

# Action Plan for Iowa Falls Prevention Team

Date Reviewed/Updated: 5/2/2024

**OVERALL PURPOSE:** Reduce falls in older adults and adults with disabilities in Iowa.

**AIM #1:** Establish capacity for surveillance and continuous quality improvement.

## **BACKGROUND ON STRATEGY**

**Rationale:** Iowa HHS and its partners engage in routine surveillance, assessment and evaluation to inform public health action.

**Past Work:** Iowa HHS regularly produces a data brief on falls in Iowa utilizing morbidity and mortality data. As a former Administration for Community Living's falls prevention grantee, we have experience with data collection and monitoring related to the implementation of evidence-based falls prevention programs for continuous quality improvement.

**Key Considerations (e.g., competing priorities, potential pushback, political considerations, cultural considerations, etc.):** Data sharing agreements are required for analysis of many data sources. While the expertise is available for data surveillance and evaluation, falls prevention work in Iowa is mostly unfunded.

## **CLINICAL/COMMUNITY LINKAGES**

**How does this aim connect with strengthening clinical/community linkages:**

Iowa is developing a landscape analysis to gather input from partners regarding the work they are currently engaged in. This tool will also be an opportunity to raise awareness of and recruit new partners to participate in the HUB, and build on existing efforts to prevent falls through screening, assessment and intervention.

Surveillance can be used to identify communities and populations disproportionately impacted for prioritization and monitor for emerging trends. We have used surveillance to assist with calculating the economic impact of falls, which is used to build a business case for funding falls prevention activities. Similarly, when resources are limited, high priority communities can be targeted for outreach and awareness, as well as engagement in piloting activities.

Ongoing evaluation can be used to identify the needs of disproportionately impacted communities/populations and determine appropriate strategies. Evaluation is also used to conduct ongoing programmatic improvement.

**Relevant partners (both existing and new partners):**

- Iowa HHS Injury Data Workgroup
- HUB Advisory Group
- HUB Implementation and Translational Research Subcommittee
- Iowa Fall Prevention Coalition
- University of Iowa College of Public Health/Injury Prevention Research Center

**EQUITY**

**What aspects of equity will be addressed within this aim?**

Iowa HHS Injury Prevention Program is currently working to disaggregate data on a variety of injury topics, including falls, to include sex, age, race/ethnicity, disability status and rural/urban. Using these demographics, we will monitor for populations and communities that are disproportionately impacted by falls.

Similarly, assessment and evaluation activities will be structured to learn more about the effect of falls on disproportionate populations and the impact of interventions on knowledge, behavior, and attitudes.

**What equity considerations need to be kept in mind as we take action on this aim?**

Engagement with subject matter experts and individuals from the communities of interest is an important aspect of taking a health equity approach. We will leverage the existing DEI Advisory Group for the HUB to inform our assessment, surveillance and evaluation work.

## **PERFORMANCE MEASURES**

**Short-Term Indicator:** Establish baseline measures for evaluation plan by September 2024.

**Short-Term Indicator:** Produce and disseminate at least 1 data product by September 2024.

**Long-Term Indicator:** Increase the number of local public health and AAAs who report using data-informed decision making for falls prevention by 10%, by July 2026.

**Long-Term Indicator:** Increase the number of partners who report engaging in awareness activities by 10% by July 2026.

<b>ACTION STEP</b>	<b>Resources</b>	<b>Lead/responsible</b>	<b>Start date</b>	<b>End date</b>
1.1 Catalog data sources used for falls surveillance	Iowa HHS Injury Data Workgroup	Iowa HHS Injury Epi	May 2024	July 2024
1.2 Conduct landscape analysis for falls in Iowa. Summarize results in a final report	Survey tool, distribution list, Iowa HHS contract with Iowa Community HUB	Community HUB	May 2024	July 2024
1.3 Develop evaluation plan for data dissemination and utilization	Evaluation expertise (partner)	University of Iowa evaluator	May 2024	July 2024
1.4 Assess data report needs of partners to inform creation of data briefs and other data products	Survey, Falls Coalition meetings	Iowa HHS Injury Epi and Injury Director	July 2024	August 2024
1.5 Assess data needs of HUB partners to inform HUB data reporting templates	Survey, Falls Coalition meetings, HUB Advisory Group meetings, interview with pilot project partners	Community HUB	July 2024	September 2024
1.6 Update and disseminate the Iowa Falls Data Brief	Data expertise (staff), data sharing agreement	Iowa HHS Injury Epi	July 2024	September 2024
1.7 Provide data to the Iowa Falls Prevention Coalition for awareness messaging, including awareness day proclamation	Data expertise (staff), data sharing agreement	Iowa HHS Injury Epi	July 2024	September 2024, repeat annually
1.8 Develop HUB data reporting templates	Iowa Community HUB	Community HUB staff	July 2024	October 2024
1.9 Present data and summary of Iowa's Action Plan at the Iowa Falls Prevention Symposium	Data expertise (staff)	Iowa HHS Injury Epi and Injury Director	September 2024	September 2024

1.10 Draft section on falls in the Burden of Injury in Iowa Report	Data sharing agreements, statewide and county level ED, Hospitalization, death and BRFSS data, Data expertise (staff), contract for support with University of Iowa Injury Prevention Research Center	Iowa HHS Injury Epi and Injury Director	June 2024	May 2025	
1.11 Draft annual HUB data report	Data expertise, HUB data report template	Community HUB	February 2025	May 2025, repeat annually	

**DESCRIBE PLANS FOR SUSTAINING ACTION ON AIM 1**

Iowa HHS recently received funding from the CDC Core State Injury Prevention Program (Core SIPP). This funding is currently being used to increase capacity for surveillance, reporting and evaluation, as well as outreach and engagement with injury partners. While that project isn't focused specifically on older adult falls, the strategies being used will have a positive impact on building the infrastructure needed to support ongoing falls prevention surveillance and reporting.

Given that falls are a leading cause of hospitalizations and deaths among older Iowans, falls are an indicator that will be included in our routine data reporting, including a falls data brief and included in the Burden of Injury in Iowa Report which is being planned for 2025. The Burden report will include county level data, so that our local partners have information about the need for falls prevention activities in their area and which populations might be prioritized for interventions.

**AIM #2: Increase care coordination through utilization of Community Care Hub (CCH)**

## **BACKGROUND ON STRATEGY**

**Rationale:** The HUB works with a network of partners to connect lowans with meaningful evidence-based health promotion programs (EBPs), with a focus on reducing health disparities for priority populations experiencing greater obstacles to health.

**Past Work:** The HUB has supported the falls prevention coalition (IFPC) activities by achieving the following action items on IFPC Action Plan:

1. 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.
2. 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.
3. 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.

**Key Considerations (e.g., competing priorities, potential pushback, political considerations, cultural considerations, etc.):**

The CCH model is still fairly new and evolving rapidly across the US. Payment models and financial sustainability is a high priority topic for hubs and their network partners. Luckily, the US Department of Health and Human Services, the Administration for Community Living and the Partnership to Align Social Care urges participation in CCHs to address health-related social needs ultimately through healthcare contracting.

## **CLINICAL/COMMUNITY LINKAGES**

**How does this aim connect with strengthening clinical/community linkages:**

Community Care Hubs (CCHs) are community-centered entities that organize and support networks of community-based organizations (CBOs) through a centralized administrative and operational infrastructure to help meaningfully and efficiently integrate CBOs and the health-related services they offer into the health care continuum. CCHs can ease the implementation burden that would otherwise come with ad hoc partnerships between CBOs and health care organizations, offering core functions including developing and maintaining a network of CBOs; advancing a collective vision for CBO-health care partnerships; centralizing administrative and operational infrastructure; and managing financial resources.

**HUB Advisory Group** - An 85+ member group of community-based organizations across the State that engage in a “learning forum” around the CCH model and work to advance the statewide work of the HUB in Iowa. The group operates as a flat / open network which creates a collaborative learning and sharing environment. The collaborative and participatory nature of the HUB facilitates a welcoming environment for members to communicate openly about challenges, barriers, and successes regarding the work to bridge health and social care. The group meets every other month providing the stage for communities, health care organizations and state agencies to work together to build a strong social care ecosystem.

There are 27 healthcare system partners, 11 academia, 7 delivery organizations, 7 social care partners, 5 connector partners, 10 associations/coalitions, 20 public health partners. The HUB also manages seven project teams including a Referral Partner Team, Delivery Organization Team, Statewide Program Coordination Team, Connector Partner Team, Marketing Partner Team, and an Evaluation Team with a total of 46 community partners. The HUB DEI Advisory Task Force with 14 community partners.

**Relevant clinical partners - existing (EP) and new partners (NP):**

- EP - SHIP/Flex Program with critical care hospitals
- EP - Iowa Primary Care Association (FQHCs) – Primary Health Care (FQHC)
- EP - MCOs – Iowa Total Care, WellPoint, Molina Healthcare
- EP - EMS - development of a community paramedicine program
  - Des Moines Fire Department
  - Sioux City Fire and Rescue
  - Urbandale Fire Department
- EP - Hospitals – Mary Greeley, MercyOne, UnityPoint Health, Broadlawns, University of IA
- EP - Iowa Hospital Association
- EP - Iowa Pharmacy Association
- EP - Telligen
- EP - Iowa Healthcare Collaborative
- EP - Iowa Occupational Therapy Association
- EP – Iowa Rural Health Association
- EP/NP – American Physical Therapy Association – Iowa Chapter (new leaders - should spend time getting to know)
- EP - Iowa Chronic Care Consortium (CHWs)
- EP - VA
- NP - CHWs - align with Iowa efforts to grow Community Health Workers -
- NP - Psychiatry - physical medicine and rehabilitation
- NP - Orthopedic clinicians
- NP - Nursing homes

- NP - Home health agencies

**Relevant community partners - existing (EP) and new partners (NP):**

- EP - Iowa HHS Research and Ethics Review Committee (approves data sharing agreements)
- EP - Iowa HHS Injury Data workgroup
- EP/NP - InterDivision & IntraDivision collaboration at Iowa HHS
- EP/NP - Local Public Health Departments
- EP - Iowa Falls Prevention Coalition
- EP - ADRCs
- EP - Brain Injury Alliance of Iowa
- EP - Easterseals Iowa
- NP - Senior Living Communities
- EP - Academia – ISU, UofI, DMU, Drake, University of Northern Iowa
- EP - YMCAs
- EP/NP - Fitness Groups providing EBPs
- EP - Habitat for Humanity
- EP - AARP
- EP - Connect America
- EP - Silver Spaces

**EQUITY**

**What aspects of equity will be addressed within this aim?**

- Time provided to understand the capacities of local community-based and health care organizations and foster cross-sector collaborations that value authentic local voices.
- Cultivate an integrated social care delivery system of diverse CBOs to ensure a seamless mesh of stakeholders working together to address SDOH and the root causes of health disparities.

**What equity considerations need to be kept in mind as we take action on this aim?**

- Utilize lived experience perspectives to drive strategic planning and program delivery best practices that can be coordinated through groups such as the HUB DEI Advisory Task Force.

## **PERFORMANCE MEASURES**

**Short-Term Indicator #1:** Initiate pilot project of Level 3 clinic implementation of STEADI with at least 2 health care provider types by Dec. 31<sup>st</sup>, 2024 (see presentation for information on Level 3 STEADI implementation).

**Long-Term Indicator #1:** Increase number of clinical providers referring to the HUB for falls prevention interventions from STEADI screening, assessment, and referral from 325 to 400, by December 31<sup>st</sup>, 2025.

<b>ACTION STEP</b>	<b>Resources</b>	<b>Lead/responsible</b>	<b>Start date</b>	<b>End date</b>
1.1 Recruit at least 2 clinic champions to pilot clinical implementation of STEADI (Level 3).	HUB Falls Screening Program through CDC study (PTs)	HUB, MercyOne, Iowa HHS Flex/SHIP Coordinator	May 2024	September 2024
1.2 Specifically support Iowa's critical care hospitals in using STEADI to help screen, assess, counsel, and refer patients for falls prevention interventions.	STEADI tool kit, STEADI online educational training, template assessment forms, presentations	Iowa HHS Flex/SHIP Coordinator, HUB	July 2024	Ongoing
1.3 Have the clinic champions complete the STEADI online educational training.	STEADI online educational training – HUB website	HUB, ISU U-TuRN	September 2024	December 2024
1.4 Establish referral process to the HUB that clinic champions prefer to use.	Several referral processes available (HUB website, secure fax, HIE direct email, Findhelp/Unite Us HUB referral workflow, EHR integration)	HUB	October 2024	March 2025
1.5 Provide clinic champions with additional resource support for screening, assessment, patient counseling, and referral.	HUB website – clinician resource webpage	HUB	January 2025	Ongoing



1.6 Track and report successful referral and enrollment into falls prevention interventions	HUB data reports, survey responses from clinic champions regarding process	HUB	January 2025	Ongoing
1.7 Establish an evaluation plan for utilization of the STEADI for screening, assessment, and referral.	Funding Evaluation Partner	University of Iowa IPRC	January 2024	December 2024

**Short-Term Indicator #2:** Grow the number of organizations formally onboarded with the HUB (MOUs) to receive falls prevention program support to 15 by Dec. 31<sup>st</sup>, 2024.

**Long-Term Indicator #2:** Increase the number of falls prevention programs/classes being offered through the HUB network to 30 by December 31<sup>st</sup>, 2025.

ACTION STEP	Resources	Lead/responsible	Start date	End date
2.1 Share link to HUB interest form with IFPC contact list, falls prevention symposium, falls screening online training, and website.	Link to form	HUB, IFPC	May 2024	Ongoing
2.2 Provide presentation about HUB onboarding process and available support for CBO network partners offering falls prevention programs at future IFPC meeting.	Develop presentation	HUB, IFPC	July 2024 IFPC meeting	July 2024
2.3 Add HUB Membership FAQ to website	FAQ form	HUB	August 2024	August 2024
2.4 CBO network MOU/data sharing agreements executed and managed	Legal counsel for contracts	HUB, CBO leadership	May 2024	Ongoing
2.5 Conduct monthly office hours with CBO network partners delivering programs offering time to network and share successes/challenges	Zoom for monthly office hours	HUB	May 2024	Ongoing

2.6 As CBOs onboard with HUB, their program information is entered into HUB database and populates on website Program Locator.	Website plug-in	HUB	May 2024	Ongoing
2.7 Establish an evaluation plan for onboarding process with the HUB.	Funding Evaluation Partner	University of Iowa IPRC	July 2024	December 2024

**Short-Term Indicator #3:** Increase the number of Iowa Falls Prevention Coalition members who have a clinical background by 10 members in an effort to increase representation of clinical partners in the discussion of statewide coordination efforts, June 2025.

**Long-Term Indicator #3:** Increase the number of members participating in state and local coalitions by 25% with a focused effort on engaging and growing membership from rural areas of Iowa, June 2027.

ACTION STEP	Resources	Lead/responsible	Start date	End date
3.1 Send Iowa Falls Prevention Symposium information out to the critical access hospital network in effort to reach and engage more clinical partners in participating in the symposium	2024 Iowa Falls Prevention Symposium informational flyer, promotional email	Iowa HHS Flex/SHIP Coordinator	July 2024	September 2024
3.2 Promote Iowa Falls Prevention Coalition and share opportunities to get involved during the 2024 Iowa Falls Prevention Awareness Symposium	Iowa Falls Prevention Awareness Symposium lunch hour promotional slideshow	IFPC Co-Chairs IFPC-Symposium Coordinator	August 2024	September 2024
3.3 Reach out to clinical partners (and others) who expressed interest in learning more about the IFPC from the Symposium	Zoom meetings, in person meetings, phone calls, email	IFPC Co-Chairs	September 2024	October 2024
3.4 Seek input from IFPC members and potential members in an effort to plan meeting content that is relevant and valuable to members, therefore, encouraging engagement with the coalition	one on one conversations, survey, informal feedback, post meeting poll	IFPC Co-Chairs	July 2024	Ongoing
3.5 Plan quarterly regional breakout room time within IFPC meetings in an effort to build connections and facilitate conversation among IFPC members	Zoom meeting breakout room feature	IFPC Co-Chairs	May 2024	Ongoing

3.6 Provide technical assistance and support to IFPC members who express interest in forming a local/regional falls prevention coalition	Iowa Falls Prevention Coalition Iowa State Extension	IFPC Co-Chairs HUB	May 2024	Ongoing
3.7 Plan to have a clinician and/or organization that has used STEADI share experience with IFPC and answer questions during a coalition meeting	Story County Falls Prevention Coalition	IFPC Co-Chairs	January 2025	July 2025
3.8 Review regional representation of current IFPC members	Track membership, share on IFPC website	IFPC Co-Chairs	January 2025	Ongoing, annually
3.9 Target outreach to recruit and engage new members within regions of Iowa that are not presently represented in the coalition	IFPC strategic action plan tracking progress including ongoing gaps	IFPC Co-Chairs	March 2025	Ongoing, annually
3.10 Establish an evaluation plan for clinic-community linkages coordinated for falls prevention activities in Iowa.	Funding Evaluation Partner	University of Iowa IPRC	July 2024	December 2024

**DESCRIBE PLANS FOR SUSTAINING ACTION ON AIM 2**

The Falls Prevention Coalition will soon be developing their next 3-year action plan. Items for sustained action or monitoring could be added to that plan.

The HUB is working with payer partners to pilot innovative payment models to support the work of HUB network partners. One of those efforts is the Umbrella HUB Organization status, which means we are working with CDC to provide a payment system for submitting claims on behalf of participating CBOs for their program delivery efforts. Another effort is bundled payment for EBPs + services that address health-related social needs.

We are also exploring feasibility of integrating falls prevention screening and assessment within clinical EHR systems. There may be an opportunity to include prompts for referral to the HUB for falls prevention programs.