



**Ohio Older Adults Falls Prevention Coalition (OOAFPC) Meeting Minutes
February 21, 2014**

Attendees: Monique Jacobs (Holmes County HD), Joe Eschman (Eschman Physical Therapy), Tina Young (OOTA and HCR), Ron Henlein ((People Working Cooperatively), Rebecca Geyer (Genesis Healthcare System), Judy Hirschfeld (Mount Carmel), Elizabeth Fries (union County HD), Troy Chaggin (Erie County HD), Joe Rosenthal (Ohio State University), Patricia Ratliff, Diane Beaty-Gargile (ODA), Tia Gulley (ODA), Cara Carramusa (Park Vista Retirement Community), Sue Morris (ODPS/EMS), Rhonda Evans (ODPS/EMS), Deanna Montanaro ((UT Medical Center), Kenan Mylander (Mercy St. Vincent Medical Center), Bharon Hoag (OSCA), Ryan Frick (ODPS), Anne Goodman (Grant Hospital), Lois Hall (OPHA), Mitchell Briant (Delaware County HD), Renea Owens (OSUWMC), Phyllis Schoenberger ((USC- Davis), Sara Stemen (ODA).

Coalition Members reviewed the draft action plan for 2014 in small groups. Comments are for each of the five goal areas however two goal areas (1 and 4) were combined.

Goal 1 Education/Awareness and Goal 4 Interventions/Risk Assessment

Facilitator: Cara Carramusa

(1) Participants discussed offering Education credits for the annual conference. Cara reached out to OSU and Dr. Rosenthal for a conversation about the Conference.

(2) There was much discussion on combining Goal 1 with Goal 4 and everyone seemed in agreement. Cara is willing to be the lead on this.

(3) Participants came to an agreement that we need to minimize and consolidate the sub-goals through each category. The Leadership Team will work on that.

(4) Discussion on supporting expansion of Matter of Balance throughout State of Ohio

(5) There was some conversation about the definition of "champion". We discussed creating a "bank" of where we, as coalition members, can "log" and give the group credit for ALL that each of us do for the sake of getting fall prevention out there....

(6) Refresh the board of the coalition for wherever it may travel to....

(7) Making sure that professional (affiliated organizations) have appropriate links on their website to us....

Goal 2: Infrastructure

Facilitator: JoEllen Walleye

To create a sustainable system which identifies needs, existing resources and resource gaps.

Discuss:

- 1) What's been done by the Coalition to date? (History)
 - Funding to support coalition activities has been limited to ODH resources
 - Coalition issued mini-grants in 2013
 - Something about tai chi training

- 2) Review of new draft: Comments from Goal 2.
 - 2.1.1
 - Statewide focus may shift; include how locals can be successful with local budget proposals.
 - In general a good concept to have observation and communication of funding opportunities.
 - Sharing of funding opportunities might increase the competition for funding.
 - Child group had done a master list
 - updating is a responsibility
 - E-mail alerts re: short term opportunities
 - Need the purpose prior to demonstrate
 - Purpose of the strategy is intended to be the design / development of a statewide approach to fall prevention, including a budget proposal, that is ready to be submitted should the opportunity arise. This would make the Coalition more prepared and agile in responding to opportunities that may need quick action. Also to be used in advocacy with elected officials to have a response to "what would it take?" questions.
 - 2.1.2
 - Opportunity in the current State Administration, although not supportive of new \$ proposals/ political process.
 - Funding of local coalition coordinators need structure goals.
 - Perhaps not include in the plan at this time
 - Not sure appropriate / effective at this time
 - 2.1.3
 - Perhaps not include in the plan at this time.
 - Not sure appropriate / effective at this time.
 - 2.1.4

- Evidence based group? Or more related to data/ Christy – data package IT decision –makers to add to policy briefs / MOB info saving study

- Show savings to “pay for results” organizations

What partners does the Coalition need to meet the goal?

ODH, ODA, health care system, hospitals, local health departments, aging network

Goal 3: Policy

Facilitator: Lois Hall

. Groups agreed that the Goal itself is still probably good and pertinent to our work
. Groups agreed that we could consolidate Objectives 1 and 2 - We didn't come up with exact language for this - but based on their conversation, I might suggest something like: Identify 2-3 policy priorities to support/follow at the state level and be intentional about including these in the annual OIPP Statehouse Advocacy Days' conversations.. See if we can find what the ROI - return on investment - might be in states where the home modification tax credit has been in place for several years.

Add to those to contact in 3.1.1 - ODH, ODA, ODPS, Ohio Dept of Disabilities - this would be a good student project - to do some internet research and develop a document summarizing what is already out there.

re 3.1.2 - revisit the policy survey Cameron did in 2009 and do that same process once again, now at the beginning of this new planning period. New coalition members might have newer ideas or might reprioritize those same policy ideas.

clarify that 3.1.2 is intended to be done only once at the beginning of this planning period, not annually as the timeframe boxes imply

3.1.3 - some thought this was daunting and should be removed. Bharon however thought this would be key - knowing more about what proactive things we can do to better move policy through the system. groups therefore agreed to keep this one.

3.1.4 - include these talking points in the Advocacy Day discussions (deleting 3.2.1 and 3.2.2)
. suggestions for improving Advocacy Day: a) offer a one hour training on how to conduct a legislator meeting/conversation, b) offer continuing education for nurses, RS, CHES, CPH, others? For this session, b) include training/role playing in the training and also include how to talk with the media about policy issues, c) pair up more confident coalition members with less confident ones when making visits so that the less confident can get some experience, d) focus on the ROI/dollars saved from implementing fall prevention policies. Team up with other organizations that have paid lobbyists as they do their advocacy days - get our information to chiropractors, optometrists, podiatrists, etc so that when they do legislator visits they can also take our information

Re Objective 3 - keep pretty much as is.

- . 3.3.2 change it from "proven successful" to "have been adopted. This would be a great student project - to develop a survey for our own Coalition members and then to compile the policies we all, already have into a useable format/document/electronic file
- . an example of a policy we might come up with - "what is your local health department's policy on when an employee or client falls while on your LHD premises?" If we find one - or develop one - that would be excellent to share with all 124 LHDs. Similarly - what other policies are there among our own coalition member agencies/organizations?

Group believed Objective 3 is very doable and would be very helpful to all - and others outside the Coalition

Those others the group mentioned as needing to be contacted about joining the Coalition include: the Ohio Optometric Association, the Ohio Ophthalmologist Association, the Ohio Podiatric Association, the Ohio State Medical Association, the Ohio Osteopathic Association, the Ohio Hospital Association and the FQHC association (Bharon has contacts with all of these). The thought about these groups - from the policy perspective –is that they all have paid lobbyists who could help advance our efforts.

Goal 5 Monitoring Trends for Fall Related Data

Facilitator: Anne Goodman

Here are the notes from the data group regarding the question sheet you asked us to complete:

- 1) BRFSS questions are good to go regarding falls
 - 2) Always monitoring what ODH is drafting and formulating for data sheets
- All goals pertaining to data are fine with the exception of 5.2.3, we would like it to read: Promote info graphics available for FB use regarding fall related issues.

The data group would like to:

1. Frame the IP message particularly for the EMS community
2. Help all sub groups with data use for their particular needs (education, policy, infrastructure)
3. How to record falls that are currently not being counted.
4. Connect data to emotion for education.
5. Compile stats/data sheets, etc for older adults, what we currently use are for the HCP community.