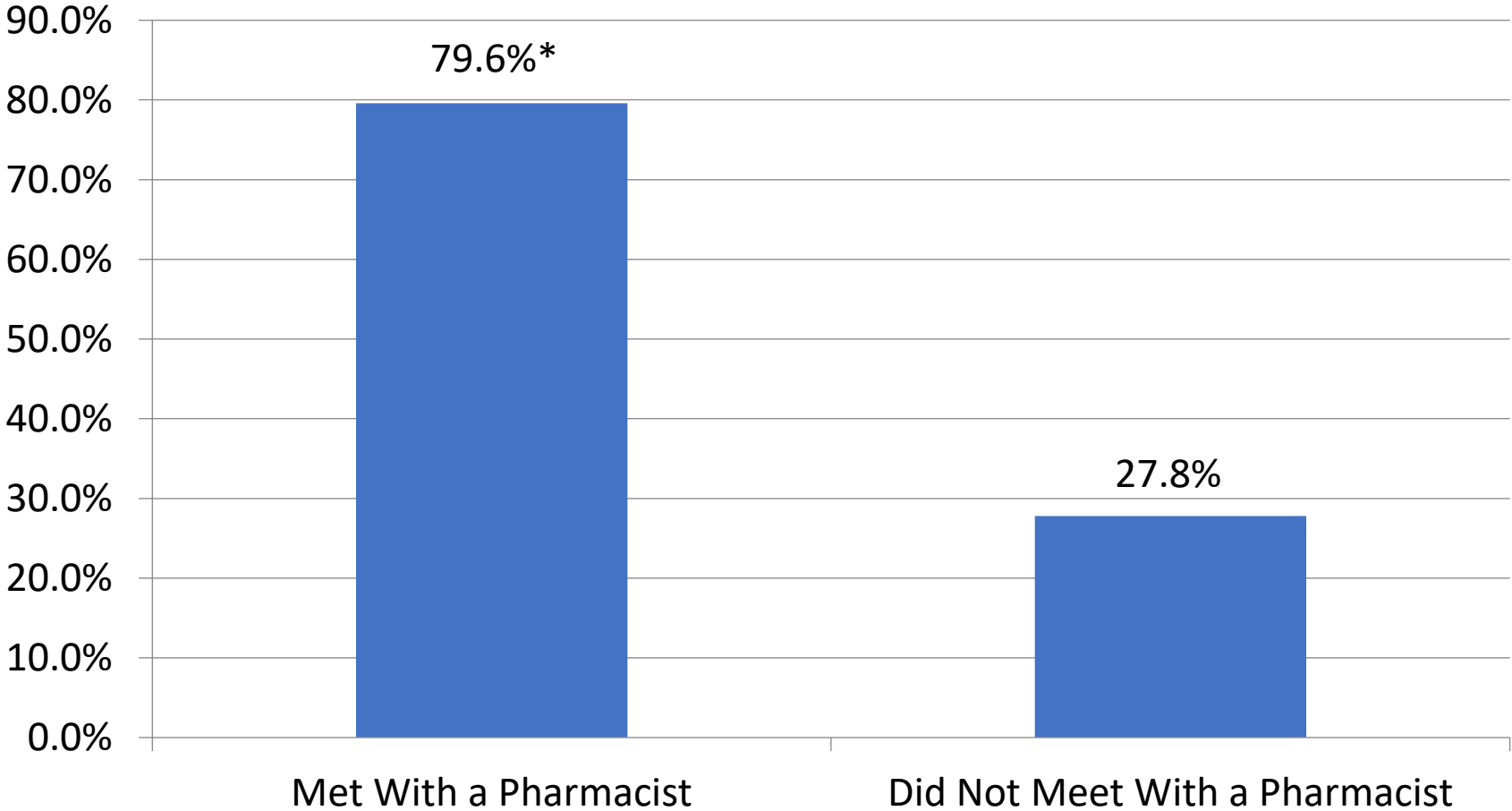
RESEARCH

Impact of a medication therapy management intervention targeting medications associated with falling: Results of a pilot study

David A. Mott*, Beth Martin, Robert Breslow, Barb Michaels, Jeff Kirchner, Jane Mahoney, Amanda Margolis

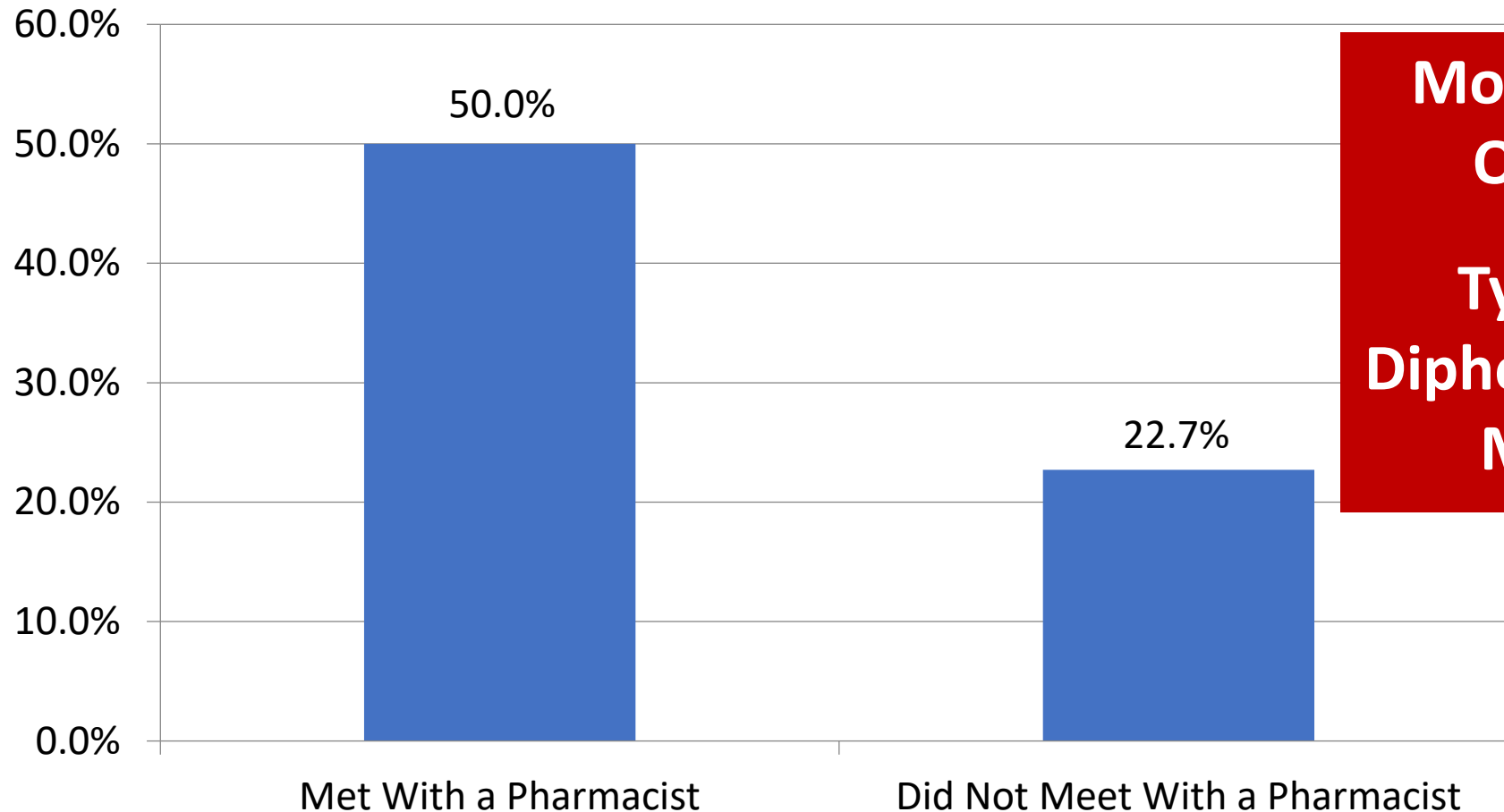
Fall Risk-Increasing Drugs: Drugs that cause drowsiness or impaired balance or coordination

Percent of Older Adults Using Fall Risk-Increasing Drugs (FRIDs) who Stopped Use by Study Group



Note: Difference between Treatment and Control Group is statistically significant, $p < 0.05^*$

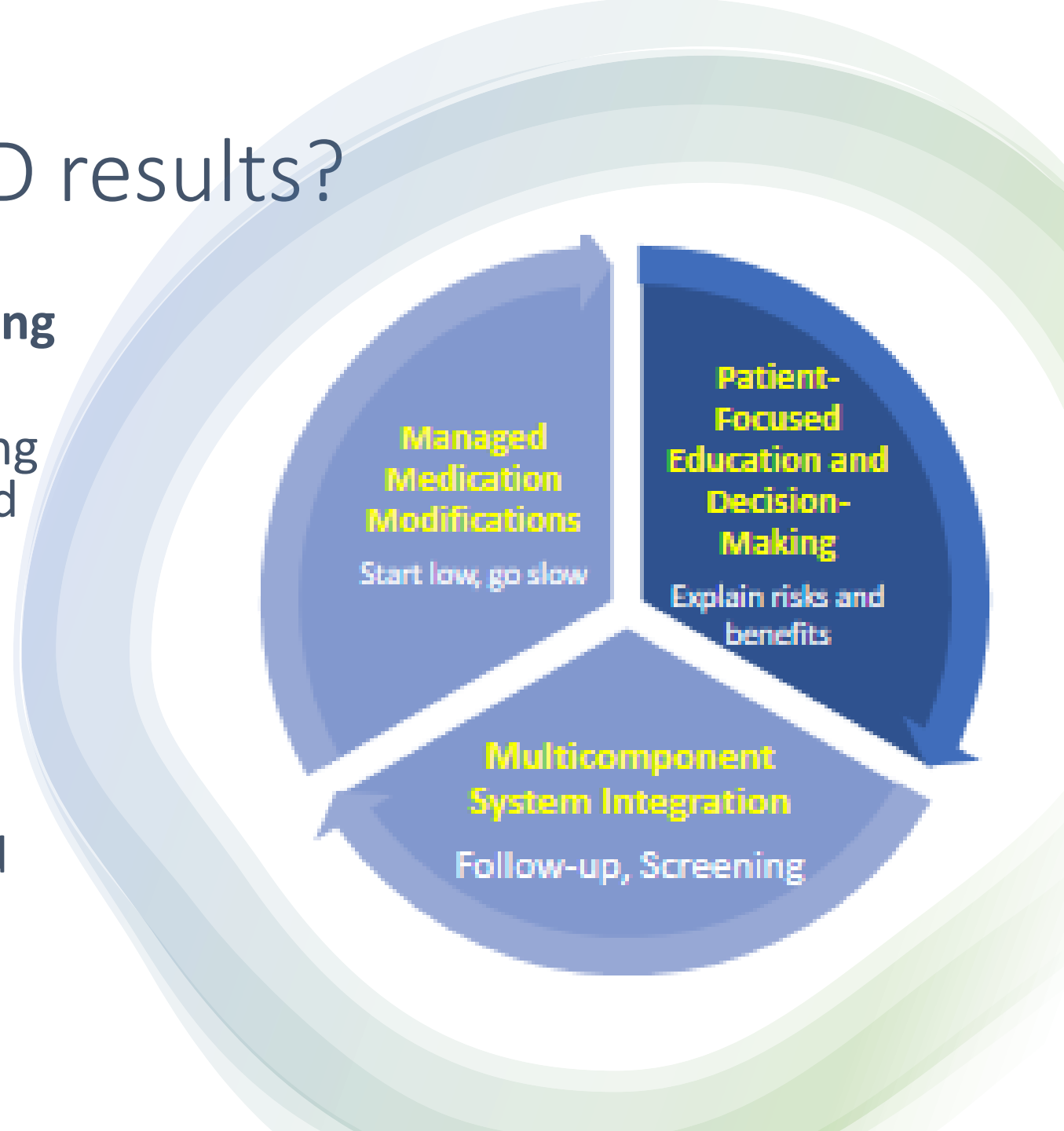
Percent of All FRIDs Identified That Were OTC Drugs by Study Group



**Most common
OTCs ID'd:
Tylenol PM
Diphenhydramine
Meclizine**

Why such impactful FRID results?

- Created **decision aids and deprescribing algorithms** for the pharmacists
- Created **prescriber fax forms** explaining patient enrollment in study, FRIDs, and recommendations
- Pharmacists used **Motivational Interviewing skills** to support patient activation and their role in seeking medication changes
- Purposeful **follow-up** with patient and prescriber



The Falls Risk Diagnostic Matrix



Drugs Acting on the Brain (Psychotropics) - Doubles the risk of falling

High Risk

Benzodiazepines

Z-Drugs

Sedating Antidepressants (TCAs)

Antipsychotics

Opiate Analgesics

Medium/Possible Risk

SSRIs (citalopram, sertraline)

Muscle Relaxants

Anti-epileptics



Drugs Acting on the Heart (Cardiovascular) - Reduces cerebral blood flow

High Risk

Alpha-blockers

Centrally-acting alpha 2 agonists

Thiazide diuretics

ACE Inhibitors

Beta Blockers

Antianginals (GTN)

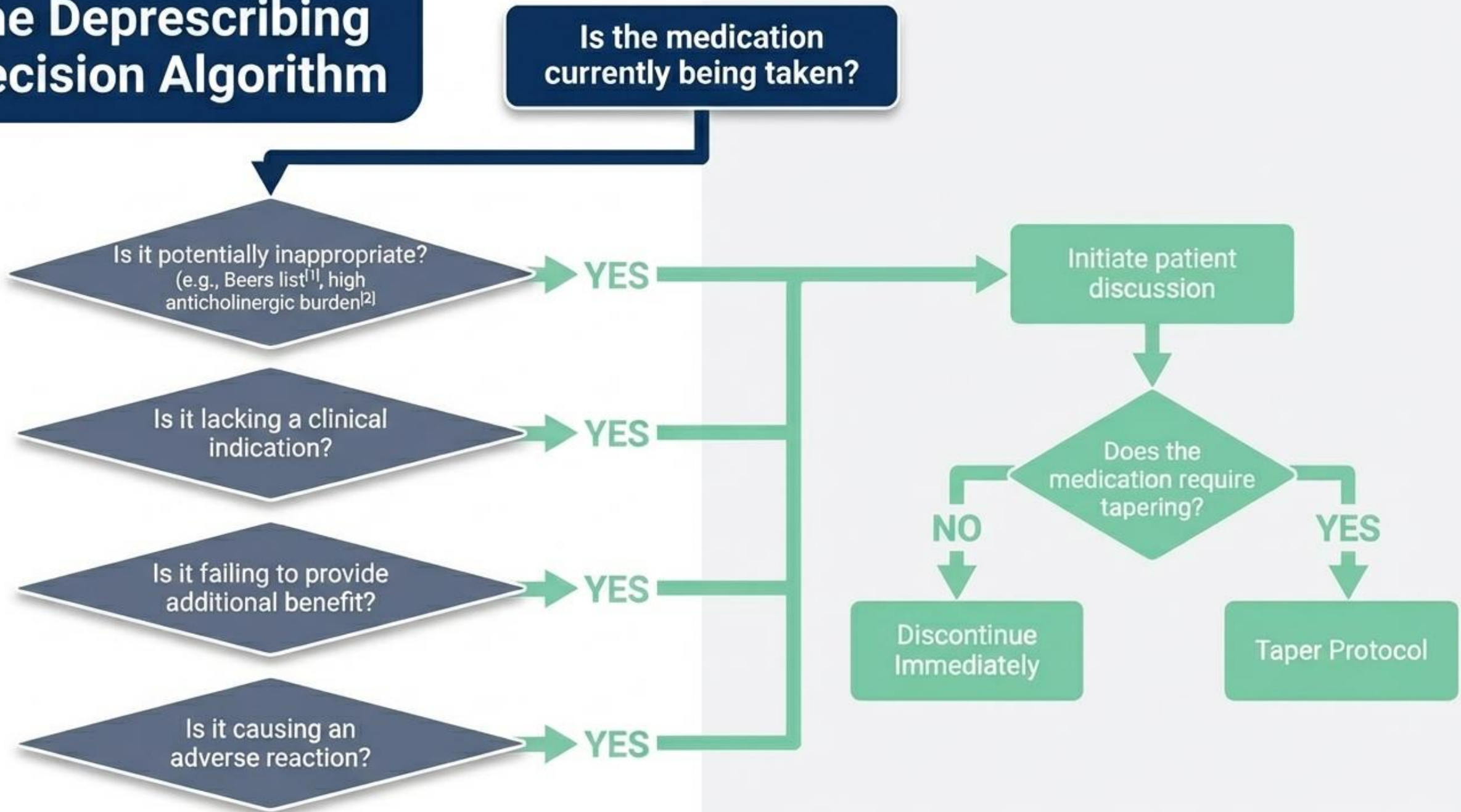
Medium/Possible Risk

Loop Diuretics

ARBs

Calcium Channel Blockers

The Deprescribing Decision Algorithm



Securing Patient Buy-In

The Patient's Fear



Resistance to stopping long-term medications



Fear of worsening conditions



Reluctance to contradict the original prescriber



The Clinical Reframe



Deprescribing is not punitive or giving up; it is backing off the accelerator for safety



Emphasize tangible benefits: Improved cognition, reduced fall risk, fewer side effects, improved survival.




Communicate the safety net: Promise close monitoring and the ability to restart if symptoms return.

Citations

1. Reeve et al. Patient attitudes to deprescribing. *J Pharm Pract Res*, 2017;47(4):280-8.
2. Scott et al. Reducing inappropriate polypharmacy. *Ther Adv Drug Saf*, 2015;6(2):61-87.
3. Farrell et al. Evidence-based clinical practice guideline for deprescribing. *Can Fam Physician*, 2017;63(11):832-45.

The Safer Swap Board: Brain, Pain & Allergy

Avoid/Caution




Pain (NSAIDs)^[1]



Safer Alternative

Swap for: Acetaminophen (short-term), topical capsaicin, lidocaine patches, physical therapy. (Note: Avoid NSAIDs in chronic kidney disease).

Avoid/Caution




Sleep & Anxiety (Benzos/Barbiturates)^[1]



Safer Alternative

Swap for: Sleep hygiene strategies, anxiety management techniques. SSRIs (citalopram, sertraline) for moderate/severe anxiety.

Avoid/Caution



Allergies (1st Gen Antihistamines like diphenhydramine)^[1]



Safer Alternative

Swap for: Saline nasal rinse, steroid sprays (fluticasone), 2nd gen antihistamines (cetirizine, loratadine).

References:

[1] American Geriatrics Society Beers Criteria® Update Expert Panel. (2023). *Journal of the American Geriatrics Society*, 71(7), 2052–2081.

The Main Points for Medicines & Falls:

- Several medicines are potentially inappropriate to use with older adults
 - risks outweigh benefits
 - alternative treatments are available that are safer and/or more effective
- Medication reviews and monitoring are essential for reducing this problem
- Promote an integrated system to reduce fall risk, including referrals and follow-up



Work that Informs OTC Label Research

24% of participants took more than the recommended maximum dose of OTCs

(Wolf et al. 2012)

Older adults 4x more likely to suffer an ADE are affiliated with 9-20% of hospital admissions in geriatric units

(Oscanoa, et al. 2017)

46% of participants used multiple products with the same active ingredient

(Wolf et al., 2012)

Cavalier attitude regarding the use of OTCs, encouraging regular consumption

(Miller, 2014; Eaves, 2015; Nichter & Thompson, 2006; Barrenberg & Garbe, 2015)

Among self medicating patients with ADEs, between 1/3 and 1/2 are attributable to OTCs

(Bourgeois, et al 2010, Schmiedl et al 2014)

Rates of polypharmacy and ADE have doubled in the past 25 years.

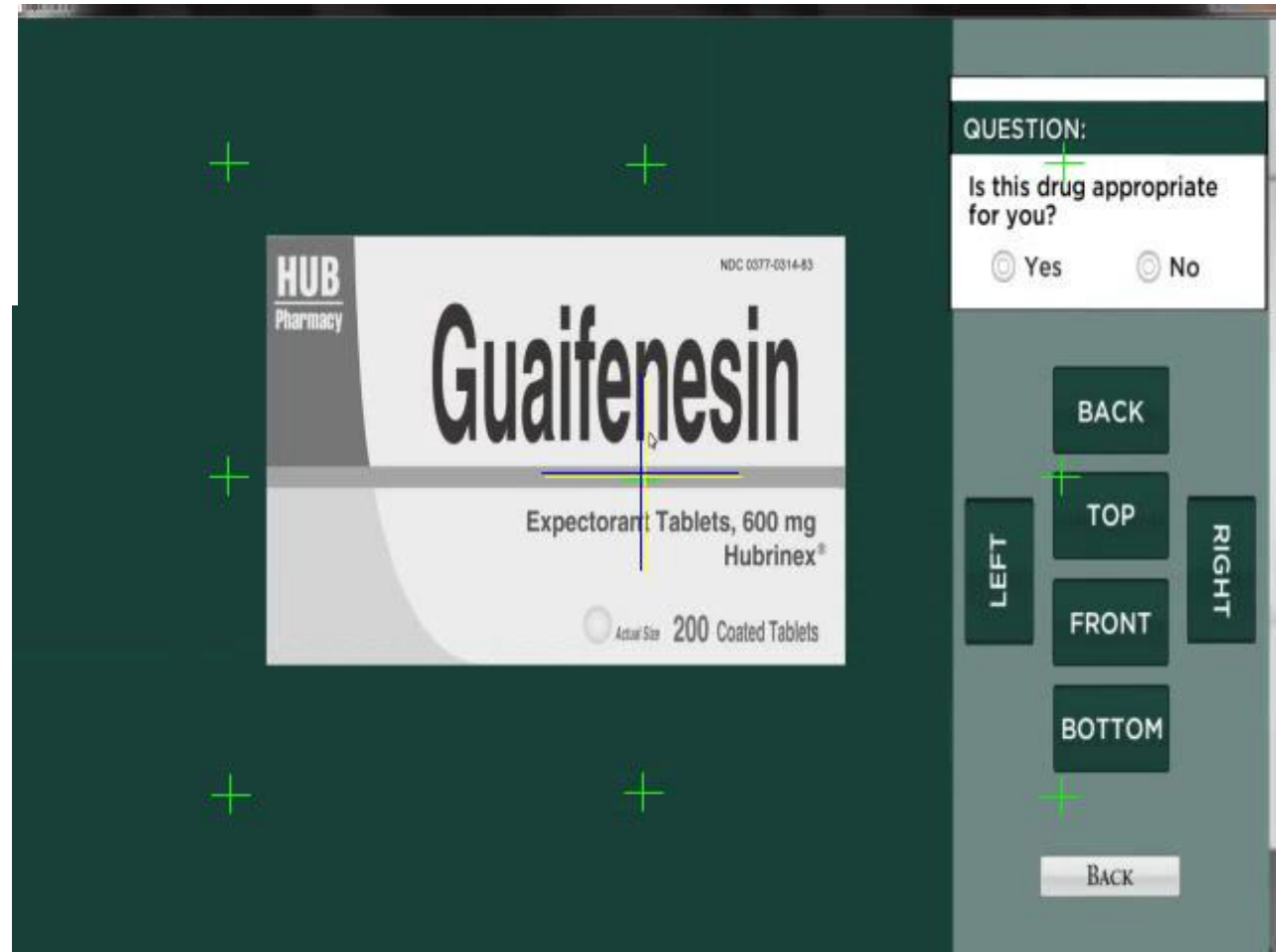
(Guthrie et al, 2015; Qato, et al., 2016)



Can we increase attention to critical health information on the OTC package?



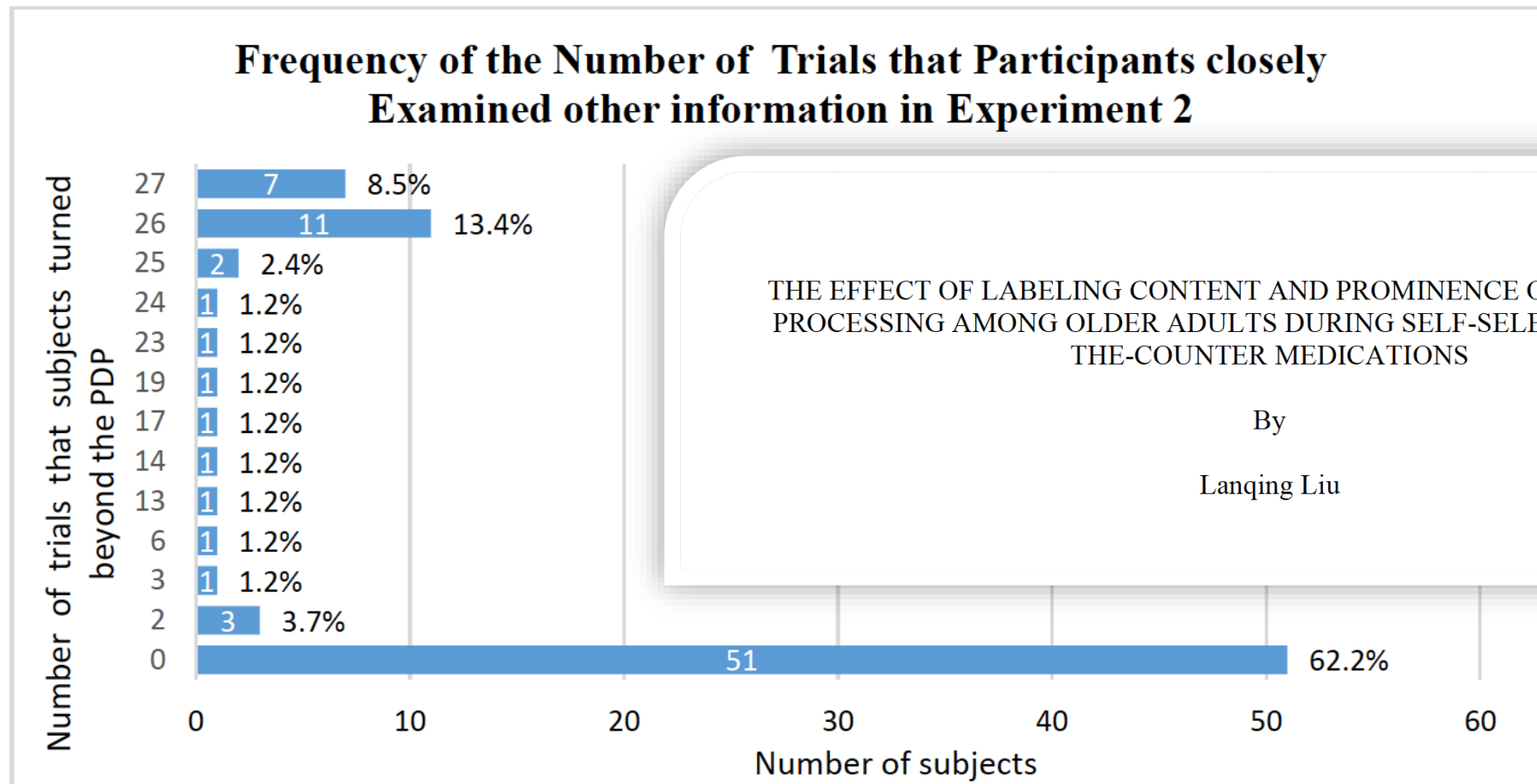
Michigan State University
Mark Becker and Laura Bix
University Of Wisconsin
Beth Martin & Robert Breslow



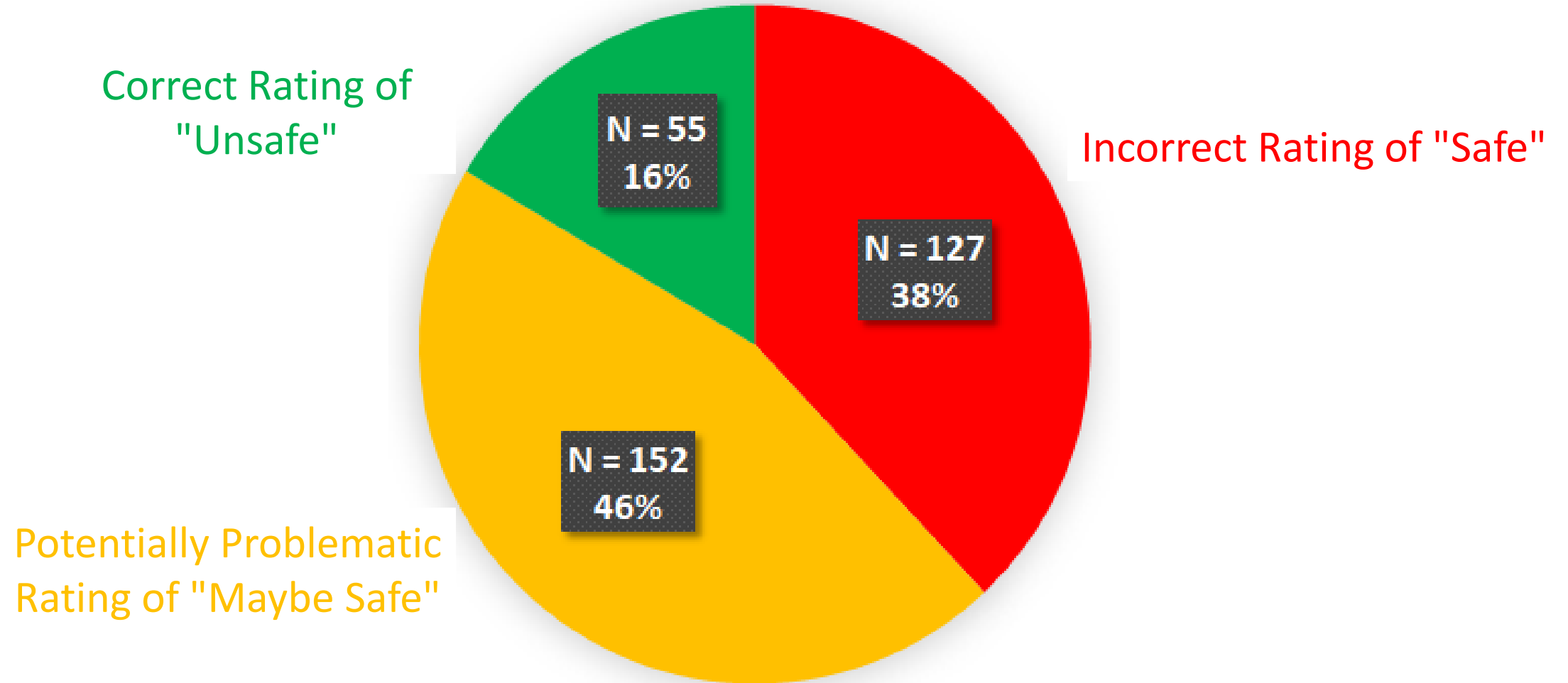
- Time to Area of Interest (AOI)
- Time Spent on AOI
- Gaze Trail
(order of attendance)
- Number of hits to AOI
- Proportion of Respondents hitting AOI

Gaming Eye Tracking

Key Results: Only 8.5% of older adults read the OTC label on repeated use (vs 20%), regardless of education, gender or other viewing behaviors.



Key Result – Subject Responses for Medications that Pharmacists Rated UNSAFE For Subject (N= 334)



Major Potential Barrier to Applying Front-of-Pack Approach to OTC Medications:

*There is no consensus about which subset of information
from the Drug Facts Label (back of package)
is most important for reduction of ADEs*



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Contents lists available at ScienceDirect

Journal of the American Pharmacists Association

journal homepage: www.japha.org



RESEARCH

Identifying over-the-counter information to prioritize for the purpose of reducing adverse drug reactions in older adults: A national survey of pharmacists

Beth A. Martin^{*}, Robert M. Breslow, Amanda Sims, Alyssa L. Harben, Laura Bix, Mark W. Becker

Survey of Experts (318 Practicing Pharmacists)

Ranked importance of the **Drug Facts Label** headings required under FDA regulations (21CFR201.66*) to reducing ADRs among older adults

Three headings rated as important (Over 75% consensus)

- **Active Ingredient** →
- **Purposes/Use** →
- **Warnings**



* Follow-up work determined that pharmacists did not differentiate between “purpose” and “use” so these were collapsed

Experiment 1: Attention to Critical Information

Harben *et al. Cogn. Research* (2021) 6:40
<https://doi.org/10.1186/s41235-021-00307-z>

Cognitive Research: Principles
and Implications

ORIGINAL ARTICLE

Open Access

Using change detection to objectively evaluate whether novel over-the-counter drug labels can increase attention to critical health information among older adults



Alyssa L. Harben¹, Deborah A. Kashy², Shiva Esfahanian¹, Lanqing Liu¹, Laura Bix¹ and Mark W. Becker^{2*} 

For those consumers not explicitly looking for the information, putting these warnings into a **front-of-pack warning** label and **highlighting** that information:

- Increased attention to that information
- Increased the speed and accuracy of using that information

Highlighting and Front Warning Labels seem to be additive – each affords an independent benefit.

Thank you!

beth.martin@wisc.edu



LEAF Grant 2026: Pharmacy referrals to Stepping On for high falls risk patients

Kaisa Kerrigan

Community Health Coordinator

Milwaukee County Area Agency on Aging



MILWAUKEE
COUNTY

Background

- Medications are a leading risk factor for falls
- 65% to 93% of older adults injured from falls were taking at least 1 FRID at the time, many were taking more than 1 FRID₁
- 3 out of every 4 older adults take at least one medication commonly linked to falls or car crashes₂
- Polypharmacy (> prescription drugs) linked to falls

- 1. Hart LA, Phelan EA, Yi JY, Marcum ZA, Gray SL. Use of Fall Risk-Increasing Drugs Around a Fall-Related Injury in Older Adults: A Systematic Review. J Am Geriatr Soc. 2020 Jun;68(6):1334-1343. doi: 10.1111/jgs.16369. Epub 2020 Feb 17. PMID: 32064594; PMCID: PMC7299782.
- 2. Centers for Disease Control and Prevention, 2023.



**Falls may be
common, but
they don't have
to be a normal
part of aging!**



**Stay Strong. Stay Independent.
Stay Steady with Stepping On!**

SteppingOn
© Clemson, Swann & Mahoney, 2022

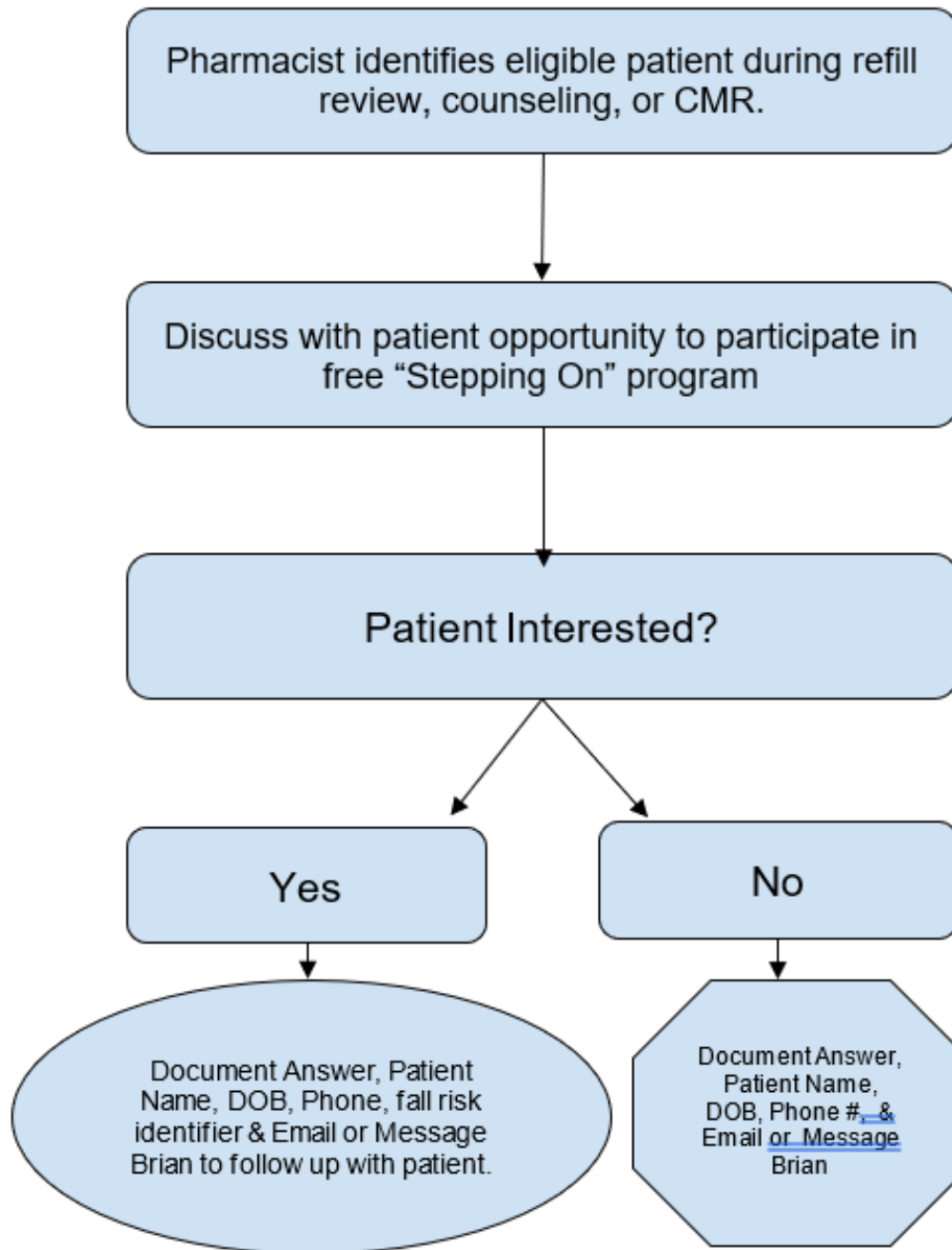


Our LEAF grant project

- Develop criteria to “flag” patients as high risk for falling
 - History of falls (past 12 months, or reports unsteadiness/dizziness)
 - Polypharmacy
 - High-risk medications
 - Fall-related side effects: sedation, orthostatic hypotension, dizziness, confusion, visual changes
- Patient identified as high risk, asked to schedule CMR, and ultimately referred to nearby upcoming Stepping On workshop



Referral Process



Why Pharmacists?

- One of the most accessible healthcare providers
- Trusted and community-based
- healthcare provider and word of mouth are generally considered the two strongest referrals



Referral “Postcard”

Don't let a **fall**
 **cramp** your **style!**

Upcoming: **Stepping On** Workshop

STEPPING ON CAN HELP YOU AVOID
A DANGEROUS AND COSTLY FALL SO YOU
CAN KEEP DOING THE THINGS YOU LOVE.



Thursdays, March 5 - April 16



1:00 to 3:00 p.m.



Greenfield Library *Basement Meeting Room*
5310 W. Layton Avenue, Greenfield 53220

60⁺

REGISTER NOW



(414) 331-8495



Project Status

- Stepping On class was scheduled for early March
- Referrals from December 2025 – February 2026
- 5 referring locations
- 15 older adults identified as high risk and taken the CMR
- 11 old adults identified as high risk but declined the CMR
 - All 26 patients were offered the workshop
 - 5 have expressed some interested and clinical director followed up with them to share more information.
 - 1 had registered in the workshop



Challenges and Successes

- Developed and implemented a standardized pharmacist referral process to the Stepping On program
- Integrate fall risk screenings into 100% of CMRs for patients aged 60+

- Patients expressed little interest in scheduling a CMR
- Fear of leaving home and language barriers
- Pharmacists were unclear what they were asked to do
- Perceived the referral to be a bigger ask than it was intended to be



If at first you don't succeed, Try, try again!

- Workshop rescheduled for early June
- Referrals resumed in early April
- Pharmacists have been retrained with a teach-back incorporated





**MILWAUKEE
COUNTY**

Medi-balance: Medication Awareness for Fall Prevention

A Community Education & Consultation Project



Project Overview

What is MediBalance?

A pharmacist-led initiative designed to help older adults understand how medications influence fall risk and empower them to communicate with healthcare providers

Usage of Fall Risk Medications for Older Adults

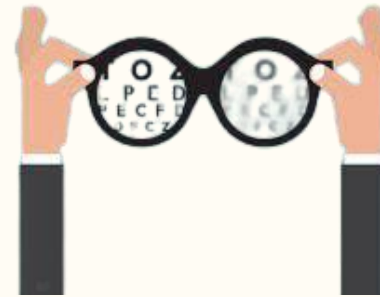


Dizziness &
Lightheadedness

Side effects that can lead to falls



Sleepiness &
Slower Reaction
Time



Blurry Vision



Orthostatic
Hypotension



Confusion/
Brain Fog

Disclaimer: Do not stop taking any medications without talking to your prescriber first.

Over the Counter Fall Risk Medications

What can you do?

How to Prevent Side Effects

Talk to your doctor about:

- Changing the time you take the medication
- Taking the medication with/without food
- Lowering the dose of medications to the lowest needed level

Also make sure to document side effects when they occur to bring them to your doctor's attention!

Other Questions to Ask Your Pharmacist

- 1. Do any of my medications increase my risk for falls?**
 - Are there any other options that may be safer?
- 2. Will this over the counter medication interact with my prescriptions or increase my risk of falls?**
- 3. Do any of my prescriptions interact with each other?**
 - Taking multiple medications with side effects that increase fall risk can be worse than each medication on its own.

Project Goals

- Increase awareness of medication-related fall risks
- Strengthen communication between older adults and pharmacists
- Provided individualized medication reviews
- Expand access through recorded, multilingual education

Why Medication Awareness Matters

- Many commonly used medications can cause dizziness, imbalance, or mobility changes
- Older adults often take multiple medications, increasing risk
- Understanding drug classes, side effects, and interactions help prevent falls
- Empowered communication with pharmacists leads to safer medication management

Project Activities

- Delivered the MediBalance presentation
- Hosted 2 days of one-on-one medication consultations
- Partnered with Strue's Pharmacy for clinical expertise
- Purchased technology equipment to record presentation
- Distributed pill punchers and travel medication boxes

Technology & Recording Process

Purpose of recording:

- Expand access beyond the in-person event
- Provide versions in English, Hmong and Spanish
- Create a sustainable, reusable educational resource



Participant Engagement

Attendance:

- 14 participants attended the presentation
- 8 participants completed individual consultations

Engagement Highlights:

- High level of questions and discussion
- Increased confidence in discussing medication concerns

Lessons Learned

- Requiring presentation attendance ensured foundational knowledge but limited consultation access
- Offering multiple consultation dates improved accessibility
- Recording the presentation will significantly expand reach

Reaching Populations of Greatest Need

- Event hosted at East Library Branch, accessible to diverse neighborhoods
- Recorded content available in 3 languages
- Program offered free of charge
- Library served as a trusted, low-barrier community space

Partners & Roles

Strue's Pharmacy/Kelly Gole, PharmD:

- Clinical expert & presenter
- Conducted consultations
- Ensured accurate, actionable recommendations

ADRC:

- Event coordination, registration and promotion
- Managed technology setup & recording

Next Steps

- Promote recorded presentation through community channels and Brown County Falls Prevention Coalition
- Explore additional live MediBalance sessions
- Use new equipment for future health education recordings
- Expand collaboration with community partners

Budget & Summary

- Funds used for technology, supplies, and program materials
- Additional pharmacist time required but covered by adjusting expenses
- No additional funding needed due to long-term value of recorded materials

Acknowledgements

Thank you to:

- WIHA for assistance and guidance
- Streu's Pharmacy for clinical partnership
- East Library Branch for hosting
- Participants for their engagement and commitment to fall prevention



SQUAT THREE TIMES

A MUSICAL PARODY TO KEEP US ALL MOVING

Cultural Needs & Relevancy in Programming

A panel discussion with...

- **Alisa Lammers**, *Caregiver Specialist & Health Promotions Coordinator*, ADRC of Barron and Rusk Counties
- **Mary Wolf**, *Director*, Lac Courte Oreilles Aging & Disability Programs
- **Shary Pérez-Torres, MPH**, *Community Health and Research Program Director*, United Community Center
- **Johnny Winston Jr., ISSA-CPT**, *Founder*, Johnny Winston CARES Fitness and Wellness

Moderated by: **Paul Mross**, *Falls Free Wisconsin Coalition member*



How to Talk About Falls With Older Adults

A panel discussion with...

- **Candy Hoyt**, *Stepping On Peer Facilitator*
- **Holly Altenberger**, *Director of Pharmacy, O'Connell Pharmacy*
- **Edmund Duthie, MD**, *Professor of Medicine (Geriatric and Palliative Medicine), Medical College of Wisconsin*
- **Kate Garcia**, *Sales Specialist, Heritage Senior Living*

Moderated by: **Kim Lombard, CHES**, *Injury Prevention & Outreach Coordinator, Froedtert Hospital - Adult Level 1 Trauma Center*



Reframing Falls Prevention

Developed by:
The Falls Free Wisconsin Coalition



Toolkit coming soon!

A Picture's Worth a Thousand Words

Before

After



Why: The image on the left shows a solemn-looking older person who may not be happy about using their walker. The images on the right show active older people and portrays the walker use in a positive light.

Before

After



Why: Images of active older adults are great! But try not to use images that show older adults doing activities that might be outside the norm, like running marathons or (as pictured above) playing football. As research from the FrameWorks Institute indicates, "don't rely on 'super senior' stories of late-life athletic prowess to bust the myth that frailty is inevitable."³³

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Before

Falls Are Increasing in Older Adults

Did you know that 1 in 4 adults over age 65 experiences a fall each year? Falls are the leading cause of both fatal and non-fatal injuries for older adults. As we age, our risk of falling increases due to changes in balance, strength, and vision.

Falls are not a normal part of aging—and they can be prevented. With the right steps like staying active, getting regular health checkups, reviewing medications, and making your home safer, you can lower your risk.

After

Staying Steady, Staying Strong

As we grow older, we may notice changes in our balance, strength, or vision that make us feel a little less steady. The great news is that falling doesn't have to be part of aging.

Together, we can take steps to stay confident on our feet—like keeping active, checking in on our health, and making small safety changes at home.

When we support each other, we build a safer, stronger community where we can all keep moving forward with confidence.



LED BY THE GERONTOLOGICAL SOCIETY OF AMERICA

ReframingAging.org

Quick Start Guide

Framing is the process of making choices about what to emphasize and what to leave unsaid. Here's a quick tour of themes to avoid and alternatives to advance.

Instead of these words and cues:

"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older people

"Choice," "planning," "control," and other individual determinants of aging outcomes

"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes

"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences

Using the word "ageism" without explanation

Making generic appeals to the need to "do something" about aging

Try:

Talking affirmatively about changing demographics: "As Americans live longer and healthier lives . . ."

Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age."

Using more neutral ("older people/Americans") and inclusive ("we" and "us") terms

The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities."

Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes."

Using concrete examples like intergenerational community centers to illustrate inventive solutions

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www.reframingaging.org
@ReframingAging

The National Center to Reframe Aging is dedicated to ending ageism by advancing an equitable and complete story about aging in America. The center is the trusted source for proven communication strategies and tools to effectively frame aging issues. It is the nation's leading organization, cultivating an active community of individuals and organizations to spread awareness of implicit bias toward older people and influence policies and programs that benefit us all as we age.

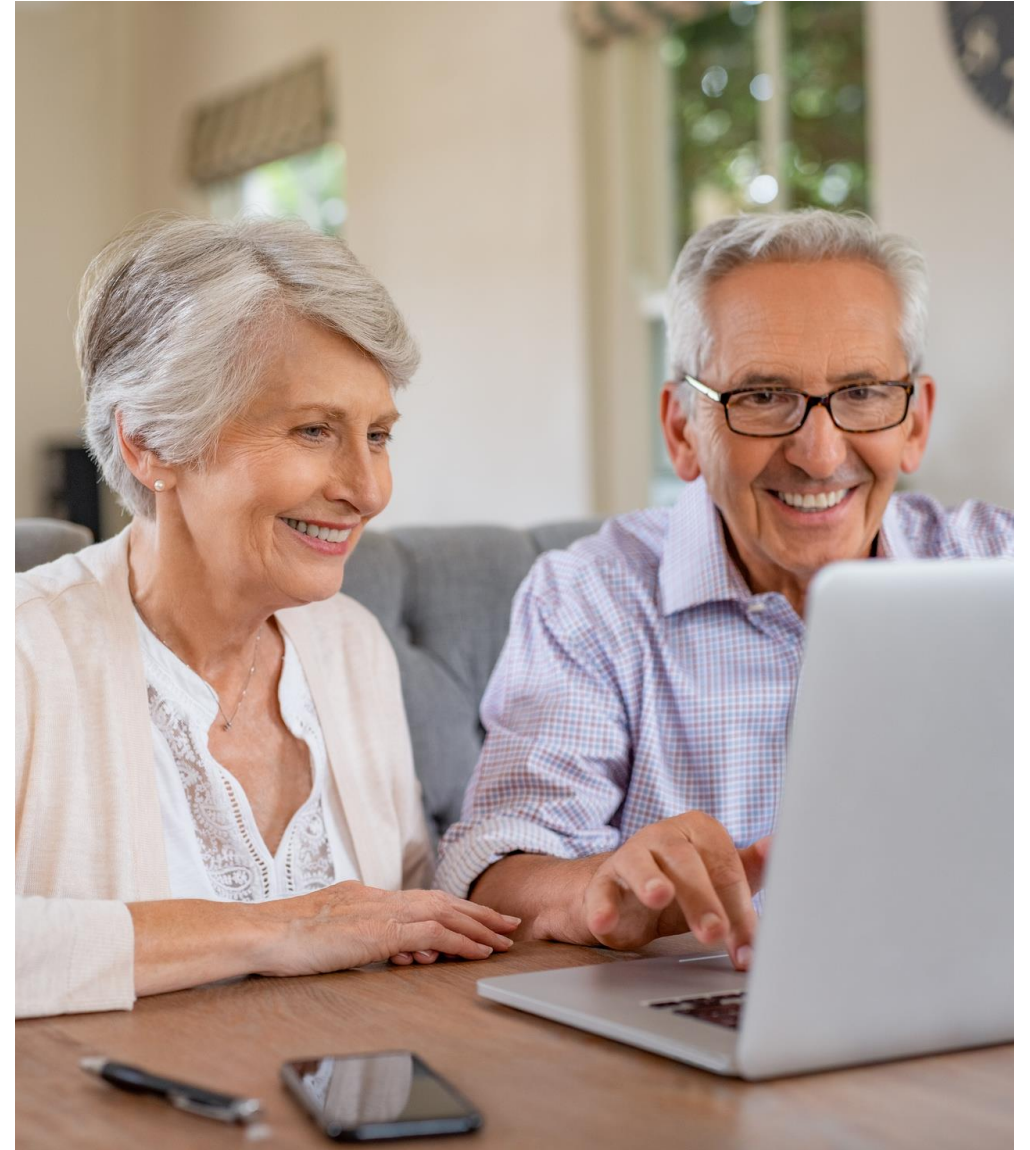
reframingaging.org/resources

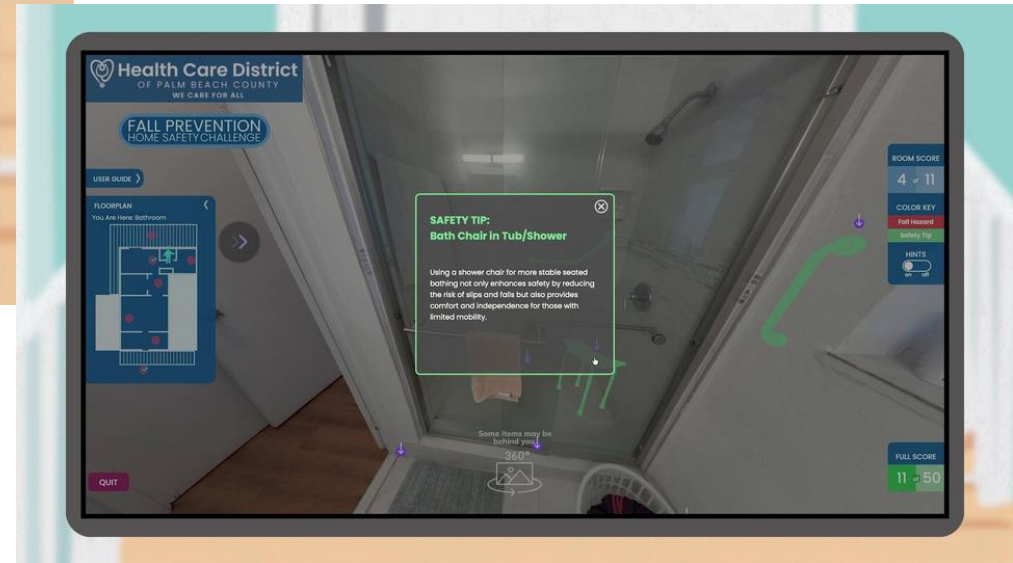
Technology for Falls Prevention

A panel discussion with...

- **Joel Rosales**, *Director of Trauma Agency, Accreditation & Sponsored Programs*, Health Care District of Palm Beach County
- **Cierra Boutelle**, *Healthy Lifestyles Coordinator*, Oshkosh Seniors Center
- **Jayer Fernandes**, *Micro/Nano Sensors and Actuators Laboratory (MNSA)*, UW-Madison, Department of Electrical & Computer Engineering

Moderated by: **Ann Gallo, MBA**, *Senior Services Program Manager, Age-Friendly System Lead*, Advocate Health







- 63-year-old participant
- Medical problems
- Past of falls
- Participated in a 12 week - 2 day/2x week balance program.
 - Saw improvements in overall strength, but not much change in biodex readings.
 - Was mostly at class, but there was a 4-week time period between end of session to final biodex screen.

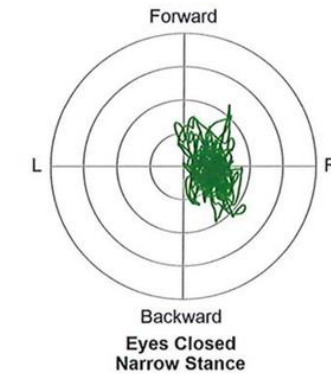
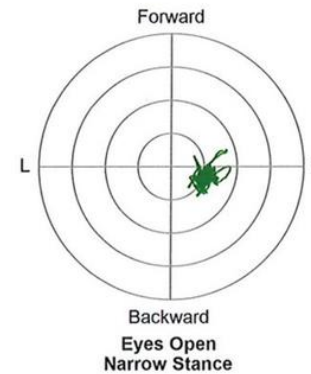
Fall Risk Test Results

PATIENT/ TEST INFORMATION

Patient Name	: [REDACTED]	Test Date/Time	: 2/3/2025 1:52:47 PM	Conditions	: Other
Patient ID	:	Device	: Balance SD	Test Trial Time	: 00:45
Age	: 63	FOOT PLACEMENT	LEFT	RIGHT	Test Trials
Weight (lbs)	: ---	Foot Angle	: 10	10	Cursor
Height (ft,in)	: 5'-10"	Heel Position	: D6	D16	CPT Code
Gender	: Female				ICD Code

TEST RESULTS

All Trials Condition	Velocity (mm/s)	SVI	Z Score	Mean
Eyes Open Narrow Stance	15.70	15.49	2.56	9.56
Eyes Closed Narrow Stance	40.67	20.84	3.32	11.62
Composite Score	Avg. 28.19	18.78	3.21	10.59



COMMENTS

CLINICIAN

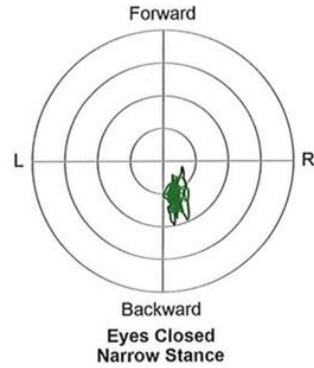
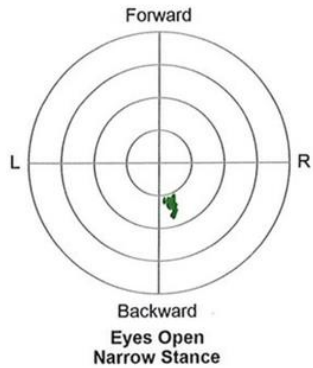
Fall Risk Test Results

PATIENT/ TEST INFORMATION

Patient Name	: ██████████	Test Date/Time	: 2/17/2025 10:15:51	Conditions	: Other
Patient ID	: ██████████	Device	: Balance SD	Test Trial Time	: 00:45
Age	: 61	FOOT PLACEMENT	LEFT RIGHT	Test Trials	: 1
Weight (lbs)	: ---	Foot Angle	: 10 10	Cursor	: Off
Height (ft,in)	: 5'-3"	Heel Position	: D6 D16	CPT Code	: NONE
Gender	: Female	ICD Code	:		:

TEST RESULTS

All Trials Condition	Velocity (mm/s)	SVI	Z Score	Mean
Eyes Open Narrow Stance	3.49	7.81	-0.76	9.56
Eyes Closed Narrow Stance	8.36	13.27	0.59	11.62
Composite Score	Avg. 5.92	11.12	0.21	10.59



COMMENTS

CLINICIAN

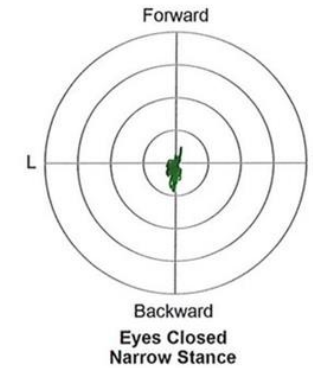
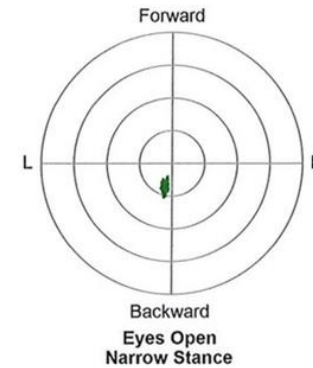
Fall Risk Test Results

PATIENT/ TEST INFORMATION

Patient Name	: ██████████	Test Date/Time	: 4/22/2025 8:19:10 AM	Conditions	: Other
Patient ID	: ██████████	Device	: Balance SD	Test Trial Time	: 00:45
Age	: 61	FOOT PLACEMENT	LEFT RIGHT	Test Trials	: 1
Weight (lbs)	: ---	Foot Angle	: 10 10	Cursor	: Off
Height (ft,in)	: 5'-3"	Heel Position	: D6 D16	CPT Code	: NONE
Gender	: Female	ICD Code	:		:

TEST RESULTS

All Trials Condition	Velocity (mm/s)	SVI	Z Score	Mean
Eyes Open Narrow Stance	3.92	8.53	-0.44	9.56
Eyes Closed Narrow Stance	5.75	10.93	-0.25	11.62
Composite Score	Avg. 4.83	9.85	-0.29	10.59



COMMENTS

CLINICIAN

- 84-year-old participant
- Questionnaire Total: 6
- TUG Total: 15.54 sec.
 - Shuffles feet
- Sit to Stand Total: 5.5
 - With having to use hands
- Used to go bike at the YMCA
 - Insurance no longer covers
 - Stopped going

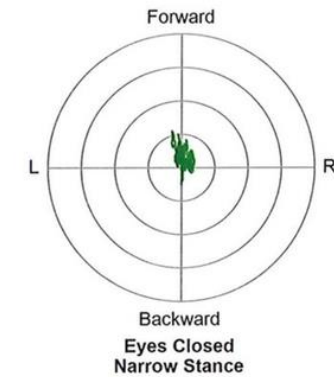
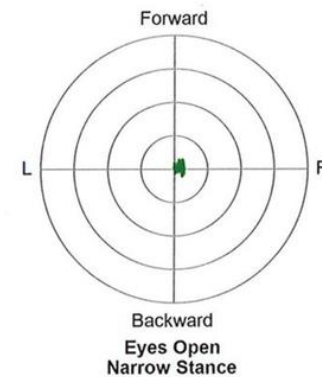
Fall Risk Test Results

PATIENT/ TEST INFORMATION

Patient Name	: ██████████	Test Date/Time	: 2/18/2026 2:07:52 PM	Conditions	: Other
Patient ID	:	Device	: Balance SD	Test Trial Time	: 00:45
Age	: 84			Test Trials	: 1
Weight (lbs)	: ---	FOOT PLACEMENT	LEFT RIGHT	Cursor	: Off
Height (ft,in)	: 5'-4"	Foot Angle	: 10 10	CPT Code	: NONE
Gender	: Female	Heel Position	: D6 D16	ICD Code	:

TEST RESULTS

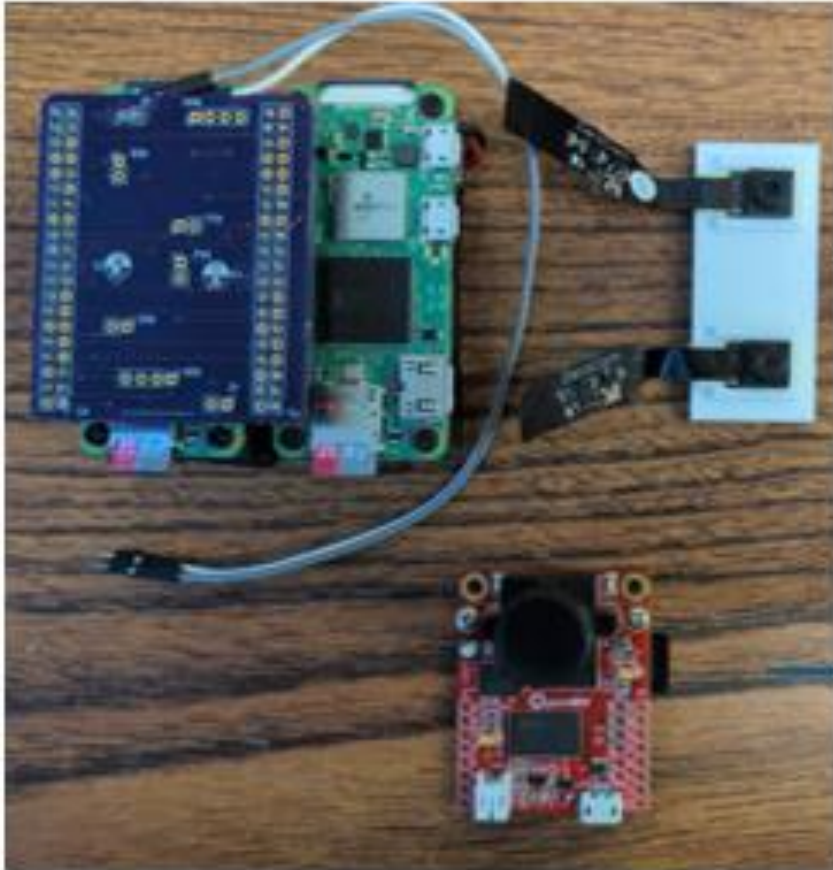
All Trials Condition	Velocity (mm/s)	SVI	Z Score	Mean
Eyes Open Narrow Stance	2.47	5.57	-2.20	11.43
Eyes Closed Narrow Stance	4.81	9.66	-1.32	14.29
Composite Score	Avg. 3.64	7.95	-1.59	12.86



COMMENTS

CLINICIAN

Form Factor



OptiGait (current)

OptiGait (new)



Stronger Steps Ahead: Using Mobility Tools Confidently

FREE Webinar

Join the Falls Free Wisconsin Coalition for a fun and informative webinar all about staying steady—at any age! We're excited to welcome Andrea Van Dyn Hoven, Director of Business Development for Morton Safety and Morton LTC, who will share how tools like walking poles and other mobility devices can help us stay active, confident, and independent.

Falls may be common, but they are not a normal part of aging. With the right tools, simple strategies, and a little extra support, we can keep doing the things we love—safely and confidently.

Wednesday, May 6, 2026
10:00 - 11:00 a.m. | Virtual on Zoom

Register:
bit.ly/StrongerSteps



bit.ly/StrongerSteps



FREE Webinar

From Fall to Functional: The Role of Emergency Department Physical Therapy in Supporting Safe Return Home for Older Adults

Join the Falls Free Wisconsin Coalition for an informative webinar with Aurora Health Care on how they've integrated Physical Therapy into their Emergency Department to improve patient outcomes and prevent readmission after a fall.

Speakers: **Suzie Ryer, PT, DPT, GCS**

Wednesday, May 20, 2026
11:00 a.m. - 12:00 p.m. | Virtual on Zoom

Register:
bit.ly/PTintheED



bit.ly/PTintheED



Stay Connected

Website: FallsFreeWI.org

Email: falls@wihealthyaging.org

Thank You, Sponsors!



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