

North Carolina Falls Prevention Coalition Minutes
Wednesday, November 20, 2019 1:00-3:30

[North Carolina Institute of Medicine](#), 630 Davis Drive, Suite 100, Morrisville, NC 27560

TIME	TOPIC	LEADER(S)
1:00-1:10	Welcome, Introductions	Sharon Rhyne, NCDHHS- Division of Public Health
1:10-1:20	Review of Conflict of Interest Statement	Sharon Rhyne, NCDHHS- Division of Public Health
1:20-1:30	Falls Prevention Awareness Week Review and Impact	Ellen Bailey, NCCHW- Healthy Aging NC
1:30-1:45	Regional Falls Prevention Coalition & Member Updates	Regional Coalitions and Members
1:45-2:00	NC Falls Prevention Coalition Strategic Plan Update	Ellen Bailey, NCCHW and Ingrid Bou-Saada, NCDHHS- Division of Public Health
2:00-2:15	Break	
2:15-3:15	Overview of NCCARE 360 and NC 2-1-1: What is it, how does it work, and how can we plan to connect falls prevention efforts?	Georgina Dukes, NCCARE 360, UniteUs Laura Marx, CEO of United Way NC/NC211
3:15- 3:30	Meeting Dates/Closing Comments	Sharon Rhyne, NCDHHS- Division of Public Health

Many thanks to the NC Institute of Medicine for providing this space!



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



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICE
Division of Public Health



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Wednesday, November 20, 2019

Welcome, Introductions

Ellen Bailey, NC Center for Health and Wellness at UNC Asheville

Sharon Rhyne, NC Division of Public Health

Ingrid Bou-Saada, NC Division of Public Health

Rebecca Freeman, NC Division of Aging and Adult Services

Lindsay Bailey, UNC Trauma
Nicolle Miller, NC Center for Health and Wellness at UNC Asheville
Lisa Qualls, American Bone Health
Sheree Vodica, NC Alliance of YMCAs
Lauren Costello, Brain Injury Association of NC
Ellen Schneider - UNC Geriatric Workforce Enhancement Program
Laura Marx, CEO of United Way NC 211

On phone:

Crystal Jackson, NC Services for the Blind
Mary Hall, Vidant Health, Eastern FPC
Frances Messer, NC Assisted Living Association
Megan Edward Collins, Winston Salem State University
Martha Zimmerman, McDowell Falls Prevention Coalition
Audrey Edmiston, NC Division of Aging and Adult Services
Kristen Ferriter, Carolinas Meadows
Scott Pokorny, NC Division of Mental Health - Traumatic Brain Injury Program
Jennie Griggs, Aging Collective
Natalie Tunney, Centralina AAA

Review of Conflict of Interest Statement

NC Falls Prevention Coalition (FPC) members (and/or their family members) will not use participation in FPC activities or presentations, or the FPC logo, materials, or products for personal financial gain. NCFPC will not endorse products, services or private vendors.

If a coalition member identifies a conflict of interest, that member will recuse his/herself from the situation/decision as indicated by this agreement.

Comments:

Should it go on website? If so where? Post anywhere else?

- Yes, should be on the website so it is publically available. Vendors can be sent there to see it.
- Place under contacts on homepage. Can also place it on the “contact us” page so people who want to advertise will see it
- Contact us or
- Add if you want to Join, please review statement

Falls Prevention Awareness Week Review and Impact Ellen Bailey

- Survey responses - Overview (see slides)
- Going forward, looking at how we reached folks and didn't, we can think about how to support reaching out to other venues

- Based on some NC survey responses, included feedback for NCOA to release materials earlier for better planning
- Discussion
 - Rebecca - Perhaps place the slide with the numbers snapshot in an email to senior centers since so many participated - see the fruits of their labor and will encourage non-participants to join in the future. “Congrats on your efforts - look at what you accomplished”
- Ellen Schneider
 - US Senate Aging Committee, hearing on falls prevention in October. NCOA, Matter of Balance, Pennsylvania resident who is blind, among the speakers. Got great press. A report for actions and recommendations came out of that. Additional movement towards perhaps more funding. Further than falls have gotten in the past on falls prevention. NC blew all other states out of the water in the scope of the stories we submitted.
- Martha Z. NC Physical Therapy Association Falls Prevention Special Interest Group challenged all PTs to host a FP program during FPAW. Two schools in Wilmington and Winston-Salem won
- Ellen B. Is there any interest in a statewide FPAW campaign or event to unite people? Anyone have experience from another state? OH has had great success with walking. See Ohio’s 10 Million Steps campaign here: <https://aging.ohio.gov/steadyu/10millionsteps>
 - Rebecca is interested.
 - Governor’s Proclamation would count as an advocacy example
 - Martha Z. - maybe a statewide webinar? (Ellen S. we did one a few years ago)
 - Ellen S - we did a flash mob in downtown Raleigh in the past
 - Rebecca F. a statewide webinar would be doable through the senior centers. Have done advocacy webinars in the past. Can reach a lot of participants with a presentation that way
 - Nicolle - Triangle FPC developed a PPT template that can be used
 - Mary Hall - Yes, webinar would be helpful
 - Sheree - for YMCA, when we provide a catalog of templates in a packaged way is super helpful. Ellen B - lots of people found the packaged materials from NCOA really helpful, too
 - Martha - challenge each county to have a Tai Chi mob at each county gov. building
 - Nicolle - could do an advocacy award. Challenge each mayor to do it
 - Frances Messer - realized from this year what we could do in planning for next year. Have 250+ assisted living facilities across NC. Could have participation throughout the state, but would take a lot of pre-planning, which they are committed to doing. Incorp PT, Pharmacy, physical activities, etc.

Regional Falls Prevention Coalition & Member Updates

Amber Chapman (Region D)

- Met with 2 FP Coalitions and had great discussions about how to collaborate for FP. In 1 county - want to develop a FP packet for in-home aids about resources, benefits of classes, emergency response, etc. Plan to meet quarterly or twice a year. 18 people in 1 coalition and about 10-13 in the other

N. Miller and L. Bailey (Triangle)

Next meeting 12/10 11-1:00 at Searstone Retirement Community. Figuring out the best way to work together moving forward - regional? Through Trauma RACs? Sent out a survey to all members. Most meetings have been in the RTP area and many in Southern parts aren't able to attend as easily. 12/10 meetings will focus on if we want to keep the coalition as is or to break it up into smaller regional coalitions. If so, who will lead? What is role and timing for meetings for the TFPC if we break out? Dates for 2020 will be set later after this discussion

Rebecca F - the survey was sent to the current TFPC, but lots of counties aren't participating because it isn't convenient. Nicolle - yes, let's send it to list serve to get it out to more folks.

Natalie Tunney (Metrolina)

- 10/16 Aging Expo north of Charlotte with over 100 participants, Did Tai Chi and Rock Steady boxing together
- Getting ready for May 2020 Expo in a new part of Charlotte that could use a lot of attention and education on services and FP.

Mary Hall (Eastern)

For past 2 years have done large expos/fairs with screening and resources. This year wanted to do lots of different activities throughout the month instead. FP Bingo in senior center - tips, home modifications, etc. At most events, had PTs do balance and Falls risk screening. County Fair - balance screenings on Senior Day. Learned - that doing lots of exhibits throughout the month, we were able to utilize all of coalition members who might not have been able to participate in just one big event. Reached over 300 people throughout the month.

Kelly Cahill (Cape Fear) - did not speak, not on

- Jeannie and Ellen B. met with a few FP advocates in the Wilmington area. They are planning on meeting again in January and are interested in possibly starting a new SE regional coalition.

Other member updates:

Megan at Winston-Salem State - completed MOB Master Training. The committee for their FP grant met last week and discussed having a summit during FPAW next year for their area. Anyone else doing something like that so we don't compete? Ellen B - haven't heard of anything in the Triad area yet, but recommended to check in with Laura Plunkett. Nicolle M added - depending on how big of a summit you want to have, we could do like 2017 and leverage lots of agency funds to have it be a larger conference. Ellen B - suggested connecting with AHEC in your area to get CEUs which will increase participation.

Martha Z - Western FPC is supposed to be meeting today and are moving forward with strategic planning. Working with CHAMP <https://ncchamp.org/> - Community FP screening 1x/month. Will be expanding to Buncombe Co and looking for additional partners there. WNC FPC is also planning another spring summit with MAHEC.

NC Falls Prevention Coalition Strategic Plan Update Ingrid Bou-Saada

Co-chairing process (see slides from ppt)

Review of process so far. Strategic planning retreat was held in April, followed by a request for volunteer/interest email for work groups, co-chairs first met in early July, work groups have met several times, co-chairs meet once/month.

In the beginning, each work group was asked to look at all strategies from the retreat from the perspective of their particular work group (Prevention Across the Continuum of Care, Collaboration/Coalition Building, Public Awareness, Education & Advocacy)

Nicolle, Ellen B, Ingrid met Nov. 6th in person, to combine the input thus far from all work groups. Co-chairs will check in with each group in Dec/Jan to make sure that we captured the input that you gave, does it reflect what your group said and discussed?

2 groups will meet again in early December, 3rd group meets in January.

Next steps, get into the action step, level of detail, how are we really going to accomplish this?

Get broader input from the coalition in the spring.

Rebecca - shout out to Ingrid & Ellen B for help with questions from work group.

Ellen S - question - How does this feed in with DPH and DAAS plans?

Rebecca - is part of DAAS State Aging Plan to some extent

INgrid - IVPB CDC core grant runs through the end of 2020, and are linking with what are our partners already doing with their own action plan. Where there is already good work happening, plan to include in state injury plan. This means being part of many groups, but partners are content area experts.

Will get to a place to decide on indicators before plan is complete. IVPB evaluator will help us to figure out key areas to measure, measure the things that matter.

Sharon: update on NCIOM task force, looks like it will be Healthy Aging. Adam Zolotar has put together a 2 page proposal, probably to Duke Endowment, 4 central topics to be addressed - aging in place, mobility, falls, food & nutrition. DPH, DAAS, AARP, GWEP, NCCHW, have put together contracts/pledging funding that demonstrates agency commitment; if accepted, might put together steering committee by January, task force by March, 10-12 month process. Est. 125K ask. Will regroup on Dec. 5th. Our Coalition Strategic Planning process can feed into this process and vice versa.

Break

Presentation:

Overview of NCCARE 360 and NC 2-1-1:

What is it, how does it work, and how can we plan to connect falls prevention efforts?

Laura Marx, CEO United Way/NC211

We did our best to capture a lot of information in these notes; however, please refer to the ppt for the most accurate representation of how this referral platform works.

Broad Statewide Framework - NCCARE 360 just one tool of many that DHHS has

Division of Public Health - State Center of Health Statistics - heat map on Social Determinants of Health

Standardized screening tool

MAP SDOH indicators - layer NCCARE 360 with other, i.e. transportation we know will be a need

Medicaid Managed care

Align enrollment w/existing resources

What is NCCARE 360? First statewide care coordination network that will cover all 100 counties in the future. How can we work as one and report as one, especially around SDOH?

Partners

- Foundation of Health Leadership and Innovation - MOA with DHHS for evaluation of outcomes
- United Way - contracted for deliverables
- Expound
- NCDHHS
- 211
- United Way of NC
- Unite Us - was already in NC working with veterans

First time have enough resources to do this well

Components:

- Resource Directory
- Call Center Support - 24/7/365 team of NCCARE360 Navigators,
- Resource Repository - integrate resource directories across the state to share resource data. Will take time to get all communities online so don't overload the system up front.
- Referral & Outcomes Platform - referral platform with closed loop functions and can report on outcomes
- Community Engagement Managers - managers for workflow change management, continued in person support

Attempt to build one public utility that we can all contribute to and draw from
Staff of about 25 working to build this

Q - Nicolle - who do we go to at NC211/NCCARE 360 to talk to about integrating current resource directories, such as our Healthy Aging NC resource directory?

A: Plan to update resources within all 100 counties within 2 years, priority to implementation communities, 5th grade reading level for all resource listings, find pockets of resource gaps and how they might be filled. e.g., transportation gaps. Can a neighboring county help cover that gap?

Data team does work in the community first to identify resources, share resource lists with Community Engagement Managers to ensure all agencies are invited to NCCARE 360 meetings, Data coordinators ask : Who needs to be in the room? Are the right people here? Hold 4-9 meetings with the community before rolling it out.

Public web search on NCCARE 360 reflect the verified 2-1-1 resources for now. Changing website to be easier and more intuitive to use. Will be able to search the 2-1-1 resources based on the Healthy Opportunities pillars (housing, employment, food assistance, interpersonal violence, transportation, long term services and supports - "no wrong door"). Almost done with verification - a year ahead of plans

Currently, 600 agencies on 360 platform, 7000 on NC 211

Fall Prevention Programs - now under Household Safety programs (see slide)
Household safety programs - only 4 returns for this. Other FP are categorized in other ways, so won't come up. Want our feedback to make this better. What terminology should they use? (See notes below)

21 counties have been implemented, 50 counties by end of year.

211 will remain confidential for anyone not willing to share info or don't want to complete the consent form.

Future - 211 will be portal for cybercrime and ??? for state entry (see ppt) (Coalition on homelessness)

Navigators for NCCARE 360 statewide. Based in Durham and Asheville, Referrals from health care providers and a few others right now. Receive referrals also from 211 call specialists who have callers with complex needs within regions that have launched 360. Web Form Requesting Assistance from nccare360.org. #1 referral now is for housing, NCServes (veterans) already on this platform internetwork referrals with NCServes - pilot phase with Central Region.

Roles for us/Local champions:

Send enthusiastic note to partners and agencies that 360 is coming soon or has arrived and provide a heads up that Data Team will be reaching out to verify info

Send resource lists - specific to falls prevention to NC211 Director of Resource Strategy Laura James, ljames@unitedwaync.org; not replace, but align with your workflow

Long term - share our community's story with the NCCARE 360 team, including best practices and lessons learned.

Work with them to reflect what is important for FP providers

Q: Ellen B - Colleague met in person with call specialist in West NC 15% of calls. The call specialists found the conversation very helpful. Discussed how to talk about health promotion programs/FP to get proper referrals. So what is the best process to do that statewide?

A: Need to do same with Durham Call Center - 85% of calls. Each call centers have monthly in-service and can include this on one of the agendas, that will lead to a protocol developed. Maybe do it every other year as a refresher.

Comment - Jennie Griggs - For clinician referrals, "falls prevention" language would be really important. Public would rather have "strength or balance classes"

End of December, will be able to accept directories in any format into repository.

Joint vision -

Network Model - No Wrong Door Approach, understanding referral workflows

Client - Housing need identified along with other needs (Care Coordinator) - log into system with permission of client to share her info - referrals sent to various providers - they accept or reject (with info about why rejected which helps identify issues and how to capture info needed) - Additional needs identified - further referrals.....

Anyone in care coordination team has a look into the journey of the client to see successes, failures, no contact, etc.

Outcomes - as client accesses services, the care coordinator gets notified of all referral rejects so can find another route for referral so can take action needed. Outcomes of every single interaction with client and agencies are recorded, know exactly what services were delivered, entire history

Improving coordination efficiency and accuracy

NCCARE 360 security audit, hipaa compliant platform

client is matched with the provider for which s/he qualifies

agency on platform accepts responsibility for getting back in touch with client preferred method/time, especially those in crisis, when in crisis hard to make that call

Social determinants of health screening tool is used early in process to gather personalized information and identify needs.

Clients only have to tell their story once - won't get retraumatized by having to start over every time with every new provider. It's all in the system, longitudinal data is tracked to allow for informed decision making for community

outcomes reporting - patient level coordination and tracking, network level, regional level available in data

Currently can see statewide reports only, but eventually will have access to Tableau customizable reports for local data. Can eventually see all outcomes for all of a provider's clients. Resolved? Type of referral/service. Gather info on how system works and what the barriers and roadblocks are in the system.

Steps to get online

1. Influencer sessions with stakeholders to inform who needs to be at the table and higher level
2. Community strategy sessions - what is the community like and what works/doesn't work there? About 5-7 sessions. Focused on users' needs and workflows. Sector requirements (like HIV or DV providers need to mask agency name in some cases)
3. Work flow planning - what would be the benefit of using this in our environment? When would it work or not work?
4. Completion of partner registration form - agree to keep resources updated, accept/reject referral, keep information safe
5. software training - in-person or webinar

Q&A:

Q: Sheree - shared that the YMCA had concerns about the data user agreement clause absolving Uniteus of any data breaches even if due to their own negligence. That is really challenging for many attorneys of providers.

A: Different types of agreements for different entities in the future

Q: Nicolle - action planning related questions: Opportunity for using EB falls risk screening tool to be added to the system?

A: Yes, there are a number of screening tools in the system, so probably would be fine. Will check with Erica. Individual providers can always upload own screening tools

Q: Resources - Would best practice documents for clinicians be able to be integrated into the platform? What would be the steps for doing that?

Send to Laquana or ? at DHHS

A: Yes, work with partners to develop the tools/templates they use for particular populations (like worked with NC Partnership for Children)

Nicolle - many toolkits exist - would need to vet to see what is most appropriate for NC.

Invite Laura James to come meet with some of us to help her understand the resources in NC, recently came from 211 LA.

Q: Nicolle - community directories of programs that are intermittent. Also ask Laura James?

A: Yes, seasonal program, or long-term

Platform is accepting all types of programs

Community resources constantly changing.

How it currently works for Diabetes Prevention - link to lists of services across the state. Lists are managed by outside entities, We just need to work with Georgina's staff to make it work for us.

Flexible

What is the best use for the caller or the user?

Repository is the public facing piece.

User side -internal referral

Q: Are any AAA in network already?

A: Not sure.

It takes about 90 days to start and end the process to get in the system

Q: Rebecca - Does closing a referral include those who could not be helped?

A: Yes

Q: What protection is in place to keep people from closing too early?

A: Some just "hold" the referral, customer service is watching this, most who say "no" are sending them to 211.

211 is a part of nccare 360 and building the resource directory for public view. Also there for clients who don't want to share their info on 360. Also, closing the loop on referrals.

Ellen S - what is the messaging for physicians? Different for different practices. Some can track discharge referrals, some can't (like UNC Epic). Some discharge planners are sending to 211 so they can track it, so supplementing the hospital system. UNC EPIC wants to then go back to see health outcomes to see if the patients are healthier at the end of the process.

2020 Meeting dates - 3rd Wednesday from 1:00-3:30 on 3/18, 6/17, 9/16. 12/16. September is right before Falls Week - is that ok? Participants said that it would be ok. . Send dates out via listserv.