

North Carolina Falls Prevention Coalition MINUTES

Wednesday, June 17, 2020



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

Time, Topic, Leader(s)

1:00-1:10: Welcome & Introductions, Sharon Rhyne, NC DHHS

Angel	Vanover	Aging Specialist	Centralina Area Agency on Aging
Audrey	Edmisten	Aging Specialist	North Carolina Division of Aging and Adult Services
Deborah	Constantine	Clinical Assistant Professor	Campbell University
Debra	Kosko	Clinical Associate Professor	East Carolina University Dept of Advanced Nursing Practice and Education; Geriatric Workforce Enhancement Program
Donnie	Smith	Director of Physical and Occupational Therapy	Murdoch Developmental Center – NCDHHS
Ellen	Bailey	Falls Prevention Grant Manager	NC Center for Health and Wellness, UNC-Asheville
		Executive Director	NC Falls Prevention Coalition
Ellen	Schneider	Research Scientist/Dissemination Leader	UNC Carolina Geriatric Education Center
			National Falls Prevention Resource Center
Faye	Maloney	Intern	Centralina Area Agency on Aging
Glen	Newman	Physical Therapist, Clinical Education Coordinator	Vidant Medical Center
Ingrid	Bou-Saada	Injury Prevention Consultant	NC Div. of Public Health, Injury and Violence Prevention Branch
Janice	White	Injury Prevention Consultant	NC Public Health, Injury & Violence Prevention Branch
Jason	Nesbitt	Injury Prevention Specialist	NC Department of Insurance, Office of State Fire Marshal
Kathie	Smith	VP State Relations	Home and Community Based Care, Association for Home and Hospice Care of NC
			American Bone Health
Kathleen	Cody	Executive Director	Centralina Area Agency on Aging
Katy	Kutcher	Aging Specialist	Carolina Meadows, Inc.
Kristin	Ferriter	Risk and Compliance	Piedmont Triad Regional Council Area Agency on Aging
Laura	Plunkett	Health Promotion Coordinator	Western Carolina University
Lori	Schrodt	Professor	NC Physical Therapy Assoc. Falls Prev. Spec. Interest Group;
Martha	Zimmerman	Co-Chair	McDowell CHAMP; WNC Fall Prevention Board
		Program Coordinator	Vidant Medical Center, Community Health Programs
Mary	Hall	Prevention Coordinator, Senior Services Chair	Eastern Falls Prevention Coalition
Megan	Edwards Collins	Associate Professor- Occupational Therapy	Winston-Salem State University
Meredith	Spell	Injury and Violence Prevention Coordinator	New Hanover Regional Medical Center;
			Cape Fear Falls Prevention Coalition
Michael	McGregor	Physical Therapist	Genesis Rehab - Durham
Nicole	Hiegl	Director	High Country Area Agency on Aging;
			High Country Falls Prevention Coalition
Nicolle	Miller	Director of state and community collaboration	NC Center for Health & Wellness at UNC Asheville
Norman	Franklin	Injury Prevention Specialist	NC Department of Insurance, Office of State Fire Marshal
Rachelle	Strachar	Program Facilitator	Charles House
Rebecca	Freeman	Healthy Aging Specialist	NC Division of Aging and Adult Services
Richard	Duncan	Executive Director	Universal Design Institute
Sara	Migliarese	Assistant Professor	Physical Therapy, Winston-Salem State University
Scott	Pokorny	TBI Team Lead	NC Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
			Division of Public Health, Chronic Disease and Injury Section
Sharon	Rhyne	Deputy Section Chief	NC Falls Prevention Coalition
		Chair	Wake AHEC
Toni	Chatman	Associate Director for Oral & Allied Health Education	Duke Trauma Center
Tricia	Smar	Injury Prevention Coordinator	UNC-Chapel Hill
Vicki	Mercer	Associate Professor, Division of Physical Therapy	UNC – Carolina Geriatric Workforce Enhancement Program
Vicki	Tilley	Project Facilitator	ElderFit
		Physical Therapist, Founder and President	

1:10-1:15: NCIOM Task Force Update, Sharon Rhyne, NC DHHS

Over 6 months ago, a small group from the NC FPC started discussions with Adam Zolotor, Executive Director of the NC Institute of Medicine (NCIOM), about the possibility of establishing a falls task

force. After much discussion, the group decided it would be better to include falls prevention within a broader Healthy Aging Task Force. Adam was successful at raising Duke Endowment's (DE) interest. The Division of Public Health (DPH), Division of Aging and Adult Services (DAAS), and others contributed good faith seed money. Adam submitted an application to the DE on behalf of the Coalition in December 2019. When COVID-19 was underway, DE had changes in their funding capacity. Adam suggested postponing to the fall or even November 2020. We all decided it is best to wait given the current circumstances. Recently, Adam stepped down from his position with the NC IOM to join the faculty at UNC. Sharon will follow up with him to see what the status of the Aging Task Force might be.

Discussion

- Ellen S. agreed it is a good idea to follow up now. The last time we spoke to DE, the stock market had a huge downturn, and that made for some uncertainty about their finances. Because COVID-19 is hitting older adults really hard, and because of social isolation many are facing, DE may be even more interested in funding a Healthy Aging Task Force.
- Sharon: A virtual task force may not be as unappealing as it would have been even 3 months ago. It may even help to get some people to the table.
- Rebecca: Suggested that because DAAS is moving forward with a Social Isolation Work Group, that might help. The work is moving forward, but of course the IOM task force would be even more impactful.

1:15-2:00: Cancer and Falls Risk, Guest Speaker, Earllaine Croarkin, MPT, NCS, Consultant, NIH Clinical Center, Rehabilitation Medicine, APTA Oncology Special Interest Group

Ellen Bailey introduced Earllaine Croarkin. Ellen saw her present on a National Council on Aging work group. Other members have expressed interest in the overlap of cancer and falls, so she is pleased to have Earllaine join us today.

See slides. Additional notes from the presentation:

- Earllaine commented on the great diversity of settings represented in the Coalition.
- Earllaine's background: working at NIH in Bethesda for ~ 25 years in the Clinical Research Center. She is Board Certified in Neurology and has an interest in oncology and falls. She volunteered as chair in a balance and falls SIG. Academy of Oncological Physical Therapy.
- This is a multifactorial problem, and not many people are screening for it. There is a lot we can do to reduce the cost and burden of falls, especially for folks with cancer when it can be even more significant. Individuals can have impairment from the cancer itself or from treatment.
- Cancer is 2nd leading cause of death. Not always on the aging radar. Need to start thinking about cancer survivors and treating cancer as a chronic disease. People are surviving longer and it is becoming a more common condition of aging.
- Cancer patients in remission can be in and out of clinic, but most often live at home. Often cancer patients are so caught up in their cancer diagnosis that they don't think about their physical condition, balance issues, or need for exercise.
- Cancer has a way of physiologically aging people, so they might not be as fit or stable as other people their age. Treatment is often harsh and can lead to fatigue, cognitive impairments, and other physical impairments. See slides for details. Lymphedema can throw off balance since swelling causes a person to be weighted more on one side. Breast and prostate cancer both are linked to a higher risk of osteoporosis, which can make a fall have more serious consequences.

- Transplants can increase fall rate by up to 70%.
- Sensory impairments include neuropathy or chemo-induced peripheral neuropathy (pins and needles) are associated with breast cancer and can increase risk of falling
- Trouble with activities of daily living (ADL) or walking are linked with a higher risk of falling.
- Screening for falls – anyone could do it per the CDC if they use the STEADI algorithm. However, most older adults with cancer use oncologists as their PCPs, but 93% of oncologists aren't screening for falls.
- Any exercise interventions may need to be assessed and modified for safety
- choosePT.com – see fact sheets and podcasts. Search for “cancer and balance”
- One good program for cancer patients is Otago. They can start with a physical therapy assessment and can use telehealth, but then the patient can continue on their own. This can help lessen fear of falling, which is so important.

- **Q&A**

- Sharon – will discuss falls with the NC DPH Cancer Branch. It isn't really in the discussion right now and needs to be.
- Q: Kathleen Cody - how can we determine qualifications of a PT to work with a patient with certain physical conditions. Does APTA have any certifications that qualify a PT to work with patients with osteoporosis and at higher risk for falls and fractures?
 - A: Earllaine - Otago is great for these patients. Also, can be Board certified in Oncology, which is a brand new PT certification, but there is not a specific certification for falls risk. Sara Meeks has a CEU course.
 - Vicki Tilley – Go to ChoosePT.com and look for Geriatric Clinical Specialists. Also think about folks in home health. All PTs learn falls prevention as part of standard education, and some of the issue may just be needing experience working with older populations.
- Q: Kathleen – what kind of questions could you ask a PT?
 - A: Vicki T. - Do they have experience working with older adults (OAs) or do they have mentors if they are a new grad? Do they have others in the clinical group or staff with that experience? Also, Orthopedic Clinical Specialists would have more experience working with fractures related to osteoporosis or with frailty
 - A: Earllaine – yes, this is good, but be very careful with cancer patients. Cancer centers will have PTs with lymphedema experience and with osteoporosis. Carol Lewis has a certification with geriatrics, but not in APTA. Try to stick with APTA
 - From chat: APTA Geriatrics will be launching a balance & falls advanced credential...more info from Lori Schrod
 - 13:54:06 From Glen Newman : Meeks Method
 - 13:55:34 From Glen Newman : CEEAA (Certified Exercise Experts for Aging Adults) is also a possibility
 - 13:59:53 From Glen Newman : There is a Certified Exercise Expert for Aging Expert from the Geriatric section of the APTA
 - 14:00:04 From Kathleen Cody : Lori Schrod would love to know more about the credential. kathleen@americanbonehealth.org
 - 14:03:40 Overview of new APTA credential is available at www.geriaticsppt.org...was to launch in May but all on hold due to COVID. (Lori S.) is on the development team happy to talk if anyone

wants to know more. Look under Education tab for Balance & Falls credential. Here is the [LINK](#).

- Q: Richard – In the presented falls statistics, since a lot of falls go unreported, wouldn't the falls rate would be higher? Do you have any research on the statistics that take that into consideration?
 - A: Earllaine – Prospective studies would be best since they don't require participants to remember a fall but track them going forward. There is probably some under-reporting because of human nature and fears of talking about falling and losing treatment for cancer.

2:00-2:15: NC Falls Prevention Strategic Plan Update, Ellen Bailey/Ingrid Bou-Saada

- See slides

- Q&A

- Q: Vicki Mercer - What data will you be looking at for information on equity? Consider the data of who is accessing each intervention.
 - A: Ingrid: Yes, that is part of the SMARTIE objectives that are being developed with each objective going forward. We will also check to see what data is available retrospectively on who is accessing interventions.
- Q: Vicki Tilley: Will the data include breakdowns of underserved populations like people who are homeless or have an intellectual or developmental disability?
 - A: Ingrid – will check with epidemiologists if those breakdowns are available or possible.
- Martha Zimmerman: As a member of the Action Planning work group, she would vote for not delaying the plan but to release it in September for Falls Prevention Awareness Week and update as we go. Chat: Would like to share with the PT and PTA schools in Universities and Colleges to help them to find a project this fall for the National Falls Prevention Day.
- Chat: From Megan Edwards Collins : And OT/OTA Programs as well! We do many things with Fall Prevention, etc.
- 14:19:43 From Kathleen Cody : I think it would be good to have a plan - it can be a living and dynamic document.
- 14:22:48 From Vicki Mercer : I agree that it would be good to go forward with the plan and incorporate the equity work as a specific objective.

2:15-2:20: Virtual Break

2:20-3:10: Planning for FPAW during a time of COVID:

- Ellen B. – There will be an NCOA Falls Prevention Awareness Day (FPAD) Work Group Call on 7/16. During the recent NCOA Conference, Nicolle was able to listen in with colleagues. The national focus of FPAD this year (9/22/20) is on adaptation in the time of COVID. Will update the group after the 7/16 call. In NC, we do a whole week instead of a day. The dates for FPAW this year are 9/20/20 – 9/26/20
- Potential ideas:
 - Home exercise
 - Home safety
 - Social connections
 - Med review via telehealth
 - Caregiver support other ideas?

See slides for resources including Tai Chi for Arthritis and Falls Prevention Online. Dr. Lam also provided materials that are on a one-stop shop at <https://healthyagingnc.com/resources/leader-resources/>

- Successful service delivery models/adaptations during COVID19
 1. **Virtual assessments, Sara Migliarese, WSSU (5 minutes) – see slides**
 - “Biggest Hurdle for Virtual Fall Risk Screening” – Wanted to offer Otago since it is packaged for virtual use already. The Y is currently piloting virtual programming. A Matter of Balance is not yet packaged/approved for virtual delivery.
 - Thought they could structure virtual screening to be safe. Not sure if their screening is best algorithm, but will share how it goes.
 - Using HIPPA compliant form of Zoom
 - Partners include Laura Plunkett
 - Used a virtual flyer with embedded link to a consent form and sign up
 - Will OAs use technology? Yes! Got 80 responses.
 - Needed Zoom with unlimited participants for break out rooms. Not free but worked really well.
 - Need a tech person in the background to handle issues and doing the breakout rooms. Plus, need an additional person to help participants with tech issues.
 - Used a Zoom waiting room and staggered appointment times.
 - A student and licensed clinician did the virtual screen one person at a time. Tried to determine who is eligible for Otago.
 - Used STEADI – 3 basic questions. Asked about ADL needs. Did a 30-second chair test and TUG only. Used algorithm to decide if appropriate for OTAGO. If not, sent participants info on other classes and info for CDC website. Also, asked if they could use a referral for the Healthy Living online program with the local AAA.
 - Did a practice run with family members to work through the process and work out bugs
 - **Q&A**
 - Q: How did you ensure safety and fidelity with the virtual TUG?
 - A: got instructions to measure out the 10 feet before the screening. Then they had a visual target to walk to. Some did not stay on camera the whole time, so didn’t always get to see the whole TUG and trusted them that they measured the 10 feet ok.
 - Q: What was the incentive to participate in the screening?
 - A: No money. Often it seemed it was about social isolation. Loved talking to the students and seeing someone. Loved idea of being in a class with others. Class is going on now for 12 participants.
 - Q: How many participants did you have, and where were they located (all in NC or across the country)? Have you done any follow-up to see whether the participants followed recommendations for referral?
 - A: All in Piedmont area – about a 5-6 county area. Had 80 who expressed interest. About 50 did the screening. Of those, they had 14-18 who were appropriate for Otago. 12 completed the consent and are in the class. Don’t know how many followed up with recommendations. Could ask Laura P how many asked about the Healthy Living Program. The classes are going for 3 weeks now.

14:40:19 From Kristin : I am interested in knowing more as this could be an activity at our retirement community for FP week. could you share slides?

14:40:20 From Michael McGregor : It is an great idea and so excited that you pulled it off, especially now. Were you concerned about liability?

14:42:09 From Martha Zimmerman : Vicki, This maybe a way for CHAMP to start up again....

14:43:14 From Sara Migliarese : Our lawyer reviewed our consent and all had to agree to digitally sign the liability form.

2. **Otago update, Vicki Tilley, UNC GWEP (5 minutes) – see slides**

- Jennifer Tripkin at NCOA was getting a lot of questions about virtual classes. They worked on recommendations on delivery of Otago Program that is virtual.
- The top 2 questions that were coming in: if someone is already doing Otago, can they continue? If working with someone and think Otago is appropriate, how can they bring them in as a new participant? Recommendations were put into a document that is now on the NCOA and the UNC Otago websites.
- Current participants: Continue if they have been independent in the program. If doing audio or audiovisual check-ins with a PT or clinician, it could be reimbursed through telerehabilitation in expanded Medicare. Continue on the current schedule.
 - If doing virtual groups, if feel participants are safe and can meet together in a virtual environment, encourage them to continue.
 - If already set up, revisit liability issues and let them know through informed consent what the risks are. Many community-based providers have developed virtual consents through senior centers.
 - Can be really helpful for social isolation
 - Do want PTs doing f/u care through telehealth, follow business entity policies for telehealth, and use HIPPA compliant videoconferencing platforms. Relaxed regulations for telehealth now, but this may continue.
 - Individual and group classes can be done virtually with a liability form.
- For individuals NEW to Otago program: Sara had a good case in point to think about virtual screening or assessments.
 - The three of them at UNC and Winston-Salem State Univ. got together to discuss safe ways to do assessments.
 - For Otago, still recommending PT doing a 1-on-1 assessment. As Sara pointed out, some things can't be controlled like measuring out the 10 feet.
 - For virtual assessment, do a pre-screening to see if they have the technology to interface with you visually and with voice. Is a caregiver present to help with the assessment and to ensure safe activity and guarding the participant? Complete an informed consent about providing care through virtual means. Many practices should have that informed consent for clinical virtual interactions.
- Telerehab – See slides for resources. Doxy.Me and Zoom Medical are HIPPA compliant but there are others.
- **Q&A**
 - Vicki – They weren't really concerned about the exercise program as much as the assessment being done virtually and safety. Sara: They have an IRB clearance for a study, and those folks do the whole STEADI assessment,

including the whole STEADI screen, and a few other easy balance tests. No issues came up.

3:10-3:25, Local and Regional Coalition/Partner Updates

- **Centralina/Metrolina Falls Prevention Coalition (Natalie Tunney)** – Have been doing videos for home exercise and home safety. Partnered with Atrium and Novant Medical Systems. Also working with Habitat for Humanity Critical Repair group – mainly older widowed women. Trying to get on Spectrum or other public services spots. Usually do expos but pivoting quickly and met this morning to continue the discussion. Meets monthly on the third Wednesday.
- **Eastern Falls Prevention Coalition (Mary Hall)** – They presented on Remembering When at the NCOA Conference.
- **DAAS Social Isolation Work Group (Rebecca Freeman)** – One of the main goals of this new work group is to set up a web page that could be a statewide point of access for programming for senior centers and other senior serving organizations. They could log in and present through the site. A guest is coming to the meeting tomorrow to talk about another possible platform used in CA – started with a calendar that was phone based that listed events by type of interest. It became self-sustained as seniors started maintaining it, and it is growing to virtual. Also, looking at developing a system of support that is more high level. Partnering with researchers and the DMH GAST (?) Team. Looking to partner with other divisions soon. Will share with AAA tomorrow and will meet with AAA and DMH next week to share the plan and get input. Susan Kansagra at DPH had asked about the work group also.
- **Western NC Falls Prevention Coalition (Martha Z.)** – Next meeting is on the 24th. She works in her church garden and got an intern from UNC-A through the Center for Health and Wellness, and he is doing a great job. Martha is helping the NCAPTA Falls Prevention Special Interest Group. Believes we can use students to help with COVID pivoting. They can create and help develop things for virtual use. Lots more can happen with internships at universities than we currently have in place. She wants NC APTA to do the national Falls Prevention Challenge, and it would be great to have the strategic plan available to share for that challenge.
- **NC Center for Health and Wellness (Nicolle Miller)**
 - UNC-A received \$600,000 grant for NC Policy Collaboratory at UNC-CH to reduce social isolation through a social bridging program in Western NC. They are placing students in programs to help bring OAs into virtual programming. Some of the grant is research to see effectiveness. It is a 6-month project through December. She will share more as they learn more and will share how it will overlap with Healthy Aging NC.
 - Also received an Integrated Network Grant for \$1.2 M for three years to work with AAAs to focus on business acumen for falls prevention, addressing social determinants of health, and connecting with health care. They will be bringing in a Strategy Director to help with the business plan, and a 1-year position to close out current grant as Ellen transition to new grant, and to wrap up the action plan.

- **Triangle Falls Prevention Coalition (Tricia Smar)** – Connecting to local TV for public service announcement. Local senior Center doing Facebook Live and some other virtual activities. Worked with the Durham County local access TV channel. One issue is the quality of videos have to be a certain level of HD quality, and the NCOA videos were not at that level. Worked with Durham Parks and Rec and got a quality video made through them. Created a flyer with air times (different times throughout the day) and YouTube link. Also, connected with senior communities to share the flyer. Durham Center for Senior Life did a virtual Health Fair with several speakers, an exercise class, giveaways and more, all through Facebook Live. Reconnecting with them soon since they usually partner for the Fall Expo to see about making that virtual.

From Tricia Smar : Durham Center for Senior Life Virtual Health Fair (May 18):

<https://www.facebook.com/DurhamSeniors/videos/168518424601503/>

From Tricia Smar : Durham Parks & Rec Mature Adult Exercise Video:

<https://www.youtube.com/watch?v=Z9Ls5Ixlhbs&feature=youtu.be> (listed as bit.ly/SeniorWorkout for ease of access)

- **Nicolle M.** – At the Triangle Falls Prevention Coalition virtual meeting last week on 6/9, they had one of the highest attendance numbers in the 2.5 yrs. of the coalition. Clinicians were pleased to be able to join virtually. Dedicated about an hour to discuss what some senior centers are doing to engage OAs in the areas and produced a lot of conversations. They decided to let that discussion go the whole time and didn't end up in break outs for workgroups. The senior centers are doing an amazing job with innovative ways to keep OAs engaged such as virtual health fair opportunities, etc.
 - Vicki T- how are they tracking the people who are engaging and are they the same people over and over again or reaching wider audiences now?
 - Nicolle M. – that's an interesting question. In UNC-A research grant, could look at that more intentionally. Can run analytics on websites for repeat users. Not sure if Senior Centers are doing that. Facebook has analytics too. If HANC offers parameters maybe can get that running.
 - Vicki T: uses Facebook Live for classes and can't really track well by "views" because it could be someone coming in for a minute and leaving vs. actually staying throughout. Just wondering if we are reaching the folks having the most difficulty interacting and interfacing.
 - Nicolle M. – Wouldn't be surprised if new folks engaging this way because may not want to go to a senior center but would engage online. Will see if can assess some of these questions with the research project.
- **Piedmont Falls Prevention Coalition (Laura Plunkett)** –In March they had just an interest meeting. Next Wednesday, 6/24, from 12-1:30 PM is their first meeting. [Meeting invite for PAFPC](#). They were already just doing conference calls because their area is so large, so didn't have to pivot too much. A couple members attended the NCOA Age+Action meeting. She will share that and the discussions in this meeting as well as the WSSU work with virtual risk assessment and other programming happening now during COVID. She appreciates the information on a virtual expo – will add that into the discussion.

3:25-3:30, Closing comments/plan for next meeting September 16, Sharon Rhyne, NC DHHS

- Vicki T – how is NC Cares 360 doing? How is it working during current COVID environment

- Sharon R – the DPH Diabetes Program works with them, but can't tell how it's going.
 - Nicolle M. – Cone Health was a clinical health early adopter. When she checked in with Laura P, they had received no referrals at the aging network.
 - Laura P – one of their partners in Greensboro also has not received any referrals for exercise programming. It is taking a bit of time to get it up and running for the aging network.
 - Vicki T. – wondering if it is potentially being used for other resourcing like mental health services and social isolation. Just wondering if it is built up or used enough.
 - Nicolle M. – when we met with them, there were categories of services to refer to, and doesn't remember social isolation as one of those categories. There is a strong emphasis on food, transportation, housing, and other Evidence-Based Practice options that align with Medicaid Transformation. Providers also have the option to decide where to send referrals to even through NC CARES 360, and they are often still using their old referral patterns. We need to provide education to providers to expand their knowledge of referral options.
- Ellen B. – will send out any info she can get from NCOA after the 7/16 meeting. She is considering developing a resources page on the Coalition website links on virtual expos and other virtual opportunities.
 - Nicolle M. – also, in the past the website included a map of FPAW activities. They can still create a map and give the virtual option for folks to connect with programming and events
 - Kristin – Independent Living residents had 2 falls just in the last month. Resources and ideas are so helpful!

2020 MEETING DATES: March 18, June 17, September 16, December 16



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



NC DEPARTMENT OF
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Division of Public Health

