

December Quarterly Triangle Falls Prevention Coalition Meeting

Tue, December 10, 2019 11:00 AM - 1:00 PM.

Searstone Retirement Community, 17001 Searstone Dr, Cary, NC 27513

Special thank you to Christina Carmichael and WakeMed Cary, for sponsoring lunch today!!

11:00a – 11:15a Introductions and feedback on Falls Prevention Awareness Week Activities

Present: Nicolle Miller HANC, survey for FPAW

Rebecca Freeman, DAAS, worked with NC FPC team to ensure FPAW was distributed throughout to all senior centers

Abby Emmanuelson, American MS Society, Throughout the year, AMS has been working on establishing tax credits for home modification services that specialize in seniors living. During the FPW they advertised the tax credits.

Ron Wilder, resident, retired rheumatologist, did falls presentation for all residents. He is a member of the community's health committee, which is focused on falls prevention and assessing personal risk of falling so can get a good referral.

Helen Tripp, Durham Co EMS, worked with Tricia Smar on Ready Steady Balance expo

Tara Destimer, Intrepid Home Care. New to group

Leah Loranz, Intrepid Home Care, also new to the group but falls is daily concern for their population

Margie Fox, UCB, new to group, learning about group to identify ways to work with health care systems and hospitals that are exploring ways to reduce falls.

Marissa Menold, retired, is a member of Project Engage with Orange Co Dept. on Aging and is working with them to starting a senior resource team and will focus on falls

Jordan Moore, Duke Health, FP is daily for her, also Ready Steady Balance Expo

Lisa Quales, American Bone Health, Scheduled Stepping Out Strong Comm Ed classes throughout year and a bunch at FPAW/ Teach about in-home prevention and exercises

Jan White, DPH, was with NC FPC as TBI Manager in past, and is getting re-engaged

Louise Keifer, YMCA of the Triangle, MBB coordinator, Was at Ready Steady Balance Expo with Duke/Durham Senior Center

Lindsay Bailey, UNC Trauma, FPAW – partnered with Orange Co Dept of Aging on a safety fair and a Carfit driving safety program

Joanne Hoff, Searstone resident. Works with Ron on Health program. Also had a health fair and will continue. Wants to do outreach with residents

Christina Carmichael – WakeMed Cary Ready Steady Go expo, Carfit,

Christina Wolfe, Wake Med outpatient, participated in an event called Ready, Steady, Go balance program.

Anne Pearce, WakeMed, Also participated in the Ready Steady Go program

Sydney Breslow, Alliance of Disability Advocates, didn't do much for FPAW but hopes to do so next year

Myra Austin, Orange CO Dept of Aging, worked with Lindsay for FPAW, and ongoing events that are meant to reduce falls

Carolyn Thomas, Searstone resident

On phone: Lauren Waites, PT with ElderFit and Home Rehab. Worked on Ready Steady Balance Expo with Tricia on screening using CDC STEADI

Nicolle on behalf of Ashley Price –Lee County is looking for support. There are waiting lists for falls prevention programs and not enough people/places to offer programs. Lee County resides under the WakeMed RAC. Interested people/agencies can contact Ashley (aprice@tjcog.org) to help increase capacity to deliver the programs.

11:15a - 11:25a Review of Triangle FPC year and growth to date

- Nicolle introduced and thanked the Steering Team members
- Have been meeting for 2 years. Looking for more folks who have a local and regional perspective to take on leadership roles
- NCOA Survey results – see slides.
 - 55 responses from 59 organizations
- Triangle FPC year in review – see slides
 - Lindsay, had 10, now 9 counties in UNC Trauma RAC (Warren County went to Duke). Christina, WakeMed RAC has 5 counties. Tricia, Duke RAC has 7 counties
 - Four Workgroups.
 - Accomplishments include a resource directory, a PPT presentation that anyone can use and modify for local needs, new website launched in 2019
<https://ncfallsprevention.org/triangle/>
 - PowerPoint Falls Prevention Presentation template: (Anne Pearce) A small education group (PTs OTs, Pharmacists, and Nurse Practitioners) met and

- developed it. Presented at the Y and at Searstone, integrated feedback from these 2 audiences. Ready and posted to the website. Let the group know when edits or updates are needed
 - In notes section of slides, it has talking points suggestions and a few places to find certain resources in local community before the presentation
 - The entire presentation, takes about 30 minutes.
 - Can use own info, background/design elements, etc. Modify as needed.
 - Group noted other accomplishments:
 - collaboration on FPAW activities.
 - At the last meeting a small group started talking about more activities that can happen in Wake Co
- Looking ahead
 - Next meeting 3/10/2020; 11:00 – 1:00; will be looking for lunch sponsor. Location TBD.
 - Can revisit times if necessary based on group feedback going forward
 - Anne suggested a breakfast or evening meeting might make it easier for medical providers to attend as midafternoon will screw up their entire schedule for the day

11:25a - 12:40p Review of Triangle FPC Survey for 2020 and discussion about structure of coalition moving forward.

- Question driving this discussion – The steering committee would like to know if the group thinks that 21 counties too big? Face to Face interaction is so important but it is a large area to cover.
- Nicolle introduced the survey and asked participants to review survey questions and answer areas where feel strongly
- Ask Discussion question to kick off
 - Do folks like the coalition as it is now?
 - Any improvements to the current structure?
 - Do we want to make it smaller? Meet less often in smaller groups and still keep larger regional coalition?
- The three Trauma Center RAC Injury Prevention Coordinators are on the Steering Team and have offered to coordinate smaller regional coalitions that fall in their RACs, but those areas may still be too large for folks to participate.
- There is also a way to divide the counties by AAA regions. Will some of them take on coordination of an area in their regions
- [participants spent time looking at the survey questions and provided feedback individually before group discussion]

GROUP DISCUSSION

- Like current structure or suggestions for improvements?
 - Anne Pearce: Feels like next step is more action and less talking/comparing about what currently doing. Find places not being reached and go to fill in

those gaps, like maybe reaching folks not in senior centers such as through faith groups.

- Christina: when we talk about local partners, it would be good to learn more about how they actually put programs together rather than just an overview of the program itself. This would make it easier to emulate.
 - Any time pull together professional groups, it is a chance to exchange ideas so she likes the group effort and sharing part
- Louise Keefer – brought up that breaking up will involve a lot of administrative work to coordinate local efforts and isn't sure that there is enough man power to cover this idea.
- Lindsay Bailey – one reason n can see for not breaking it up, some of the counties don't have a local champion and could lose them in general and they won't have the opportunity even to call into the larger meetings. This might leave an even bigger gap in the farther reaching areas
- Another member– likes the structure and hearing ideas, and brainstorming opportunities. Also leaning about the structure of different community agencies and the process of doing FP in NC (they are a national org). If is successful here, they wonder if it can be taken it to other states. However, does breaking it up mean there will be more activity so it will be more successful or will breaking up mean more groups doing the same things and that would be redundancy?
- One thing liked about current structure is learning about more resources for patients from other counties. Knows her county (Durham) well, but not the other counties, so now has more info for her patients. And also shares it with others in her department
- As a new person in group, when they worked in senior fitness, knows that some programs will fall flat. So it is important to share what is and isn't working in communities going forward
- Also new – but listening to the fact there are 21 counties. What if 2 meetings of smaller groups and 2 meetings of larger group for everyone to share best practices
- Like the idea of finding gaps and working on ways to fill those gaps. Looking at filling gaps in Durham Co (EMS). They find patients and encourage them to go to other providers, so can find people and connect them. Does enjoy being part of a bigger coalition because it is important to avoid silos that happen in smaller groups.
- Rheumatologist: What actually work to prevent falls and fractures? This is 2nd meeting with the group. When he did a presentation for Searstone, saw a marked uptick in people going to the classes. Raised awareness well among residents. That's a first step. But still doesn't motivate change in large percentage of group. How to reach them? Not sure if effecting outcomes and wants to see more of that.
- Rebecca F: would love to see Aging Network more involved, At least 4 AAA cover the area with 25+ senior centers, especially in Region J where health promotion funds go to providers. A lot of senior centers are short staffed and traveling far is hard, so the large coalition is a problem for engaging them.

Used to work with Resources for Seniors in Wake Co. How can each county have a county-wide event that can pull together partners?

- Likes what Rebecca said, some have concerns about senior centers outside of Region J being involved
- Sydney Disability Advocates_ - invite MH partners to the table. This population has Social isolation and may not be getting out much, so they are at a higher risk for falls. Also, include people who have experienced a fall (“nothing about us without us”). Her alliance covers 5 counties: Durham, Wake, Orange, and 2 other counties. Alamance and Franklin and Guilford want to be engaged.
- Consider adding Centers for Independent Living
- Nicolle – So overall we have lots of reasons for and against dividing the groups. Nicolle’s idea is to let things that resonate. Breaking it up will require a lot more administrative work for folks. She spends a lot of time pulling together these meetings. Does that translate into outcomes? Better access into the community? At this time we don’t know.
 - Maybe a goal for 2020 is to assess what successes we really have for the first 2 years of meeting as a coalition. Maybe we need to start there to determine what activities and events will get to awareness which gets to more screening and engagement.
 - We have tried to engage people who have fallen in past. Most of us in the room are close to people who have fallen and have often been the caregiver. The passion is there.
 - This group has been so good about identifying resources. How do we get more funds to do more awareness. It’s hard to know how much we are saving by doing this work. But if we can get the data about how many falls are happening and how much they are costing us it can help provide additional opportunities.
 - Data rep – having difficulty getting the data need. Conditions in place at time of fall that contributes. Home? Can’t get data from Trauma Registry (denied) and still trying to figure out why. Trying to get EMS data, but challenge is the ESO is a new vendor that took over the EMS PIC so put off all requests for data. The data group continues to work on getting this data.
 - Nicolle – hard to know that our efforts are linked to the data changing. Correlation does not equal causation. However, we know that EBP have the evidence behind them that they work. Data can only do so much and we know personal stories are also important.
 - Will be sharing info about 2 grants applying for in Workgroup updates section. Requested data from IVPB.
- Sydney – suggested looking into more technology related options.
- Anne – might be able to get clinicians to a breakfast or evening meeting also. Could bring the info to PT, MDs, OTs, etc. and hold in-service sessions about FP and community resources. Clinics are often happy to host folks at lunch time.

- Christina – has some Trauma Registry data for WakeMed and can have her team pick out data from charts. May or may not have the contextual info like where the fall happened. May be able to share some of her data with patient privacy protection
- Liaison with Community Health Needs Assessments in each county. Falls are often part of the assessment. Also, the quality departments in each hospital have some data they might share.
 - Nicolle - HANC has been part of CHNAs in Western NC. Falls was listed as a high needs issue, but none of the 16 counties prioritized it as an action item for the Plans that come out of it. There is still a lack of understanding of the population shifts to older adults. She spends a lot of time advocating for older adults and encouraging all of us to do that. A lot of hospitals are concerned with falls, but there is still a disconnect in the system of transferring the attention to their ACOs and getting case managers involved.
- In Boston, when a fall happened, would ask “5 whys” to eventually drill down to why a patient falls in order to get at root causes. Maybe can institute a Plan Do Act Check project to do some of this to identify measures can put into place.
- Medicare PDGM ??is focusing on falls because will get dinged financially for repeat falls, so it is in providers’ interest to prevent falls. Believes falls will be much more prioritized starting next year because of this financial incentive.
- Jan – getting the data out about how the population is shifting to older age groups would also be important.
 - Rebecca – NC DAAS has a demographer on staff. State Aging Plan was just published. Remembers when started, that by 2019 there would be more 60+ than youth in NC. That data does exist and can get it to the group.
 - Ingrid – did have a presentation at NC FPC on aging NC population.
- Nicolle – Next steps will be to take this info back to the Steering Team. Will also resend the survey and see how many we can get by January 31. Will probably keep structure the same in 2020 and take into account what folks in this room and the survey responders have said. There are pros and cons for every approach and will consider those. Asked participants to share their written responses before leaving today.

12:40p-12:55p Workgroup announcements

- Education workgroup – Rebecca to ask about leadership change and plans for moving forward
- Data workgroup – no announcements
- Education and Community Engagement (Anne was leading, Rebecca is providing leadership now)
 - The presentation is done. The next project is up to the group! There was some talk about developing some tips for event planning – who to invite and other considerations. This has not started.

- There is a list of folks who are willing to give the presentation to requesting groups. If you want to add your name to the list, let Rebecca know
- Potentially develop a flyer or some other non-web outreach resources to reach older adults
- Community Resource Guide & Website (Lindsay).
 - Resources listed for 12 counties right now. There weren't regular representatives from the other 9 counties, but would love to have a rep from missing counties add their info.
 - Asking for some help to go through and call each listed resource and update any info that has changed. Just need to call the phone number (no emails are listed since those change so frequently).
 - Also go through to see if any additional resources to add.
 - Contact Lindsay.Bailey@unchealth.unc.edu
- Data group (Tricia Smar) – nothing to add today
- Sustainability (Nicolle Miller)
 - Administration for Community Living (ACL) has a call for proposal through Grants.gov. 1) Integrated Networks grant – pretty large grant tied to a statewide approach of embedding FP with SDOH HANC has met with AAA for ... 2) Search “falls” in grants.gov to find the other one 5/1/2020 – 4/31/2023 to build and sustain EBPs in communities. Tips – anything you do to connect with the aging network (AAA or senior center(s) and connecting data to the process, thinking about connections of screening in innovative ways and how to reach those who are harder to reach, and assessing outcomes/success.
 - HANC is a statewide hub for programs and can provide a LOS if willing to share info on classes to HANC.
 - Rebecca can also provide Letter of Support
 - Dogwood Health Trust funding in Western part of State. If anything like that in this area, we will share.
 - Last year, some conversations being unspent in nursing homes to improve quality of care, Talked about putting together a proposal for FP to use those funds. Do have some statewide nursing home partners on state coalition. Can revisit with the state coalition
 - NC FPC is developing a 5-year plan. About half-way through now. Three major areas: 1) Prevention across the Continuum of Care 2) Education, awareness, and advocacy, and 3) Collaboration and coalition building. Next opportunity to become engaged will include review of drafts if anyone is interested, let Nicolle know.
 - Senate Committee on Aging did a hearing on falls prevention, and NC FPC submitted some recommendations. There was something developed by NCOA that included connecting to technology like Fitbit (back to Sydney's comments)

12:55p- 1:00p Completion of meeting survey

1:00p Possible tour of Searstone Retirement Community

Workgroups

- Education & Community Engagement- Promote falls awareness events in the Triangle community (Chair: Rebecca Freeman)
- Community Resource Guide & Website- Compile and disseminate falls prevention resources (Chair: Lindsay Bailey)
- Sustainability Planning- Sustain the Coalition (Co-Chairs: Nicolle Miller and Ingrid Bou-Saada)
- Data- Utilize data to guide the work of the coalition (Chair: Tricia Smar)

Next meeting: March 10, 2020 from 11a-1p location to be determined