Meeting Called to Order 7:04pm EST

1. Falls Prevention Awareness Day Resources
   a. Balance and Falls SIG Website
      i. Powerpoints
         1. Stay STEADI - powerpoint for clinicians - to educate them about STEADI/fall prevention
         2. Powerpoint for Older Adults
      ii. Letters to recruit other health-care providers
      iii. If you WANT other resources → let us know and we will put something together
      iv. If you HAVE resources and you want to share them → send them to Mariana- Mariana.Wingood@outlook.com
   b. NCOA: Resource kits
      i. Handouts
         1. Conversation guide for caregivers
         2. Home safety and modifications
         3. Toolkit for pharmacists → getting other healthcare professionals educated about how they can help with fall prevention is a great way to raise awareness
         4. Myths of Falling
         5. Videos → personally really like the “You have the Power to Prevent a Fall” Video
      ii. Promotional materials
         1. Fliers Template - this is last years- but you can remove the date-hopefully updated ones will be up soon- will let everyone know when they are updated.
         2. Powerpoint
         3. Media
            a. Toolkit
            b. Consent form
      iii. Past event descriptions from people who report in
         1. Photos from past-year events from the photo contest.
         2. Stories of Past Events
      iv. Webinars
      v. Getting Started
         1. Finding Partners
2. **State Coalitions**
3. **State Advocates (through AGPT not NCOA)**
c. Sample Consent Forms
   i. [Sample 1]
   ii. [Sample 2]

2. **Past Events**
   a. Arizona (Celeste): have not participated yet, interested in starting an event
   b. Florida (Jackie):
      i. Brooks partnered 3 residents with local school in Jacksonville (UNF) 30 3rd year students, attending 3 senior centers for falls screening
         1. Students trained ahead of time through online (STEADI toolkit) and a professor (part of geriatrics course curriculum)
      ii. Local YMCA “How to Get off the Floor” class → very successful- waiting list
      iii. Create educational placement for food trays in inpatient hospital and SNF facilities (well received by patients and families)
   c. Illinois:
      i. Brenda: Wants to do booth at a women’s health fair for fall prevention awareness day
      ii. Deb: Community talks to public for free (partner with library or park district)
         1. 45 min on home safety and provide examples for balance assessment
      iii. Heidi: STEADI screening at Senior Olympics with SAFE screenings
   d. North Carolina (Deb): Partner with local communities for senior service learning project (fall risk assessments) in church, ALF, senior center
      i. Student led
      ii. Presentation
      iii. Pre and post test for the students to see what they learned
   e. New Mexico (Janet): engaged the PTA program
      i. Start early with students (early summer) to get their schedule blocked out to promote student participation
      ii. Connect with state department of health/state coalition
         1. Using STEADI toolkit
            a. 3 assessments
            b. Stay Independent brochure
      iii. NCOA: 6 Myths about falling
         1. Gets people to think about their misunderstandings of falls
   f. New York (Annie):
      i. Smaller fall risk screening events
         1. Teach year round balance classes (launch 10 week program week of FAPW)
ii. This year, going a little bigger: Teaming up with Ithaca college PT and OT programs with health department and department of aging

g. New York (Nancy):
i. Continuing care community, biggest challenge is keeping them active and fit while keeping things fun
ii. “Don’t Fall Carnival”: throw away the throw rug, pumpkin decorating, don’t fall dance
iii. The more creative, the better the participation

h. Pennsylvania (Julie):
i. Multidisciplinary effort held in September
   1. Use students
   2. less is better (not as many stations)
   3. Tie all screens into function to promote carryover of knowledge
ii. Senior center: kick off for series
   1. Use of crazy titles
      a. “SOS or FOF”
      b. “These Boots are Made for Walking: appropriate footwear

i. Pennsylvania (Justin):
i. 3 pronged approach with falls risk reduction presentation, followed with screening, then educated therapy and RN staff on how to carry out the study
ii. Send out an invitation to local therapy providers in the area for a wine and cheese social to educate providers
   1. Maybe feature an individual who has fallen ad recovered

j. Tennessee (Gretchen):
i. In SNF with attached ALF
ii. Get OT/PT/ST/RN/Nutrition involved in screen
iii. Few hours following lunch
iv. Involving family members as appropriate

k. Vermont (Mariana):
i. Collaborate with students (first years) as well as the state falls coalition
ii. Guidebook: evidence based exercise programs as well as other programs throughout more rural areas (used in low risk population)
iii. Refer to local clinicians (MD and PT)
iv. Provide forms to each individuals to take to their doctors
   1. Most individuals made 1 behavior change following the screening based on follow up results
v. 1 event on the day (screens around the state with 300-400 participants total) with a year round program to screen
vi. Falls Prevention Bingo
vii. Performs educational sessions at SNF- providing education about how everyone can make a difference-including environmental service, nutritional staff, maintenance, recreational therapists, LNA’s, RN, PA’s, and management
3. Challenges/Barriers
   a. Good communication with your contact at the location
      i. Including staff and resident schedules
   b. Financial support for marketing (partner with libraries, advertise in local newspapers, state coalition task forces)
   c. Be flexible, block out more time then you need as patients are not always ready
   d. To promote attendance/participation
      i. Food
      ii. Fun
      iii. Crazy titles to peak interest
      iv. What time of day works best for the population you are looking at
         1. Middle of the day is best for older adults, but not for volunteering clinicians
         2. Right after lunch - at sites that provide meals
   e. Consent Forms:
      i. On-site versus off-site consent
      ii. Photo and social media consent
      iii. Samples to be available soon on website
   f. Getting clinicians and new locations to participate

4. Getting Started
   a. State Advocate Program
      i. Can connect with your advocate under the members tab on AGPT website geriatricspt.org
      ii. For more information on program: moyerheidis@gmail.com
   b. Falls Free Coalition
   c. Google "insert your state here falls coalition"