

Additional file 4 Overview of adjustments to the indicators before and after individual consultations

Before consultation	After consultation	Comments
Preconditions 1. For professionals, structural resources are available to establish the approach	Preconditions 1. Structural funding is available on an annual basis and is sufficient for the implementation of fall preventive interventions and activities (yes/no) 2. There are spaces/locations available to organise activities and interventions in each city district/neighbourhood and city-wide (yes/no) 3. Number of (geriatric) physiotherapists per city district/neighbourhood who are trained to provide evidence-based fall prevention exercise interventions and this is considered sufficient	Indicator 1 (before) is subdivided into indicators 1, 2 and 3 (after).
Professional accountability' 2. Ownership: every person involved with older adults feels responsible to do something with fall prevention and this is included as part of his/her task 3. Fall prevention included in local project plan (including agreements on responsibilities, interventions defined) 4. Number of referrals from GP to fall-preventive exercise interventions 5. Number of referrals to regular physical activity provision	Professional accountability' 4. Number of professionals within the collaboration network who indicate that they feel responsible for taking action on fall prevention 5. Number of professionals within the collaboration network who indicate that they consider fall prevention to be part of their job 6. Number of professionals within the collaboration network who indicate that they feel their organisation gives them sufficient opportunity to incorporate fall prevention into their work 7. A local project plan has been established that specifies the organisational structure, designated interventions, and allocated budgets (yes/no) 8. Number of participants (community-dwelling older adults) referred by their general practitioner to fall prevention exercise interventions (NL specific: VVT and In Balans (12 people)) 9. Number of community-dwelling older adults who, after participating in fall prevention exercise interventions, were referred to an exercise consultation 10. Number of community nurses who indicate that they identify fall risks at community-dwelling older adults during each home visit	Indicator 2 (before) is subdivided into indicators 4, 5, 6 and 11 (after).
Older adult accountability 6. Older adults take responsibility for integrating fall prevention in their lives 7. Older adults see falling as a problem as well as the urgent need for fall prevention	Older adult accountability 11. % of community-dwelling older adults who indicate they are willing to participate in fall prevention programmes (interventions, activities, information, etc.) 12. % of community-dwelling older adults who see falling as a problem	Indicator 7 (before) is subdivided into indicators 12 and 13 (after).

8. Older adults are aware of fall risks in their homes	13. % of community-dwelling older adults who indicate that the combination of different fall prevention activities can contribute to the prevention of falls 14. % of community-dwelling older adults who indicate their awareness of the fall risks in their own home	
Intervention content 9. Within the approach and associated interventions/actions, attention is paid to all multifactorial causes of falls 10. Within the approach, actions at both the collective ('healthier' older adults in 'normal' life) and individual level (high risk) are implemented 11. After following fall preventive exercise interventions, follow-up moments take place	Intervention content 15. The approach (interventions, activities, information) focuses on the following causes of falls: a. exercise (with evidence-based interventions) (yes/no) b. medication (yes/no) c. nutrition (yes/no) d. vision (yes/no) e. alcohol consumption (yes/no) f. foot conditions and footwear (yes/no) g. assistive devices (yes/no) h. safe home (yes/no) i. physical living environment (yes/no) 16. The approach (interventions, activities, information) focuses on all community-dwelling older adults, both those with an increased risk of falling and those with a low risk of falling (yes/no) 17. Follow-up sessions take place after following fall-preventive exercise interventions (yes/no)	
Accessibility and participation of older adults 12. Fall prevention interventions and activities are accessible and findable for older adults 13. Interventions/actions are implemented at moments when groups of older adults are already gathered together 14. Number of participants in fall prevention exercise interventions and information activities 15. Number of completed fall risk assessments 16. Within fall prevention interventions and activities, extra attention is paid to older adults with a risk of health deprivation 17. Number of older adults with a risk of health deprivation in the chain	Accessibility and participation of older adults 18. % of community-dwelling older adults who indicate they consider the interventions and activities affordable 19. % of community-dwelling older adults who indicate they consider the interventions and activities accessible 20. % of community-dwelling older adults who indicate their ability to find regular exercise programmes 21. Fall prevention programmes (interventions, activities and campaigns) are implemented in existing activities for community-dwelling older adults (yes/no) 22. Number of participants in fall prevention exercise interventions and information activities 23. Number of fall risk assessments completed by community sports coaches, physiotherapists and general practitioner practice assistants	Indicator 12 (before) is subdivided into indicators 18, 19 and 20 (after). Indicator 15 (before) is subdivided into indicators 23 and 24 (after).

	24. Number of community-dwelling older adults per city-district/neighbourhood a. Low fall risk b. Medium fall risk c. High fall risk 25. Number of interventions, activities and actions aimed at community-dwelling older adults with a migrant background and low SEP 26. Number of participants with a migrant background and/or low SEP in fall prevention exercise interventions	
Collaboration 18. Collaboration takes place both within and across domains, and partners know how to find each other within them 19. Satisfaction with collaboration among professionals 20. Different interventions and actions are aligned through coordination between professionals 21. Leading character appointed	Collaboration 27. Fall prevention is addressed across multiple domains, and these domains are actively involved in the collaborative network: a. Primary care: general practitioner (yes/no), community nursing (yes/no), pharmacist (yes/no) b. Paramedical care: Physiotherapist (yes/no), occupational therapist (yes/no), dietitian (yes/no) c. Welfare (yes/no) d. Sports (yes/no) e. Physical living environment (yes/no) f. Public health care (yes/no) 28. Number of professionals within the collaboration network who indicate they know where to find the collaboration partners in their city district 29. Number of professionals within the collaboration network who indicate they are aware of the fall prevention services available in their city district/neighbourhood 30. Number of professionals within the collaboration network who indicate they are affiliated with existing networks focused on healthy ageing (i.e. not solely focused on fall prevention) 31. Number of professionals within the collaboration network who indicate they are satisfied with the collaboration within the network 32. Number of professionals within the collaboration network who indicate they coordinate their interventions, activities and actions with the offerings of other professionals in their district/neighbourhood 33. Number of collaboration networks/work groups with a formal leading character	Indicator 18 (before) is subdivided into indicators 27, 28, 29 and 30 (after).

Regular physical activity provision 22. In regular physical activity provision, attention is paid to fall risks and falls 23. Activity and/or sports coaches are trained in providing exercises aimed at balance/strength and education about the various causes of falls, and apply this in their provision 24. Availability of train-the-trainer offering	Regular physical activity provision 34. In all regular physical activity provision and other provision aimed at older adults, systematic attention is given to fall risks and falls (yes/no) 35. Number of activity and/or sports instructors per city district who have completed the train-the-trainer course	Indicator 23 (before) is merged into indicator 35 (after).
Sustainability 25. Fall prevention is seen as part of healthy ageing and not as a separate issue (holistic) 26. Effects of the approach are still noticeable after a longer period of time 27. There is structural funding for interventions 28. The networks of professionals/implementers are sustainable 29. Agreements made between health insurers and the municipality about the approach	Sustainability 36. Number of professionals within the collaboration network who indicate that they consider fall prevention to be an integral part of healthy ageing 37. Number of collaboration networks/work groups that have drawn up a neighbourhood-oriented action plan, specifying the frequency of meetings, interventions and activities, as well as roles and tasks 38. Agreements have been made with health insurers regarding the reimbursement of fall prevention exercise interventions (yes/no)	Indicator 26 (before) is merged into indicators 39, 40, 41, 42 (after). Indicator 27 (before) is merged into indicator 1 (after).
Outcomes 30. Fewer older adults on the emergency department after a fall incident 31. Fewer falling incidents 32. Exercise level among older adults 33. Self-reliance among older adults	Outcomes 39. % of community-dwelling older adults who were admitted to hospital after a fall 40. % of community-dwelling older adults who fell in the past year 41. % of community-dwelling older adults who meet the exercise guidelines 42. % of community-dwelling older adults who indicate they are limited in their daily lives due to health problems	