

## 2026 FPAW Impact & Reach Survey

### Background Information

The **Falls Prevention Awareness Week (FPAW) Impact and Reach Survey** is administered by NCOA to collect feedback and data from coalitions, community-based organizations, and other stakeholders to estimate the reach and impact of their FPAW activities.

Each year, NCOA compiles responses received via this survey to create the [Falls Prevention Awareness Week Impact Report](#). This report highlights the best practices and innovative strategies state and community-based partners employ to raise awareness of falls and increase older adult engagement in activities to reduce falls risk.

**Who should take this survey?** All entities that hosted and/or sponsored activities in recognition of FPAW are invited to respond to this survey.

**What should we report on?** Please include all activities (including those hosted virtually, in-person, via mail, etc.) that were held in recognition of Falls Prevention Awareness Day, Falls Prevention Awareness Week, and/or Falls Prevention Awareness Month.

Unless otherwise specified, “participants” include all participants, including older adults, caregivers, providers, community members, etc.

**When is the survey due?** Please complete this survey by **October 30, 2026**.

**Questions?** Email [healthyaging@ncoa.org](mailto:healthyaging@ncoa.org)

\* 1. Are you completing this survey on behalf of your organization or your coalition?

- ☐ My coalition. All responses refer to activities hosted and/or sponsored by our coalition and/or coalition member organizations.
- ☐ My organization. All responses refer to activities hosted and/or sponsored by my organization. The activities are not affiliated with a state or local coalition.

**NOTE:** If you would like to report activities conducted by your organization **AND** your coalition, please complete the survey twice - once for your organization and once for your coalition. Email [healthyaging@ncoa.org](mailto:healthyaging@ncoa.org) with any questions.

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\* 2. What is the name of your coalition?

\* 3. Which best describes your coalition?

- ☐ State coalition
- ☐ Local coalition
- ☐ Other (please specify)

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4. Are you and/or your organization part of a falls prevention coalition?

- ☐ Yes
- ☐ No

If yes, what is the name of the coalition you are affiliated with:

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\* 5. Please provide the following information:

|                      |                      |
|----------------------|----------------------|
| Your name            | <input type="text"/> |
| Your title           | <input type="text"/> |
| Your email           | <input type="text"/> |
| Organization name    | <input type="text"/> |
| Organization website | <input type="text"/> |
| Zip code             | <input type="text"/> |
| State                | <input type="text"/> |

## 2026 FPAW Impact & Reach Survey

### Awareness and Education Activities

6. Which awareness and education activities were part of your FPAW 2026 activities? (*Select all that apply*)

- ☐ Falls prevention presentation/webinars for **health and aging network professionals**
- ☐ Falls prevention information distributed via brochures, flyers, handouts
- ☐ Falls prevention presentation/webinars for **older adults and/or caregivers**
- ☐ Evidence-based fall prevention program demonstration
- ☐ Evidence-based fall prevention program kick-off
- ☐ Hosted/participated in a fall prevention awareness health fair

Other (please specify)

7. Use the space below to further describe any of the awareness and education activities you checked off above. Consider including:

- Strategies you used to encourage engagement.
- Unique or creative approaches used.
- Impact or feedback received from participants.

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Falls-Risk Screening Activities

8. Which falls-risk screenings were conducted as part of your FPAW 2026 efforts? *(Select all that apply)*

- ☐ Assistive device review
- ☐ Balance screening
- ☐ Blood pressure check and/or orthostatic pressure check
- ☐ Hearing screening
- ☐ Home safety checks
- ☐ Medication review/screening
- ☐ Multifactorial screening (multiple risk factors screened)
- ☐ NCOA Falls Free CheckUp screening tool
- ☐ Osteoporosis/bone density screening
- ☐ Podiatric/foot-related screening
- ☐ STEADI screening or assessment
- ☐ Strength testing
- ☐ Traumatic Brain Injury (TBI) screening
- ☐ Vision screening

Other (please specify)

9. Please further describe any of the falls-risk screening activities conducted. Consider including:

- The setting and the professional(s) conducting the screenings.
- Follow-up actions or referrals made as a result of the screenings.
- Any partnerships or collaborations that facilitated these screenings.

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Traditional, Digital, & Social Media

10. Which activities did you conduct through **traditional, digital, and social media** as part of your FPAW 2026 efforts? *(Select all that apply)*

- ☐ Press release/public service announcement
- ☐ Held a press conference
- ☐ Article/ad in printed newspaper or bulletin
- ☐ Article/ad in news websites or digital bulletin
- ☐ Interview on local TV station
- ☐ Radio ads/radio interviews/podcast interviews
- ☐ Listservs, email, e-newsletters
- ☐ Social media posts
- ☐ Social media livestreams
- ☐ Promoted organization website to access resources and falls prevention program registration
- ☐ Blog posts

Other (please specify)

11. Describe in further detail any activities conducted through **traditional, digital, and social media** indicated above.

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### Advocacy Activities

12. Which of the following **advocacy activities** did you engage in as part of your FPAW 2026 efforts (include those conducted virtually, telephonically, remotely, and in-person)? *(Select all that apply.)*

- ☐ Governor's Proclamation
- ☐ Local proclamation(s)
- ☐ Conducted a demonstration of an evidence-based falls prevention program for elected officials
- ☐ Conducted an educational and/or awareness event for elected officials
- ☐ Met with elected officials
- ☐ Did not engage in any advocacy activity

Other (please specify)

13. Please further describe any of the advocacy activities conducted. Consider including:

- Discussion topics during meetings with elected officials
- Best practices for obtaining and disseminating proclamations
- Impact of engaging policy-makers

## 2026 FPAW Impact & Reach Survey

### Partnerships & Outreach

\* 14. Which organizations did you partner with during FPAW 2026? *(Select all that apply.)*

- |                                                         |                                                                                                             |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Area Agencies on Aging (AAA)   | <input type="checkbox"/> Senior housing (retirement communities, assisted living facilities, Villages, etc) |
| <input type="checkbox"/> State/local health departments | <input type="checkbox"/> Universities or colleges                                                           |
| <input type="checkbox"/> EMS and/or fire departments    | <input type="checkbox"/> Rehabilitation centers                                                             |
| <input type="checkbox"/> Faith-based organizations      | <input type="checkbox"/> Health care systems (Private, FQHCs, ACO, Physician Group Practice, etc)           |
| <input type="checkbox"/> Libraries                      | <input type="checkbox"/> Veterans Administration                                                            |
| <input type="checkbox"/> Senior centers                 | <input type="checkbox"/> Parks and recreation                                                               |
| <input type="checkbox"/> Hospitals/Trauma centers       | <input type="checkbox"/> National associations                                                              |
| <input type="checkbox"/> Pharmacies                     |                                                                                                             |
| <input type="checkbox"/> Other (please specify)         |                                                                                                             |

15. Please further describe how your partnerships contributed to your FPAW activities. Consider including:

- Who are your top partners?
- How do partnerships help you expand your reach?
- What strategies do you rely on to develop and maintain partnerships for FPAW?

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### Estimated Reach

\* 16. Estimate the total number of people (older adults, caregivers, professionals, and others) you reached through all of your Falls Prevention Awareness Day/Week/Month activities.

Be sure to include those you reached via all activities, including:

- Awareness and Education Activities,
- Falls-Risk Screening Activities,
- Social and Traditional Media Outreach, and
- Advocacy Activities

## 2026 FPAW Impact & Reach Survey

### Success Stories & Innovative Approaches

#### Short-Answer Responses

Your input on the following questions is critical to NCOA's creation of the FPAW Impact Report.

Your stories, successes, and innovative approaches help us demonstrate the impact of FPAW and create new resources for continual improvement!

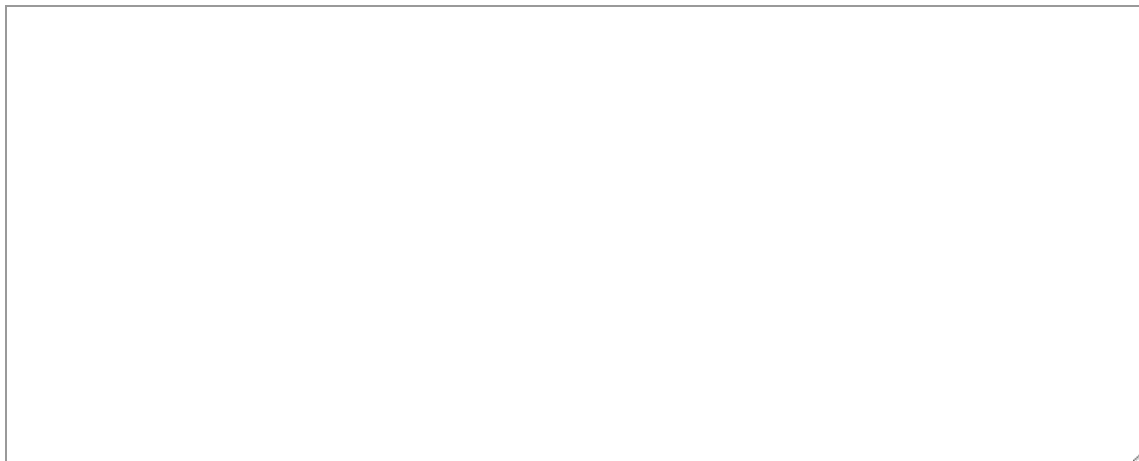
Please provide as much detail as possible in your below responses.

17. Describe the most successful and/or impactful activities from your FPAW 2026 activities.

*Example Response:* A Tai Chi demonstration at the state legislature raised awareness among state officials and highlighted the impact of evidence-based fall prevention programs. The demonstration was attended by 15 state employees. Photos from the event were shared on our social media.

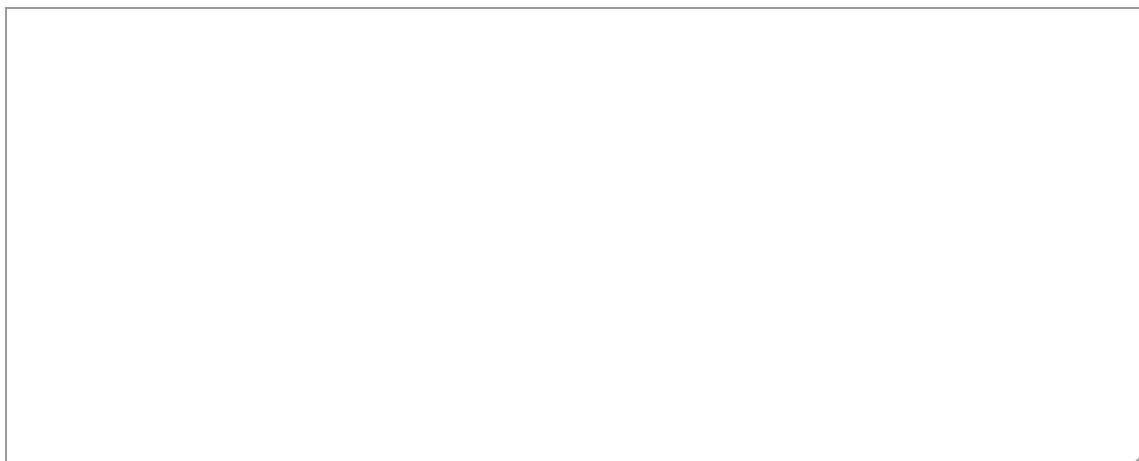
18. Describe any innovative approaches you employed during FPAW 2026. Consider including:

- Describe new educational materials or resources you created.
- What new partnerships were most impactful?
- Were new populations reached?



19. FPAW follows the theme ***From Awareness to Action.***

Use the space provided below to describe how you successfully helped older adults in your community take action to reduce their falls risk.



20. Share a photo highlighting your FPAW observance!

NOTE: By submitting a photo, you confirm that you have the rights to the image or have obtained permission from the owner. You grant NCOA permission to use the photo in its report, publication, and promotional material. If the photo includes other identifiable individuals, you confirm you have obtained their consent or that they have signed a photo release/waiver.

Limit 1 file per respondent.

Choose File

Choose File

No file chosen

\* 21. Your survey responses above may be featured in the 2026 Falls Prevention Awareness Week Impact Report. By selecting "yes" below you consent to your name and organization being listed in the Impact Report.

- ☐ Yes, I give NCOA permission to list my name and organization with my example if it is featured in the 2026 Falls Prevention Awareness Week Impact Report.

## 2026 FPAW Impact & Reach Survey

### Resources & Challenges

\* 22. Did you use NCOA's Falls Prevention Awareness Week Toolkit to access resources and ideas to plan your FPAW 2026 activities?

- ☐ Yes  
☐ No

23. If yes, which NCOA resources were most useful?

**Challenges & Need for Support:** To respond to the next question, please consider any challenges or barriers you faced during FPAW 2026.

24. Describe any challenges you faced and areas for future support. Consider including:

- What should be added to the Falls Prevention Awareness Week (FPAW) Toolkit?
- What barriers did you face in conducting FPAW activities?
- How can we improve FPAW in 2027?

**Final Thoughts & Comments:** Include any final thoughts below.

25. Please share any final comments or details related to your 2026 FPAW observance.

## 2026 FPAW Impact & Reach Survey

Thank You!

26. **Stay in touch!** Enter your email below to receive future updates, resources, and opportunities related to falls prevention.