

North Carolina Falls Prevention Coalition MINUTES
Wednesday, March 18, 2020



VIRTUAL ONLY – GO-TO INFO BELOW
NO IN-PERSON MEETING

Topic	
Welcome & Introductions:	
Amber Chapman	High Country Area Agency on Aging
Angel Vanover	Centralina Area Agency on Aging
Angela Rogers	YMCA Triangle
Ashley Abode	Realo Discount Drugs
Lindsay Bailey	UNC Trauma, Triangle Fall Prevention Coalition
Brandie Garner	Mid-East Commission Area Agency on Aging
Cris Henage	UNC Geriatrics Workforce Enhancement Program
Cynthia Bell	?? (We didn't catch it, sorry! Please let us know and we'll add)
Diane Saccone	Western NC YMCA
Ellen Bailey	NC Center for Health and Wellness at UNC Asheville
Mary Hall	Vidant Medical Center
Ingrid Bou-Saada	NC Division of Public Health, Injury and Violence Prevention Branch
Janice White	NC Division of Public Health, Injury and Violence Prevention Branch
Jason Nesbitt	NC Office of State Fire Marshall, Injury Prevention Specialist
Kristin Ferriter	Carolina Meadows, Inc.
Laura Plunkett	Piedmont Triangle Regional Council
Lauren Musolf	YMCA of the Triangle
Lori Schrodtt	Western Carolina University
Martha Zimmerman	McDowell County Balance
Megan Edwards Collins	Winston-Salem State University
Natalie Tunney	Centralina Area Agency on Aging
Nicolle Miller	NC Center for Health and Wellness at UNC Asheville
Rebecca Freeman	NC Division of Aging and Adult Services
Renee Dawson	Instructor, OTA program, Pitt County Community College

Sara Migliarese	Winston-Salem State University
Sarah Taylor	?? (We didn't catch it, sorry! Please let us know and we'll add)
Scott Pokorny	NCDHHS, Division of Mental Health
Sharon Rhyne	NC Division of Public Health, Injury and Violence Prevention Branch
Tish Singletary	NCDHHS, Office of Rural Health
Toni Chatman	Wake AHEC
Tricia Smar	Duke Trauma, Triangle Fall Prevention Coalition
Vicki Mercer	UNC Physical Therapy
Victoria Tilley	UNC Geriatrics Workforce Enhancement Program

Local and Regional Coalition Updates

Centralina (Natalie Tunney) – Virtual meeting with Metrolina FPC today – were supposed to do an expo with YMCA on 5/13, but will reschedule into September. Angel Vanover just completed leader training with 14 MOB leaders. Putting together a small toolbox to work with faith community nurses to do some training in faith community about falls and falls prevention. Will have a PowerPoint and handouts for them to distribute.

High Country (Amber Chapman) – 2 Falls Prevention Coalition meetings on 4/1 and 4/8 focused on motivational questions about falls and the overlap of dementia and falls for families to do at home. Encouraging Tai Chi participants (about 17) to do online classes in the meantime until can restart after COVID-19. A couple of agencies are doing Matter of Balance, but had to postpone.

Piedmont Triad (Laura Plunkett) – Partnering with Winston-Salem State University to revitalize the Piedmont-Triad Coalition. On 2/28 they held a virtual interest meeting and had representatives from a couple of counties. They started sharing ideas and initiatives on that call. Initial goal – plan a falls prevention summit in September, but they are not sure if can still do it. They will debrief with WSSU and plan the next meeting. They have a web page now on the state FP coalition website.

Cape Fear (Sandy Andrews) – Sandy could not join. Exciting to have a new Cape Fear Coalition that meets monthly in January and February. They plan to meet in March and then will go to quarterly meetings.

Eastern (Mary Hall) – Had to cancel a lot of plans due to COVID-19. Currently, they have Glenn Newman in the coalition doing screening in senior centers focused on gait and falls prevention. Vidant staff completed Otago training and

started system-wide communication using EHR (?) and driver assessment program, which is a 3-part test that includes a road test if needed. They are currently assessing 5-10 individuals a week. Sharon Rhyne noted that she's working with a state senior driver group and lots of folks noted difficulty finding assessment programs nearby. They implemented a FP Bingo game. Recently they shared bingo game with Triangle FPC and are willing to share with others. It is fun and informational. Contact Mary to get the file.

Western NC (Martha Zimmerman) – Had 2nd annual FP workshop on Monday with 60 registered and about half joined online. They appreciate MAHEC's assistance with that. The next meeting is planned for 4/1, but they don't know if it will be virtual. It is scheduled for Asheville, and there is usually a call-in option. The Physical Therapy Association Special Interest Group is very pleased that the group agreed to host an off-season FP workshop in Western NC along with Glenn Newman. Ellen B. commented it is encouraging to hear about resources people are developing in the various regional areas. As Tricia mentioned, the Triangle FPC shared their PowerPoint slides on the state website. If anyone else is interested in sharing their resources with each other and with the state FP Coalition, send them to Ellen Bailey to post on the website. If we want to trace who uses them, we can brainstorm a way to do that.

Triangle (Tricia Smar) – Had quarterly meeting last Tuesday with a lower turnout than usual with 12 participants. They had a good presentation from the Brain Injury Association of NC. They are available across the state if anyone wants to get that information. The group discussed the webpage on the state FPC website and are reviewing it to see if they need to add any resources. Last year, they discussed if they want to break up into smaller coalitions, but the participants decided to stay as is, but to move towards more tangible deliverables. The next meeting is in June – TBD if it will happen. They have resources to share including a PowerPoint that others can use (on webpage) with falls prevention info and resources. The Coalition may do some more strategic planning moving forward, but they are taking a planning year first. Will see if they want to change direction in 2021 or stay the course. Sharon Rhyne commented that with so much being canceled and closed like the Ys, it will be interesting to see what the long-term challenges and impacts on long-term problems will be for seniors to stay active and strong. Vicki T noted that lots of outpatient clinics are having clients canceling (not rescheduling) appointments, so fewer people are also accessing the health care system, which is concerning since they need services. They are afraid of PTs coming into their homes despite the protective measures they are putting in place. The Federal government is looking at increasing capacity, so we can stay on top of that. Nicolle noted that with the CDC arthritis grant, they will see if can open a self-directed online Walk with Ease program, which will be helpful for older adults to stay healthy and active. It is an evidence-based program. The April Healthy Aging newsletter will highlight it and other evidence-based programs. They can open up spots in the bulletin for others to share information if they have it.

NCIOM Task Force Update (Sharon Rhyne)

The group wanted to establish a Healthy Aging Task Force that would address mobility, falls prevention, food and nutrition security, and aging in place. The NC Institute of Medicine is non-partisan, well-respected, and experienced with developing and managing task forces. Adam submitted a proposal for funding to the Duke Endowment in December and assigned Brieanne Lyda-McDonald to manage the project. Several partners made cash commitments - thank you - to show there is a group interested. Usually, applicants know around the middle of February if they will get funding, but Adam still had not heard when our group met in February. He suspects that they will approve it. Rebecca Freeman got in touch with NCIOM Director of Operations, Donald Gula, to discuss contingency plans in case the Duke Endowment does not fund the Task Force. It's never happened, but if it does, they will approach other funders and/or change the focus of the task force. Adam will reach out to them in the next week or so. The economy may influence the decision now. Sharon is still optimistic and will let the Coalition know what happens.

NC Falls Prevention Strategic Plan (Ellen Bailey) Update and Input from Coalition:

Ellen provided an overview of the milestones in the strategic planning process to date (see PPT slides). The group will have time to ask questions after each presentation and there will be an opportunity to provide feedback via a survey after the meeting today. We want to be sure that we don't miss anything crucial, but we are not here to create a whole new vision and to undo all the work that has been done to date.

We kicked off the process in April 2019 with a facilitated strategic planning retreat to develop a five-year action plan using the Results-Based Accountability framework. The structure of the Action Planning Steering Team and three workgroups was described and participants were listed. Angel Vanover, one of the work group Co-Chairs, is transitioning out of that role and Natalie Tunney at Metrolina AAA is stepping into the position. Thank you to Angel and welcome to Natalie!

The Action Plan is very much still a draft currently, and we value your input in this. Ellen acknowledged that some individuals volunteered early in the process and couldn't join the work groups. There are lots of opportunities to become engaged in the work coming up. Dates still need to be added or fleshed out. Keep in mind there are a lot of overlapping issues across the three work groups.

The introduction still has place holders (so you can be involved!). Note there are sample visuals from other states like WA's Continuum of Care model. We would need to add community-based programming to the visual which is so important to the work in NC.

Collaboration & Coalition Building Workgroup (Nicolle Miller) – see slides

- Keep in mind the Work Groups reflect the make-up of each group and there are perspectives missing. The group was diverse, however, and included practitioners from a variety of settings.
- Still need to define “continuum of care” and key providers of individuals included
- Section Q&A
 - What are your first impressions? Consider also the language of how the regional to regional and regional to state relationship are described. Does this make sense?
 - Amber: Good. The two regional coalitions she is with don’t really interact with the state coalition, and most don’t even know the state FPC exists. It would be good to link them together and to share information with each other
 - Mary: Like Amber, the coalition she is on serves a very large geographical area and not all counties participate. It is great to share resources through the state coalition to all counties even if can’t participate regionally.
 - Martha: Pleased to reach counties who don’t have a coalition like Burke, McDowell, Catawba; excited to help establish one in that area
 - Does anything need to be clarified? Is anything confusing?
 - Amber: Especially with trying to connect to clinicians, need more guidance. Some are interested, but others feel it is a sales pitch. Some counties are more interested than others, so education and awareness are important to increase clinician involvement.
 - Is anything missing?
 - Sharon Rhyne: Add the NCIOM Task Force, at least a 1-line placeholder. It is an opportunity to reach new partners – in the collaboration section. Or elsewhere in advocacy.
 - Vicki Tilley: It may end up being in several areas depending on what Task Force recommends.
 - SR: It will go on about a year. It is not short-term
 - Does this work seem feasible for an all-volunteer Coalition?
 - Lindsay Bailey: One part that hasn’t been done yet is task assignment, and feasibility depends on this.
 - Nicolle Miller: Yes, and we’ve talked a lot about the plan continuing to evolve.

Virtual Break

Prevention Across the Continuum of Care Workgroup (Lindsay Bailey) – see slides

- Section Q&A
 - What are your first impressions? Consider also the language of how the regional to regional and regional to state relationship are described. Does this make sense?

- [From Chat: Rebecca Freeman: provide education "to" 211 call center staff? (instead of "of")]
- Vicki Mercer: Concerned about ensuring that all the educational materials will need to be kept up-to-date, reviewed, and revised as new info is released?
- Vicki Tilley: The role of the FPC is to be a resource hub to help connect rather than to develop new resources, so it would be up to the program that develops the materials to keep it updated. It is not responsibility of the Coalition.
- Cris Henage and Angela Rogers: Agreed it would be their programs' responsibility
- Lindsay B: Need to keep this in mind as we continue to flesh out the plan. This is big goal
- [Chat follow-up: Lori Schrod: Same question as Vicki...Feasibility in general of this goal?
- Angela Rogers: I agree with you, on behalf of the YMCA of NC we would be responsible for all of our materials being up to date
- Diane Saccone: Exactly Angela.]
- Does anything need to be clarified? Is anything confusing?
 - Vicki Tilley: We need to clarify the language about the FPC being a conduit of info and resources
 - Nicolle Miller: Each agency putting info out there will need to update it, but could consider a work group of subject matter experts to vet the information coming into the Coalition.
 - Vicki Mercer: Yes, some sort of initial vetting would be really helpful.
 - Lori S.: Yes, vetting implies some level of threshold on agency's info is available. What happens if we don't meet that? Still wondering if feasible for all-volunteers. May need to pare down.
 - Martha Z.: One example to consider: The US FPTF report in November 2019 made a huge change to calcium and vitamin D guidance, which is huge and significant. We will need to always check for updates
 - Vicki Tilley: Would it feel appropriate as we develop info to refer to other organizations who do evidence-based practice, like CDC, NCOA, other organizations? We could develop a standard to support/provide info that meets the standards of those agencies.
 - Lori: Yes, this makes sense for traditional FP programs. Not clear how extensive the goals are around other programs, services. Years ago, the W FPC developed resource list and got similar questions about other programs a lot.
 - Ellen B: Goal 1 CoP – take it back to steering team to vet
 - Sara Migliarese: Could leverage university partners to help vet them.
 - [Chat follow-up: Nicolle Miller: to add to our steering committee discussion - perhaps the objective focuses more on identifying the federal/national/state vetting process we follow

(CDC and ACL for EBFPPs, US Preventive Services Task Force for falls prevention guidelines). I'm not sure about the "best" toolkits out there for various health services, but that could be the goal instead of focusing on developing the tools]

- [Chat follow-up: Tish Singletary: Nicolle, I agree with your comments. I think it would be far more feasible for an all-volunteer group depending on who we think should be assigned the task.

Public Awareness, Education & Advocacy Workgroup (Rebecca Freeman) see slides

- Ellen B.: 3F - added “shape systems”. This was language that other states used and came up in steering team discussions.
- 3F, top bullet, Maybe the NCIOM task force takes this on because they have advocacy clout.
- Rebecca: we have a good and active group. Angel stepped down, but ensured that Natalie could fill in.
- Last WG meeting was in November, got into editing and wordsmithing process after looking over the entire plan.
- Section Q&A
 - What are your first impressions? Consider also the language of how the regional to regional and regional to state relationship are described. Does this make sense?
 - Martha Z: Re Sara comment about universities being able to take on identifying best practices. Maybe universities can take on developing newsletters with most up-to-date research/evidence underway and make that part of the plan.
 - Rebecca Freeman: Great thought!
 - Tish Singletary: should the language on reimbursement include value-based payment models?
 - Hard to hear/missed Question?
 - Tish: Yes, if quality of care and reimbursement-based quality of care. community health workers won't be reimbursed for services if not part of payment model. Need to include them.
 - Rebecca: Point well made. Several examples could be fleshed out more explicitly.
 - Vicki Tilley: At steering team last week, start building materials to advocate through health care system and community-based agencies.
 - Name?: Referred to Sara M's comments about using consistent language across the regional coalitions, too. [Chat: Sara Migliarese: Nice idea, Martha! Also, wondering if there is an action item about improving consistency of the PR going out across all NC regional coalitions.]

Guided Discussion/Overall Questions about the draft (Nicolle Miller)

- Nicolle asked the group to take some time to go through the plan and process it. There are 2 questions to keep in mind and are up for discussion today:
- Q1 - How can we be mindful of inclusion and equity as we develop the 3 key goals and multiple objectives and multiple activities? How do you see inclusion and equity included in the plan?
 - Megan Edwards Collins: Don't know about all of them. Can we include an inclusion/equity officer from a larger organization like Novant or faculty member, etc.? Add some subject matter experts?
 - Nicolle Miller: Great suggestion. Does anyone know of any besides WSSU/Novant?
 - Vicki Tilley: Can ask if there is anyone we can tap into at UNC. Cris is already off the call, but can follow-up on that.
 - Jan White: If can't join, they can review the plan and provide guidance and suggestions.
 - [Chat follow-up: Sara Migliarese: I think I could find folks to review it...]
 - Martha Zimmerman: Question? Mental Health folks.....? (Follow-up)
 - Nicolle Miller: Yes, shared risk and protective factors, including high falls risk populations across the continuum of care.
 - [Chat Follow-up: Tish Singletary: Have we thought about including language that specifically states that we want to ensure that we reach communities most impacted as part of our shared values?]
 - [Chat follow-up: Can we ensure that the listening sessions/focus groups are inclusive and diverse by using communication channels to reach those audiences?]
- Q2 – As you think about the plan and where you sit in your organization, or whom you are connected with in your work, where do you see alignment?
 - Tricia Smar: Alignment with NC Care 360 is really important as they are rolling out across the state and providing resources and guidance in falls prevention. It's great that it is integrated into the plan. Not a Duke Trauma comment, just smart to include in plan.
 - Natalie: Our group is very interested and discussing diving deeper – talk to more patients, emergency department doctors, other professionals and come up with an idea to work with a faith group. Excited about both general public and professional education.
 - Sara M.: Fits into her grant project at WSSU. They have a specific target to do FP in 3 underserved populations. Is it different than targeting general population? Will find out and share information with us. They are partnering with the Salvation Army, a rural YMCA, and churches.
 - Megan: Also on the grant. Also working with low income housing in the grant.

- [Chat: Sara Migliarese: Fits into our ACL fall prevention grant and we will definitely include health equity issues into our project and data collection.]
- [Chat note: Tish Singletary: For Office of Rural Health, the alignment will be included in the National Office of State Rural Health Offices Strategic Plan on Aging.]
- [Chat note: Lauren Musolf: I am with the YMCA of the Triangle and work with our Evidence Based falls prevention program (Moving for Better Balance). We really want to expand our reach our community to drive awareness of this program and find new ways that we can support our community.]
- Lindsay Bailey: This aligns with UNC trauma goals to support falls prevention programs and interventions in my nine county region.
 - Martha Z: Have had a coalition in non-Council of Government, community college, and clinical education connections. There is a lot of potential there. [Chat note added: I am very interested in seeing Western Piedmont COG involvement in the NC FP Coalition by developing a regional FP Coalition there.]
 - [Chat note response from Ellen B: Martha, I think that Sarah Stamey at WPCOG was interested in attending a High Country FPC meeting to get some ideas for that region! So I think it is on their radar.] Ellen will connect with Martha.
- Nicolle Miller: Healthy Aging NC and Rebecca Freeman at Division of Aging and Adult Services (DAAS) are really interested in evidence-based practices, referrals, NCCARE 360, ensuring provider knowledge of EBPs, and reimbursement piece to secure payment for programs proven to reduce health care costs. Definite alignment.
- [Chat note: Amber Chapman: We are going to continue expanding and working with our two fall prevention coalitions-but also working with the new community paramedics in our counties. Sarah Stamey was going to attend our FPC in April]
- [Chat note: Angela Rogers: To continue where Lauren M stated on behalf of the Y's of North Carolina we will continue to be in the falls prevention space with our Evidence Based Programming. Out of our 26 YMCA Associations within our State 7 of those are running Moving For Better Balance and we are hopeful to have more running the program]

Next Steps

- Sharon Rhyne asked if the plan can be complete before June 17th
- Ellen Bailey: That doesn't seem feasible at this point based on what we heard today and the feasibility conversation.
- Next meeting is June 17th regardless of the format we will need to use then. The work will continue.

Closing comments/plan for next meeting; **2020 MEETING DATES:** June 17, September 16, December 16



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



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