

North Carolina Falls Prevention Coalition MINUTES
Wednesday, May 22, 2019



North Carolina Institute of Medicine Conference Room
630 Davis Drive, Suite 100
Morrisville, NC 27560

Many thanks to the NCIOM for providing this space!

5/22/19 Meeting Minutes

In Person:

Sharon Rhyne (chair) – NC Dept. of Health and Human Services (DHHS), Division of Public Health (DPH)
Ingrid Bou-Saada – NC DHHS, DPH
Audrey Edmisten – NC DHHS, Division of Aging and Adult Services (DAAS)
Rebecca Freeman – NC DHHS, DAAS
Nicolle Miller – NC Center for Health and Wellness (NCCHW) at UNC Asheville
Vicki Tilley - UNC Geriatric Workforce Enhancement Program
Glen Newman - Vidant Health
Kathleen Cody – American Bone Health
Lisa Qualls – American Bone Health
Sheree Vodicka – NC Alliance of YMCAs
Toni Chatman – Wake AHEC
Brianne Lyda McDonald – NC Institute of Medicine

Via Go-To Meeting:

Ellen Bailey (executive director) - NCCHW at UNC Asheville
Crystal Cheek – Services for the Blind
Debra Kuykendall - NC Baptist Aging Ministries
Kathy Dowd –The Audiology Project
Lori Schrodtt – Western Carolina University
Sara Migliarese – Winston Salem State University (WSSU)
Nicole Hiegl – High Country Area Agency on Aging
Martha Zimmerman – McDowell County and western NC Falls Prevention Coalition

1. Regional Falls Prevention Coalitions Updates

- a. Triangle (Ingrid Bou-Saada) - Brief history of the group –started in 2018 and have over 100 members on distribution list. Very large geographic area in central NC. Developing a Speakers' Bureau and PPT for folks to use to discuss basic facts about falls prevention, data, evidence-based strategies, etc. Comment – need to ensure that powerpoint templates have speaking notes. Others may like to use it; share with the broad listserv. Next meeting in June.
- b. Eastern (Glen Newman) – Quarterly 4/24 was the last meeting. Planning FPAW activities for September. Building out content for the NCFPC website. Next meeting July 24 – event planning and website. Engaging Wilmington are either as part of theirs or will

establish their own. Nicolle learned that Ann Glass applied for a grant in Wilmington to start a coalition through an AMOB Master Trainer call.

- c. Piedmont (Ellen Bailey for Laura Plunkett)- Offered an A Matter of Balance (AMOB) training 5/8-5/9 partnered with regional libraries. 15 individuals trained, incl NW Regional Libraries that covers library staff in several counties. Planning workshops late summer/early fall. Georgia has been doing AMOB in libraries for a number of years, and hope to share that info and lessons learned with national library association. WSSU was recently awarded an Administration for Community Living falls prevention grant. More information in the future from WSSU.
- d. Western (Ellen Bailey for Cynthia Moses) - Met last week, main event was the “Spring” into Falls Summit co-hosted with MAHEC in April with 86 attendees (3/4 were health care providers, and 1/4 community older adults). Feedback was positive, well received. May repeat it next year in the spring. Madison Co EMS is getting AMOB training. Madison Co. is seeking funding for a playground for kids that includes balance enhancing equipment for older adults. Richard Duncan Universal Living Design offers home design/falls prevention presentations.
- e. NC Physical Therapy Association Falls Prevention Special Interest Group (SIG) (Martha Zimmerman) – next Wednesday first webinar to discuss how to refer to community-based falls prevention programs through Healthy Aging NC. Planning 9/28 McDowell Co FP workshop with MAHEC to include depression and falls. Sept. 10th FP SIG webinar planned on oncology and FP Brett MacLennan, PT, DPT, MS, OCS from Wingate University.
- f. High Country FPC (Nicole Heigl) – region working on building care transition team referrals. Hosting AMOB class at hospital wellness center. Working with local hospital and PCPs to see how to identify folks who need the classes and getting them there. Numbers are small now. Continuing to do outreach. Also reaching out to Medicare Wellness Checks providers and rehab facilities to educate them about the FP classes. Met with librarians in Alleghany Co who were trained in AMOB – very excited about the program. No official FPC meeting in a few years, but Watauga, Yancey, and Avery Counties will meet in June as a smaller FPC.
- g. Metrolina FPC (via email Natalie Tunney) - We are planning two Falls Prevention Expos this year. One is on the West side of Charlotte which is an underserved area in terms of education, health fairs and resource sharing. This will be our first expo in this area of Charlotte and we are very excited about it. The other is in Huntersville and is an ongoing expo. Our themes are get outside on the Greenways and stay hydrated. We hope to have a tai chi demonstration at each expo.
- h. Healthy Aging NC (HANC) Falls Prevention Pathway update (Ellen Bailey) - Mission Health Partners - ACO Referral process. Mission case managers screen and identify patients, send to HANC (NCCHW), NCCHW sends to 1 of 5 AAAs in region. Transition time during the recent HCA buyout of Mission Health. Ellen meets monthly with Care Management Team who talks to identified patients and wellness calls. Slow in numbers of patients identified through MHP so trying to refine the identification process and doing at least 3 f/u through the AAA (brochure, etc.). Have first enrollee now in a class. Tracking lessons learned to share with others interested in replicating. May find that local regional hospital connections work better (like Nicole Heigl is doing w/ Appalachian Regional Hospital). First part is starting with ACO then will work to partner with other

units like Mission Trauma and PCP, and later therapists. In upcoming Year 3 contract (Aug) will create referral pathways with 2 PCPs. Will also look at pts who enroll in classes in the counties and will see if they are members of the ACO to see best enrollment pathways

2. Falls Prevention Awareness Week 9/23 – 9/27/2019 (National Falls Prevention Awareness Day is 9/23/2019) (Ellen Bailey)

- a. National Council on Aging (NCOA) has resources (<https://bit.ly/1IpP4D2>) all can use. There will not be a national theme. Photo Contests – NC has been successful with winning in the past. There will be a NCOA webinar in 2019 to be announced on the NCOA website. They offer a media toolkit with promo materials, templates you can personalize to advertise, etc. (please credit the author/NCOA).
- b. See PPT slides
- c. What has been successful for past FPAW?
 - i. Kathleen – American Bone Health – Stepping Out Strong program with demo of 4 exercises people can incorporate into daily life. Peer educator program. Have 1000-1200 peer educators in US, but can eventually be a feeder program to AMOB. She will send NC program link to Ellen B.
- d. How can the NC FPC and/or HANC help and support folks for FPAW?
 - i. HANC has a spot on website of all events that are happening. Can add to NCFPC website also.
 - ii. Ellen noted that the really strong events were partnerships last year. Share ideas about successful partnerships in the past.
 - iii. Vicki – How can we reach new audiences? Who are new, new-traditional partners we can work with? What works for FPC members?
 - iv. What are folks using at these events to screen for risk of falls? Vicki – uses STEADI tool that includes a screening battery with different aspects can ask about and some functional tests. They have a checklist and a decision tree.
<https://www.cdc.gov/steady/materials.html>
- e. NC Governor’s Proclamation – Ellen Schneider is working with Scott Proescholdbell (Epidemiologist at the NC DHHS DPH Injury and Violence Prevention branch) to update some high level data. It will be released before NC FPAW (9/23/19 – 9/27/19)

3. US Senate Special Committee on Aging – Letter released requesting community stakeholder input

- a. The Committee has ~12-15 members and is asking for recommendations on the management of falls and falls related injuries. NC Sen. Richard Burr is a committee member.
- b. Committee Letter has prompts/questions on specific areas for feedback/input. Submit comments via email **BY June 26**
- c. Vicki – American Physical Therapy Association is collecting comments nationally.
- d. Ellen Schneider mentioned to Ellen B. that NCOA will be responding, but it is always helpful for committee members to hear from their own constituents.
- e. Nicolle M – Evidence Based programs in NC – important to know about reach of our programming. We should pull info from the retreat where we got very specific NC info on what is helping and hurting.

- f. Question: send in 1 letter for all NC partners or also have regional send it in separately? Martha - Falls SIG will want to do one also, but willing to add to FPC, too. Vicki – we can each also share with our national organizations. Nicolle – HANC collects data on county and regional (by AAA) and can share.
- g. Group decided that NC FPC should submit. Ellen Bailey will lead. Recommend that other groups do separate ones, not as part of the NC FPC.
- h. Ellen is developing some language to send out in email that we are doing this, encouraging other organizations to also submit their own feedback. Specifically adding that Burr is on the group. Ellen will also send the letter to us and add to NC FPC website.

4. Strategic Planning (Refer to PPT on website; summary page handout) - N. Miller

- We want to be sure that everyone can see themselves in this work. Are we missing anything?
- There is a lot of information to consider, and much of it is overlapping – how do we frame it in a way that makes sense? Want feedback from the group
- History: In 2012, Sharon R, Ellen S., Audrey, Tiffany Shubert all participated in that action planning with the NC FPC. Most activities were either fully accomplished or ongoing and already fully integrated into our work, so it was time to revisit it.
 - Started looking at NCOA materials and other state plans
 - NC Center for Health and Wellness at UNC Asheville has Culture of Results initiative using Results Based Accountability. Nicolle was participating in an NC Institute of Medicine (NC IOM) task force that determined RBA was a good process to use. One downside of using the strategy is that it is very dynamic and interactive, so can't have too many people involved. Capped at 30; retreat had ~ 24 present.
 - Nicolle did a cross-walk (common themes and differences) of other action plans: NC 2010, GA 2012, NM, HI, WI, WA
 - Emma Olson, facilitator, said our group was one of the most diverse groups that she's worked with.
 - Prioritized participants and who came (PPT)
 - Regional coalitions reps not able to come: Metrolina FPC, WNC rep there, but not the chair, Ellen was there as a facilitator).
- RBA provides a way to have a common, shared language
- Start with the result we want to achieve; how do we measure our progress towards that result; What is helping/hurting our efforts; what partners have a role to play; What works (current strategies); What works to do better (potential strategies)
- Voted; determined top 5 strategies (See Summary Handout)
- Reflected back to other state action plans to see if we missed any areas that they covered.
- Debrief: (E. Bailey)

What is one word or phrase that stands out about this process?

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|--|-----------------|
| ▪ Moving falls prevention work forward | ▪ Messy |
| ▪ Thoughtful | ▪ Hopeful |
| ▪ Intentional | ▪ Diverse |
| ▪ Inclusive | ▪ Collaborative |
| | ▪ Inclusive |

- A little Overwhelming
- Surprisingly efficient
- Be consistent and trust the process
- Very energizing
- Inter-professional collaboration
- Multi-sectoral

What did you hear about the process that you found inspiring or gave you hope about to move forward with falls prevention in NC?

- Feeling hopeful that there are so many strategies and potential strategies that we can do
- Excited to see Program for All-Inclusive Care for the Elderly (PACE) – want to see that go universal and be inclusively available to all seniors

Any clarification needed about the process?

- Was the summary sent to all attendees? Yes, and it is on the NC FPC website
- Update about conversations with NC IOM – where do we go from here? (S. Rhyne)
 - Alternatives to address all or part of the issue of falls
 - Steering team call with Adam Zolotor, ED of the NC Institute of Medicine, which was founded as a non-partisan organization by the General Assembly to provide input on a variety of issues by pulling together key individuals and stakeholders
 - Had falls included in the NC IOM Prevention Task Force 10 years ago, which led to the Healthy NC 2020 document including falls in it. IOM is good at getting issues some visibility. Healthy NC 2030 is underway now.
 - Is there an opportunity for an NC IOM task force specifically on falls or on another appropriate issue?
 - NC IOM works both on big P (legislative) and little p (organizational) policy
 - Ellen S. provided toolkit on Big P and little p on falls. [Link to Toolkit.](#)
 - Adam – Is it timely for this? Where can we best make an inroad? He and staff are looking at data, the toolkit, and other resources now.
 - Sharon: one option is to do a full NC IOM task force – would cost \$100,000 - \$200,000 to do this, so we would need to identify resources. We could also consider combining with another issue which incorporates falls. NC IOM is interested in doing something on Aging in Place and this would fit well within that topic. Could also do smaller, less expensive task force
 - Fortunately, aging and falls is non-partisan
 - NC IOM always wants to have something tangible that can come out of the task force. Their evaluation results show great movement in recommendations that task forces make.
 - NCIOM would identify potential funders for task forces.
 - Questions:
 - If we fold FP into Aging in Place, do we still get what we need for falls prevention?
 - Rebecca Freeman spoke to Joyce Massey-Smith, DAAS Director, who raised a few concerns – We already have a State Aging Plan. Do we have staff capacity to do this work? How about a Healthy Aging TF without getting into other issues?
 - **Nicolle and Rebecca – if we do a TF, the NC FPC would still develop a 5-year action plan. The NC IOM TF does not replace our process. It opens the door for advocacy and getting more visibility for FP and policy.**
 - Sharon – KB Reynolds has mentioned to her numerous requests for falls money, but they have not yet funded FP because they don't know the specifics of what

would be best to fund. So, NC IOM TF would help philanthropy identify FP as a good issue to fund

- Brienne Lyda-McDonald, NC IOM Project Director – typical NC IOM Task Force process
 - 3-6 months to get underway from first planning: Develop steering team – they get a list of names together (1-2 months) and then start inviting people over next few months
 - Hold 6 to 10 or 11 meetings over the course of a year with a final report at end. Learning in beginning, develop recommendations in latter meetings. NC IOM staff tweak them. Latter meetings are for developing final recommendations and drafting the report.
 - Sheree – would vote for Healthy Aging as the focus area
 - Sharon – Aging Tsunami is not getting the attention it needs. NC IOM would help us to get that visibility and to get the key players attentive to it.
 - Vicki – Can we advocate for it to be specific to falls prevention? Don't want to lose other issues like TBI and disability that aren't necessarily aging- related.
 - Rebecca – would hope for a healthy aging focus but with limited areas like falls and social engagement, exercise, health, nutrition
 - Glen – also advocates for FP focus. Often falls cause the end of aging in place and healthy aging. We need to see what is happening in NC.
- Identify any missing strategies (using the retreat summary page): (E. Bailey)
 - Glen: Missing a Big P champion and/or a medical champion
 - Martha: Improved curricula for transition of care and communication for providers who work with falls patients and those at risk for falls. This may be a national level strategy instead of a state one.
 - Sheree: Do we know what the Big P policy asks need to be?
 - Sharon: there is a list to pull from in the NCOA Toolkit, but we don't have that figured out yet. We do know what has been successful legislatively in other states.
 - Sheree: Media campaigns are not the answer to everything and are really expensive. Maybe we really need an advocacy campaign once we have the Big P policy needs.
 - Vicki: Generally a good selection of strategies, but need to keep in mind the discussions about special populations that were and were not represented at the retreat (IDD, deaf/hard of hearing, vision impaired/blind, Native Americans, rural, etc.) and health literacy. Also, many EBPs are not being developed for special populations.
 - Nicolle: Washington State's plan does a good job of looking at equity and specific needs of special populations. Nicolle is co-presenting with them at NCOA and can have a conversation with them.
- Do the four possible Work Groups categories capture the work of the strategies mentioned?
 - 1) Prevention
 - 2) Collaboration and Coalition Building
 - 3) Transitions and Continuum of Care
 - 4) Education and Advocacy
 - Vicki: Should Prevention be in Transitions and Continuum of Care?
 - Ellen was wondering the same thing about Education
 - Vicki: what about research?
 - Ingrid: at retreat, we talked about practice-research 2-way communication
 - Nicolle: link research to implementation.
 - Kathleen: Maybe add it to Collaboration and Coalition Building to capture partnership with researchers.

- Glen: Research can also help us show that people participating in the EB programs are falling less.
 - Martha: other risk factors that need to be researched like oncology
- Steering Team will discuss where prevention and research will go.
- What are next steps for strategic planning?
 - Steering Team will incorporate feedback and send it back out to listserv
 - Ellen will send out a Google survey to NC Falls Prevention Coalition members and retreat attendees to identify who is interested in participating on a work group.
 - We will develop a calendar and plan for completing this process and for moving forward

NEXT MEETING: August 28, 2019 from 1-3:30pm



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Aging and
Adult Services



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