



## **NC Falls Prevention Coalition Meeting**

December 7, 2011

Triangle J Council of Governments, RTP, NC

### **Attendees**

Jane Armstrong, Triangle J

Kim Bailey, Duke Trauma Center

Shannon Barkwell, UNC Health Care Trauma Program

Harriet Bartnick, AARP Volunteer

Cris Clarke, Carolina Geriatric Education Center

Joshua Cohen, Mobile Rehab

Audrey Edmisten, NC Division of Aging and Adult Services

Melissa House, UNC-CH Student

Rebecca Hunter, NC Healthy Aging Network

LaTangee Knight, Eastern Carolina Injury Prevention Program

Walter Palmer, UNC Doctoral Student

Jan Parker, NC Division of Insurance

Scott Proescholdbell, NC DPH Injury and Violence Prevention Branch

Kate Queen, Physician

Christa Ann Rhodes, Liberty Home Care and Hospice

Lesley Richmond, Be Active NC

Sharon Rhyne, NC Division of Public Health

Ellen Schneider, UNC Institute on Aging/Carolina Geriatric Education Center

Lori Schrodtt, Western Carolina University (attendance by phone)

Leigha Shepler, SAFE Guilford Safe Kids

Carol Siebert, The Home Remedy, AOTA

Diane Skalko, Pitt County Council on Aging

Kathie Smith, Association for Home and Hospice Care of NC

Jan White, NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Jennifer Woody, NC DPH Injury and Violence Prevention Branch

### **Welcome, Introductions and Housekeeping**

Sharon Rhyne, NC Division of Public Health

Sharon called the meeting to order and thanked Jane Armstrong and Triangle J for hosting the Coalition's meetings during 2011. We are seeking venues for the meetings in 2012; please

contact Ellen Schneider ([eschneider@schr.unc.edu](mailto:eschneider@schr.unc.edu)) if you are interested in hosting a meeting or meetings.

**2012-2013 NC Falls Prevention Coalition Draft Action Plan**

Jennifer Woody, NC Division of Public Health

Jennifer shared the draft NC Falls Prevention Coalition draft goals for 2012-2013 which were subsequently amended and approved. The revised action plan is below and also was sent in a separate attachment with the minutes.

**2012-2013 North Carolina Falls Prevention Coalition Draft Action Plan**

**Goal:** Reduce the unintentional falls mortality rate (per 100,000 population) from 8.9 (2009) to 8.0 by December, 2013.

Strategies, Objectives, and Timeline		Who is Responsible
Strategy 1	Build and strengthen regional/local falls prevention (FP) coalitions.	NC Falls Prevention Coalition (NCFPC) Steering Committee (SC) and Local Coalitions (LC)
Timeline for Objectives	<ul style="list-style-type: none"> <li>a) By 2013, establish periodic conference calls with the regional/local coalitions to exchange ideas and information and provide technical assistance.</li> <li>b) By 2013, hold a falls prevention symposium if funding and resources are available.</li> <li>c) By 12/2013, establish at least two additional FP coalitions in the state.</li> </ul>	SC SC/UNC Institute on Aging (IOA), NC Injury and Violence Prevention Branch (IVPB), Carolina Geriatric Education Center (CGEC), NC Division of Aging (DOA)  SC/LC
Strategy 2	Develop and disseminate evidence based falls prevention programs.	NCFPC, UNC IOA, NC DOA, AAAs
Timeline for Objectives	<ul style="list-style-type: none"> <li>a) Ongoing: Promote the dissemination of A Matter of Balance in proposals and through referrals to the program.</li> <li>b) By 12/2013, promote Otago to physical therapists and educate them about the availability of the program via CGEC’s online training.</li> <li>c) By 12/2013, explore potential and methods for statewide retraining of Tai Chi instructors in evidence based methods.</li> </ul>	NC DOA, Be Active North Carolina NCFPC Provider Education Workgroup (WG2),

		CGEC, NC DPH, NC DOA, CGEC, SC
Strategy 3	Increase access, timeliness and understanding of falls prevention data.	NC IVPB
Timeline for Objectives	<p>a) Annually, within three months of new falls data becoming available from the State Center for Health Statistics, compile the data and upload it on the NC Division of Public Health’s website. The link will be promoted on the NC Falls Prevention website and to regional/local FP coalitions through listservs.</p> <p>b) Annually, create a data highlights newsletter.</p> <p>c) By 2013, provide training to local coalitions or lead agencies on where data can be found and what it means; conduct the training via webinar.</p> <p>d) Annually, obtain and publish data to website regarding falls prevention capacity in each county/community.</p> <p>e) Throughout funding cycle of IVPB’s CDC Surveillances Quality Improvement Project (2010-2015), promote better coding of falls data and data linkages between systems, such as emergency department data, EMS, and hospital discharge.</p>	<p>NC IVPB</p> <p>NC IVPB NC IVPB</p> <p>NC IVPB, SC, NCFPC WG2, UNC IOA, CGEC SC, NC IVPB</p>
Strategy 4	Ensure that each community or county has an array of resources essential for falls prevention.	SC, LCs, UNC IOA, CGEC, NC IVPB
Timeline for Objectives	<p>a) Annually, recommend that each community complete capacity assessment and set concrete goals for filling gaps.</p> <p>b) Ongoing, hold conference calls as a venue for sharing ideas and information.</p> <p>c) Ongoing, update and promote FP coalition website.</p> <p>d) Ongoing, write and promote success stories.</p>	<p>SC, LCs</p> <p>SC, LCs UNC IOA, CGEC UNC IOA, CGEC, NC IVPB</p>
Strategy 5	Educate and communicate with key constituencies about falls prevention.	NCFPC, NC IVPB, CGEC, LCs
Timeline for Objectives	<p>a) By 8/2012, educate providers about available reimbursement for fall prevention assessments/activities, the STEADI tool, and the availability of community programs.</p> <p>b) Each year, develop and disseminate educational materials to at least one new discipline or group, e.g., Certified Aging in Place Specialists, EMS, etc.</p> <p>c) Ongoing, promote the Falls Prevention Speakers Bureau.</p> <p>d) Twice per year, speak to key stakeholder groups that focus on or are interested in older adult health.</p> <p>e) Each year increase number and diversity of organizations and communities observing Falls Prevention Awareness Week (FPAW).</p>	<p>NCFPC—WG2 NCFPC, LCs NCFPC, LCs NCFPC SC, NCFPC Policy and Communication Workgroup (WG1), NC IOA, CGEC, NC IVPB, NC DOA NCFPC WG1, IOA, CGEC</p>

	<p>i) Annually, conduct FPAW survey of NC Falls Prevention Coalition, local/regional falls prevention coalition members, and others who observed FPAW.</p> <p>ii) Ongoing, promote FPAW.</p> <p>(1) Begin work on FPAW by April of each year; prompt FPC members to start planning.</p> <p>(2) Obtain Governor’s Proclamation at least two months prior to FPAW.</p> <p>(3) Ongoing, promote NCOA FPAW materials.</p> <p>(4) By 7/2012, engage Brad Allen (NC FP spokesperson).</p> <p>f) By January, 2013, create a portfolio/family of products that reflect the work of the Coalition. Examples include the following:</p> <p>i) Fact sheets</p> <p>ii) List of accomplishments</p> <p>iii) Brochure</p> <p>iv) FP education and policy slide sets</p> <p>v) FPAW proclamations</p> <p>vi) Newspaper coverage</p> <p>vii) Assessment guide</p> <p>viii) FPAW information and resources</p> <p>ix) Falls policy document created by Capstone students</p> <p>x) Handouts with county level data</p> <p>xi) Solicit input from coalition members for other products.</p> <p>xii) Walkability audits</p> <p>xiii) PSAs</p> <p>g) Continually collect and disseminate information about FP funding that is available.</p> <p>i) Ongoing, encourage members to forward information to the Coalition about funding opportunities.</p> <p>ii) Ongoing, post funding opportunities on the website.</p>	<p>SC, NCFPC SC SC</p> <p>SC, IOA, CGEC, NCFPC WG1</p> <p>NCFPC members, SC, LCs</p> <p>IOA, CGEC</p>
Strategy 6	Cultivate relationships with key new partners in NC.	NCFPC, SC, LCs
Timeline for Objectives	<p>a) By 6/2012, create conflict of interest policy and promote to statewide and local coalitions to ensure for-profit member roles are understood.</p> <p>b) Ongoing, solicit new coalition members.</p> <p>c) Ongoing, encourage businesses to become members or contributors of the coalition.</p>	<p>NCFPC WG1</p> <p>SC, LCs, NCFPC</p>
Strategy 7	Use policy as a prevention tool.	NCFPC WG1, SC, IOA, CGEC, NC IVPB, NC DOA
Timeline for Objectives	<p>a) By 9/2012 create a policy agenda, including statewide legislative policy actions; use the NCOA policy toolkit for guidance.</p> <p>b) Ongoing, engage targeted stakeholders to include falls prevention in their organizational plans.</p>	<p>IOA, CGEC</p> <p>SC, NC FPC</p> <p>SC</p>

	<ul style="list-style-type: none"> <li>c) Continue to align NC FPC objectives with other statewide plans relevant to falls prevention (Healthy North Carolina 2020, State Aging Services Plan, Injury and Violence Prevention State Strategic Plan).</li> <li>d) Ongoing, explore organizational-level policy changes that may prevent falls, such as in assisted living facilities or hospitals.</li> <li>e) Ongoing, develop falls prevention advocates by providing them data, marketing materials, and connecting them to appropriate networks.</li> </ul>	<p>NCFPC Provider Education and Education and Communication Workgroups; LCs</p> <p>NC IVPB, IOA, CGEC, NCFPC</p>
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### **Workgroup Breakouts**

The Advocacy for Supportive Policies and Environments Workgroup and the Provider/Community Education/Risk Assessment Workgroup met to discuss 2012-2013 workgroup goals and how they will align with the overall goals of the Coalition. After the breakouts, the workgroups reported back to the Coalition.

The 2012-2013 goals of the Advocacy for Supportive Policies and Environments Workgroup are as follows:

- Develop 1.5 year marketing plan with DPH’s matrix team
- Identify policy priorities beyond funding asks
- Identify places where networks, groups, etc. meet and we can easily and inexpensively disseminate materials and education
- Campaign to make physicians aware of AGS/Medicare annual wellness falls requirements
- Develop our advocates
- Develop guidelines for commercial membership
- Continue to promote FPAW

### **Discussion**

- Hospitals are happy to post information, but they need to get the material in a timely manner. Messages should be prepared and ready to publish.
- Have a blurb on falls prevention to insert into organizations’ newsletters.
- Work with ombudsman to reach nursing homes; invite someone from Friends in Residents to attend our Coalition meetings. Promote quality of care, quality improvement, and standards.

- Promote EMS FP training (work with Debbie Miller on that)
- Work with the network of Living Healthy coordinators to promote FP.
- Try to speak at the conferences that stakeholders attend.
- NC Medical Society has a prevention group, as do other professional organizations. Choose the top three or so most influential groups, and ensure that falls prevention is included. For applicable groups, also ensure that they are aware of financial incentives such as PQRS.
- Identify physician FP champions.
- Create a PSA for older adults on how to prevent falls. Work with groups that reach older adults such as Meals on Wheels.
- Focus on “duality of interest.” Help people recognize that they wear multiple hats, and falls prevention is one of them.

The Provider/Community Education and Risk Assessment Workgroup will work to advance the following Coalition goals:

Goal # 2: Develop and disseminate evidence based falls prevention programs.

- Ongoing: Promote the dissemination of A Matter of Balance in proposals and through referrals to the program.
- By 12/2013, promote Otago to physical therapists and educate them about the availability of the program via CGEC’s online training.
- By 12/2013, explore potential and methods for statewide retraining of Tai Chi

Goal # 5: Ensure that each community or county has an array of resources for essential fall prevention.

- d) Annually, recommend that each community complete capacity assessment and set concrete goals for filling gaps. Design assessment based on the Capacity Checklist for Falls Prevention and facilitate survey. Develop template for reporting and planning. Work with steering committee to extend reach and completion.

Goal #7: Continue educating key constituencies about falls prevention, in collaboration with Advocacy Group.

- e) By 12/2013, develop and disseminate educational materials to at least one new discipline or group, e.g., Certified Aging in Place Specialists.
  - i) By 07/12, train volunteers from two new regions to conduct the falls prevention assessment algorithm; have them trained and in place in time for FPAW
- Work with Steering Committee to ascertain who else should be at the FP Coalition table, such as CCNC.
- Create FP content for other providers to disseminate using their social media.

Discussion

Recommendation made to add hearing resources to community capacity checklist.

There was agreement that resource lists, while widely available, fall short when it comes to planning for falls prevention. We need to know not only what is available, but also where it is , what it costs,

available transportation, etc. We need to be able to identify gaps in services, resources or policy and establish priorities for filling them.

## **Triple Aim Falls Collaborative: Reducing Injurious Falls Regionally**

Kate Queen, MD

Dr. Queen presented the “Triple Aim Falls Collaborative” that six counties in Western North Carolina are undertaking. The Triple Aim is an initiative that the Institute of Health Care Improvement and Centers for Medicare and Medicaid are promoting and supporting. The three aims are to reduce health care costs, improve health, and improve quality of care.

There are several triple aim collaboratives taking place in Western NC including childhood obesity; adult obesity; advanced directives; care transitions; diabetic management; and falls prevention. The goal of the falls prevention collaborative is to reduce fall-related injuries in the defined geographic areas. They are basing their work on the research and results that Dr. Mary Tinetti generated in Connecticut. Training in FP will be provided to primary care providers and staff, rehab professionals (OT and PT), home care providers, and community service providers, and results will be measured through NC Detect falls injury data and the number of practices that report fall risk assessment as part of PQRI.

Additional details concerning the Triple Aim Falls Collaborative are included in the slides that were sent with the meeting minutes.

## **Falls Prevention News**

**Cris Clarke, Carolina Geriatric Education Center:** Tiffany Shubert is recruiting a network of FP trainers. She will hold trainings on February 22<sup>nd</sup> in Greensboro, March 21 in Sandy Ridge, and April 18 and May 22 in Charlotte. Please contact Tiffany if you are interested in taking the training.

In September, CGEC worked with Areal L AHEC to conduct training for 37 home health workers. The training will be repeated in February.

The Eastern AHEC, in partnership with the CGEC, will hold a Symposium on Exercise to Prevent Falls in Seniors on March 28, 2012. The goal of the symposium is to consider the best ways to address completion of a pipeline of activities that begins with screening for fall risk -> improves balance in seniors (Matter of Balance) -> and creates a referral resource for continuation of increased activity and exercise. The invitational symposium will examine a variety of setting specific exercise programs and the infrastructure needed to build and sustain these programs.

**Lesley Richmond, Be Active:** Over 350 older adults have completed A Matter of Balance (MOB), with particularly good participation in the Charlotte area. Lesley has also been working on a

“placemat” exercise program as a follow-up to MOB since older adults often ask “what’s next?” when completing MOB. The hope is that people who take MOB will continue to exercise and progress to more difficult exercises. The placemat program has a continuum of exercises from extremely easy to more difficult, and it is free.

**Rebecca Hunter, NC Healthy Aging Network:** The CDC- Healthy Aging Research Network (CDC-HAN) has received funding to develop a scoring protocol for its Environmental Audit Tool, originally developed in 2004 and intended to assess safety, walkability and ease of navigation for older pedestrians, including those with functional impairments. To improve the utility of the tool, the new scoring schema will include key scales, to include safety features (segment and intersection), accessibility, comfort/appeal, wayfinding, resources, and conditions contributing to falls risk. The protocol will facilitate scoring and allow meaningful comparison of segments and intersections, flag problems for possible remediation, and highlight issues for different user groups.

**Carol Siebert, The Home Remedy, AOTA:** NC Medicaid might severely limit Medicaid OT/PT outpatient coverage. The changes will go into effect at beginning of the year. It is an optional benefit, and 25 states do not have outpatient coverage at all.

**Diane Skalko, Pitt County Council on Aging:** Two graduate students from East Carolina University conducted falls-related research. One is comparing the Wii to MOB on balance competence, and another ECU student is comparing Tai Chi and MOB.

**Ellen Schneider, UNC Institute on Aging/Carolina Geriatric Education Center:** The Senate appropriated \$10M for falls prevention (\$7M to AoA and \$3M to CDC) for falls prevention in the Prevention and Public Health Fund. Some lawmakers are trying to cut investments in this fund. Ellen provided an informational and educational overview of some of the ways that groups are trying to save the funding.

**Jennifer Woody, NC Division of Public Health:** Jennifer and Becky Hunter worked with the City of Raleigh to conduct a Senior Walkability audit in September (the audit was featured in an N&O article during FPAW), and they presented a pedestrian plan to the city. Jennifer also presented to other pertinent groups on walkability and will continue to advocate for safe places and environments for seniors and others to walk and exercise.

**Kim Bailey, Duke Trauma Center:** The trauma website has updated falls data.

### **Next meeting**

The next meeting of the NC Falls Prevention Coalition will be held on March 22<sup>nd</sup> at the Be Active office in RTP from 11am-3pm.