



Collecting Older Adult Fall-Related Data

A guide for Local/Tribal Health Departments in Wisconsin



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Background Information

Local/Tribal Health Departments (LTHDs) across Wisconsin are uniquely positioned to understand and address older adult falls through data-driven action. As part of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process required by Wisconsin state statute, identifying community health needs is essential—and older adult falls should be part of that conversation.

We're all aging, and preventing falls and building resilience are key to supporting healthy, independent communities. There are many evidence-based strategies to reduce risk of falls, and data can help LTHDs target efforts where they're needed most. By collecting and analyzing older adult fall-related data, LTHDs can:

- Identify communities of greatest concern by geography, race/ethnicity, or other demographic factors.
- Develop or join local falls/injury or healthy aging [coalitions](#).
- Implement [evidence-based falls prevention programs](#) such as [Stepping On or Pisando Fuerte](#), proven to reduce falls by 31%.
- Offer balance and strength-building programs like [StrongBodies](#).
- Provide falls prevention education and conduct [falls risk screenings](#).
- And more!

Falls may be common, but they're not an inevitable part of aging. According to the [Centers for Disease Control and Prevention](#) (CDC) more than 1 in 4 adults aged 65 and older falls each year. Wisconsin also has the highest rate of injury-related fall deaths among older adults in the nation, underscoring the need for prevention efforts. If older adult falls are not currently included as a priority area in your CHA/CHIP, **this guide can help LTHDs understand where to access and how to use fall-related data to make the case for prevention and local action.**

Before getting started, connect with your local/Tribal [Aging & Disability Resource Center](#) (ADRC) and/or existing falls or injury prevention coalition. Coordinating early can help align efforts, build on existing work, strengthen partnerships, and avoid duplicating services or initiatives.

Where to Find Fall-Related Data

Use these online sources to access county-level datasets and reports to better understand the impact of older adult falls in your community:

Falls Free Wisconsin:

The [Falls Free Wisconsin Coalition](#) provides data on fall-related emergency department (ED) visits, hospitalizations, deaths, and the costs associated with this care. The site also includes a dedicated report on [alcohol-related falls](#) among older adults, offering additional insight on risk factors.

WISH (Wisconsin Interactive Statistics on Health) Query System:

WISH is a valuable tool for exploring a wide range of health indicators, including emergency department visits or deaths due to falls. Users can customize data by year, age group, county, and other variables to better understand local trends and patterns.

Wisconsin Trauma Care System Reports:

The Wisconsin Department of Health Services publishes annual reports that provide additional statewide and local insight into fall-related injuries. These include the EMS and Falls Report, which examines emergency medical services responses to falls, and the Wisconsin Trauma Report, which includes a focus on fall-related data from the state's trauma care system.

Seeking Out Additional Data Sources

LTHDs also may be able to access valuable local fall-related data directly from organizations in your community. Start by asking local partners what information they already collect and whether they can share relevant trends or reports.

Healthcare Systems:

Local healthcare systems can provide injury-related data, including ED visits and hospitalizations due to falls. Some may also be able to share screening data, such as the percentage of patients assessed for fall risk who are identified as high risk.

Emergency Medical Services (EMS) and Fire Departments:

Data from EMS and fire departments might include the number of lift assists provided (helping someone up after a fall when no transport is needed) as well as repeat lift assists, which can help identify individuals or areas with ongoing fall concerns.

Seeking Out Additional Data Sources (Continued)

Wisconsin Department of Health Services (DHS):

LTHDs may be able to request additional local data directly from DHS. This data includes EMS responses, emergency department visits, and hospital admission data. These datasets may include demographics, geographic information, and information on the occurrence of repeat fallers. Access to these data may require a signed data use agreement, and certain limitations or restrictions on how the data can be used may apply.

Examples from the Field

Racine County Public Health Division (RCPH):

After signing a data use agreement with DHS, RCPH secured access to Racine County EMS data on fall-related runs, categorized by census tract. RCPH synthesized this raw data into actionable, reportable tidbits for local fire chiefs, transforming complex spreadsheets into clear insights. This analysis provided chiefs with a powerful tool to visualize the impact of repeat fallers on their specific systems—revealing, for instance, that a single repeat faller could account for more than 50% of an agency’s entire budget.

With this supporting data as a roadmap, departments and partners transitioned from high-level analysis to targeted community action, including:

- Automated referrals: Streamlining the pipeline from EMS to ADRC.
- Safety programming: Implementing [Steps to Safety](#) in locations where there is a high volume of falls.
- Preventative screening: Conducting balance screening at community events, which includes directing a resident to their primary care physician when high-risk is identified.

De Pere Health Department:

The De Pere Health Department worked with De Pere Fire and Rescue to collect six months of De Pere-specific fall data (De Pere is a city within Brown County with limited city-level jurisdictional data). They used this data to better understand trends among older adult falls in their service area such as how many falls were occurring, and key contributing factors.

Examples from the Field (Continued)

De Pere Health Department (Continued):

Using these findings, the department implemented and/or continued (now with ample justification) many fall prevention actions. These included the De Pere Older Adult Resource Guide where the data was initially published, **Bingocize** (fall education, exercise, and bingo) programs, Steps to Safety home visits and community presentations, other targeted educational sessions, active participation in the Brown County Prevention Coalition: Fall Prevention Partnership, Senior Safety Expos including all aspects of older adult safety/injury prevention, and strengthened partnerships with police and fire services.

In Conclusion

Local and Tribal Health Departments play a critical role in reducing and preventing falls among older adults in Wisconsin. By regularly requesting, reviewing, and monitoring fall-related data, LTHDs can track trends over time, identify emerging community needs, and guide targeted prevention efforts. Leveraging online data tools and building strong partnerships with healthcare systems, EMS, and fire departments can further strengthen local falls prevention initiatives, support data-driven decision-making, and foster a more coordinated community response to healthy aging and injury prevention.

For additional fall-related resources or technical assistance, contact the Falls Free Wisconsin Coalition at falls@wihealthyaging.org or visit FallsFreeWI.org.



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