

Iowa Falls Prevention Coalition 3-Year Action Plan 2022-2024  
 Goal Strategy Review Efforts for 2023



**Vision:** Iowans will have fewer falls and fall-related injuries, maximizing their independence and quality of life.

**Mission:** To facilitate collaboration among state, community, and healthcare system partners to reduce falls by building awareness, providing education, and supporting implementation of fall prevention efforts.

**Goal #1: Increase awareness and expand knowledge around falls risk and prevention to reduce falls, fall-related injuries, and death in Iowa.**

**Goal Coordinator: Trina Radske-Suchan, CHPcommunity**

	Action Step Due Date	Entities/Individuals Interested in this Work
<b>Objective 1.1: Increase the awareness of falls risks and prevention among individuals, professionals, and students.</b>		
<u>Action Step A:</u> Develop an annual <i>Falls in Iowa</i> report, including analysis of disparities that may exist.	Completed in 2022; accessible on IFPC webpage: <a href="https://iacommunityhub.org/iafallscoalition/">https://iacommunityhub.org/iafallscoalition/</a>	Iowa HHS
<u>Action Step B:</u> Develop awareness messaging and resources based on target populations (e.g., older adults, disabilities, diabetics, subsequent falls, farmers, employees) with consideration for culture, health literacy, and self-efficacy.	Messaging this year was tied to the lived experience of individuals participating in falls prevention programs. We gathered testimonials from program participants in the CAPABLE program and Tai Chi for Arthritis & Falls Prevention. Testimonials were used in presentations and Falls Prevention Awareness Week social media campaign.	Iowa HHS – Aging and Disability U of I Milestones AAA Happy at Home Consulting Drake University HUB
<u>Action Step C:</u> Increase community level awareness of falls risk and engagement in prevention strategies through	<b>National Theme: From Awareness to Action</b> Kristin Meyer created a presentation/video to build awareness of the Falls Prevention Awareness Week	Drake CPHS Co-Chairs

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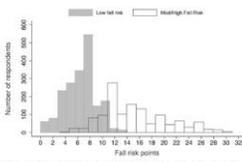
<p>statewide <b>Falls Prevention Awareness Week</b> activities annually in September.</p>	<p>(FPAW) theme this year and provide several resources to help organizations prepare activities and make plans for FPAW.  <a href="#">📄 Falls Prevention Awareness Week</a>  <a href="#">2023 Healthy Aging Fair Johnson County</a></p> <p>We are working on a long-term plan to increase engagement of health professions students in FPAW in collaboration with IFPC.</p> <ul style="list-style-type: none"> <li>• Des Moines Area IPE Collaborative (DMAIPEC)</li> <li>• IPA, APTA Iowa, IOTA, nursing students, etc.</li> </ul>	
<p><b>Objective 1.2: Expand knowledge of falls risks and prevention among individuals, professionals, and students.</b></p>		
<p><u>Action Step A:</u> Promote a centralized HUB platform to disseminate consumer information and resources related to falls prevention education, programs, and support services with direct links to other applicable organizations.</p>	<p>Completed - HUB launched IFPC webpage <a href="https://iacommunityhub.org/iafallscoalition/">https://iacommunityhub.org/iafallscoalition/</a>  <a href="#">IFPC presentation slides</a></p>	<p>HUB</p>
<p><u>Action Step B:</u> Empower family members and caregivers as part of fall risk education and prevention by disseminating the “Falls Prevention Conversation Guide for Caregivers”.</p>	<p>Completed – Guide found on our IFPC webpage and on Individuals and Families webpage.  <a href="#">Link</a></p>	<p>HUB</p>
<p><u>Action Step C:</u> Expand education through an annual <b>Falls Prevention Symposium</b> that reflects a broad target population (professionals, employers, caregivers, etc.).</p>	<p>Completed – <a href="#">Brochure</a></p>	<p>U of I  MercyOne  HUB</p>
<p><u>Action Step D:</u> Partner with state OSHA and other industry and labor groups to discuss falls prevention strategies in the workplace, assist with dissemination of information to human resource professionals, and expand employer engagement in prevention of slips, trips, and falls.</p>	<p>Goal for 2024</p>	<p><b>Iowa Injury &amp; Violence Prevention Strategic Plan</b>  U of I  HUB</p>
<p><u>Action Step E:</u> Educate policymakers about the burden of falls in Iowa through dissemination of a policy brief for state and</p>	<p>Completed <a href="#">Proclamation</a> for 2023</p>	<p>Iowa HHS</p>

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local policy makers to support falls prevention strategies in Iowa.		HUB Drake University
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**Goal #2: Increase access to falls prevention programs and support services.**

**Goal Coordinator: Angela Shanahan, MercyOne**

	Action Step Due Date	Entities/Individuals Interested in this Work																																																																																																																																																												
<b>Objective 2.1: Support healthcare systems and community providers in utilizing best practice falls risk assessment tools.</b>																																																																																																																																																														
<p><u>Action Step A:</u> Develop common falls prevention and management measure sets across the Iowa provider community.</p>	<p>IFPC has joined efforts with partners across the state to launch a statewide falls screening program that is working to develop a common screening tool, data collection, reporting, and referral mechanism into EBPs. “Know your fall risk” – similar to BP number. There is a training program and other infrastructure being developed for sustainability and adoptability across the state.</p> <div style="text-align: center; margin-top: 20px;"> <p><b>Composite Fall Risk Score</b> Helsel et al. 2020</p> <ul style="list-style-type: none"> <li>Composite risk score is computed using weighted items from survey and functional test and demographic variables</li> </ul> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;">  <table border="1" style="font-size: 8px; border-collapse: collapse;"> <caption>Table 2 Prediction of 4-year fall risk (2012–2015) in community-dwelling older adults using the National Health and Aging Trends Study baseline measures included in the modified STEADI screening algorithm with risk score derived points (N=3170)</caption> <thead> <tr> <th></th> <th>B</th> <th>OR</th> <th>Points</th> <th>P value</th> <th>95% CI</th> </tr> </thead> <tbody> <tr><td>Feel unsafe to stand</td><td>0.24</td><td>1.27</td><td>2</td><td>0.52</td><td>0.61 to 2.63</td></tr> <tr><td>Fall past year</td><td>0.77</td><td>2.36</td><td>5</td><td>&lt;0.001</td><td>1.65 to 2.89</td></tr> <tr><td>Fear of falling</td><td>0.57</td><td>1.29</td><td>4</td><td>&lt;0.001</td><td>1.40 to 2.16</td></tr> <tr><td>4 stage balance*</td><td>0.08</td><td>1.08</td><td>1</td><td>0.56</td><td>0.82 to 1.41</td></tr> <tr><td>Chair stand†</td><td>0.31</td><td>1.36</td><td>2</td><td>0.03</td><td>1.04 to 1.79</td></tr> <tr><td>≥1 falls past year</td><td>1.08</td><td>2.94</td><td>7</td><td>&lt;0.001</td><td>1.89 to 4.55</td></tr> <tr><td>Four block test</td><td>0.13</td><td>1.33</td><td>1</td><td>0.70</td><td>0.59 to 2.20</td></tr> <tr><td colspan="6">Age category (years)</td></tr> <tr><td>65–69</td><td>Reference</td><td></td><td>0</td><td></td><td></td></tr> <tr><td>70–74</td><td>0.19</td><td>1.20</td><td>1</td><td>0.11</td><td>0.96 to 1.51</td></tr> <tr><td>75–79</td><td>0.34</td><td>1.40</td><td>2</td><td>0.005</td><td>1.11 to 1.78</td></tr> <tr><td>80–84</td><td>0.57</td><td>1.78</td><td>4</td><td>&lt;0.001</td><td>1.39 to 2.27</td></tr> <tr><td>≥85</td><td>0.25</td><td>1.28</td><td>2</td><td>0.09</td><td>0.97 to 1.70</td></tr> <tr><td colspan="6">Ethnicity</td></tr> <tr><td>White</td><td>0.05</td><td>1.92</td><td>4</td><td>&lt;0.001</td><td>1.57 to 2.34</td></tr> <tr><td>African American</td><td>Reference</td><td></td><td>0</td><td></td><td></td></tr> <tr><td>Hispanic</td><td>0.20</td><td>1.22</td><td>1</td><td>0.23</td><td>0.81 to 1.84</td></tr> <tr><td>Other</td><td>0.56</td><td>1.75</td><td>4</td><td>0.08</td><td>0.93 to 3.29</td></tr> <tr><td colspan="6">Gender</td></tr> <tr><td>Male</td><td>Reference</td><td></td><td>0</td><td></td><td></td></tr> <tr><td>Female</td><td>0.11</td><td>1.11</td><td>1</td><td>0.26</td><td>0.92 to 1.35</td></tr> <tr><td>3 metre walk (seconds)</td><td>0.03</td><td>1.03</td><td>1</td><td>0.25</td><td>0.98 to 1.09</td></tr> <tr><td>≤5.05</td><td></td><td></td><td>0</td><td></td><td></td></tr> <tr><td>5.06–6.28</td><td></td><td></td><td>1</td><td></td><td></td></tr> <tr><td>≥6.29</td><td></td><td></td><td>2</td><td></td><td></td></tr> </tbody> </table> </div>		B	OR	Points	P value	95% CI	Feel unsafe to stand	0.24	1.27	2	0.52	0.61 to 2.63	Fall past year	0.77	2.36	5	<0.001	1.65 to 2.89	Fear of falling	0.57	1.29	4	<0.001	1.40 to 2.16	4 stage balance*	0.08	1.08	1	0.56	0.82 to 1.41	Chair stand†	0.31	1.36	2	0.03	1.04 to 1.79	≥1 falls past year	1.08	2.94	7	<0.001	1.89 to 4.55	Four block test	0.13	1.33	1	0.70	0.59 to 2.20	Age category (years)						65–69	Reference		0			70–74	0.19	1.20	1	0.11	0.96 to 1.51	75–79	0.34	1.40	2	0.005	1.11 to 1.78	80–84	0.57	1.78	4	<0.001	1.39 to 2.27	≥85	0.25	1.28	2	0.09	0.97 to 1.70	Ethnicity						White	0.05	1.92	4	<0.001	1.57 to 2.34	African American	Reference		0			Hispanic	0.20	1.22	1	0.23	0.81 to 1.84	Other	0.56	1.75	4	0.08	0.93 to 3.29	Gender						Male	Reference		0			Female	0.11	1.11	1	0.26	0.92 to 1.35	3 metre walk (seconds)	0.03	1.03	1	0.25	0.98 to 1.09	≤5.05			0			5.06–6.28			1			≥6.29			2			<p>HUB ISU U-TURN Mercy One</p>
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	<p>Discussed measures we could use across healthcare and community-based providers. Proposed the following for healthcare providers to measure.</p> <ul style="list-style-type: none"> <li>• #/percentage of falls screenings completed</li> <li>• Fall admit rate per 1000 Medicare beneficiaries</li> <li>• 30-day hospital readmissions after hospitalization for a fall or related to fall injury</li> <li>• Preventable admission with fall diagnosis or fall related injury</li> </ul> <p>Reaching out to University of Pennsylvania AWW measures with fall prevention measures – more to come. (Texas study underscores the need for expanded public education programs that raise awareness about AWWs and the potential for AWW data to inform fall prevention interventions and other health promotion practices.) <a href="https://pubmed.ncbi.nlm.nih.gov/36334680/">https://pubmed.ncbi.nlm.nih.gov/36334680/</a></p> <ul style="list-style-type: none"> <li>• Number of patients screened at risk for falls</li> <li>• Number of people referred to EBP</li> <li>• Number of people completing EBP</li> <li>• Pre-post balance (offer in the home)</li> </ul>	
<p><u>Action Step B</u>: Enhance routine medication reviews to include a focus on medication fall risk.</p>	<p>Milestones AAA, Elderbridge AAA, and NEI3A providing HomeMeds Program.</p> <p>IPA continues to work with state policy makers and provider organizations to promote a statewide medication safety strategy.</p> <p>Best Practices to recommend integrating med reviews with the Annual Wellness Visit.</p>	<p>Milestones AAA Elderbridge AAA NEI3A IPA MercyOne-UofI</p>

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	<p>MercyOne presented to the coalition in September about their study with the University of Iowa College of Public Health and Pharmacy – <b>Implementation of a Medication Action Plan to Reduce Unintentional Injuries Among Older Adults.</b></p> <ul style="list-style-type: none"> <li>• Long term goal to develop a sustainable program for healthcare systems to reduce fatal and nonfatal falls among adults 60+ years of age taking high-risk medications</li> </ul>	
<p><u>Action Step C:</u> Encourage emergency-responders to screen for fall risk (i.e., Falls Free Check-Up tool) when responding to falls-related calls and provide a resource for connecting individuals to prevention strategies.</p>	<p>2024 – Community Paramedicine, EMS focus</p>	<p>Telligen Sioux City Fire and Rescue Urbandale Fire Dept. HUB</p>
<p><u>Action Step D:</u> Provide resources for home-based and other community service providers on how to identify people at risk for falls, screen for fall risk, and provide a resource for connecting individuals to prevention strategies.</p>	<p>2024 – Aim to start training home-based and other community service providers in statewide falls screening program.</p> <p>Use Falls free checkup tool/home health, home care companies without nursing support need education, adding in VA question to see if qualify for resources.</p> <p>Draft-Non-Medical Fall Prevention Decision Tool for non-medical community staff to give direction to someone at risk for falls.</p>	<p>MercyOne ISU U-TuRN HUB</p>
<p><u>Action Step E:</u> Identify and promote the use of complementary assessment/screening tools within and among community partners to ensure identification of falls risks at all stages and settings.</p>	<p>2024 – Aim to start training community partners in statewide falls screening program.</p> <p>Identify most effective screening/assessment tools being used:</p> <ul style="list-style-type: none"> <li>• Home safety checklists</li> <li>• Community program questionnaires</li> </ul>	<p>Silver Spaces – Dr. Bjerke Happy at Home Consulting ISU U-TuRN HUB Tai Chi Iowa</p>

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	<ul style="list-style-type: none"> <li>● Home care screenings</li> <li>● Therapy services – gait observance, strength and balance testing, assistive device technique, etc.</li> </ul> <p>Environments fall risk screenings and education are being promoted:</p> <ul style="list-style-type: none"> <li>● Senior centers</li> <li>● Wellness fairs</li> <li>● Conferences</li> </ul>	
<b>Objective 2.2: Establish referral mechanisms into or connections to falls prevention programs and support services.</b>		
<u>Action Step A:</u> Equip healthcare professionals with the ability to make a timely referral to evidence-based programs and support services to manage falls risk for patients.	Established <a href="#">Make a Referral</a> on HUB website for ease of referring to programs and services.	HUB Iowa HHS – Aging and Disability
<u>Action Step B:</u> Promote hospital discharge plans that refer into evidence-based programs and services that maintain and expand a patient’s safe mobility, balance, and overall health.	2024 – Create a Fall Specific Discharge plan template that could be used universally throughout Iowa and tailored to each health system’s needs ER/Urgent care, Hospital, SNFs	MercyOne AAA-IRTC Iowa HHS – Aging and Disability U of I
<u>Action Step C:</u> Promote development and utilization of a statewide falls prevention hub to connect individuals and organizations to community resources, including available programs and tools for reducing falls across all ages.	Complete – <a href="#">Make a Referral</a> <a href="#">Program Library</a> <a href="#">Program Locator</a>	HUB
<b>Objective 2.3: Increase availability of evidence-based fall prevention programs and support services within Iowa communities</b>		
<u>Action Step A:</u> Develop a statewide hub that supports community-based organizations/individuals in implementing, expanding, and/or sustaining their evidence-based falls prevention programs and support services.	Complete - Beginning onboarding community-based organizations/individuals in 2024 <b>CDC Statewide Arthritis Grant Project</b> – This grant focuses on the increased participation in and expansion of Arthritis-Appropriate Evidence-Based Interventions	HUB ISU U-TuRN Iowa HHS – Aging and Disability

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	(AAEBIs). Six of the 23 AAEBIs are evidence-based falls prevention programs. See grant <a href="#">press release</a>	
<u>Action Step B</u> : Promote health equity (including digital equity) and meet the needs of all Iowans at risk for falls by working with state and national partners to increase the accessibility and inclusiveness of our falls prevention programs and support services.	HUB DEI Advisory Task Force – developed to provide support, and guidance to community-based organizations in delivering EBPs.	HUB U of I Easterseals Iowa AAAs NCHPAD Iowa HHS
<u>Action Step C</u> : Work with state and national partners to promote more frequent offerings of trainings in Iowa for evidence-based falls prevention programs.	CDC Arthritis Grant – 5-year grant to support initiation, expansion, sustainability of Arthritis appropriate, evidence-based interventions (some are considered falls prevention) and that includes increasing the number of trainings offered annually.	HUB ISU U-TuRN U of I Tai Chi Iowa AAAs Iowa HHS
<u>Action Step D</u> : Engage service payers to discuss available metrics and cost data needed to establish reimbursement rate for community-based programs.	Iowa Total Care, Amerigroup, Molina Healthcare, Humana – members of the HUB Advisory Group and other projects engaging in ways to support EBPs	HUB Iowa HHS

**Goal #3: Increase the percentage of Iowans who live in safe homes and safe communities.**

**Goal Coordinator: Sydney Marshman, Happy at Home Consulting**

	Action Step Due Date	Entities/Individuals Interested in this Work
<b>Objective 3.1: Promote home modifications that assure home and setting accessibility and safety over time.</b>		
<u>Action Step A</u> : Raise awareness and disseminate information about home safety best practices and options for caregivers and older adults to reduce falls in the home.	Evidence-Based program, Community Aging in Place – Advancing Better Living for Elders (CAPABLE), delivered in 7 Iowa counties by a total of 7 CAPABLE trained clinicians.	Happy at Home Consulting Silver Spaces Tai Chi Iowa

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	<p>Evidence-based program Home Hazard Removal Program (HARP) delivery with 5 counties of priority identified.</p> <p>Promoted CAPABLE program and other home safety and falls prevention programs on the Iowa Department on Aging’s social media platforms.</p> <p>Milestones AAA Annual Caregiver Conference event featured materials and resources for participants, including the NCOA Falls Prevention for Caregivers book.</p>	<p>AAA  Iowa HHS – Aging &amp; Disability  Connect America  Iowa HHS</p>
<p><u>Action Step B:</u> Encourage healthcare providers to offer home assessments and referral into evidence-based programs (i.e., CAPABLE) as part of the plan of care for individuals who have been screened at high-risk for falls.</p>	<p>Evidence-Based program, Community Aging in Place – Advancing Better Living for Elders (CAPABLE), received referrals from healthcare providers.</p> <p>Participated in the 2023 Iowa Healthcare Collaborative Conference Patient Safety Poster contest highlighting the CAPABLE program in Iowa to judges and conference attendees who were primarily healthcare professionals.</p> <p>Home assessments were added as a referral option on the referral form for the Falls Prevention Statewide Screening Program.</p>	<p>Happy at Home Consulting  GDM Habitat for Humanity  Iowa HHS – Aging &amp; Disability  AAA-IRTC  Silver Spaces HUB  Iowa HHS</p>
<p><u>Action Step C:</u> Engage with local fire departments/EMS to provide a comprehensive and coordinated approach to education, prevention information, and intervention to reduce falls within the home.</p>	<p>Milestones AAA: presented Dementia Friends for city police, fire, inspections personnel in Eldridge (rural Scott County). Packaged presentation with AAA evidence-based and elder abuse information and resources.</p> <p>Discussed with Fire Chief the availability of NFPA Steps to Safety program. Also conducted Stepping On program in Scott County, featuring guest professionals from Medic EMS.</p>	<p>Milestones AAA  Sioux City Fire and Rescue  Iowa HHS  Urbandale Fire Department</p>

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	<p>Jon Rech, Fire Marshal with Urbandale Fire Department joined IFPC.</p> <p>Brian Feist (Telligen) gave a presentation at our November IFPC meeting on Community Paramedicine, opening conversation around these type of models for falls prevention.</p>	
<b>Objective 3.2: Improve community environments that lower the risk of falls and facilitate full participation, mobility, and independent functioning.</b>		
<p><u>Action Step A:</u> Disseminate best practice information about effective strategies to reduce falls outside the home such as sidewalk safety and handrail placement.</p>	<p>This objective is embedded in all Milestones AAA falls prevention programs conducted by agency.</p>	<p>AARP Elderbridge AAA Silver Spaces Milestones AAA</p>
<p><u>Action Step B:</u> Collaborate with community partners/planners to advance community designs and built environments that support accessibility, walkability, and needs of people with various physical and sensory abilities.</p>	<p>HUB created a Disability Resource site <a href="https://iacommunityhub.org/disabilityresources/">https://iacommunityhub.org/disabilityresources/</a> where resources can be found on items such as:</p> <ul style="list-style-type: none"> <li>• The Community Health Inclusion Index (CHII) is an organizational assessment that helps stakeholders plan and develop strategies that will impact the health and wellbeing of all members of the community, including persons with disabilities.</li> <li>• NCHPAD's Guide to Creating Access and Inclusion at all Events</li> <li>• NCHPAD's Guide to Engaging the Disability Community</li> <li>• The Easterseals Assistive Technology Lending Library</li> </ul>	<p>AARP Silver Spaces Elderbridge AAA HUB</p>
<p><u>Action Step C:</u> Raise awareness about playground injuries and educate people on preventing accidents to help reduce the number of pediatric injuries due to falls.</p>	<p>2024 – Touch base with UNI for update on their work with National Playground safety</p>	<p>UNI - NPPS MercyOne</p>

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**Goal #4: Sustain the efforts of the Iowa Falls Prevention Coalition**

	Action Step Due Date	Entities/Individuals Interested in this Work
<b>Objective 4.1: Maintain operations and grow membership of the Iowa Falls Prevention Coalition.</b>		
<u>Action Step A:</u> Use data to drive population-based falls prevention and management strategy recommendations.	2024 – This group will bring community partners together for 6 months of planning strategies related to clinic-community linkages; data will be a focus.	Iowa HHS - ASTHO project planning group
<u>Action Step B:</u> Encourage utilization of diverse sources of available data and information across settings, partners, stakeholders, etc., to capture ongoing execution of falls.	2024 – This group will bring community partners together for 6 months of planning strategies related to clinic-community linkages; data will be a focus.	Iowa HHS - ASTHO project planning group
<u>Action Step C:</u> Maintain bi-monthly regular meetings of the Iowa Falls Prevention Coalition.	Iowa Falls Prevention Coalition meets every other month on the 2 <sup>nd</sup> Thursday at 8:30 AM.	Co-Chairs
<u>Action Step D:</u> Establish workgroups as needed to carry out coalition work.	The coalition offers workgroups engaged in Strategic Goal areas that align with the Action Plan; open to interested coalition members that want to do some focused work with other partners.	Co-Chairs Goal Coordinators HUB
<u>Action Step E:</u> Engage new individuals and organizations who support the mission and vision and invite them to meetings.	Onboarded 12 new members this year.	All-In
<u>Action Step F:</u> Encourage and support the development of local falls prevention coalitions and engage them in partnership opportunities.	Initiated the first County Falls Prevention Coalition. Led by ISU U-TuRN, Mary Greeley Medical Center, Story County Public Health, Story County Extension, McFarland Clinic, and other community leaders. Story County can be the model for other Iowa county coalition development. See HUB website for meeting minutes	ISU U-TuRN Story County Leaders HUB

Iowa Falls Prevention Coalition 3-Year Action Plan 2022-2024  
Goal Strategy Review Efforts for 2023

	<p>and more information. <a href="https://iacommunityhub.org/iafallscoalition/">https://iacommunityhub.org/iafallscoalition/</a></p> <p>Goals of the IFPC in county falls prevention coalition work:</p> <ul style="list-style-type: none"><li>● Align local falls prevention coalitions with IFPC 3-Year Action Plan</li><li>● Provide guidance and support in the development of local falls prevention coalitions</li><li>● Promote local falls prevention coalition efforts on IFPC webpage</li><li>● Have local falls prevention coalition representation on the IFPC</li></ul>	
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