European Innovation Partnership on Active and Healthy Ageing

ACTION PLAN A2

on

Specific Action on innovation in support of

'Personalized health management, starting with a Falls Prevention Initiative'

Update January 2013

Table of Contents

VERSION CONTROL

Version number	Date and hour (CET)	Author	Changes
From V1 to V2 (Update January 2013)	07/02/2013 - 13.00h	Manon van Leeuwen	updates and more detailed workplan for deliverables 1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 4.1 and 4.2), add on commitments in contributions
V2.1	24/5/2013	Geert Vancraeynest	Corrections in annex 1 1) Small correction in matrix deliverables vs.commitments (p. 55): numbering of AWW and RSDK 2) Corrections to make the table (p. 44) consistent with the matrix deliverables vs.commitments (p. 55)

1 INTRODUCTION

This document describes the structure of the Action Plan A2: "Personalized health management, starting with a Falls Prevention Initiative" which has been developed in the period between July and November 2012. The present action plan is the basis for the future work of the action group on Falls Prevention. This plan describes the objectives, activities, timing and deliverables, as well as the specific commitments by the participating organisations to the major activity areas.

The plan aims to support and facilitate:

- involvement of citizens stakeholders and decision makers on a local, regional and (inter)national level in the process of developing, producing and delivering policies and tools for fall-prevention programmes, as to scale-up and improve service delivery,

- promotion of innovation in organisation, delivery and business models, in risk registers, toolboxes and services, by helping new ideas and technology move to the market, connecting research to innovation and strengthening procurement processes and finally,

- to stimulate and facilitate the development and delivery of dynamic, holistic and sustainable falls prevention programmes throughout the care, cure and social systems on regional and national level.

This Action Group is part of the pillar on prevention, screening and early diagnosis of the Strategic Implementation Plan (SIP) adopted by the Steering Group of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) [1]. The SIP covers the need of Europe´s health and social care systems to move *from* a reactive and curative approach to disease – with a main focus on acute care - *to* proactive care based on health promotion and disease prevention (including older people vaccination and self-management). For the purpose of the EIP-AHA, the scope of health promotion and disease prevention concentrates mainly on older people. As such, the A2 falls prevention and management activities are embedded in the area "Personalised Health Management". This area aims to boost innovation in prevention and early diagnosis by integrating it with a bold vision of the "innovation-enabled citizens as a co-producer of his/her health". This means involving (older) people in their own care through shared decision-making and engaging people in community initiatives as co-producers of health and wellbeing. This collaborative approach improves their quality of life, social cohesion and potentially reduces demand for health and social care service.

2 OVERVIEW

2.1 The importance of fall prevention

Each year, one in every three adults age 65 and older falls, mostly in the home environment. Falls are the dominant cause of injuries among older people and account for approximately one-third of fatal injuries[2-3] amongst older people (60+) and this percentage increases sharply after the age of 70 [4]. Falls can often lead to long- term physical disability (e.g. loss of mobility), severe dependency and reduction in quality of life. Falls are the most serious and frequent home accident amongst the elderly and are a major reason for admission to a hospital, nursing or residential home, even when no serious injury has occurred [5]. Hence, falls are not only associated with morbidity and mortality in the older population, but are also linked to poorer overall functioning and early admission to long-term care facilities[6], while falls are the most preventable cause of needing nursing home placement [7-8].

Most falls and resulting injuries among older persons are a caused by a combination of age and disease-related conditions and the individual's interaction with their social and physical environment. This makes the falls in the elderly a problem with multi-dimensional complexity. Also, a history of falls is associated with an increased future fall risk. Of those who fall in a period of 12 months, 60-70% will fall again in the next 12 months [9].

The associated costs of unscheduled care, treatment and rehabilitation account for significant expenditure in both health and social care [10-13]. A study in 10 countries revealed that in general, 46% of total costs of injury related hospital admissions are due to persons above the age of 65, while the percentage for women this is even higher i.e. 59%[14]. The majority of these admissions are fall related! Although there is no EU wide data available on associated costs, the estimated costs of 30 billion in the US indicate an enormous economic burden caused by falls in old age [15-16]. For example, in a report of the Irish Economic Burden of Illness Study (2007), annual costs were estimated between 520 and 550 million euro. With projections of one billion euro by 2020 and 1,5 to 2 billion euro in 2030, without appropriate implementation of a national falls and bone health strategy[17].

Falling can also have serious psychosocial consequences for older people. Falls are associated with increased anxiety and depression, decreased activity and mobility, reduced social contact, higher medication use, and increased dependence on medical and social services and informal carers [18-19]. Up to half of those who have fallen become fearful, but fear of falling is not uncommon even among those who have never fallen [20]. Indeed, fear of falling is the most commonly reported anxiety among older people, approximately 50%, exceeding even fear of crime or of financial difficulties. Falling-related anxiety can lead to avoidance of feared activities and environments and increased medication use. Such changes in behaviour adversely affect future health, mobility and activity; consequently, anxiety and negative beliefs about falling and imbalance predict disability, and reduced quality of life [18-25].

Considerable evidence now exists that most falls among older persons are associated with identifiable risk factors [26], of which many can be modified with appropriate action. It is also important to recognise that falls and bone health are inextricably linked. Osteoporosis is a very common long term condition among older people, particularly older women. If an older person has osteoporosis, he or she is at greater risk of sustaining a 'fragility' fracture if they fall (a fragility fracture is a low trauma fracture, usually occurring from a fall from standing height or less). For this reason falls and fracture prevention, risk identification and risk management must be considered in combination.

Given the multi-factorial nature of falling a truly integrated approach is required with multidisciplinary and multiagency collaboration across community, primary and secondary healthcare, social care and with stakeholders in other sectors.

Identification (early diagnosis) of older people at high risk of falling should be a part of community and primary care screening programmes, see risk factor model for falls in older age [2]. When people at risk are identified, appropriate measures could be offered to minimize the risks for falling. This may include a dedicated assessment, intervention as indicated and regular follow-up to evaluate the situation over time. There is good evidence that interventions, particularly promoting physical activity, strength and balance training and exercise, are effective in the reduction of risks [27-32].
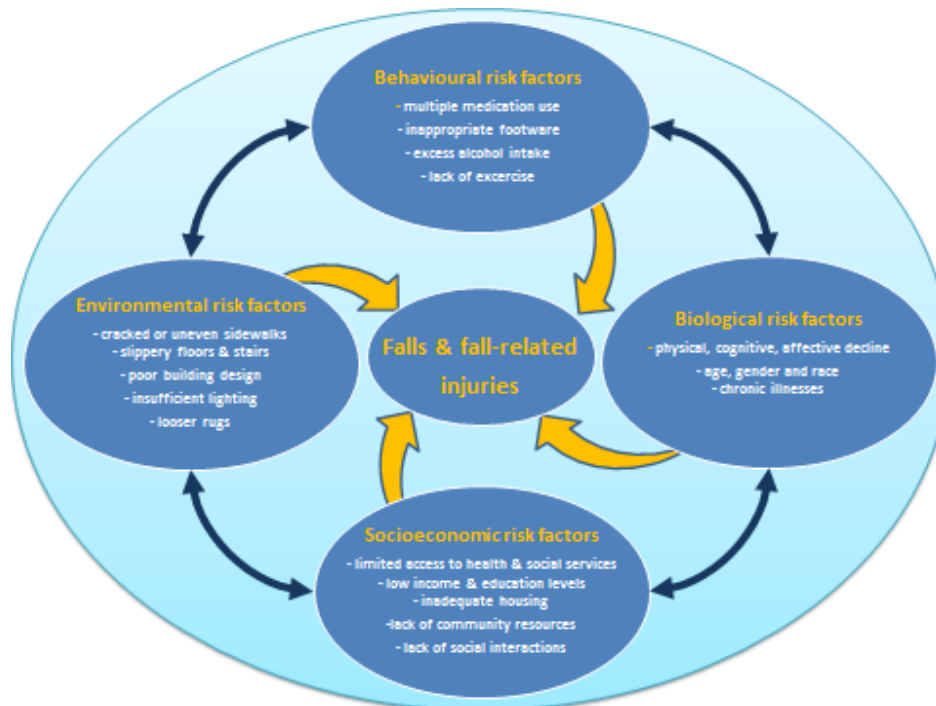
Figure 1: World Health Organisation risk factor model for falls in older age

Such a, coordinated care provision across sectors should be continued in the case of hospital admission, with subsequently, rehabilitation and re-ablement in the community following hospital discharge, to restore independence and reduce the risk of future falls.

This integrated care approach requires effective and reliable communication and coordination between the different professionals, informal carers and the patient and where the support of self-management is paramount. Self-management aims to enable people to remain independent and active and to support them to live in their own homes as long as possible. Self-management support involves empowering patients and their caregivers through education, training, skills acquisition, and help with integrating problem-solving and goal-setting into everyday care[33].

Information and Communication Technologies (ICT) are indispensable for supporting efficient information sharing and decision making as well as training and education. Seamless integration of ICT and other technologies, including devices, is envisioned by action group C2 (independent living) and could support the infrastructure necessary for effective prevention and management of falls [34]. As described above, fall prevention also relates to safe and accessible physical infrastructures and housing, which is addressed in action group D4 (Age friendly environments).

Good health status reduces the risk of falling and accordingly prevention of functional decline, both physical and cognitive, in older people should be part of a public health approach. This aspect is also addressed in action group A3 (prevention of frailty and functional decline) with strategies for nutritional intervention. Last but not least, medication intake and therapy adherence have also a major influence on the risk of falling. Some studies have found that taking more than four medications, irrespective of type, increases the risk of falling [35-37]. Using four or more medications is associated with fear of falling and a nine-fold increased risk of cognitive impairment [38-40]. A number of studies identify the effectiveness of medication review in the reduction of falls amongst older people and clearly this is a strategy to be promoted [23]. Action group A1 (Prescription and adherence action at Regional level) is dedicated to improve prescription and adherence on a regional level and their actions are essential to falls prevention.

In summary, it is clear that falls among older people is a complex and costly problem, and is ideally addressed though an integrated approach with timely and targeted prevention, screening, intervention and monitoring, which requires a multi-disciplinary, multi-agency and multi-level approach.

2.2 Background to the A2 Action Plan

This reality of falls among older people above has been recognized by the EIP-AHA and acknowledged as one of the priority areas of "Personalised health management" in the SIP. The A2 "Falls Prevention Initiative" was launched early 2012 as the first area to tackle the need for validated and operational schemes for early identification and prevention of falls with support of ICT and technology.

Personal health management is a key aspect within the integrated care model and was identified as one of the priority areas to realise innovation through validated programmes and good practices for early diagnosis and preventive measures (including health promotion). The integrated care model provides a framework for new organisational, process and technical innovations which are needed to maximise the impact of preventive measures and services [36]. This framework includes the development and deployment of ICT- enabled personal guidance systems and services that promote a healthy lifestyle, as well as organisational and social innovation [37]. Technology and ICT facilitate better use of scarce healthcare resources, with appropriate application of business models and services.

A preventive approach to falls has clear advantages and is not only beneficial for older people and their carers but also offers cost-containment and efficiency for health and social care systems, i.e. as costly interventions and processes can be avoided. Innovations both in the use of technology and in cross-sectorial organisational processes have the potential to enhance and improve current practice and service delivery models. In practice this shift from curative to preventive investment has proved difficult to deliver, e.g. only three per cent of current health expenditure in the EU invested in prevention and public health programmes. It is imperative that primary prevention and early identification of older people at risk (secondary prevention) become central in the provision of care. Whilst a focus also needs to be maintained on the management and monitoring (tertiary prevention) of falls and fragility fractures.

2.3 How did this Action Plan come together?

The European Commission launched an "Invitation for commitments[1]" in 2012, to establish an Action Group on falls prevention and management. This Action Group builds upon a network of actors committed to an on-going cooperation and to initiate new common activities to develop, adapt, implement and share knowledge, technologies, guidelines and best practices. The Action Group is committed to reach the goal of having by 2015, in at least 10 European countries (15 regions) validated and operational programmes for early identification of risk and prevention of falls.

Successful implementation of integrated falls prevention programmes, with effective engagement of older people requires work across traditional system and professional boundaries and a number of specific conditions to be in place[2]. The Action Plan, as a result of this joint effort, aims to support the aforementioned goal by moving towards the

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[1] A commitment is a measurable and concrete engagement by a group of partners in support of the specific action on falls prevention, the actions submitted in the commitments form jointly the Action Group on Personalized health management, starting with a Falls Prevention Initiative.

[2] As specified in the SIP: "To achieve the objective of the action a number of conditions have to be put in place. These will require funding, legislative and organisational changes as well as changes and or adaptations in professionals' practices and/or market strategies:
- Standardisation in information, data exchange and services
- Joint development of organisational and technical guidance
- Incentive schemes for scaling up successful good practices across Europe
- Clarified and improved privacy restrictions with the aimof sharing large scale data on falls

implementation of fall prevention approaches across Europe, dedicated to identify, screen, and manage risks, prevent injury, save lives and reduce costs. Although extensive knowledge and solutions regarding integrated fall prevention and management programs exists, the current provision of care is often fragmented across the health and social care systems. The Falls Prevention Initiative provides the opportunity to mobilise stakeholders on a local, regional and national level. Inherent to the topic of this action plan, the intended actions are not only on a policy level but also close to the work floor of service delivery. It is therefore expected that the actions described in this plan will have a direct effect on the care of older people. Accordingly, this action group is an additional initiative by which the concepts of action group B3 (Integrated Care) apply.

The objectives and activities proposed in this Action Plan have been inspired by the person-centred service pathway in relation to the prevention and management of falls. This service pathway is only efficient and effective when it takes into account the activities specifically related to prevention and management, as well as enabling factors, i.e. approaches, principles and processes. This will ensure that the pathway is implemented and operates in an optimal way at every stage. Clear examples are issues of governance, business models, leadership, but also technology and awareness and involvement of all stakeholders (e.g. health and social care professionals, carers, the older persons themselves, etc.).

The actions defined by this Action Group involve the alignment of commitments from 30 consortia representing over 150 partners from almost all EU Member States. An overview of the elaboration of the action plan as well as the participating commitments is presented in Annex II: Elaboration of the Action Plan and Annex III: Summary of the Commitments.

3 OBJECTIVES

The overall objective of the priority area on Personalised Health Management, as defined in the SIP is realising innovation in personal health management through validated programmes and good practices for early diagnosis and preventive measures (including health promotion). These will encompass innovation in organisation, business models and tools and services for early diagnosis and prevention of diseases, centred on identified users' specific needs.

The A2 specific Action Plan on the realisation of this objective within the area of falls prevention is supported by two EIP-AHA headline objectives:

- By 2015: To have in at least 10 European countries (15 regions) validated and operational programmes for early diagnosis and prevention of falls. The programmes will use innovation in organisation, delivery and business models, in risk registers, toolboxes and services. Good practices will also be made available for replication in other regions.

- Build on a network of actors involved in on-going cooperation and on new common activities to develop/adapt guidelines and best practice sharing in falls prevention.

The headline outcome objective of the A2 Action Group is to deliver by 2015 across the EU evidence based validated and operational programmes for prevention, early identification and minimisation of risk and management of falls. These programmes will complement other preventive actions on frailty and will be supported by the widespread application of integrated care, education and training as well as collaborative research and innovative use of technologies (in order to contribute to the objectives of the EIP by reducing falls and the personal, system and societal consequences of fall-related injuries).

Many aspects of falls prevention and management, including fragility fracture prevention, can be placed in the context of a three stage integrated and person-centred cyclical pathway (see figure below). This pathway is relevant to the older population as a whole, and is equally applicable within institutional settings, such as hospitals and care homes.

The Falls Prevention and Management Pathway

STAGE ONE
Supporting active and healthy ageing and self management to reduce the risk of falls and fragility fractures.

STAGE THREE
Co-ordinated, person-centred intervention for management and prevention of falls and fractures.

STAGE TWO
Identifying individuals at higher risk of falls and fractures who will benefit from individualised intervention.

ENABLERS
Policy, leadership and governance; public awareness, understanding and involvement; collaborative research, evidence and data; integration and whole system working; workforce development; ICT and other technologies.

Figure 2: Falls prevention and management pathway

Stage one of the pathway represents the point where the vast majority of the older population will be at any given time. Behaviours, activities and measures at this stage can reduce the risk of a first fall and benefit bone health, as well as reduce the risk of recurrent falls and fractures. Many measures or activities at this stage contribute to active and healthy ageing generally; some are more specific to falls and fracture prevention.

Stage two of the pathway represents approaches, processes and activities which identify older people who have fallen and/or are at higher risk of falling, who may benefit from a personalised fall prevention programme. This is an important stage to ensure limited resources are targeted most appropriately.

By *stage three* of the pathway, an individual has fallen or has been identified as at high risk of falling and/or sustaining a fracture. Activities and interventions, based on assessment to identify contributory risk factors, aim to reduce the risk of, and harm from falls or further falls, as well as retain or restore independence. Stage three leads back into stage one for on-going self-management, with support provided as required.

Given the multifactorial nature of falls and falls prevention, the range of stakeholders with a potential role in this pathway is wide and includes health and social care providers, voluntary organisations, organisations responsible for leisure services, specialist exercise providers, housing and the planning and upkeep of the physical community environment. A central role is played by older people themselves, their families, carers, social circles, and the communities in which they live.

Enablers to a comprehensive and co-ordinated pathway include policy, leadership and governance; collaborative research, evidence and relevant data; integration and whole system working; workforce development and innovative use of ICT and other technologies. In addition, the awareness, understanding and involvement of the public are essential to accepting, as a society, that falls are not an inevitable consequence of ageing and much can be done to prevent falls and the physical, functional and psychological harm caused by falls.

Sustainability of this pathway is a key factor to take into account. Without addressing issues related to personal, system and societal costs associated with the management of falls and of the prevention of falls, the objective as set out is at risk to fail. Collaboration in partnerships, such as through the EIP-AHAs, allow for vital knowledge transfer and sharing which lay the groundwork for affordable and effective fall prevention programmes, and the scaling up from a European perspective to move towards the same level of care and prevention in as many European regions and nations.

Based on the headline objective and the pathway model described above, a set of six general outcome objectives have been identified by the A2 Action Group:

- **Objective 1**: Improve *awareness and understanding* amongst the general population (older persons & their families and social network, health & social care professionals, care providers, policy makers, etc.) that falls are not an inevitable consequence of ageing and much can be done to prevent falls and harm from falls.

- **Objective 2:** Improve support for older population *to keep active* as they age (physically, mentally and socially) and increase and maintain their health and self-management capacities.

- **Objective 3:** Promote a systematic approach to *identifying individuals at higher risk* of falls and harm of falls who will benefit from tailored intervention.

- **Objective 4:** Promote a systematic and coordinated approach to *implementing evidence based strategies* for the prevention and optimal management of falls and fractures to reduce the associated physical, psychological and functional disability.

- **Objective 5:** Contribute to managing demand and increase *sustainability of health and social care* by reducing the personal, system and societal costs associated with falls and harm from falls.

- **Objective 6:** *Scale up and spread activities* nationally and regionally by sharing best practices in service delivery, business and public policy while focussing on those that build competence and innovative capability, taking into account the gaps and barriers.

To achieve the six outcome objectives, whilst maintaining focus on an integrated and person-centred pathway, the activities of A2 Action group have been organised to remove barriers in four Action Areas:

- **Action Area 1**: Implementing an integrated and person-centred service pathway, which is enhanced by ICT and other technologies.
- **Action Area 2**: Data and evidence to support the implementation of an integrated and person-centred pathway.
- **Action Area 3**: Awareness, information and education to underpin the implementation of an integrated and person-centred pathway.
- **Action Area 4**: Governance, innovation, sustainability and scaling up.

Action Area 1 relates specifically to objectives two, three and four, and includes activities which focus directly on key aspects of falls prevention and management outlined in the three stage pathway model described in the figure above. The other Action Areas focus on three distinct groups of activities which together will enable, support and underpin the implementation, sustainability and spread of the pathway model. All Action Areas are inter-related and contribute to meeting the six outcome objectives, but this approach aims to maintain the focus of the Action Group on implementation.

4   ACTIVITIES

Each of the four Action Areas outlined above comprises of a set of specific activities, with their related deliverables and milestones. This section provides an overview of activities in each of the four Action Areas:

1. The activities that the Action Plan will work on and the way the activities are taken forward (i.e. tasks) to make the headline objective and the general objectives a reality;

2. The specific deliverables that will be a result of the work done based on the Action Plan, including the key milestones and timing.

Activities (and deliverables) across the four Action Areas include:

- Inventories related to different topics, which in most of the cases result in reports which reflect the current state of affairs in the field.

- Synthesis or discussion for consensus on the topics, which result in consensus statements.

- Development of guidelines, toolboxes and strategies, which result in operational descriptions, recommendations and support tools on "how to".

- Implementation, which results in the actual integration and consolidation of a specific set of services and technologies.

- Monitoring, which result in processes, procedures and systems for monitoring progress of the activities and deliverables.

Specific partner commitment details to underpin the Action Areas, activities and deliverables are included in the table in Annex I: Commitment Contributions to the Action Plan.

Activities	Tasks	Deliverables
Action Area 1: Implementing an integrated and person centred service pathway, which is enhanced by ICT and other technologies.		
1.1 Develop a centralised repository of examples (emerging and validated) of: • **Supporting self-management,** • **Operational falls prevention and management programmes and approaches,** • **Integrated care pathway models.**	1.1.1 Create and inventory of: • Service delivery models. • Existing and planned practices and implementation activities. • Models, programmes and tools (emerging and validated) to support self management and,attitude and behavior change. • Tools for early identification of risk, prevention and management. • Management interventions relevant and useable (in part or in full) in regions of Europe. • Innovations including the use of ICT and other technologies at each stage of the pathway 1.1.2 Create an inventory of: • Successful processes for implementation including supporting leadership, policies, strategies, targets, and implementation support, • Improvement methodologies being used. • Business models including economic evaluation. • Monitoring and evaluation of programmes/pathways/developments	D1.1: Repository of operational falls prevention and management programmes, approaches and care pathways in regions of Europe. Repository will continuously be updated at 12 monthly intervals.
1.2 Develop a support system (toolkit) for implementing tools and technologies for screening, assessment, intervention (training and exercise, possibly in a gaming context)	1.2.1 Create an inventory of: • Successful processes for implementation including supporting leadership, policies, strategies, targets, and implementation support, • Improvement methodologies being used. • Business models including economic evaluation. • Monitoring and evaluation of programmes/pathways/developments	D1.2: Definition of a toolkit for implementing tools, and technologies for monitoring, screening and assessment, decision making support, standardised approaches, protocols, procedures and flows. The toolkit includes guidelines for implementation and assessment of tools and

Activities	Tasks		Deliverables
and monitoring of risk factors for falling.	1.2.2	Define essential requirements and specifications for a support system for implementing tools and technologies for screening, assessment, intervention and monitoring for different settings.	technologies for screening, assessment, intervention (training and exercise) and monitoring of risk factors for falling.
	1.2.3	Develop and implement a support system for implementing tools and technologies for screening, assessment, intervention and monitoring,	
	1.2.4	Develop functional ICT-based prototypes that support training and exercise.	
1.3 Evaluation and development of ICT solutions, devices and technologies for the home and institutional environment (including a roadmap for the future development).	1.3.1	Inventory of new developments and implementations of ICT solutions, assistive devices, tools and training programmes for strength and balance improvement and restoration of gait (both for primary and secondary prevention),	
	1.3.2	Define plans through specifications and requirements for integrated fall prevention and management solutions in relation to different settings (including the home and institutional environment),	
	1.3.3	Develop home and institutional training programs and applications for digital coaching and functional prototypes of intelligent, technologies to address falls prevention,	D.1.3 ICT solutions, devices and technologies for the home and institutional environment as well as a discovery report on the future wave of next generation falls prevention technologies.
	1.3.4	An evaluation and implementation study on compliance and effect of ICT solutions, assistive devices, tools and training programmes (including digital coaching) in different settings,	
	1.3.5	Recommendations for the development, implementation and coaching on the use of ICT solutions (including a roadmap for the future development),	
	1.3.6	Promote the development and implementation of ICT solutions, assistive devices, tools and training programmes for primary and secondary prevention as well as the coaching on the use of these ICT solutions.	

Activities	Tasks	Deliverables/Timing
Action area 2: Data and evidence to support the implementation of an integrated and person-centred pathway.		
2.1 Raise awareness on the need for a systematic approach to data collection across the whole pathway and by all stakeholders (family members, caregivers, nurses…).	2.1.1 Interview a range of stakeholders to identify the common gaps and challenges with existing falls datasets, understand how data could and should be analysed and utilised, 2.1.2 Complete an inventory of current practices for collecting falls data, 2.1.3 Develop recommendations based on best practices examples where all stakeholders both contribute to and benefit from the data collected, 2.1.4 Write-up findings from the activity into a report to highlight need for action.	
2.2 Promote collection and analysis of patient and organisational data related to falls in order to: • **Improve falls management,** • **Scale up risk assessment,** • **Reduce cost,** • **Increase efficiency,** • **Assess ROI.**	2.2.1 Complete discovery to identify what core dataset is required to ensure falls management can be improved from a patient and organisational perspective, 2.2.2 Evaluate likely adherence and compliance to capturing core dataset from multiple regions, 2.2.3 Based on discovery and evaluation prepare a specification of what minimum falls dataset should be implemented by regions to improve that management of falls.	D2.1: Report on current approaches to collecting falls data outlining best practices and recommendations. D2.2: Specification of a minimum falls dataset. D2.3: Strategy on how to establish a European-wide central repository for publicly available falls data.
2.3 Ensure maximum benefit from existing and future falls datasets can be realised to advance decision support and predictive modelling.	2.3.1 Liaise with key falls prevention stakeholders across Europe to identify what public datasets exist or will be created within 2013-2015, 2.3.2 Complete inventory of falls datasets that are public or have the potential of being public, 2.3.3 Prepare strategy on a European falls data repository.	

Activities	Tasks	Deliverables
Action area 3: Awareness, information and education to underpin the implementation of an integrated and person-centred pathway.		
3.1 Raise awareness and drive attitude change with respect to falls and falls prevention and improve access to information on falls prevention.	3.1.1 Identify best practices and gather information on methods and tools to apply to public health and social marketing campaigns, 3.1.2 Deliver /disseminate information on falls prevention evidence, 3.1.3 Identify public health and social marketing strategies of use at local, regional and/or national level for different media, 3.1.4 Identify partners in target regions to run campaigns, 3.1.5 Identify champions in each region and work with them to promote awareness about and change attitudes towards falls, 3.1.6 Create a series of campaign templates to supply to campaigners in each region, 3.1.7 Liaise with partner organisations to create concerted campaigns, 3.1.8 Identify target groups and devise campaigns using best evidence, 3.1.9 Create and update inventory of relevant activities, 3.1.10 Create website, populate website, maintain website.	D3.1: Organise awareness campaign across the EU. D3.2 Inventory of relevant activities with a potential for transfer relating to: • raising awareness and delivering information, • successful public health and social marketing strategies, including events and campaigns to share experience and practical tips. D3.3: Website with information on falls and fall prevention. A one-stop access point to articles, journals and white papers on fall prevention and management of falls and use of ICT.
3.2 Increase knowledge skills and competencies of the workforce working with older people to enable (a) identification of people/groups with higher risk of falls and (b) implementation of evidence-based falls	3.2.1 Create inventory of best practice evidence based models of training and training tools, adapted for various groups, 3.2.2 Create a suitably experienced group to contribute to evidence, synthesis and scoping to provide accessible and practical resumés of evidence, 3.2.3 Identify and agree core topics for review and synthesis, 3.2.4 Identify search and criteria for inclusion and conduct reviews and syntheses of identified topics, 3.2.5 Identify educational/training needs by country/region, 3.2.6 Identify best practice evidence based models of training,	D3.4: Inventory of best practice evidence based models of training and training tools, adapted for various groups of work force, and training tools in use (e-learning, applied gaming and internet portals). D3.5: Evidence synthesis and scoping review documents to provide accessible and practical resumés of evidence.

Activities	Tasks	Deliverables
prevention.	3.2.7 Promote educational/training packages to fit needs of countries/regions, 3.2.8 Promote evidence based training programs targeted at work force working with older people to promote physical activity and support older adults to maintain/improve physical fitness and prevent mobility limitations, 3.2.9 Identify further development needs to provide evidence-based training programs providing specialist education on fall risk identification and implementing prevention, 3.2.10 Provide information and strategies to employers for setting up programs for education and training in best practice, 3.2.11 Create communities of interest for program managers in different institutions and organisations, 3.2.12 Identify ambassadors and figureheads within institutions and organisations, 3.2.13 Identify and agree training provider characteristics.	D3.6 Training package to support the training of the workforce (aimed to the educators and trainers).

3.3 To contribute to the education of social and health care professionals and others working with older people, and develop multi-professional/agency working, provide scientific knowledge and evidence on:
 	
• **fall risk factors,**
• **prevention methods and tools,**
• **effective preventive interventions.**
	3.3.1 Formulation of strategy for (further) integration of knowledge and evidence in educational programs,
	3.3.2 Promote networking and exchange of information on how to transfer scientific knowledge into education of professionals in ageing services,
	3.3.3 Promote development of multidisciplinary team work among professionals,
	3.3.4 Stimulate the commitment of stakeholders,
	3.3.5 Identify effective intervention programs to be used in education of professionals as examples of best practices,
	3.3.6 Stimulate the development and implementation of ICT solution, assistive devices, tools and training programs for
	  • older people and their carers to be physically active,
	  • secondary prevention,
	3.3.7 Promote dissemination activities between scientific community about the activities for falls prevention,
	3.3.8 Scientific fall data mining methods review,
		D3.7 Network of research and educational organisations to contribute to the education of social and health care professionals and others working with other people. The network will :
		• Organise periodic meetings for knowledge sharing and transfer,
		• Develop an inventory of education programs with high standards on transforming research into practice and curricula with courses, lectures or workshops on fall and facture prevention.

Activities	Tasks	Deliverables
	3.3.9 Promote the development of scientific data acquisition and analysis toolkits, 3.3.10 Provide special education on fall and fractures management, 3.3.11 Develop lecture templates based on best evidence, 3.3.12 Promote the development and implementation of ICT solutions, assistive devices, tools and training programs for secondary prevention.	

Activities	Tasks	Deliverables
Action area 4: Governance: innovation, sustainability and scaling-up.		
4.1 Provide tools for measuring cost effectiveness, affordability and sustainability of service configurations/re-design in view of fall prevention.	4.1.1 Inventory of available assessment and monitoring tools among the action group participants, 4.1.2 Analyse the collected tools by cross validating technologies, combining experiences from different countries and backgrounds, 4.1.3 Define the structure of the assessment model, 4.1.4 Pilot testing and delivery.	D4.1: Assessment model (based upon available practices).
4.2 Ensure that the A2-(outcome) objectives are achieved by involving citizens and other stakeholders and decision makers at regional, national and international level, into the process of developing and implementing A2 actions.	1.2.1 Identify needs and demands of citizens and decision makers in care and social services as to policy frameworks, change infrastructure and capability, support services, products, funding and other resource streams that are critical for delivering high quality care and effective fall prevention, 1.2.2 Assist national partners in establishing their national/ regional network of stakeholders and in identifying their potential contributions to coordinated fall prevention programming and implementation of good practices, 1.2.3 Stimulate the organization of annual Fall-prevention weeks to raise awareness in countries/ regions and help to	D4.2 Resource repository on: • relevant stakeholders, professionals and stakeholders, • their potential roles in implementing fall prevention strategies, • their needs and demands for support, • funding and other resource streams, • products. D4.3 Promotional events and publications: • annual (EU- and national level) gatherings of stakeholders and decision-makers,

Activities	Tasks		Deliverables
		increase visibility of the issue in local and national media,	• promotional brochures presenting practices and implementation activities with potential for replication and transferability across regions of Europe.
	1.2.4	Organise an annual EU-level gathering of stakeholders and decision-makers,	
	1.2.5	Develop a promotional brochure to be updated on an annual basis.	
4.3 Promote innovation by helping new technology move to the market, connecting research to innovation and strengthening procurement processes.	4.3.1	Analysis of the needs and demands of the potential users of an on-line market place,	D4.4: Online marketplace and innovation platform for falls prevention services and products, which provides matchmaking between technology providers and potential partners with a view to trial, deploy and roll out novel technologies.
	4.3.2	Define the structure and governance of the on-line market place and innovation platform, based up the user needs,	
	4.3.3	Develop and launch the online marketplace and innovation platform. Encourage technology providers to upload their products and services,	
	4.3.4	Promote the online marketplace and innovation platform among potential partners and encourage pilot projects implementing promising business models and sharing of good practices,	
	4.3.5	Stimulate the organisation of regional and national annual fairs using multimedia resources to support for demonstrating successful business models, services and products, implementation experiences and viable models for getting these implemented more widely,	
	4.3.6	Organise annual award for best implemented technology for fall prevention in community services. Promote fundraising and support for promising initiatives.	
4.4 Stimulate the development of dynamic and sustainable falls prevention and care and cure systems on a regional and national level.	4.4.1	Collate evidence as to the benefit – cost ratio of investments in fall prevention programmes integrated in care and cure services,	D4.5 Promotional package which includes
	4.4.2	Identify a range of practices and implementation programmes and activities with potential for replication and transferability across regions of Europe,	• Evidence on the Return of Investments into fall prevention initiatives in care and cure,
	4.4.3	Liaise with relevant EU-policies and funding opportunities,	• Toolkit for implementing validated falls prevention and management programmes and integrated care pathways,
	4.4.4	Generate broad EU-level support network of ENGO's and EU-level professional organisations.	• Guide for national and regional actors on potential additional funding

Activities	Tasks	Deliverables
		opportunities, • MoU's with relevant EU level actors for joint investments in promoting fall prevention programmes among their members.
4.5 Ensure best practice and evidence nationally and regionally is identified and shared.	4.1.1 Define the structure, governance and content of the portal and Community of Practice, 4.1.2 Populate the portal with the results and deliverables from the A2 Action Plan and on-going related work, 4.1.3 Share and transfer knowledge and generate joint new knowledge through the Community of Practice, 4.1.4 Identify key gaps, common issues and challenges in the implementation of falls prevention and management care pathways.	D4.6 Portal with a Community of Practice for sharing and generating joint knowledge, which integrates all deliverables and resources in one single point of access.

5 DELIVERABLES

As can be seen from the description of the activities, the current Action Plan identifies a set of Deliverables to be provided. The following table provides an overview of the 19 Deliverables foreseen:

Nº	Name and description	Milestones	Timing
D1.1	Repository of operational falls prevention and management programmes, approaches and care pathways in regions of Europe. The inventory includes: • Models, tools and programmes for self-management • Innovations including use of ICT and other technologies at each stage of the pathway, • Tools for early identification of risk, prevention and management, • Implementation processes and support. • Improvement methodologies, • Business models including economic evaluation. • Evaluation and monitoring of programmes/pathways, • Planned activities and developments.	• Repository operational (Late 2013). • Inventory concluded (Late 2013).	End 2013
D1.2	Definition of a toolkit for implementing tools, and technologies for monitoring, screening and assessment, decision making support, standardised approaches, protocols, procedures and flows. The toolkit include guidelines for implementation and assessment of tools and technologies for screening, assessment, intervention (training and exercise) and monitoring of risk factors for falling.	• Inventory concluded (Late 2014). • Guidelines defined (Late 2014).	End 2014
D1.3	ICT solutions, devices and technologies for the home and institutional environment as well as a discovery report on the future wave of next generation falls prevention technologies.	• Inventory concluded (Late 2014). • Discovery report on next generation technologies (End 2014).	End 2014
D2.1	Report on current approaches to collecting falls data outlining best practices and recommendations.	• Stakeholder consultation (mid 2013). • Inventory of current practices for collecting falls data (Mid 2013). • Recommendations developed (End 2013).	End 2013
D2.2	Specification of a minimum falls dataset.	• Dataset discovery (End 2013) • Dataset evaluation (Q1 2014).	Q1 2014
D2.3	Strategy on how to establish a European-	• Public datasets identified	End

	wide central repository for publicly available falls data.	• (Mid 2014). • Formulate strategy (End 2014).	2014
D3.1	Organise awareness campaign across the EU.	• Partners signed up to campaign (Mid 2013). • Champions identified (Q4 2013). • Campaign toolkit (Q4 2013)	End 2013
D3.2	Inventory of relevant activities with a potential for transfer relating to: • raising awareness and delivering information and, • successful public health and social marketing strategies, including events and campaigns to share experience and practical tips.	• Classification of activities (Mid 2013). • Prototype inventory (End 2013).	End 2013
D3.3	Website with information on falls and fall prevention	• Website prototype (Q1 2013). • Website content v1.0 (Mid 2013). • Website content v2.0 (Mid 2014).	Mid 2013
D3.4	Inventory of best practice evidence based models of training and training tools, adapted for various groups of work force, and training tools in use (e-learning, applied gaming and internet portals).	• Clear system for identification of best practice models (Q1 2013).	End 2013
D3.5	Evidence synthesis and scoping review documents to provide accessible and practical resumés of evidence.	• Existence of suitably qualified/experienced group to undertake reviews (Q1 2014). • Search and quality criteria (Q4 2013).	Mid 2014
D3.6	Training package to support the training of the workforce (aimed to the educators and trainers)	• Iterations of training package half yearly (End 2014).	End 2014
D3.7	Network of research and educational organisations to contribute to the education of social and health care professionals and others working with other people. The network will : • Organise periodic meetings for knowledge sharing and transfer, • Develop an inventory of education programs with high standards on transforming research into practice and curricula with courses, lectures or workshops on fall and facture prevention, • Provide a one-stop access point to articles, journals and white papers on fall prevention and management of falls.	• Identify key players (Mid 2013). • Survey institutions for current activity (Q4 2013). • Create inventory on basis of survey ("Who's Who" of falls and fracture prevention Europe education and research) (Mid 2014). • Website populated by creation of group of content editors (Q2 2014).	End 2015
D4.1	Assessment model (based upon available	• Prototype development	End

		practices).	(Mid 2013). • Pilot testing (Q3 2013). • Dissemination (End 2013).	2013
D4.2		Resource repository on: • relevant stakeholders, professionals and stakeholders, • their potential roles in implementing fall prevention strategies, • their needs and demands for support, • funding and other resource streams, • products.	• EU stakeholders analysis (needs/demands)(Q3 2013). • EU-resource repository publication (Q4 2013).	End 2013
D4.3		Promotional events and publications: • annual (EU- and national level) gatherings of stakeholders and decision-makers, • promotional brochures presenting practices and implementation activities with potential for replication and transferability across regions of Europe.	• Coalition building EU level orgs for EU events (Q2 2013). • Guidance partners in developing national initiatives (Q2 2013). • 1st EU-Fall prevention event (Q4 2013). • EU-and national Launches of all project deliverables (End 2015).	End 2015
D4.4		Online marketplace and innovation platform for falls prevention services and products, which provides matchmaking between technology providers and potential partners with a view to trial, deploy and roll out novel technologies.	• Needs assessment (End 2013). • Designing platform (Q2 2014). • Launch of platform (Q4 2014). • Launch of Award scheme (Q4 2014).	End 2014
D4.5		Promotional package which includes • Evidence on the Return of Investments (ROI) into fall prevention initiatives in care and cure, • Toolkit for implementing validated falls prevention and management programmes and integrated care pathways, • Guide for national and regional actors on potential additional funding opportunities, • MoU's with relevant EU level actors for joint investments in promoting fall prevention programmes among their members.	• ROI assessment report (Q4 2013). • Collection of Transferable Good Practices ready (Q4 2014). • Inventory funding opportunities (Q4 2013). • Launch of Award scheme (Q4 2014). • EU-level support networks established (Q4 2013).	End 2014
D4.6		Portal with a Community of Practice for sharing and generating joint knowledge, which integrates all deliverables in one single point of access.	• Definition of portal structure (Q3 2013). • Portal beta ready (Q4 2013). • Populating the portal (Q2 2014). • Creating the processes	End 2014

			for the Community of Practice (Q3 2013).	

6 WORKPLAN

The workplan in this section describes the planning and detail of the deliverables and tasks with respect to a set of selected deliverables (1.1, 1.2, 1.3, 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 4.1 and 4.2).

	2013												2014						
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
D1.1: Repository of falls prevention & management programmes & care pathways																			
1.1.1 Inventory of implementation activities; etc.																			
1.1.2 Inventory of self-management; innovations; etc.																			
D1.2: Toolkit for tools & technologies for monitoring, screening and assessment																			
1.2.1 Inventory of existing technologies; evaluation studies and implementation																			
1.2.2 Define essential requirements and specifications for a support system																			
1.2.3 Develop and implement a support system																			
1.2.4 Develop functional ICT-based prototypes that support training and exercise.																			
D1.3. ICT solutions, devices and technologies for the home and institutional environment																			
1.3.1 Inventory of ICT solutions, assistive devices, tools and training programs																			
1.3.2 Specifications and requirements for integrated fall prevention and management																			
1.3.3 Training programs and applications for digital coaching and functional prototypes																			
1.3.4. Study on compliance and effect of ICT solutions, assistive devices, tools and training																			
1.3.5 Recommendations for the development, implementation and use of ICT solutions																			
Task 1.3.6 Promote ICT solutions, assistive devices, tools and training programmes																			
D2.1: Report on current approaches to collecting falls data																			
2.1.1 Identify the common gaps and challenges with existing falls datasets																			
2.1.2 Complete an inventory of current practices for collecting falls data,																			
2.1.3 Recommendations based on best practices examples																			
2.1.4 Write-up findings from the activity into a report to highlight need for action																			
D2.2: Specification of a minimum falls dataset																			
2.2.1 Complete discovery to identify what core dataset is required																			
2.2.2 Evaluate likely adherence and compliance to capturing core dataset																			
2.2.3 Specification of what minimum falls dataset																			
D3.1 Organise awareness campaign & D3.2 Inventory of relevant activities																			
3.1.1 Best practices and information on public health and social marketing campaigns.																			
3.1.2 Deliver /disseminate information on falls prevention evidence																			
3.1.3 Identify public health and social marketing strategies																			
1.3.4 Identify partners in target regions & 1.3.5 Identify champions in each region																			
3.1.6 Create a series of campaign templates																			
3.1.7 Liaise with organisations for campaigns & 3.1.8 Identify target groups and devise campaigns																			
3.1.9 Create and update inventory of relevant activities																			
D3.3: Website with information on falls and fall prevention																			
3.1.10 Create website, populate website, maintain website																			
D4.1 Asessment model																			
4.1.1 Inventory of available assessment and monitoring tools																			
D4.2 Resource repository																			
4.2.1 Identify the relevant stakeholders and assess potential roles																			
4.2.2 Identify their needs and demands as to support for delivering effective fall prevention																			
4.2.3 Assist national partners in establishing their national/ regional network of stakeholders																			

5.1

5.2 Deliverable D1.1: Repository of operational falls prevention and management programmes, approaches and care pathways in regions of Europe

Deliverable number:	1.1	**Start date or starting event:**		Month: January 2013
Deliverable title	Repository of operational falls prevention and management programmes, approaches and care pathways in regions of Europe. The repository will continuously be updated at 12 month intervals during the life span of the EIP AHA.			
Activities	Develop a centralised repository of examples (emerging and validated) of: • Supported self management • Operational falls prevention and management programmes and approaches • Integrated care pathway models			
Target groups (in scope)	• Persons aged over 65 years and older who would benefit from self-management to prevent falls and fractures (Stage 1), and/or are AT RISK of falls and fractures (Stage 2), and/or would benefit from tailored, co-ordinated interventions (Stage 3). • All settings including residential care, hospitals and the community. • National, Regional and Local Programmes/approaches. • Existing and planned developments.			
Expected Impact	1. Mutual learning and development gained through building a shared understanding amongst participating regions and countries of current and planned strategic and operational falls prevention and management activity , including the challenges.. 2. Contribute to falls prevention and management service and pathway development and improvement by. enabling access to relevant information, resources and innovative practices. 3. Identify gaps and challenges which could potentially be addressed by innovation and working collaboratively.			

Task number	1.1.1	**Start date:**	January 2013	**End date:**	December 2013
Task title	Create an inventory of: • Service delivery models. • Existing and planned practices and implementation activities. • Models, programmes and tools (emerging and validated) to support self management and,attitude and behavior change. • Tools for early identification of risk, prevention and management. • Management interventions relevant and useable (in part or in full) in regions of Europe. • Innovations including the use of ICT and other technologies at each stage of the pathway.				

Method	• Develop a survey to capture the "What?" of falls risk self-management, identification, prevention and management i.e. for all stages of the pathway. • Complete a survey of partners. • Collate and analyse survey findings, probe understandings, agree best practice models and determine how best to share the findings in an inventory format. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting.

Task number	1.1.2	Start date:	January 2013	End date:	December 2013

Task title:	Create an inventory of: • Successful processes for implementation including supporting leadership, policies, strategies, targets, and implementation support, • Improvement methodologies being used. • Business models including economic evaluation. • Monitoring and evaluation of programmes/pathways/developments.
Method	• Develop a survey to capture the "How?" of falls risk self-management, identification, prevention and management i.e. for all stages of the pathway. • Complete a survey of partners. • Collate and analyse survey findings, probe understandings, agree best practice models and determine how best to share the findings in an inventory format. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting.

5.3 Deliverable 1.2 Toolkit for implementing tools, and technologies for monitoring, screening and assessment, decision making support, standardised approaches, protocols, procedures and flows

Deliverable number:	1.2	Start date or starting event:		Month: January 2013
Deliverable title	Definition of a toolkit for implementing tools, and technologies for monitoring, screening and assessment, decision making support, standardised approaches, protocols, procedures and flows. The toolkit include guidelines for implementation and assessment of tools and technologies for screening, assessment, intervention (training and exercise) and monitoring of risk factors for falling.			
Activities	Develop a support system (toolkit) for implementing tools and technologies for screening, assessment, intervention (training and exercise, possibly in a gaming context) and monitoring of risk factors for falling.			

Target groups (in scope)	• Persons aged over 65 years and older who would benefit from self-management to prevent falls and fractures (Stage 1), and/or are AT RISK of falls and fractures (Stage 2), and/or would benefit from tailored, co-ordinated interventions (Stage 3). • All settings including residential care, hospitals and the community. • National, Regional and Local Programmes/approaches.
Expected Impact	Mutual learning and shared understanding amongst participating partners of current literature on the argument Evidence of results from metanalysis and best practices Writing an international document providing the overall picture on the topic, available for all European stakeholders

Task number	1.2.1	**Start date:**	February 2013	**End date:**	December 2014
Task title	Create an inventory of: • existing technologies and state of the art for screening, assessment, intervention and monitoring, • evaluation studies and implementation on falls risk assessment, fall prevention and management technologies.				
Method	To perform an exhaustive review of literature we will consider falls in different patient categories, different ways of delivery (i.e doctor to doctor, doctor to patient), consistent geographical coverage including European and non- European countries. The review will consider to gather and integrate scientific publications through web-based structured search (PubMed). Evaluation and analysis of the collected literature allow to synthesize and filter the materials previously collected according to the criteria of inclusion. A. Systematic review of the literature on the tests and on scales for the characterization of the functional level of elderly subjects in terms of strength, balance, walking ability and fall risk. B. Systematic review of the literature on the multidisciplinary approach on fall risk factor model and on rehabilitation programs for falls.				

Task number	1.2.2	**Start date:**	February 2013	**End date:**	December 2014
Task title:	Define essential requirements and specifications for a support system for implementing tools and technologies for screening, assessment, intervention and monitoring for different settings. .				
Method	The clinical requirements and the specifications will be derived from the literature review and the metanalysis (Task 1.2.1). Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting				

Task number	1.2.3	**Start date:**	February 2013	**End date:**	December 2014
Task title:	Develop and implement a support system for implementing tools and technologies for screening, assessment, intervention and monitoring.				

Method	Starting from the results of the literature review (task 1.2.1) and the definitions of the requirements (task 1.2.2), a system for implementing tools and technologies for screening, assessment, intervention and monitoring will be defined to support the decision making process for subjects with different level of risk fall. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting

Task number	1.2.4	Start date:	February 2013	End date:	December 2014
Task title:	Develop functional ICT-based prototypes that support training and exercise.				
Method	Starting from the results of the literature review (task 1.2.1) and of the identified best practises, the prototypes for training and exercise currently available will be assessed, and their possible implementation in real situation will be evaluated. The need to develop new prototypes from the integration of the systems available in the literature will be also considered. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting				

5.4 Deliverable 1.3: ICT solutions, devices and technologies for the home and institutional environment.

Deliverable number:	1.3	Start date or starting event:		Month: January 2013
Deliverable title	ICT solutions, devices and technologies for the home and institutional environment as well as a discovery report on the future wave of next generation falls prevention technologies			

Task number	1.3.1	Start date:	April 2013	End date:	April 2014
Task title	Create an inventory of new developments and implementations of ICT solutions, assistive devices, tools and training programs for strength and balance improvement and restoration of gait (both for primary and secondary prevention).				
Method	By performing an exhaustive review of literature we will consider existing ICT solutions, assistive devices, tools and training programs for strength and balance improvement and restoration of gait (both for primary and secondary prevention),. The review will consider to gather and integrate scientific publications through web-based structured search (PubMed). Evaluation and analysis of the collected literature allow to synthesize and filter the materials previously collected according to the criteria of inclusion. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting.				

Task number	1.3.2	Start date:	April 2013	End date:	April 2014
Task title	Define plans through specifications and requirements for integrated fall prevention and management solutions in relation to Define different settings (including the home and institutional environment),				

| **Method** | The requirements and the specifications will be derived from the literature review and the metanalysis. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting. | | | | |

Task number	1.3.3	**Start date:**	April 2013	**End date:**	April 2014
Task title	Develop home and institutional training programs and applications for digital coaching and functional prototypes of intelligent, technologies to address falls prevention.				
Method	Starting from the results of the literature review (task 1.3.1) and the definitions of the requirements (task 1.3.2), home and institutional training programs and applications for digital coaching and functional prototypes of intelligent, technologies to address falls prevention will be defined. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting.				

Task number	1.3.4	**Start date:**	April 2013	**End date:**	April 2014
Task title	An evaluation and implementation study on compliance and effect of ICT solutions, assistive devices, tools and training programmes (including digital coaching) in different settings.				
Method	By performing an exhaustive review of literature we will consider compliance and effect of ICT solutions, assistive devices, tools and training programmes (including digital coaching) in different settings. Activities include: Data provision; Desk research including data collation and analysis; Interviews; Expert meetings and Reporting.				

Task number	1.3.5	**Start date:**	April 2013	**End date:**	April 2014
Task title	Recommendations for the development, implementation and coaching on the use of ICT solutions (including a roadmap for the future development).				
Method	After an analysis of both the present ICT solutions and their efficacy recommendations will be made for development of missing ICT solutions or for alternative ICT solutions for those ICT solutions that has shown not to be effective at the moment.				

Task number	1.3.6	**Start date:**	April 2013	**End date:**	April 2014
Task title	Promote the development and implementation of ICT solutions, assistive devices, tools and training programmes for primary and secondary prevention as well as the coaching on the use of these ICT solutions.				
Method	Project proposals will be formulated that aim at the realisation of innovative ICT solutions, assistive devices, tools and training programmes for primary and secondary prevention. Also project proposals will be written that aim at realising coaching programmes on the use of these ICT solutions				

5.5 Deliverable 2.1: Report on current approaches to collecting falls data.

Deliverable number:	2.1	**Start date or starting event:**		Month: January 2013

Deliverable title	Report on current approaches to collecting falls data outlining best practices and recommendations.

Task number	2.1.1	**Start date:**	February 2013	**End date:**	June 2013
Task title	Interview a range of stakeholders to identify the common gaps and challenges with existing falls datasets, understand how data could and should be analysed and utilised.				
Method	The task is overview of current data being collected with the aim of identifying what is measured in each of the countries. One of the first activity is to conduct interviews about what kind of data are collected, e.g. through nursing homes, primary care institutions, etc. The focus is to ask those that collect data, on how these data are collected and which data or indicators are actually being collected. An on-line survey will be set up to recollect the information.				

Task number	2.1.2	**Start date:**	February 2013	**End date:**	June 2013
Task title	Complete an inventory of current practices for collecting falls data.				
Method	The results and data collected through the survey of task 2.1.1 are analysed and describe the current practices in data collection in relation to falls and falls prevention.				

Task number	2.1.3	**Start date:**	September 2013	**End date:**	December 2013
Task title	Develop recommendations based on best practices examples where all stakeholders both contribute to and benefit from the data collected				
Method	The recommendations will take into account how data would be collected with respect to the fall history of a person and the specific implications of cross-border mobility.				

Task number	2.1.4	**Start date:**	December 2013	**End date:**	December 2013
Task title	Write-up findings from the activity into a report to highlight need for action.				
Method	Elaboration of a report on the basis of the results of the former tasks.				

5.6 Deliverable 2.2: Specification of a minimum falls dataset.

Deliverable number:	2.2	**Start date or starting event:**		Month: July 2013
Deliverable title	Specification of a minimum falls dataset.			

Task number	2.2.1	**Start date:**	July 2013	**End date:**	December 2013
Task title	Complete discovery to identify what core dataset is required to ensure falls management can be improved from a patient and organisational perspective.				
Method	The on-line survey foreseen in task 2.1.1 will include questions to identify the gaps, i.e. data about falls which are currently not recollected by would be relevant in their opinion. The results from tasks 2.1.1, 2.1.2 and 2.1.3, together with the additional questions about existing gaps will lead to identification of the core dataset.				

Task number	2.2.2	**Start date:**	December 2013	**End date:**	March 2014
Task title	Evaluate likely adherence and compliance to capturing core dataset from multiple regions				
Method	Taking into account that the level of implementation of the core data set depends on specific local circumstances and the legal environment, each participant provides feedback on their view on the level of implementation of the core dataset in their region/area. Part of the activities relates to defining how to qualify adherence and how this will be measured.				

Task number	2.2.3	**Start date:**	January 2014	**End date:**	March 2014
Task title	Based on discovery and evaluation prepare a specification of what minimum falls dataset should be implemented by regions to improve that management of falls.				
Method	A unified minimum data set for all stakeholders and situation is not feasible, is not possible, as depending on the condition of the patient there are different types of data collected, the specification will focus on defining a flexible basis for different datasets.				

5.7 Deliverable 3.1: Organise awareness campaign across the EU.

Deliverable number:	3.1	**Start date or starting event:**		Month: February 2013
Deliverable title	Organise awareness campaign across the EU. The deliverable aims to contribute to the development a strategy to change attitudes towards falls and falls prevention and to push falls prevention on the policy agenda, by identifying existing practices and activities.			

Task number	3.1.1	**Start date:**	January 2013	**End date:**	December 2013
Task title	Identify best practices and gather information on methods and tools to apply to public health and social marketing campaigns.				

Method	The thematic networks involved in the Action Group foresee a set of activities that overlap in some manners with the task:
	• PROFOUND identifies best practices, these will be identified through looking at the scientific evidence (literature) and additionally the network partners will recollect information on what is being done locally and what works in practice. The Action Group will be part of the bringing together the evidence.
	• E-NO FALLS will develop an inventory of best practices, questionnaire to the different partners in the network about the stakeholders in ICT based solutions, solutions addressed, etc.,
	The work will of both networks will be shared with A2 as part of task 3.1.1

Task number	3.1.2	Start date:	January 2013	End date:	December 2013
Task title	Deliver /disseminate information on falls prevention evidence.				
Method	Profound will develop materials aimed at different groups, and specific materials for the specific stakeholders				

Task number	3.1.3	Start date:	January 2013	End date:	December 2013
Task title	Identify public health and social marketing strategies of use at local, regional and/or national level for different media.				
Method	A survey is to be used to recollect information and conduct a mapping exercise to identify on what kind of campaigns and events are planned and to identify those relevant.				

Task number	3.1.4 & 3.1.5	Start date:	June 2013	End date:	December 2013
Task title	1.3.4 Identify partners in target regions to run campaigns. 1.3.5 Identify champions in each region and work with them to promote awareness about and change attitudes towards falls.				
Method	The method will be based upon the work in progress of task 3.1.1				

Task number	3.1.6	Start date:		End date:	
Task title	Create a series of campaign templates to supply to campaigners in each region.				
Method	To be able to define and develop a series of campaign templates to be used for the awareness campaigns a decision needs to be taken on the focus of the campaign and how the Action Group will upfront the campaigns (bottom-up or top-down approach; joint activities or individual more local campaigns).				

Task number	3.1.7 & 3.1.8	Start date:	January 2014	End date:	December 2014
Task title	3.1.7 Liaise with partner organisations to create concerted campaigns. 3.1.8 Identify target groups and devise campaigns using best evidence				
Method	Based upon the results of task 3.1.6, the methods for these tasks will be defined				

Task number	3.1.9	Start date:	January 2013	End date:	December 2013
Task title	Create and update inventory of relevant activities.				
Method	This task recollects the results from Tasks 3.1.1 to 3.1.5 and merges them into an inventory of strategies, examples and materials for awareness raising campaigns and activities.				

5.8 Deliverable 3.2: Inventory of relevant activities with a potential for transfer.

Deliverable number:	3.2	Start date or starting event:		Month: February 2013
Deliverable title	Inventory of relevant activities with a potential for transfer relating to: raising awareness and delivering information, successful public health and social marketing strategies, including events and campaigns to share experience and practical tips. The deliverable is more focussed on the strategy and progress, and making the inventory for the campaigns to be used in the future.			

Task number	3.1.1 to 3.1.8	Start date:		End date:	
Task title	The tasks 3.1.1 to 3.1.8 that are developed to lead to Deliverable 3.2 are the same as for Deliverable 3.1, and the activities will be developed jointly.				

Task number	3.1.9	Start date:	January 2013	End date:	December 2013
Task title	Create and update inventory of relevant activities.				
Method	This task recollects the results from Tasks 3.1.1 to 3.1.5 and merges them into a toolkit of strategies, examples and materials for awareness raising campaigns and activities, to be used when designing or setting up new campaigns.				

5.9 Deliverable 3.3: Website with information on falls and fall prevention.

Deliverable number:	3.3	Start date or starting event:		Month: February 2013
Deliverable title	Website with information on falls and fall prevention. A one-stop access point to articles, journals and white papers on fall prevention and management of falls and use of ICT.			

Task number	3.1.10	Start date:	February 2013	End date:	June 2014
Task title	Create website, populate website, maintain website				

Method	The thematic networks involved in the Action Group have deliverables which are websites and have the website up and running very soon (mid 2013). The activity should focus on connecting these websites, and any regional and local websites, to a central website on falls and falls prevention, and how to liaise with the marketplace. A proposal on how to take this forward and how to connect the different websites will be developed.

5.10 Deliverable 3.4: Inventory of best practice evidence based models of training.

Deliverable number:	3.4	Start date or starting event:		Month: February 2013
Deliverable title	Inventory of best practice evidence based models of training and training tools, adapted for various groups of work force, and training tools in use (e-learning, applied gaming and internet portals).			

Task number	3.4.1 to 3.4.13	Start date:	February 2013	End date:	To be determined.
Task title	Tasks to be adapted.				
Method	PROFOUND includes a similar deliverables, and will develop further the tasks and activities to be realised for the deliverable and align these with the PROFOUND workplan. A clear system for identification of best practice models will be made available.				

5.11 Deliverable 4.1: Assessment model.

Deliverable number:	4.1	Start date or starting event:	
Deliverable title	Assessment model (based upon available practices).		

Task number	4.1.1	Start date:	February 2013	End date:	June 2013
Task title	Inventory of available assessment and monitoring tools among the action group participants				
Method	All participants will provide information and examples of ICT solutions related to action area 2, on the basis of a template provided.				

Task number	4.1.2 to 4.1.4	Start date:	To be determined	End date:	To be determined
Task title	4.1.2 Analyse the collected tools by cross validating technologies, combining experiences from different countries and backgrounds+ 4.1.3 Define the structure of the assessment model 4.1.4 Pilot testing and delivery				
Method	Due to the complexity of the tasks involved, a start will be made with task 4.1.1 and the approach to the remaining tasks to be addressed in the coming months.				

5.12   Deliverable 4.2: Resource repository.

Deliverable number:	4.2	Start date or starting event:		Month: February 2013
Deliverable title	Resource repository on: relevant stakeholders, professionals and stakeholders, their potential roles in implementing fall prevention strategies, their needs and demands for support, funding and other resource streams, products. The deliverable should provide a better view on which stakeholders are relevant and how the Action Group members can link up with them. The repository will allow to identify the main actors on EU level and address them directly to increase their involvement in falls prevention.			

Task number	4.2.1	Start date:	February 2013	End date:	September 2013
Task title	Identify the relevant stakeholders and assess potential roles				
Method	List EU-level stakeholder organisations Identify the actual and potential roles to fulfil Produce a directory of relevant organisations				

| Task number	4.2.2	Start date:	February 2013	End date:	September 2013
Task title	Identify their needs and demands as to support for delivering effective fall prevention				
Method	Questionnaire survey among respective EU-level stakeholder organisations Stakeholder panel meeting Presentation and workshop at 1st ProFouND high level meeting				

Task number	4.2.3	Start date:	September 2013	End date:	December 2013
Task title	Assist national partners in establishing their national/ regional network of stakeholders				
Method	Develop a template for identification of stakeholders at national and regional level Guidance and workshops on optimising resource mobilisation Launch of guidance document at 2nd workshop in ProFouND high level meeting				

7   MEASURING PROGRESS

The definition and application of outcome measures and indicators will be ensured by the general monitoring and evaluation framework of the EIP-AHA currently being developed by the European Commission and Joint Research Centre (JRC)[3] in collaboration with experts and members of the six action groups. The monitoring process will be guided by a group consisting of experts and two members of each action group.

The monitoring process is divided into two steps. The first step will deal with the monitoring of the EIP-AHA process. The EIP-AHA will monitor different aspects: the involvement of stakeholders, the creation of synergies, knowledge transfers and the absorption of innovation by the health systems, and the added value for the participating organisations.

The second step is on monitoring the outcome of the EIP-AHA. This step will facilitate the overall monitoring framework of the activities and outcomes of the six action groups, linking them to the overall target of the EIP-AHA, namely, to add two healthy life years[4] (HLY) to the average healthy life span of European citizens by 2020 and equally to ensure the triple win: improved quality of life, improved sustainability of care systems and improved innovation based competitiveness. It should be emphasised that this framework is not about the evaluation of the individual actions.
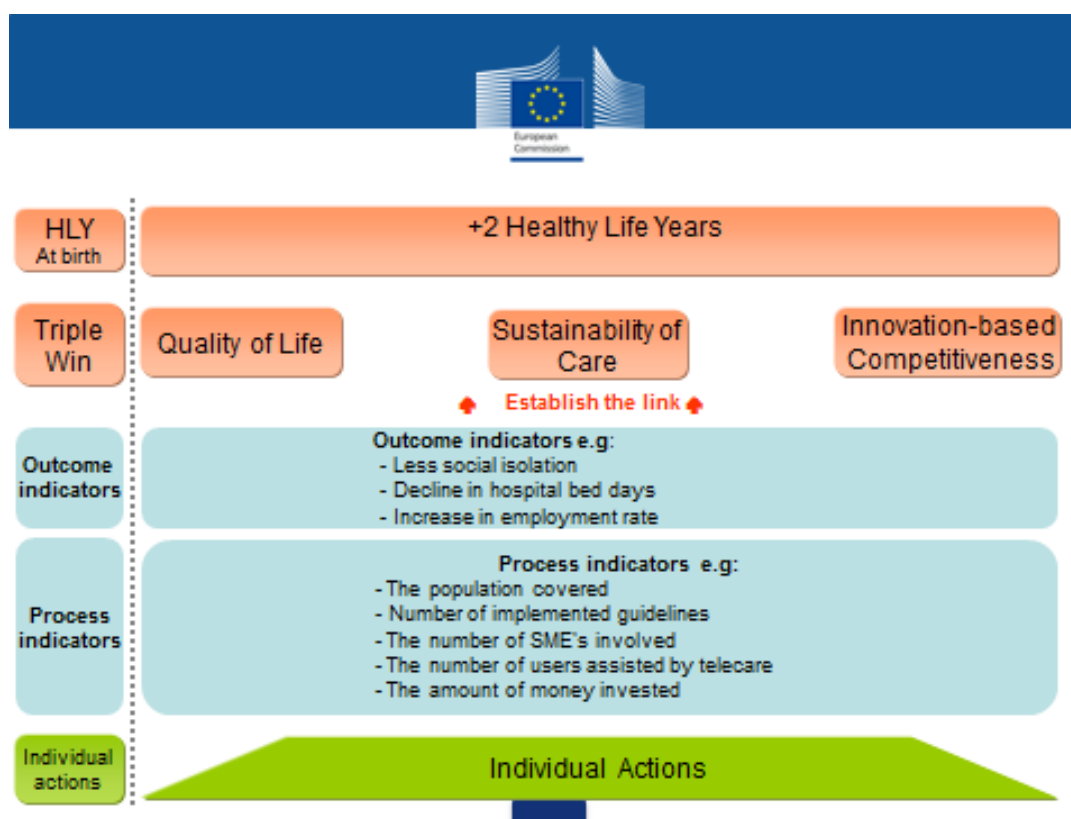
The input of the action group members together with the input from experts has been the basis for the monitoring framework. The action group members were asked to deliver input about commonly used methodology and indicators as well as information on what data is

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[3] http://ec.europa.eu/dgs/jrc/index.cfm
[4] The EU structural indicator Healthy Life Years (HLY) is based on limitations in daily activities and is therefore a disability-free life expectancy, one of the most common health expectancies reported. Healthy Life Years at a particular age are the number of years spent free of activity limitations. They are calculated by Eurostat. The target of the partnership is to increase, by 2020, by two healthy life years at birth.

collected. In addition, experts were asked to provide input, among others, on the factors influencing the quality of life and about WHO, OECD and Eurostat data.

The monitoring framework consists of a set of outcome indicators for each of the six action groups based on the objectives of the action groups and on process indicators. The selection of these indicators for the final draft of the monitoring framework has been an interactive process between the six action groups, the experts, European Commission and the JRC. More specific outcome indicators will be developed in close cooperation with the action group members.

The objective of the outcome indicators is to monitor the factors influencing the triple win, namely:

- the **quality of life** of patients/users , for instance, nutrition and physical activity

- the **sustainability of the health systems**, for instance, are there less hospital admissions, is there a shift from cure to care

- the **innovation and growth** possibilities, for instance, the employment rate

Of course, not all action groups and all individual actions will contribute to all of the above mentioned factors. As such, the outcome monitoring framework consists of building blocks. For action group A2, the relevant building blocks are marked in green. The individual action should contribute to at least one building block of the action group.
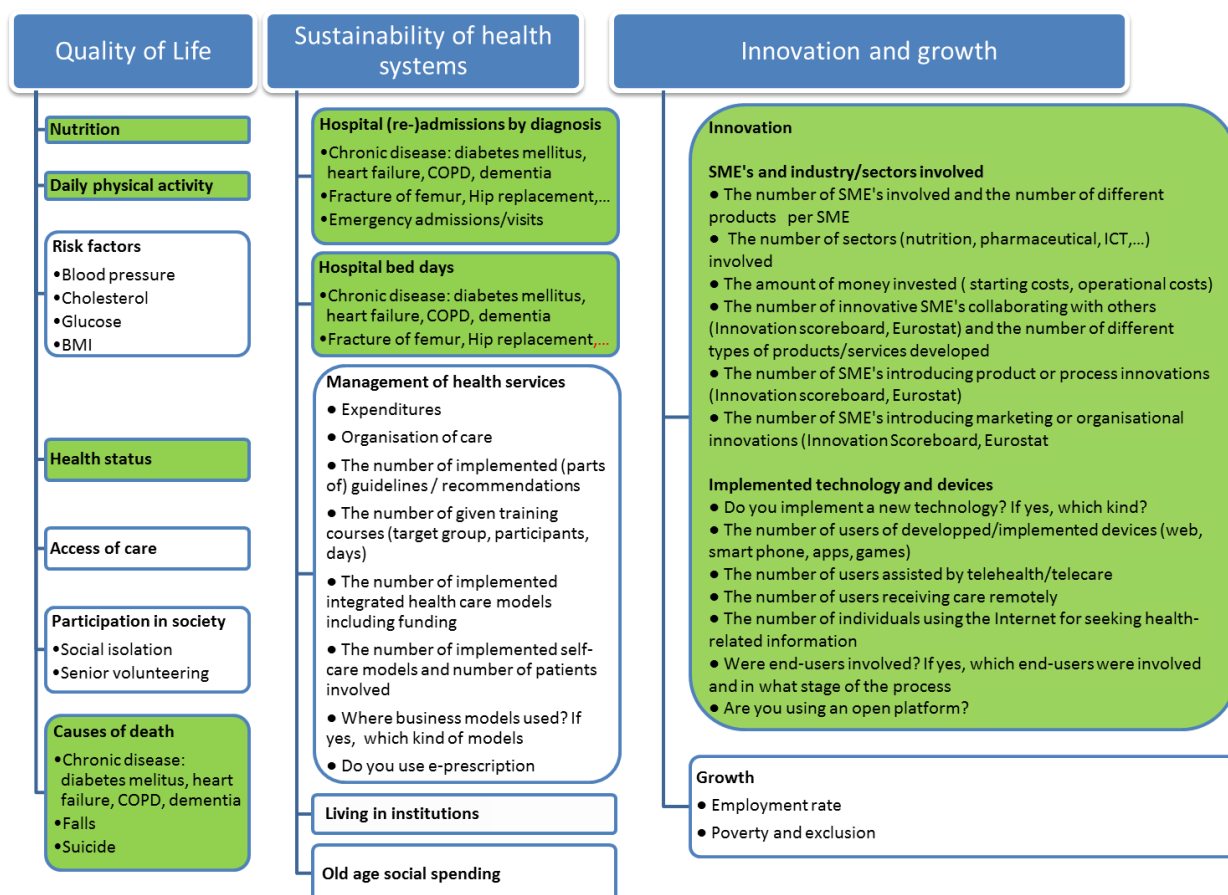
In addition to the outcome monitoring framework, desk research will also be conducted. It is intended that end-users will be involved in the evaluation and monitoring process, most probably through a questionnaire which will be sent to patients/users about, among others, their Quality of Life and mental well-being.

With respect to the specific indicators for A2, the definition of the final indicators is part of future work of the Action Group, however a preliminary set of indicators has been defined at this stage:

Process indicators
- Number of professionals reached through the A2 programme   - Estimated number of end-users reached through the activities at local and regional level generated through A2 initiatives and supervision   - Trend in Portal visits and website consultation of A2 related information sources   - Number of tools, protocols and guidelines that can rely on agreement and consensus among relevant EU-experts   - Quality of toolkits as assessed by the respective target groups (care providers/ technology developers/ ..)   - Number of new ICT applications emerging from the A2 initiative   - Number of countries/ regions organising a recurrent fall prevention event   - Participation levels in EU-wide exchanges and events organised related to the A2 initiative   - Successful organisation of annual EU-level gathering of stakeholders

Outcome indicators
- Number of implemented (evidence-based) recommendations   - Increased awareness of the issue among the general public   - Awareness among professionals as to the importance of fall prevention and their role in implementing proper measures and prevention programmes   - Uptake of new concept in service delivery and change in care service delivery patterns in line with A2 ambitions   - Increased levels of physical activities among the relevant target group with the support of ICT tools   - Increased use of risk assessment tools   - Strengths (activity levels) of national / regional networks for fall prevention   - Number of people over 65 attending the Emergency Department following a fall

8   GOVERNANCE

7.1 Governance principles

In order to deliver the objectives of this Action Plan the governance structure and principles need to:

1. Ensure overall leadership for the A2 programme of activities and consistency as to the vision shared among the associated and collaborating partners in the programme
2. Organise actions in order to ensure optimum stakeholder involvement

3. Liaise with relevant regional, national and EU-policies & funding opportunities and ensure sustainability of A2 development & implementation processes and continuous improvement in innovation through A2 partnerships.

7.2 Governance structure

The work on A2 will be carried out by 5 Working Groups (WGs) each covering one of the four action areas. All WGs are working closely together towards the overall Action Plan vision, objectives and targets. The following organisational structure is envisaged:
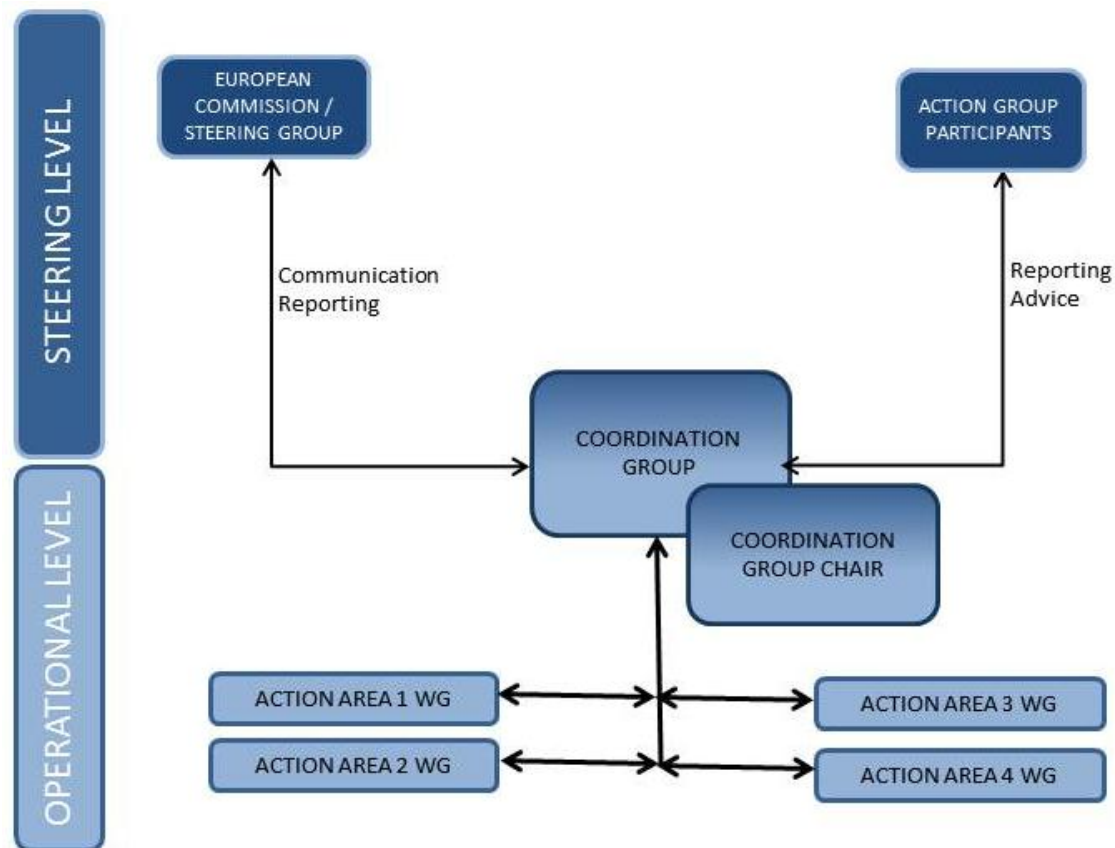
Figure 3: Governance structure

A Coordination Group for the Action Group A2 will be established, formed by the coordinators of each of the identified Working Groups, The members of the Coordination Group will nominate a chair, and the members of the WGs nominate the Coordinator for their individual WG. The role of the Chair of the Coordination Group, supported where appropriate by the other members of the Coordination Group, entails:

a) Leading the Coordination Group and facilitate WG Coordinators in their tasks to coordinate their specific WGs,

b) Promote interchange between WG members,

c) Communicate coherent messages to share vision and maintain "buy in" in all interactions and decision making consistent with A2 objectives,

d) Monitoring activities of A2 WGs (milestones, responsibilities/deliverables, internal progress measures reports) to ensure strategic alignment and prioritisation,

e) Develop internal road map for the entire A2 plan of work aligned with shared vision and strategic priorities,

f) Produce quarterly progress reporting scheme,

g) Monitor progress of work and continuous assessment of cost effectiveness, affordability, usability and sustainability of products and/or services in development/delivery.

7.3 Organising actions and liaise with relevant stakeholders

The Coordination Group is the main vehicle for liaising both with the European Commission and the (future and potential) Action Group participants. In this role and with the active involvement of all Action Group members it is in charge of:

a) Expanding communications with regional-, national- and EU-level organizations and initiatives that represent the interest of the A2-end users (older people/ pre-retired employees/ house tenants/ ...), with relevant national and EU-level organizations of care service providers and businesses and with national and regional authorities and government departments in charge of health care and social services delivery and health promotion,

b) Implement communication activities for the main target groups and produce external communications (e.g. newsletter),

c) Liaise with relevant regional, national and EU-policies & funding opportunities,

d) Representation of A2 in relevant initiatives (e.g. coordination with other EIP-AHA action groups, major events, etc.),

e) Empower and support related leadership roles/competencies at regional/national level, seeking external support where appropriate.

9 GAPS FOR POTENTIAL FUTURE ACTIONS

During the elaboration of the current Action Plan, a series of gaps has been identified as relevant for falls prevention and the A2 Action Plan. These gaps need to be addressed in order to reach the objectives as set out. However, due to the nature and number of commitments which are currently part of the A2 Action Group, these gaps will be addressed during the next phases of the implementation of the Action Plan, when A2 Action Group members will decide collectively on the integration of additional commitments.

Without being exhaustive, the following gaps have been identified:

- Lack of specialised training programs for fall prevention and management.

- Community capacity building and intergenerational approaches to support falls prevention.

- Inclusion of falls prevention on undergraduate/preregistration training curriculi.

- Lack of digital format repositories of falls records.

- Lack of awareness in all collectives related to the risk groups.

- Lack of representation of older people in the design of the service care pathways.

- Lack of interoperability and standardisation between the different technological solutions for falls prevention and detection.

- Lack of cooperation between the different disciplinary groups involved in falls prevention and detection.

- Lack of sufficient understanding/description of the interactions of falls risks and risk factors for falls

- Limited funding streams to support re-orientation of existing resources/approaches and for the innovation of new activities to address gaps/challenges.

- Limited evidenced business innovation models and frameworks to support such issues as specification/standardisation, procurement, conflicts of interest of providers-users, data protection and privacy.

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ANNEX I: COMMITMENT CONTRIBUTIONS TO THE ACTION PLAN

This annex provides insight in the activities and deliverables and the partners and commitments that foresee to contribute to their implementation and development. The tables have to be understood as provisional, the final and more detailed plan for implementation and contributions will be elaborated end 2012/early 2013, during a meeting with all the participants in the Action Group. This meeting will be prepared by the Coordination Group.

Activities	Deliverables	Contributing partners/commitments
Action Area 1: Implementing an integrated and person centred pathway, which is enhanced by ICT and other technologies.		
1.1 Develop a centralised repository of examples (emerging and validated): • **Supporting self-management,** • **Operational falls prevention and management programmes,** • **Integrated care pathway models.**	D1.1: Repository of operational falls prevention and management programmes, approaches and care pathways in regions of Europe. Repository will continuously be updated at 12 monthly intervals.	**Deliverable Coordinator:** • NHS Scotland (Up and About Plus) & HSE Ireland (AFFINITY) **Contributing Members:** • Region Skåne (Reference site) • Univ-COIMBRA (Ageing@Coimbra) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • IK4 (EMPATH) • DFB-UD (PrevFalls-Biscay) • MRC-ARUK • Medical Delta • Radboud University Nijmegen Medical Centre (Regional Fallprevention Network Nijmegen) • SERMAS-Hospital Universitario de Getafe (FALLNET) • EVV - The Flemish Center of Expertise for Fall & fracture Prevention • Ageing Well in Wales Programme • TECNALIA (Copefalls) • AO Città della Salute e della Scienza di Torino (ReFaCo)

Activities	Deliverables	Contributing partners/commitments
1.2 Develop a support system (toolkit) for implementing tools and technologies for screening, assessment, intervention (training and exercise, possibly in a gaming context) and monitoring of risk factors for falling.	D1.2: Definition of a toolkit for implementing tools, and technologies for monitoring, screening and assessment, decision making support, standardised protocols, procedures and flows. The toolkit include guidelines for implementation and assessment of tools and technologies for screening, assessment, intervention (training and exercise) and monitoring of risk factors for falling	**Deliverable Coordinator:** • FSM-POLIMI (IRCCS SALVATORE MAUGERI) **Contributing Members:** • GRADIANT (CONFIDENCE) • Investén-isciii (BPCC Falls) • HSE Ireland (AFFINITY) • Univ-COIMBRA (Ageing@Coimbra) • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • IK4 (EMPATH) • DFB-UD (PrevFalls-Biscay) • Health-Lab • TRIL Centre • Link Care Services (Reference site) • ASSR Emilia Romagna (PROFITER) • Medical Delta • Radboud University Nijmegen Medical Centre (Regional Fallprevention Network Nijmegen) • SERMAS-Hospital Universitario de Getafe (FALLNET) • Ageing Well in Wales Programme • TECNALIA (Copefalls)
1.3 Evaluation and development of ICT solutions, devices and technologies for the home and institutional environment (including a roadmap for the future development).	D.1.3 ICT solutions, devices and technologies for the home and institutional environment as well as a discovery report on the future wave of next generation falls prevention technologies.	**Deliverable Coordinator:** • University Medical Center Groningen (SPRINTS) **Contributing Members:** • GRADIANT (CONFIDENCE) • Univ-COIMBRA (Ageing@Coimbra)

Activities	Deliverables	Contributing partners/commitments
		• CHT/OULU (PreFal) • FSM-POLIMI (IRCCS SALVATORE MAUGERI) • IK4 (EMPATH) • Health-Lab • DFB-UD (PrevFalls-Biscay) • TRIL Centre • RTEL SA (Ageing Well and Fall Prevention) • Link Care Services (Reference site) • ASSR Emilia Romagna (PROFITER) • Medical Delta • Ageing Well in Wales Programme • TECNALIA (Copefalls)

Activities	Deliverables	Contributing partners/commitments
Action area 2: Data and evidence to support the implementation of an integrated and person-centred pathway.		
2.1 Raise awareness on the need for a systematic approach to data collection across the whole pathway and by all stakeholders (family members, caregivers, nurses…). **2.2 Promote collection and analysis of patient and organisational data related to falls in order to:** • **Improve falls management,** • **Scale up risk assessment,** • **Reduce cost,** • **Increase efficiency,**	D2.1: Report on current approaches to collecting falls data outlining best practices and recommendations.	**Deliverable Coordinator:** • TRIL Centre **Contributing Members:** • Region Skåne (Reference site) • Investén-isciii (BPCC Falls) • Univ-COIMBRA (Ageing@Coimbra) • CHT/OULU (PreFal) • Health-lab • EUROSAFE (EPAF) • RTEL SA (Ageing Well and Fall Prevention) • Link Care Services (Reference site) • MRC-ARUK

Activities	Deliverables	Contributing partners/commitments
• **Assess ROI.**		• Medical Delta • Radboud University Nijmegen Medical Centre (Regional Fallprevention Network Nijmegen) • EVV - The Flemish Center of Expertise for Fall & fracture Prevention • Ageing Well in Wales Programme • AO Città della Salute e della Scienza di Torino (ReFaCo) • ProFouND - University of Manchester
	D2.2: Specification of a minimum falls dataset.	**Deliverable Coordinator:** • RTEL SA (Ageing Well and Fall Prevention) **Contributing Members:** • Region Skåne (Reference site) • Investén-isciii (BPCC Falls) • Health-lab • EUROSAFE (EPAF) • DFB-UD (PrevFalls-Biscay) • ASSR Emilia Romagna (PROFITER) • Radboud University Nijmegen Medical Centre (Regional Fallprevention Network Nijmegen) • SERMAS-Hospital Universitario de Getafe • Ageing Well in Wales Programme • AO Città della Salute e della Scienza di Torino (ReFaCo) • ProFouND - University of Manchester
2.3 Ensure maximum benefit from	D2.3: Strategy on how to establish a European-wide central repository for publicly available falls data.	**Deliverable Coordinator:** • EUROSAFE (EPAF) **Contributing Members:** • EUROSAFE (EPAF)

Activities	Deliverables	Contributing partners/commitments
existing and future falls datasets can be realised to advance decision support and predictive modelling.		• RTEL SA (Ageing Well and Fall Prevention) • ASSR Emilia Romagna • Ageing Well in Wales Programme • AO Città della Salute e della Scienza di Torino (ReFaCo)

Activities	Deliverables	Contributing partners/commitments
Action area 3: Awareness, information and education to underpin the implementation of an integrated and person-centred pathway.		
3.1 Raise awareness and attitude change with respect to falls and falls prevention and improve access to information on falls prevention.	D3.1: Organise awareness campaign across the EU.	**Deliverable Coordinator:** ProFouND - University of Manchester **Contributing Members:** • HSE Ireland (AFFINITY) • Univ-COIMBRA (Ageing@Coimbra) • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • Healthlab • EUROSAFE (EPAF) • ASSR Emilia Romagna (PROFITER) • Medical Delta • EVV - The Flemish Center of Expertise for Fall & fracture Prevention • Ageing Well in Wales Programme • Universitat Politécnica de Catalunya (E-NO FALLS) • Northern Ireland – South Eastern Trust
	D3.2 Inventory of relevant activities with a potential for transfer about:	**Deliverable Coordinator:** • Region of Southern Denmark

Activities	Deliverables	Contributing partners/commitments
	• raising awareness and delivering information, • successful public health and social marketing strategies, including events and campaigns to share experience and practical tips.	**Contributing Members:** • NHS Scotland (Up and About Plus) • HSE Ireland (AFFINITY) • Univ-COIMBRA (Ageing@Coimbra) • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • Health-lab • DFB-UD (PrevFalls-Biscay) • Medical Delta • EVV - The Flemish Center of Expertise for Fall & fracture Prevention • Ageing Well in Wales Programme • Universitat Politécnica de Catalunya (E-NO FALLS) • ProFouND - University of Manchester
	D3.3: Website with information on falls and fall prevention. A one-stop access point to articles, journals and white papers on fall prevention and management of falls and use of ICT.	**Deliverable Coordinator:** • ProFouND - University of Manchester & Universitat Politécnica de Catalunya (E-NO FALLS) **Contributing Members:** • GRADIANT (CONFIDENCE) • HSE Ireland (AFFINITY) • Univ-COIMBRA (Ageing@Coimbra) • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • Health-lab • DFB-UD (PrevFalls-Biscay) • EUROSAFE (EPAF)

Activities	Deliverables	Contributing partners/commitments
		• Medical Delta • MATIA (Reference site) • Ageing Well in Wales Programme
3.2 Increase knowledge skills and competencies of the workforce working with older people to enable (a) identification of people/groups with higher risk of falls and (b) implementation of evidence-based falls prevention.	D3.4: Inventory of best practice evidence based models of training and training tools, adapted for various groups of work force, and training tools in use (e-learning, applied gaming and internet portals).	**Deliverable Coordinator:** ProFouND - University of Manchester **Contributing Members:** • NHS Scotland (Up and About Plus) • Region Skåne (Reference site) • HSE Ireland (AFFINITY) • Univ-COIMBRA (Ageing@Coimbra) • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • DFB-UD (PrevFalls-Biscay) • Medical Delta • Ageing Well in Wales Programme
	D3.5: Evidence synthesis and scoping review documents to provide accessible and practical resumés of evidence.	**Deliverable Coordinator:** • To be agreed in consultation with A2 Action Group **Contributing Members:** • Region Skåne (Reference site) • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • FSM-POLIMI (IRCCS SALVATORE MAUGERI) • DFB-UD (PrevFalls-Biscay) • MATIA (Reference site) • Ageing Well in Wales Programme • ProFouND - University of Manchester

Activities	Deliverables	Contributing partners/commitments
	D3.6 Training package to support the training of the workforce (aimed to the educators and trainers.	**Deliverable Coordinator:** • JAMK/Jyväskylä (Never Fall Network) & DFB-UD (PrevFalls-Biscay) **Contributing Members:** • NHS Scotland (Up and About Plus) • Region Skåne (Reference site) • HSE Ireland (AFFINITY) • CHT/OULU (PreFal) • University Medical Center Groningen (SPRINTS) • FSM-POLIMI (IRCCS SALVATORE MAUGERI) • Medical Delta • Ageing Well in Wales Programme • ProFouND - University of Manchester
3.3 To contribute to the education of social and health care professionals and others working with older people, and develop multi-professional/agency working, provide scientific knowledge and evidence on: • **fall risk factors,** • **prevention methods and tools,** • **effective preventive interventions.**	D3.7 Network of research and educational organisations to contribute to the education of social and health care professionals and others working with other people. The network will : • Organise periodic meetings for knowledge sharing and transfer, • Develop an inventory of education programs with high standards on transforming research into practice and curricula with courses, lectures or workshops on fall and facture prevention.	**Deliverable Coordinator:** • Univ-COIMBRA (Ageing@Coimbra) **Contributing Members:** • CHT/OULU (PreFal) • JAMK/Jyväskylä (Never Fall Network) • University Medical Center Groningen (SPRINTS) • FSM-POLIMI (IRCCS SALVATORE MAUGERI) • IK4 (EMPATH) • Health-lab • DFB-UD (PrevFalls-Biscay) • ASSR Emilia Romagna (PROFITER) • Medical Delta • Ageing Well in Wales Programme • AO Città della Salute e della Scienza di Torino (ReFaCo)

Activities	Deliverables	Contributing partners/commitments
		• ProFouND - University of Manchester

Activities	Deliverables	Contributing partners/commitments
Action area 4: Governance: innovation, sustainability and scaling-up.		
4.1 Provide tools for measuring cost effectiveness, affordability and sustainability of service configurations /re-design in view of fall prevention.	D4.1: Assessment model (based upon available practices).	**Deliverable Coordinator:** • University Medical Center Groningen (SPRINTS) **Contributing Members:** • NHS Scotland (Up and About Plus) • EUROSAFE (EPAF) • TRIL Centre • RTEL SA (Ageing Well and Fall Prevention) • Medical Delta • Ageing Well in Wales Programme
4.2 Ensure that the A2-(outcome) objectives are achieved by involving citizens and other stakeholders and decision makers at regional, national and international level, into the process of developing and implementing A2 actions.	D4.2 Resource repository on: • relevant stakeholders, professionals and stakeholders, • their potential roles in implementing fall prevention strategies, • their needs and demands for support, • funding and other resource streams, • products.	**Deliverable Coordinator:** • EUROSAFE (EPAF) **Contributing Members:** • University Medical Center Groningen (SPRINTS) • Health-Lab • RTEL SA (Ageing Well and Fall Prevention) • Medical Delta • Radboud University Nijmegen Medical Centre (Regional Fallprevention Network Nijmegen) • Ageing Well in Wales Programme
	D4.3 Promotional events and publications: • annual (EU- and national level) gatherings of	**Deliverable Coordinator:** • Ageing Well in Wales Programme

Activities	Deliverables	Contributing partners/commitments
	stakeholders and decision-makers, • promotional brochures presenting practices and implementation activities with potential for replication and transferability across regions of Europe.	**Contributing Members:** • GRADIANT (CONFIDENCE) • Univ-COIMBRA (Ageing@Coimbra) • University Medical Center Groningen (SPRINTS) • Medical Delta • Ageing Well in Wales Programme
4.3 Promote innovation by helping new technology move to the market, connecting research to innovation and strengthening procurement processes.	D4.4: Online marketplace and innovation platform for falls prevention services and products, which provides matchmaking between technology providers and potential partners with a view to trial, deploy and roll out novel technologies.	**Deliverable Coordinator:** • GRADIANT (CONFIDENCE) **Contributing Members:** • Univ-COIMBRA (Ageing@Coimbra) • University Medical Center Groningen (SPRINTS) • TRIL Centre • Medical Delta • Ageing Well in Wales Programme
4.4 Stimulate the development of dynamic and sustainable falls prevention and care and cure systems on a regional and national level.	D4.5 Promotional package which includes • Evidence on the Return of Investments into fall prevention initiatives in care and cure. • Toolkit for implementing validated falls prevention and management programmes and integrated care pathways. • Guide for national and regional actors on potential additional funding opportunities, • MoU's with relevant EU level actors for joint investments in promoting fall prevention programmes among their members.	**Deliverable Coordinator:** • To be agreed in consultation with A2 Action Group **Contributing Members:** • NHS Scotland (Up and About Plus) • University Medical Center Groningen (SPRINTS) • FSM-POLIMI (IRCCS SALVATORE MAUGERI) • EUROSAFE (EPAF) • RTEL SA (Ageing Well and Fall Prevention) • Link Care Services (Reference site) • Medical Delta • Ageing Well in Wales Programme
4.5 Ensure best practice and evidence nationally and	D4.6 Portal with a Community of Practice for sharing and generating joint knowledge, which integrates all deliverables	**Deliverable Coordinator:** • To be agreed in consultation with A2

| Activities	Deliverables	Contributing partners/commitments
regionally is identified and shared.	and resources in one single point of access.	Action Group **Contributing Members:** • University Medical Center Groningen (SPRINTS) • FSM-POLIMI (IRCCS SALVATORE MAUGERI) • EUROSAFE (EPAF) • Medical Delta • Ageing Well in Wales Programme

	Short name	D1.1	D1.2	D1.3	D2.1	D2.2	D2.3	D3.1	D3.2	D3.3	D3.4	D3.5	D3.6	D3.7	D4.1	D4.2	D4.3	D4.4	D4.5	D4.6	Number of deliverables participated
1. Medical Delta	MDELTA	X	X	X	X			X	X	X	X		X	X	X	X	X	X	X	X	16
2. RECIISqueda - Católica Porto	RECIIS																				0
3. Fall Competence Center - Fraunhofer Portugal - AICOS	FCC																				0
4. PrevFalls-Biscay - Provincial Government of Biscay & University of Deusto (DFB-UD)	PFB	X	X	X		X			X	X	X	X	X	X							10
5. MRC-ARUK Centre for Musculoskeletal Ageing Research	MRC	X			X																2
6. Ageing@Coimbra - University of Coimbra	A@C	X	X	X	X			X	X	X	X			X			X	X			11
7. European RCT on Falls Risk Assessment -TRIL Centre – Trinity College Dublin	ERCT		X	X	X										X			X			5
8. NOFalls - Life Supporting Technologies – Universidad Politécnica de Madrid	NOFALLS																				0
9. Regional Fallprevention Network Nijmegen - Radboud University Nijmegen Medical Centre	RFNN	X	X		X	X										X					5
10. European Committee for Standardization	CEN																				0
11. EmPATH - IK4 Research Alliance	EMPATH	X	X	X											X						4
12. SPRINTS - University of Groningen/University Medical Center Groningen	SPRINTS	X	X	X				X	X	X	X	X	X	X	X	X	X	X	X	X	16
13. IRCCS SALVATORE MAUGERI	IRCCS		X	X								X	X	X					X	X	7
14. Prefalls - UNIVERSITY OF ALICANTE	PFALLS																				0
15. EVV - The Flemish Center of Expertise for Fall & fracture Prevention	EVV	X			X			X	X												4
16. Never Fall Network - JAMK University of Applied Sciences	NFN	X	X					X	X	X	X	X	X	X							9
17. Health-Lab	HLAB		X	X	X	X		X	X						X		X				9
18. PreFal - Centre for Health and Technology, University of Oulu	PREF		X	X	X	X		X	X	X	X	X	X	X							11
19. PROFITER - Agenzia Sanitaria e Sociale Regionale (ASSR) - Regione Emilia Romagna	PROFITER		X	X		X	X	X							X						6
20. CONFIDENCE - Galician Research and Development Center in Advanced Telecommunications (Gradiant)	CONF		X	X				X		X								X			5
21. AFFINITY - Health Service Executive	AFFIN	X	X					X	X	X	X		X								7
22. ProFouND - University of Manchester	PFOUND				X	X		X	X	X	X	X	X	X							9
23. FALLNET - SERMAS-HOSPITAL UNIVERSITARIO DE GETAFE	FALLNET	X	X			X															3
24. Up and About Plus - NHS Scotland, co-ordinated by NHS 24	UAPLUS	X						X		X			X		X	X			X		7
25. Ageing Well - RTEL SA	AWELL			X	X	X	X								X	X			X		7
26. BPCC Falls - Nursing and Healthcare Research Unit (Investén-isciii). INSTITUTO DE SALUD CALOS III	BPCC		X		X	X															3
27. ReFaCo - AO Città della Salute e della Scienza di Torino – Molinette	REFACO	X			X	X	X								X						5
28. EPAF - EuroSafe - European Association for Injury Prevention and Safety Promotion	EPAF				X	X	X	X		X					X	X			X	X	9
29. Ageing Well in Wales	AWW	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	19
30. Region Syddanmark (Region of Southern Denmark)	RSDK								X												1
31, COPEFALLS - TECNALIA	COPE	X	X	X																	3
32. Fundacion MATIA	MATIA									X		X									2
33. Link Care Services	LCS		X	X	X														X		4
34. Region Skåne	SKANE	X			X	X				X	X	X				X					7
35. E-NO FALLS - Universidad Politecnica de Barcelona	ENO							X	X	X											3
36. Northern Ireland - South Eastern Trust	NISET							X													1
TOTAL NUMBER OF PARTICIPANTS PER DELIVERABLE		16	19	15	16	13	5	14	14	14	11	9	11	13	7	9	4	6	8	5	

| X	Deliverable leader
X	Active involvement in deliverable development
X	Contributing to the deliverable

ANNEX II: ELABORATION OF THE ACTION PLAN

The A2 Action Group has brought together organisations proposing commitments (as lead organisation, mostly as part of a partnership) and representing a wide set of different types of organisations and stakeholders.
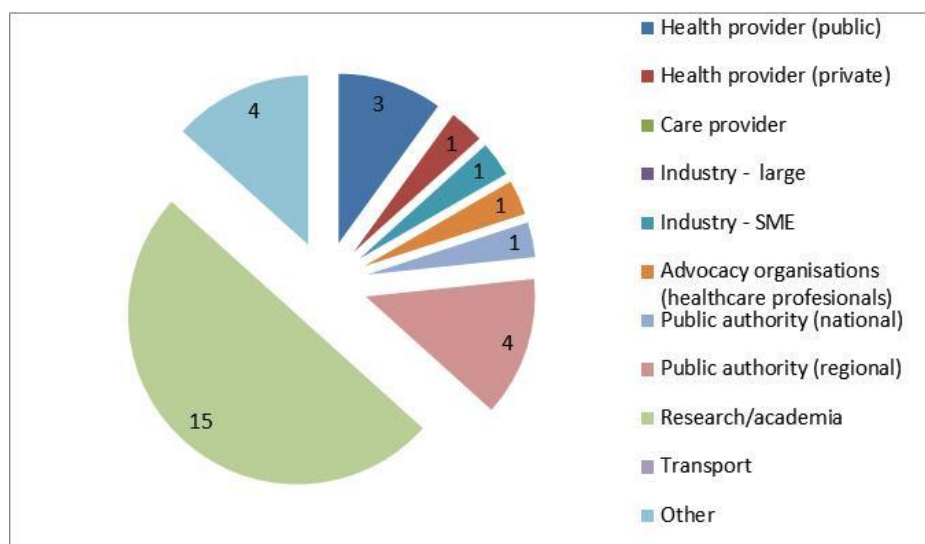
Figure II.1 Comitment lead organisation per type

The 30 commitments represent together over 150 partners, belonging to a wide range of organisations and stakeholders, have participated in the 3 meetings that have taken place from July 2012 to October 2012.
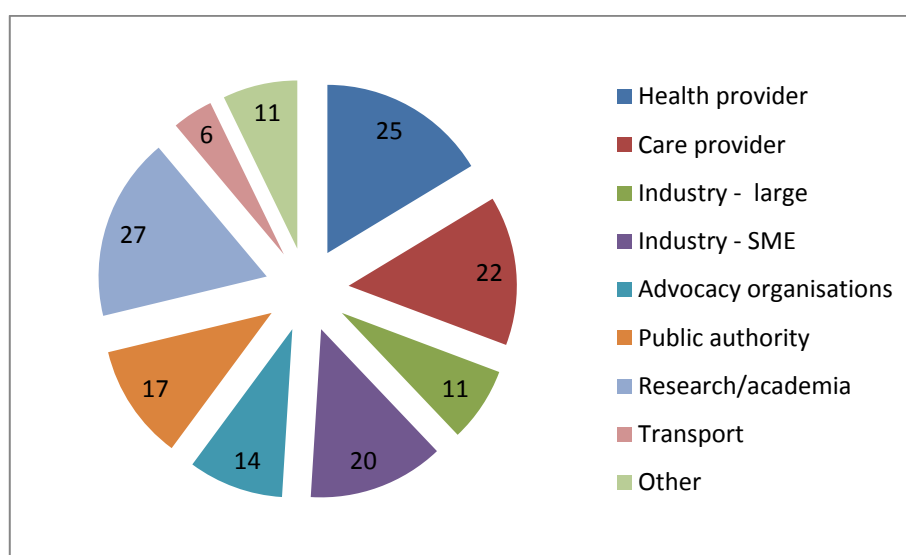
Figure II.2 Comitment participants per type

Several commitments represent already operative fall programmes, with enormous potential to transfer the knowledge acquired, and provide relevant insight for other regions or countries. Examples are the Up and About Plus programme from the National Health Service Scotland, the Flemish Center of Expertise for Fall & fracture Prevention, Affinity (Activating Falls & Fracture Prevention in Ireland Together) from the National Health Service Ireland, the Regional Fall Prevention Network in Nijmegen (the Netherlands), PROFITER (Prevention of falls initiative in Emilia-Romagna region, Italy) and the Ageing Well in Wales programme.

The Action Plan is based upon the discussions and presentations of the group representatives, taking place in the three Action Group meetings that took place in July, September and October 2012.

For purpose of facilitating the work, participants agreed to cluster the activities of the Action Group into 3 main subgroups, and the action plan is thus a consolidation of their work:

- Data and Evidence: research
- Implementation: evidence based standards, best practice guidelines and toolkits.

- Governance: Support, sharing, scaling up and sustainability

The Implementation group consisted of three individual subgroups, focussing on 3 different aspects or priorities in relation to the implementation of fall prevention programmes:

- Service and care path models (risks, prevention, etc.)
- Education and training
- ICT/Technological Support (including devices)

The work of the 3 main subgroups resulted in the elaboration of the current Action Plan, with the definition of one headline objective, six general objectives and four action areas.

ANNEX III: SUMMARY OF COMMITTED STAKEHOLDERS

Number	Short name	Name
1.	MDELTA	Medical Delta
2.	RECIIS	RECIISqueda - Católica Porto
3.	FCC	Fall Competence Center - Fraunhofer Portugal - AICOS
4.	PFB	PrevFalls-Biscay - Provincial Government of Biscay/Diputación Foral de Bizkaia & University of Deusto (DFB-UD)
5.	MRC	MRC-ARUK Centre for Musculoskeletal Ageing Research
6.	A@C	Ageing@Coimbra - University of Coimbra
7.	ERCT	European RCT on Falls Risk Assessment -TRIL Centre (Technology Research for Independent Living) – Trinity College Dublin
8.	NOFALLS	NOFalls - Life Supporting Technologies – Universidad Politécnica de Madrid
9.	RFNN	Regional Fallprevention Network Nijmegen - Radboud University Nijmegen Medical Centre
10.	CEN	European Committee for Standardization
11.	EMPATH	EmPATH - IK4 Research Alliance
12.	SPRINTS	SPRINTS - University of Groningen/University Medical Center Groningen
13.	IRCCS	IRCCS SALVATORE MAUGERI (FSM-POLIMI)
14.	PFALLS	Prefalls - UNIVERSITY OF ALICANTE
15.	EVV	EVV - The Flemish Center of Expertise for Fall & fracture Prevention
16.	NFN	Never Fall Network - JAMK University of Applied Sciences & Jyväskylä region
17.	HLAB	Health-Lab
18.	PREF	PreFal - Centre for Health and Technology, University of Oulu (CHT/OULU)
19.	PROFITER	PROFITER - Agenzia Sanitaria e Sociale Regionale (ASSR) - Regione Emilia Romagna
20.	CONF	CONFIDENCE - Galician Research and Development Center in Advanced Telecommunications (Gradiant)
21.	AFFIN	AFFINITY - Health Service Executive
22.	PFOUND	ProFouND - University of Manchester
23.	FALLNET	FALLNET - SERMAS-HOSPITAL UNIVERSITARIO DE GETAFE
24.	UAPLUS	Up and About Plus - NHS Scotland, co-ordinated by NHS 24
25.	AWELL	Ageing Well - RTEL SA
26.	BPCC	BPCC Falls - Nursing and Healthcare Research Unit (Investén-isciii). INSTITUTO DE SALUD CALOS III
27.	REFACO	ReFaCo - AO Città della Salute e della Scienza di Torino – Molinette
28.	EPAF	EPAF - EuroSafe - European Association for Injury Prevention and Safety Promotion
29.	AWW	Ageing Well in Wales
30.	RSDK	Region Syddanmark (Region of Southern Denmark)
31.	COPE	COPEFALLS – TECNALIA Research & Innovation
32.	MATIA	Fundacion MATIA

33.	LCS	Link Care Services
34.	SKANE	Region Skåne
35.	ENO	E-NO FALLS – Universitat Politècnica de Catalunya
36.	NISET	Northern Ireland - South Eastern Trust