

Action Plan for Iowa Falls Prevention Team

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OVERALL PURPOSE: Reduce fall in older adults and adults with disabilities in Iowa

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

BACKGROUND ON STRATEGY

Rationale: Iowa Health & Human Services (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 conducted a landscape analysis to gather input from partners regarding the falls prevention work they are currently engaged in. This tool was also an opportunity to raise awareness of and recruit new partners to participate in the Iowa Falls Prevention Coalition, collaborate with the Iowa Community HUB, and build on existing efforts to prevent older adult falls through screening, assessment and intervention.

Routine surveillance is used to identify communities and populations with high rates of fall related injury and death for prioritization of falls prevention interventions and to monitor for emerging trends. Iowa HHS has used surveillance to assist with calculating the economic impact of falls, which has been used to build a business case for funding certain falls prevention activities. Similarly, when resources are limited, prioritizing communities with high fall rates for targeted outreach and awareness, as well as engagement in piloting activities, has been used.

Ongoing evaluation can be used to identify the needs of impacted communities 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 System Partnership Committee
- Iowa Falls Prevention Coalition (IFPC) and Local Falls Prevention Coalitions in Iowa
- University of Iowa College of Public Health's Injury Prevention Research Center
- ACL Scaling Falls Prevention Programs Project

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, populations and communities that are impacted greatest by falls will be prioritized and monitored.

Similarly, assessment and evaluation activities will be structured to learn more about the effect of falls on older adults at risk for falling 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 Local Falls Prevention Coalitions and perspective from coalition members with lived experience to inform assessment, surveillance and evaluation work.

PERFORMANCE MEASURES

Short-Term Indicator: Evaluation plan is updated with baseline and recent data by December 2026.

Short-Term Indicator: Produce and disseminate at least 1 data product by June 2027.

Long-Term Indicator: Increase the number of local public health agencies and AAAs who report using data-informed decision making for falls prevention by 10%, by July 2028.

Long-Term Indicator: Increase the number of partners who report engaging in awareness activities by 10%, by July 2028.

ACTION STEP	Resources	Lead/responsible	Start date	End date
1.1 Update evaluation plan for data dissemination and utilization	Evaluation Partner	University of Iowa IPRC	November 2026	December 2026
1.2 Assess data report needs of partners to inform creation of data briefs and other data products	Iowa Falls Prevention Coalition (IFPC) meetings; Falls Coalition awareness and education committee; Falls Coalition steering committee	Iowa HHS Injury Epi and Injury Director	January 2027	February 2027, repeat annually
1.3 Assess data needs of HUB partners to inform HUB data reporting	Assess during HUB onboarding of partners; data related to projects	Iowa Community HUB	January 2027	February 2027, repeat annually
1.4 Draft annual HUB data report	Data expertise, HUB data report template	Iowa Community HUB	June 2027	August 2027, repeat annually
1.5 Update and disseminate the Iowa Falls Data Brief	Data expertise (staff), data sharing agreement	Iowa HHS Injury Epi	July annually	October annually

1.6 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 annually	June annually	
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DESCRIBE PLANS FOR SUSTAINING ACTION ON AIM 1

Iowa HHS is currently funded by 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 wasn't initially focused specifically on older adult falls, additional fall related strategies were added in later project years designed to 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 routine data reporting, including a falls data brief and included in the Impact of Injury in Iowa Report which is being planned for publication in late 2026. The Impact report will include county level data, so that local partners will have information about the need for falls prevention activities and which populations for intervention prioritization.

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

BACKGROUND ON STRATEGY

Rationale: The Iowa Community HUB, Iowa's CCH, works with a network of partners to connect Iowans with meaningful evidence-based chronic disease prevention and management programs (EBPs).

Past Work: The HUB has supported the Iowa Falls Prevention Coalition (IFPC) activities by achieving the following action items on IFPC Action Plan:

1. **Consumer Awareness and Access:** Promote the HUB's centralized platform as a trusted, accessible source of falls prevention education, evidence-based programs, and supportive services, helping individuals and families identify available resources and connect directly with relevant organizations.

2. **Referral and Care Coordination:** Strengthen statewide community-clinical linkages and referral pathways through the HUB, connecting individuals of all ages with appropriate falls prevention programs, services, and resources while supporting navigation, follow-up, and coordination among healthcare and community partners.
3. **Community Capacity Building and Sustainability:** Strengthen the HUB's statewide infrastructure to support community-based organizations and program facilitators through training, technical assistance, shared resources, and partnerships that expand access to and sustain evidence-based falls prevention programs and supportive services.

In 2026, Iowa expanded the number of Local Falls Prevention Coalitions from one to six. The local coalitions are conveners of various partners interested and engaged in falls prevention activities across a specific catchment area. By leveraging the local coalitions and their partners, Iowa envisions the development of regional falls prevention ecosystems, with community-clinical linkages being a key strategy.

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

The Community Care Hub (CCH) model continues to evolve nationally, with financial sustainability, healthcare partnerships, and demonstrating value remaining important considerations for hubs and their network partners. Sustainable payment arrangements and stronger integration between healthcare and community-based services are essential to supporting long-term coordination of health-related social needs. In Iowa, the Iowa Community HUB provides established infrastructure for connecting clinical partners with community-based services. An Administration for Community Living grant creates an opportunity to build on this foundation by supporting STEADI implementation and referrals to the evidence-based Stepping On program. Continued attention to sustainable funding, partner capacity, interoperable referral processes, and measurable outcomes will be important to sustaining and expanding this work statewide

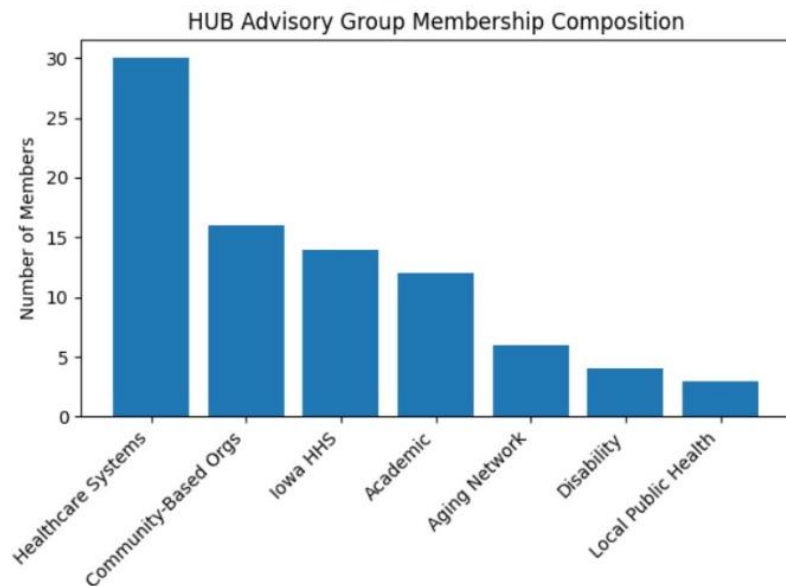
CLINICAL/COMMUNITY LINKAGES

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

Community Care Hubs (CCHs) strengthen connections between healthcare and community-based organizations (CBOs) through shared infrastructure, coordinated referral pathways, and support for delivering services that address health-related social needs. By serving as an intermediary between healthcare providers and community partners, a CCH helps coordinate whole-person care, reduce administrative burdens, and connect individuals with appropriate community resources. Core functions include maintaining a network of community partners, supporting referral and follow-up processes, coordinating data and information sharing, and developing sustainable partnerships and payment arrangements that strengthen the integration of health and social care.

HUB Advisory Group - The Iowa Community HUB Advisory Group brings together more than 85+ partners representing community-based organizations and other stakeholders across Iowa to strengthen the statewide health and social care network. Through a collaborative, open learning environment, members share experiences, identify common challenges, and explore opportunities to improve connections between healthcare and community services. Meeting quarterly, the group supports partnership development, shared learning, and coordination across

communities, healthcare organizations, and state agencies. This statewide network helps inform the HUB's direction, strengthen community capacity, and advance more coordinated and sustainable approaches to addressing Iowans' health-related social needs, including falls prevention programs.



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
 - Ankeny 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 CHW Alliance
- EP - VA
- NP – Iowa Rural Health Association
- NP - CHWs - align with Iowa efforts to grow Community Health Workers -
- NP - Physiatry - 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

Local Falls Prevention Coalitions:

- Siouxland District (Woodbury County)
- Northeast Iowa (counties)

- Tama-Grundy (counties)
- Taylor County
- Linn County
- Story County

EQUITY

What aspects of equity will be addressed within this aim?

- Expand participation across the six Local Falls Prevention Coalitions, with attention to rural and underserved communities, older adults, adults with disabilities, and underrepresented healthcare and community partners.
- Support meaningful participation from diverse organizations and communities by recognizing differences in local capacity, resources, and needs.
- Strengthen connections among state and local partners to expand access to falls prevention resources and evidence-based programs.

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

- Incorporate lived experience and local perspectives into coalition planning and decision-making, including perspectives from older adults and adults with disabilities.
- Use targeted outreach and flexible participation opportunities to reduce barriers to involvement, particularly for rural partners and organizations with limited staff capacity.

PERFORMANCE MEASURES

Short-Term Indicator #1: Implement STEADI with at least one type of healthcare provider by June 2027.

Short-Term Indicator #2: Engage at least one clinical partner in STEADI implementation within each of Iowa's six Local Falls Prevention Coalition catchment areas by December 2027.

Long-Term Indicator #1: By July 31, 2028, receive at least 150 cumulative referrals to the Iowa Community HUB resulting from STEADI screening across participating healthcare providers.

ACTION STEP	Resources	Lead/responsible	Start date	End date
1.1 Recruit clinic champions to bring the total number of participating clinics to four by January 2027.	Clinic Champion Role Description; Healthcare Partner Interest Form	Iowa HUB, Iowa HHS	October 2026	January 2027, ongoing

1.2 Complete STEADI training for clinic champions	STEADI online training	Clinic champion	January 2027	February 2027, ongoing	
1.3 Establish Business Associate Agreements (BAAs) with participating clinics to support secure referrals to the HUB.	Business Associate Agreement	Clinic champion	January 2027	March 2027, ongoing	
1.4 Establish a preferred referral process for each participating clinic, using an available secure referral method.	HUB menu of referral options	Iowa HUB, clinic champion	January 2027	February 2027, ongoing	
1.5 Expand STEADI training and implementation support: coordinate flexible training options, educational videos; and a webinar on STEADI as a complementary approach to CAPTURE FALLS.	subject matter experts; funding and intern support	Iowa HHS, UI College of Public Health	December 2026	April 2027	
1.6 Implement STEADI and refer patients to the HUB.	HUB Clinician Resource webpage - practical resources for screening, assessment, patient counseling, and referral.	Iowa HUB, Clinic Champion & STEADI-trained clinicians	March 2027	Ongoing	
1.7 Track referrals and enrollment in community-based falls prevention interventions resulting from STEADI.	HUB data reports, survey responses from clinic champions regarding process	Iowa HUB, UI IPRC	March 2027	ongoing	
1.8 Implement a coordinated evaluation plan for STEADI screening, assessment, referral, and clinic-community linkage.	Funding; Evaluation Partner	University of Iowa IPRC	January 2027	July 2027	

Short-Term Indicator #2: By June 2027, formally onboard at least one falls prevention program host organization as a HUB member in each of the six local falls prevention coalition catchment areas.

Long-Term Indicator #2: By December 2028, support at least 20 community-based falls prevention programs delivered by HUB network partners.

ACTION STEP	Resources	Lead/responsible	Start date	End date
2.1 Promote the HUB's program delivery partner interest form as entry points for organizations interested in joining the network.	HUB and IFPC newsletters; HUB website	HUB, IFPC intern	January 2027	ongoing
2.2 Strengthen HUB membership and onboarding for program delivery organizations, including appropriate agreements.	HUB membership materials/value proposition; HUB website	Iowa HUB, CBOs	November 2026	ongoing
2.3 Conduct monthly office hours for program delivery partners to network, share successes and challenges, and strengthen connections across organizations.	Zoom for monthly office hours	Iowa HUB	January 2027	ongoing
2.4 Increase the number and geographic distribution of organizations listing falls prevention programs in the HUB Program Locator.	HUB Program Locator - website	Iowa HUB, CBOs	January 2027	ongoing
2.5 Evaluate the onboarding process to identify barriers to participation and opportunities to strengthen program delivery partnerships.	Funding Evaluation Partner	University of Iowa IPRC	January 2027	ongoing
<p>Short-Term Indicator #3: Increase membership across the six Local Falls Prevention Coalitions by engaging at least 5 new members each, with an emphasis on healthcare and clinical partners, by June 2027.</p> <p>Long-Term Indicator #3: By December 2028, establish and sustain a formal coordination structure between the IFPC and all six Local Falls Prevention Coalitions, with representation from each local coalition and regular information sharing, joint planning, and engagement of healthcare and community partners, including rural communities.</p>				

ACTION STEP	Resources	Lead/responsible	Start date	End date
3.1 Promote opportunities to participate in statewide and local coalitions, using newsletters, the HUB website, partner networks, and targeted outreach.	IFPC education & awareness/membership committee efforts	IFPC Intern, Iowa HUB	January 2027	ongoing
3.2 Share statewide falls prevention efforts and local coalition progress through presentations at statewide conferences and partner meetings.	IFPC education & awareness efforts; coalition meetings	Local coalition leads, Iowa HHS, IFPC Co-Chairs	January 2027	Ongoing
3.3 Establish a statewide local coalition steering committee, facilitated by the Iowa Falls Prevention Coalition (IFPC), with representation from each of the six local falls prevention coalitions to strengthen coordination, share regional updates, identify common priorities, and support collaboration across the state.	Virtual meetings	IFPC Co-Chairs, Iowa HHS, local coalitions	January 2027	Ongoing
3.4 Provide technical assistance and support to partners interested in forming or strengthening local or regional falls prevention coalitions.	Webinar series, coalition toolkit; resource handouts	Iowa HHS	January 2027	Ongoing
3.5 Review regional representation and membership across the statewide and six local coalitions to identify gaps in participation.	IFPC education & awareness/membership committee efforts	IFPC Intern	Ongoing	ongoing

DESCRIBE PLANS FOR SUSTAINING ACTION ON AIM 2

The Iowa Falls Prevention Coalition (IFPC) will sustain AIM 2 through ongoing strategic planning and annual progress reviews to identify gaps, assess progress, and guide future priorities. The IFPC has established five new local falls prevention coalitions, bringing the total to six and creating a stronger statewide network to understand community needs and build local partnerships. A statewide local coalition steering committee, with representation from each local coalition, will support continued communication, shared learning, and coordination. With support from an intern, the IFPC is also strengthening education, awareness, and member engagement through a coalition newsletter and an Education and Awareness Committee. Improved membership enrollment processes, including automated data collection and expanded information for analysis and data visualization, will help identify gaps in regional representation and guide future outreach.

The Iowa Community HUB will sustain healthcare and community partnerships through its established network infrastructure, ongoing partner onboarding and support, and continued exploration of sustainable payment approaches for community-based programs. The HUB will also

advance interoperability between healthcare and community systems to streamline referrals, strengthen bidirectional communication, and support closed-loop tracking from STEADI screening and assessment through referral and enrollment in falls prevention programs. Integrating referral pathways into clinical workflows and improving information exchange between healthcare providers and community partners will help embed these connections into routine care and sustain access to evidence-based falls prevention services beyond the project period.