Action Plan for Iowa Falls Prevention Team: LOGIC MODEL (updated 050224)

Inputs

- IA HHS Injury Data Workgroup
- IA HHS Division of Public Health
- IA HHS Division of Aging and Disability Services
- Clinical partners
- Aging services community partners (e.g., AAA)
- Falls prevention community partners (e.g., IA Falls Prevention Coalition)
- Iowa Community HUB
- HUB Advisory Group
- HUB Implementation and Translational Research Subcommittee
- CDC/ASTHO partners and funding
- NCIPC-funded program partners (e.g., UI IPRC, Core SIPP)

Activities

Data Informed Decision Making

- Conduct Landscape Analysis (baseline; annually, if funding available)
- Catalog data sources used for falls surveillance

Coalition Building

- Recruit falls prevention coalition members

HUB Building

- Onboard clinicians to HUB
- Onboard community organizations to HUB
- Develop HUB data reporting templates

Translation and Communication

- Develop translation and communication plan (TCP)
- Align types of data products (e.g., Iowa Falls Data Brief), dissemination materials (e.g., HUB interest form), messaging (e.g., Falls Symposium) with TCP
- Align evaluation metrics with TCP components

Evaluation Plan

Outputs

Falls Prevention Action Planning

- Falls prevention resource needs identified
- Priority populations identified
- User needs identified

Collaboration

- Clinical and community resources identified
- MOUs/BAAs established

STEADI Pilot Implementation Plan

- Clinic workflow plan developed
- Medical record documentation system developed
- Clinic staff trained

Outcome Surveillance

- Tracking system for capturing referral, program enrollment, and program participation developed
- Partner access to medical record documentation system approved
- Secondary data sources identified for data product use (e.g., County Health Improvement Plans)
- Iowa ED, Hospitalization, and EMS DUAs established
- Landscape survey data analyzed
- Older adult questionnaire of STEADI implementation developed

Short-Term Outcomes

SCREEN

- Clinic staff screen older adults for fall risk

ASSESS

Providers and clinic staff:

- Perform medical assessment to identify fall risk factors
- Update medical record with assessment results

INTERVENE

Provider and clinic staff:

- Develop a plan of care
- Perform effective interventions (e.g., medications)
- Refer to specialists and other health professionals (e.g., PT)
- Recommend EB community falls prevention programs

- Increased number of organizations onboarded in HUB
- Increased number of clinical providers referring to the HUB
- Increased number of coalition members, overall and by region

- Increased number of data products produced and disseminated
- Increased types of methods used to disseminate data products

Intermediate Outcomes

Older adults:

- participate in falls prevention programs
- make recommended changes to medications
- adhere to plan of care referral recommendations

- Increased number of falls prevention classes/programs being offered
- Increased number of clinical-community linkages

- Increased use of data products in decision-making
- Increased knowledge of gaps to address falls

Long-Term Outcomes

Reduction in falls among older adults and adults with disabilities

- Fall-related ED visits
- Fall-related hospitalizations
- Fall-related fatalities
- Fall-related EMS calls

https://www.cdc.gov/steadi/pdf/Steadi-Evaluation-Guide_Final_4_30_19.pdf