



# North Carolina Falls Prevention Coalition MINUTES

## Wednesday, December 16, 2020

### I. Welcome

Sharon Rhyne, DPH CDIS (Chronic Disease & Injury Section)

#### Attendees:

Ellen Bailey	Falls Prevention Grant Manager	NC Center for Health and Wellness (NCCHW), UNC Asheville
Ellen Schneider	Research Scientist/Dissemination Leader	UNC Carolina Geriatric Education Center
Glen Newman	Physical Therapist, Clinical Education Coordinator	Vidant Medical Center
Ingrid Bou-Saada	Injury Prevention Consultant	NC DPH, Injury and Violence Prevention Branch
Jason Nesbitt	Injury Prevention Specialist	NC Department of Insurance, Office of State Fire Marshall
Jeff Bachar	Strategy Director	NC Center for Health & Wellness a
Lori Schrodtt	Professor	Western Carolina University
Martha Zimmerman	WNC Fall Prevention Co-Chair	NC Physical Therapy Assoc FPSIG. Program Coordinator McDowell CHAMP
Mary Hall	Prevention Coordinator, Senior Services Programs	Vidant Medical Center, Community Health 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
Nicolle Miller	Director -State & Community Collaboration	NC Center for Health & Wellness
Norman Franklin	Injury Prevention Specialist	NC Department of Insurance, Office of State Fire Marshall
Rebecca Freeman	Healthy Aging Specialist	NC Division of Aging and Adult Services
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
Sharon Rhyne	Deputy Section Chief	DPH, Chronic Disease and Injury Section Chair, NC Falls Prevention Coalition
Toni Chatman	Associate Director for Oral & Allied Health	EducationWake AHEC
Tricia Smar	Injury Prevention Coordinator	Duke Trauma Center
Amber Chapman	Health Promotion Specialist	High Country AAA
Helen Buchanan	PT, DPT	Liberty Healthcare
Janice Self	Data Manager	NC Center for Health and Wellness, UNC Asheville
Janice Williams	Community Outreach	Atrium Health
Jennie Griggs	Director, Resources for Seniors	North Wake Senior Center
Karen Keating		Brain Injury Association of NC/Asheville
Kelly Ransdell		National Fire Protection Association
Kelly Cahill		Cape Fear Falls Prevention Coalition
MaryLou White	Aging Specialist	Piedmont Triad Regional Council
Morgan Wilson	Project Specialist,	NCCHW
Natalie Tunney	Aging Specialist	Centralina AAA
Sarah Gachuz		NC Assistive Technology Program, NCATP
Scott Proescholdbell	Epidemiologist	DHHS DPH Injury and Violence Prevention
Shana Geary	Epidemiologist	DHHS DPH Injury and Violence Prevention
Tish Singletary	Branch Head	DHHS DPH, Community and Clinical Connections for Prevention and Health
Tracey Gates	Injury Prevention	Mission Health Trauma
Vicki Ashley	Business Services Specialist	NCCHW

## II. Guest Speaker: “Deck the falls with boughs of data:” Data Updates for Falls Prevention

### Shana Geary, Epidemiologist, DPH IVPB (Injury & Violence Prevention Branch)

Shana will provide slides once approved. They will be shared on the coalition website. Refer to slides for notes.

#### Questions/Answers here:

- Q. Will this PPT be provided? (Jennie Griggs)
- A. Currently these slides are going through an approval process and will be shared after approval is received.
- Q. Can you explain again about falls coding changes? (Rebecca Freeman)
- A. The purpose of these codes are for billing purposes, and we are able to use them as a secondary source to provide an in-depth understanding of the injury.
- Q. Cause of increase? (ED visits due to falls) More older folks moving to NC or poorer health, resources? (Sara Migliarese)
- A. There has been a higher number of older folks, a lot of it has to do with the aging of our population.
- 
- Q. Will this data be available somewhere we can use it later? (Mary Hall)
- A. The PPT will be posted on website and all data sources are also accessible by the public: <https://ncfallsprevention.org/falls-data/>
- Q. Is there a breakdown on falls caused by pets? (Jennie Griggs)
- A. I am pretty sure there is, there are so many codes- it is within that ICD10 book.
- 
- Q. Is there a tracking mechanism in place for falls with injury going to Urgent Care and getting x-rays and casts? (Kelly Cahill)
- A. Not that I (Shana) am aware of, not sure how to go about getting those. There is something I haven't shared, but I can share the link to NC Detect that is much like the WisQars data, where they do house EMS data as well. That might be another source for NC Specific Data.
- Q. Can you sort data by geographic areas instead of the whole state? (Janice Williams)
- A. In BRFSS you can, and we are starting to do that. You can look at regional data at the North Carolina State Center for Health Statistics- James Castle might be a better contact for BRFSS data.
- All of the links on the presentation are available on the coalition page, <https://ncfallsprevention.org/falls-data>
- 
- Q. Can you filter by census tracts? (Sara Migliarese)
- A. This question ties into question above by Janice Williams. Check NC State Center for Health Statistics.
- Q. Is ORION available to the public yet? (Lori Schrodtt)
- A. No- It is internal for now but we are working on that.

- Q. Why are so many falls identified as “unspecified?” Important education/advocacy opportunity addressing unspecifieds since cause data is important for tailoring intervention focus (Rebecca Freeman)
- A. This new data coding is only 4 years old, so unspecified may be due to lack of behavior change within providers using the newer codes. It will take some provider education, providers getting used to this, and so on.

Shana’s contact information will be on the end of the slides.

### III. Action Plan – Website Resources, Ellen Bailey, NCCHW

- a. The full action plan is now available on the coalition website:  
<https://ncfallsprevention.org/2021-2025-action-plan/>
- b. Please share with partners who might be interested in joining our work on the action plan.
- c. You can download a full PDF and/or also preview by each goal, objective or section. A special thanks to all of the co-chairs and work group members and especially to Ingrid for her editing expertise, and to Morgan for creating the final document.
  - This is a year and half worth of work, and the coalition should be proud of this!
  - As a reminder, this is a living document and we will review this at the end of each year of this 5 year plan.
  - We are working to make this as accessible as possible, it is a great tool to share with partners and if you have any questions please feel free to reach out.

### IV. Action Plan – Implementation Discussion, Ingrid Bou-Saada, DPH IVPB (See Slides)

***Desired Results of Discussion:*** Determine which work groups and/or subcommittees will be most efficient and effective to best inform and guide the implementation phase of the strategic plan, including informing the process for scheduling and adding additional workgroups and committees.

***Intro:*** After 18 months of creating the Action Plan, we are moving into the implementation phase in 2021. The Action Plan will be reviewed annually, and language and action steps may be tweaked along the way. As we move into the implementation phase, we would like input from the current work group and all coalition members on how best to work together to implement the action plan and to address cross-cutting themes:

***Overview for full coalition discussion:***

**The current existing work groups are based around the 3 goals plus evaluation.**

1. Collaboration and Coalition Building
2. Prevention Across the Continuum of Care
3. Advocacy, Awareness and Education
4. Evaluation

**Cross-cutting themes across the 3 strategic goal areas that influence implementation:**

1. Shared Risk and Protective Factors Framework

2. Marketing and Communications:
3. Stakeholder Engagement
4. Research & Practice
5. Data

The steering committee sees some advantages in creating standing committees that include current and new members to work on cross-cutting themes and deliverables, but we also want to honor and maintain the energy and work of the 3 original work groups and include all interested coalition members in the process. Given that there are many cross-cutting themes such as resource development, and the Shared Risk and Protective Factor (SRPF) framework, which of the following scenarios seems most effective?

**POLL 1:**

**Option A:**

- Start 2021 with existing four work groups/focus areas and invite new people to join
- Add a new SPRF Framework workgroup
- add other groups as needed, once we start working on the deliverables
- original work
- Original Work Groups might dissolve or check-in less, often as the work moves forward

**Option B:**

- Keep Evaluation group to track progress and coordinate implementation
- modify existing groups/create new ones focused on cross-cutting deliverables.
- For example:
  - SRPF Framework
  - Marketing and Communications
  - Stakeholder Engagement
  - Research and Practice
  - Data
  - Other *ad hoc* work groups as needed deliverables

***POLL results/discussion***

***Option A: 21%***

***Option B: 79%***

**Discussion:**

- Workgroups that didn't finish- will they get a chance to do that? (Rebecca Freeman)
  - Ingrid- if you want to meet one more time/ have a transition period to then that's fine to do.

**POLL 2:**

What is the best time to collaborate and connect to move the action plan forward? Within a workgroup? Across work groups? How do we want to integrate work groups with our quarterly coalition meetings?

**Option A:** Workgroups meet as a part of the regularly scheduled coalition meeting. Dedicate part of the time for workgroups to get meaningful work done (45-60min). This may shorten time on educational presentations or other parts of the meeting.

**Option B:** Designate a half a day towards FP work. Work groups would meet 60-90 minutes just before quarterly meeting, provide updates/connections during the quarterly meeting

**Option C:** Hybrid- Work groups continue to meet independently, provide updates during coalition meetings, occasionally work time would be provided during quarterly meetings.

***POLL results/discussion***

- ***Option A: 11***
- ***Option B: 7***
- ***Option C: 10***
  - This seems like important information to take back to the steering committee to advise how workgroups should move forward. (Ingrid)
  - Possibly a mix between A/C
  - Kind of hard to choose between because so many different things come up at different times (Nicolle Miller)
  - Martha Zimmerman/ Toni Chatman/ Mary Hall: Would not like to see education reduced during meetings.
  - Mary Hall/Lori Schrod- Carving out more than half a day is more difficult than coordinating other times to meet.
  - Perhaps if workgroup doesn't complete during meeting (A) they could meet independently (C)
  - Would it help if people that selected B to vote for either A or C instead? (Scott Porkorny)
  - From Natalie Tunney: I like your idea Rebecca.
- How would these options help us engage new partners to be involved in our workgroups? (Ellen Bailey)
- As you continue to work within your work-groups or back at your agencies, I encourage you all to look at the action plan and see how the action steps might line up with the work you are already doing.
- We have limited access to photos of work across the state, so we encourage you to send those to us if you have permission to share them. ***We would love to see the diverse work that the state partners is doing and then represent that work on the Falls Prevention website.***

**V. Falls Prevention Awareness Week (FPAW) Overview, Ellen Bailey, NCCHW (See Slides)**

In terms of numbers of best estimates of the number of people reached, in some areas you can see that there were actually increases over 2018 and 2019 – shown in Green. Totals are separated out a bit to show overall numbers separate from two larger estimates from Vidant Health/ ENC.

- There were improvements made in how people are reaching each other, even during the pandemic.
- Vidant Health had a press release that was picked up by two national organizations- 200,000 people reached. Potential National reach of 28 million.

- Mary- We felt like the virtual presentation on the FB page helped us utilize more of our coalition members. Mary Hall: Looks like virtual stuff was VERY well received!! Who knew?!
- Scott Pokorny: This is in line with what other groups are experiencing with online outreach. Great to see!

## **VI. Local and Regional Coalition Updates, Regional Coalitions and Members**

### **Cape Fear Falls Prevention Coalition (Meredith Spell):**

- Still trying to get our “feet wet”, we have been working on establishing subcommittee for various focus areas, such as exercise, social media, etc. Establishing this to ensure accountability and get the members active in the coalition.

### **Centralina/Metrolina Falls Prevention Coalition (Natalie Tunney):**

- Been doing a lot of things online, had our first Falls Prevention Expo online, we will have a virtual falls prevention webinar in february, we usually meet monthly- been working on getting virtual resources all up on the Centralina website.
- Janice Williams- we are doing an outreach campaign with nightlights, we are trying to get seniors to do risk assessments during this event. Habitat for Humanity has a large program where they repair older adults homes for free in exchange for educational attendance or volunteer work. Atrium does have its own community resource website- Aunt Bertha, I don't think they are going to sign on for two bought resource surveys.
- Nicolle Miller- Atrium is doing a “healthy at home initiative”, can we connect to this effort?
  - Janice White- We haven't been engaged in community outreach very heavily until now. Their request to me is that there is not a lot of maternal/child health resources and would like to work on that. There is opportunity, but the right connections have to be made. There may be a really good opportunity to connect with some of the work that is being done.
  - Janice.williams@atriumhealth.org , I am happy to connect with anyone in any aspect across this topic!
  - (Janice White) I second Tricia's note, if you look at falls predict their likelihood of a traffic crash and they in our data- are 60% of the fatalities and the same issues cross-flexibility, strength, multiple meds.

### **Eastern Falls Prevention Coalition (Mary Hall):**

- We are still somewhat recovering from September, working for a hospital has kept us busy. We are transitioning to a new chair and a co-chair in the next year.

### **High Country Falls Prevention Coalition (Amber Chapman):**

- Planning meetings for the spring
- We have two really great Tai Chi Instructors who will be leading two new virtual classes coming soon.
- looking to expand our resources to expand FP resources
- working to get people more engaged with different activities like the Myth-Debunking event we had. Excited for the new year!

**Piedmont Falls Prevention Coalition (Evelyn Smith):**

- Sara Migliarese- next meeting January 20th, 12-1:30. Director of Surry County Parks and Rec is going to be speaking, we have another virtual fall risk screening planned - open to anyone who lives in NC. Dr. Megan Edwards Collins will be a certified virtual trainer for AMOB. We are going to continue pushing virtual attendance to OTAGO and virtual programs at the Y. Really excited about our new partnership with Mark at AARP.

**Triangle Falls Prevention Coalition (Tricia Smar):**

- At our most recent meeting last week, we still had good participation. We did some polling to see what folks are enjoying about the meetings- survey monkey- had a presentation from Margie Fox about fragility/fracture care. 2021 is where we hope to see good mobilization of our workgroups.
- Nicolle Miller- Lindsay Bailey, had a good conversation around NCCARE 360, there is interest around this and that EMS folks highlighted this as a valuable tool for them. This is a good resource directory. Partnered with UNC Health.
  - Lindsay Bailey- they are slowly but surely getting to different programs on a priority-level. There might be extra room for education for paramedics as we move forward.
- FYI- not directly falls-related, but Lindsay Bailey and I created a video for Older Driver Safety Awareness Week and the CarFit Self Assessment: <https://vimeo.com/490811638>

**Western NC Falls Prevention Coalition (Martha Zimmerman):**

- In the middle of restructuring-Stephanie Stewart/Martha are new co-chairs, re-envisioning the mission/vision statement, creating new bylaws, creating new committees such as an advisory committee with a representative of each county.
- Physical Therapy: had two webinars with high attendance, engaged PT schools to do a 5 minute video and we had some great participation in that.

**Region A – Southwestern Commission (Jeanne Mathews):**

- No update today.

**Other member updates?**

**NCCHW:** ACL Falls Prevention Grant opportunity. NCCHW will not be applying or doing any grant writing, but offers to brainstorm ideas and partnerships, review final proposals, etc.

[Administration for Community Living: 2021 Empowering Communities to Reduce Falls and Falls Risk](#)

DEADLINE: February 2, 2021

Funding Instrument Type: Cooperative Agreement

This funding opportunity has two goals: Goal 1: Through robust partnerships, develop a result-based, comprehensive strategy for reducing falls and falls risk among older adults and adults with disabilities living in your community. Goal 2: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based falls prevention programs, while concurrently pursuing the sustainability of these programs beyond the end of the grant period.

VII. Closing comments/plan for next meeting, Sharon Rhyne, DPH

**2021 MEETING DATES:** February 17, May 19, August 18, November 17  
1:00-3:30 Virtual for now.



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



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Public Health

