

Fire & Falls Webinar Series:

Best Practices for Developing EMS/Fire Partnerships

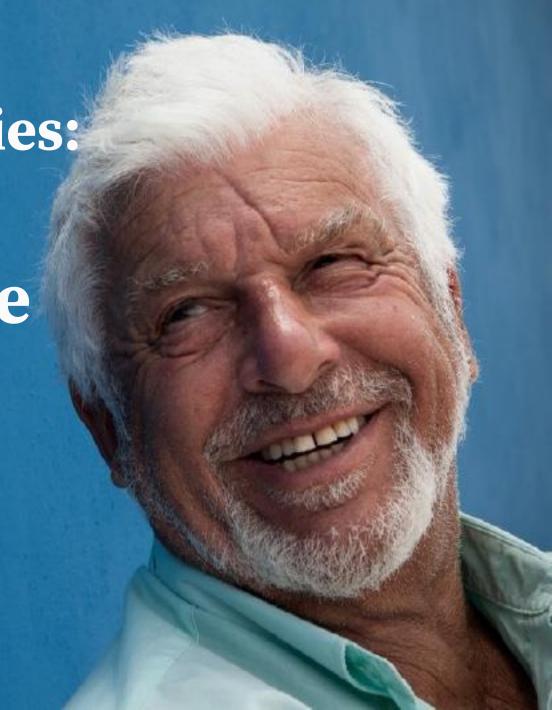
Speakers:

Sato Ashida, PhD Carri Casteel, PhD

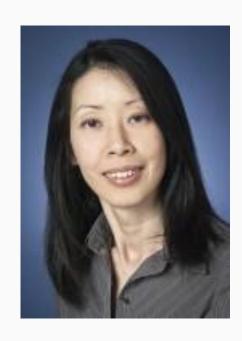
Moderator:

Donna Bethge

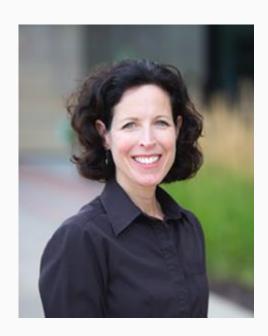
September 1, 2021 | 1pm ET



Our Speakers



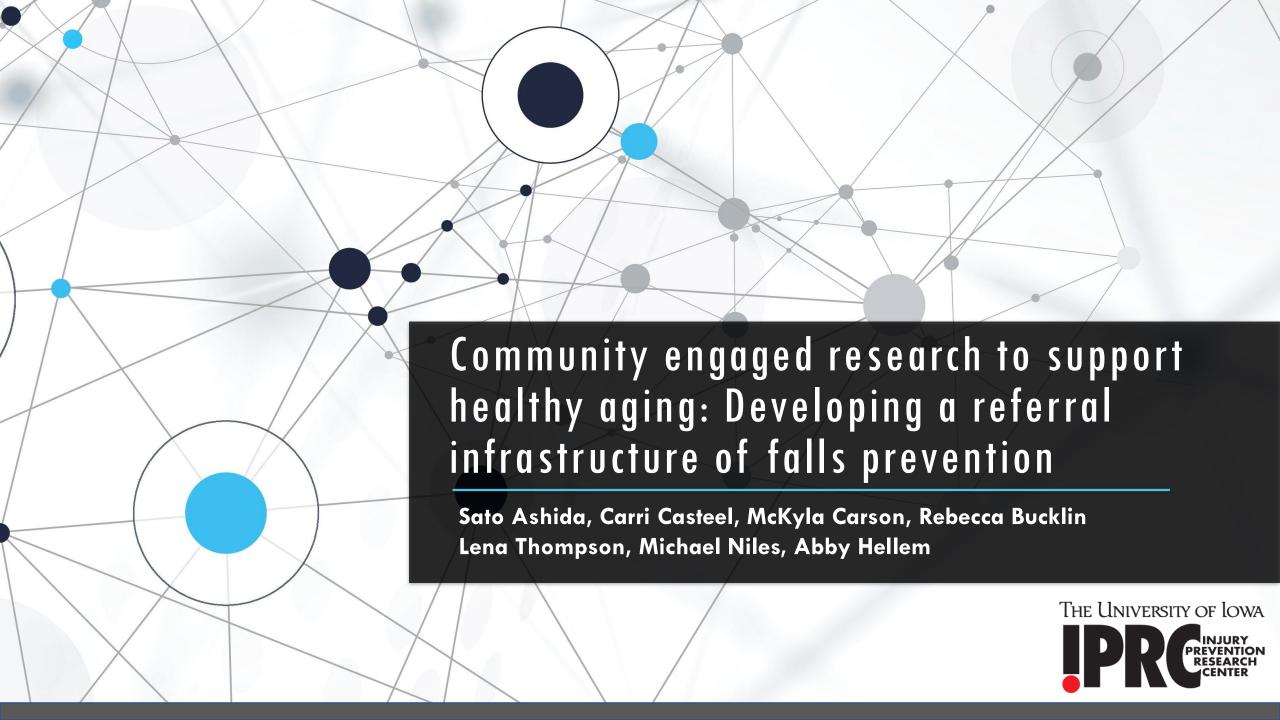
Sato Ashida, PhD
Associate Professor
University of Iowa College of Public Health



Carri Casteel, PhD

Professor

University of Iowa College of Public Health



Background: Falls among Older Adults

- Falls are the leading cause of unintentional fatal and nonfatal injury among adults 65+
- Evidence-based prevention programs exist but are underutilized
- Older adults typically do not engage in prevention on their own
- Community-engaged approaches can help maximize reach and adoption of evidence-based prevention programs







Preliminary Work: Evaluation of Remembering When™



- Developed by National Fire Protection Association (NFPA) with the CDC (1999)
- Delivered by teams of fire service personnel with other agencies and organizations that serve older adults
- Consists of 8 falls prevention and 8 residential fire safety messages
- Many fire departments and community organizations have adopted the program over the years



Preliminary Work: Evaluation of Remembering When™

Fire service personnel in Iowa communities:

- Iowa City
- Cedar Rapids
- Indianola
- Ottumwa
- Nevada



Older adults showed improvements in falls prevention and fire safety behaviors

We also learned...

- Fire service personnel seen as trusted source of information
- Older adults became motivated to engage in more preventive efforts
 - → asked what else they could be doing
- Fire service personnel wanted to provide more falls information
 - → wanted to refer older adults to programs in the community, but didn't know how

"it might be good to have local resources that you could call upon... like lists for local area fall and fire safety."

"Should I reach out to other community services and then direct them to these people?

...Is there training in that area? ... Shouldn't I do that?

How do I work that in?"





Project Goal

In collaboration with community stakeholders, develop a referral infrastructure to help older lowans access evidence-based falls prevention programs



Community-Engagement Processes



Establish a Stakeholder

Advisory Board and develop operating procedures



Assess falls prevention efforts at state and national levels



Identify 2 communities and assess needs, strengths and key players



Establish local advisory board and jointly develop objectives



Jointly develop referral infrastructure and implementation plans, develop communication plans and tools, provide training



Implement the referral infrastructure



Evaluate impact and process of implementation

Establish Stakeholder Advisory Board (SAB)

- Executive Officer, Iowa Department of Public Health (IDPH), Office of Disability Injury and Violence Prevention
- Executive Officer, lowa Department on Aging
- Senior Project Manager for Public Education,
 National Fire Protection Agency
- Executive Director, Iowa Association of Area
 Agencies on Aging
- Public Education Specialist, Cedar Rapids Fire
 Department
- Older adult representative (retired RN)

- Executive Officer, IDPH, Office of Brain Injury and Disability
- Executive Officer, IDPH, Bureau of Emergency and Trauma Services
- Trauma Nurse Coordinator, IDPH, Bureau of Emergency and Trauma Services
- National Sales Director, AGE-u-cate Training
 Institute, LLC
- Mobility Coordinator, Johnson County Social Services



Community Assessment Findings

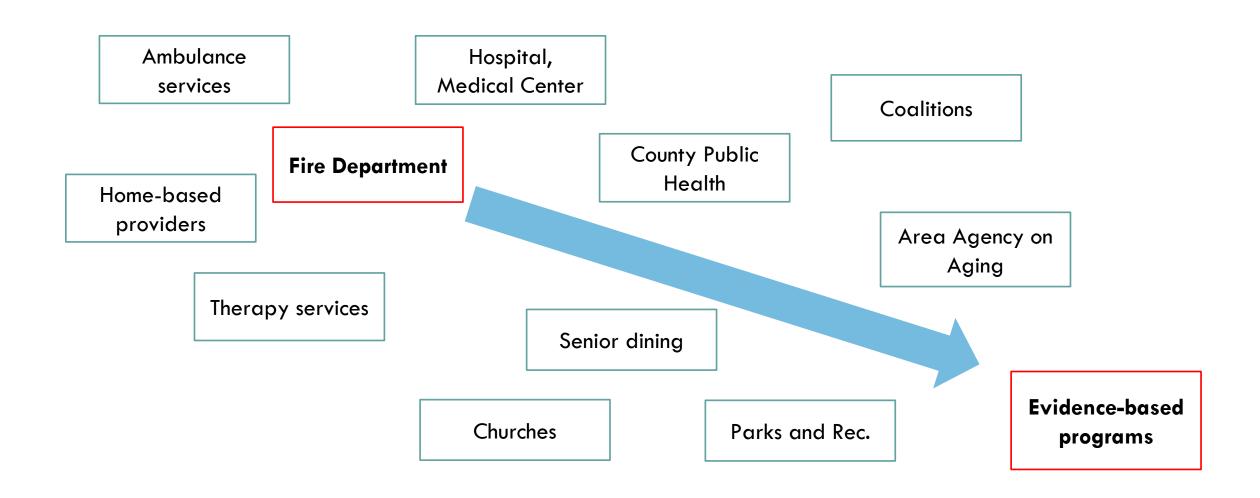
Facilitators

- Older adult falls is a significant concern
- Fire departments want to engage older adults in falls prevention
- Area Agency on Aging offers evidencebased falls prevention programs for free
- Seeking innovative ways to increase participation in programs
- Interest in building community care model for falls prevention
- Availability of transportation services

Barriers

- Older adult participation in evidencebased programs is low
 - RW+ viewed as important pipeline to participation
- Difficult to identify and retain program trainers
- Difficult to balance training with offering, coordinating and marketing programs
- Difficult to establish connections with other providers

Identifying key partners for the infrastructure



Local Advisory Boards

- Fire Department
- Aging Service providers
 - Home health
 - Meals program
- Area Agency on Aging
- County Public Health
- Health System
- Caregiver Services
- YMCA, Community centers
- Retired & Senior Volunteer Program (RSVP)





Sample Referral Infrastructure

Plan for sustainability of RWPLUS throughout

Access to Older Adults

Example Activities: Assist in reaching older adults (OAs), advertising and marketing recruitment of older adults into RW PLUS project.

RW Program Delivery

Example Activities: Organizations involved in delivering the RW program.

Referral/ Participation Support

Example Activities: Organizations involved in making referrals, followup calls, scheduling, transport.

Evidence Based Program Delivery

Example Activities: Organizations involved in delivering EB programs.

Monitoring and Maintenance

Example Activities:
Monitoring the referral
infrastructure, programs
to help OAs complete the
program, expanding the
network as needed.

County Home Health Nurses

Meals on Wheels

Fire Dept Referrals Fire
Department
Implement
Remembering
When™

RSVP

Area Agency on Aging

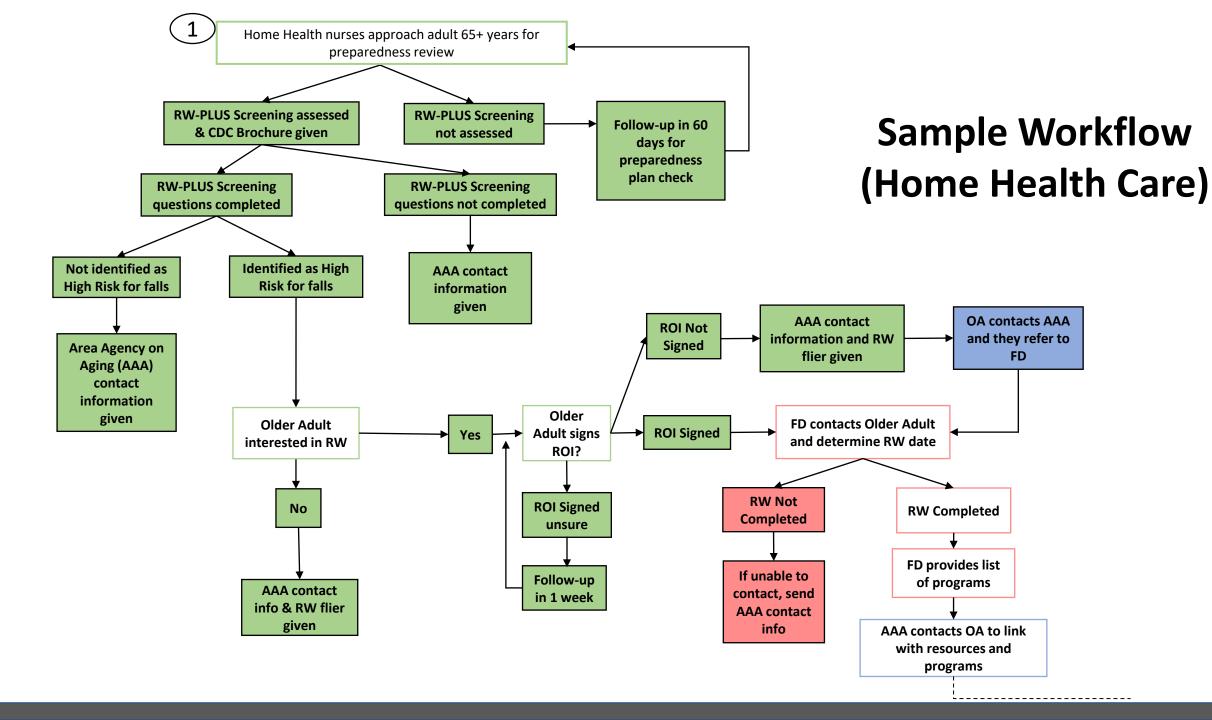
Area Agency on Aging

Local Public Health Dep.

YMCA programming

Health System programming

Falls coalition,
Area Agency
on Aging



Lessons Learned

- Incorporating new system into their existing work routine
 - Competing priorities
 - Adding tasks to staff daily routine
 - Protecting client information and privacy (ROI)
- Relationships with organizations
 - Differences in organizational capacity
 - Gaining comparable buy in from all partners → periodically discuss shared goals
- System needs to be fluid and adjustable: personnel changes, funding sources
- Communication: inter-organization, within organization



Through a community-engaged approach, we were able to....

- Implement program within existing service delivery systems
 - → Jointly developed protocols and tools that worked for all
- Evaluate from the perspectives of the community partners
- Discuss sustainability plans to strive for a long-term public health impact
 - → Develop ownership among the partners; Build capacity

"I would encourage the university team to make this available, especially in rural communities...

a model that communities could embed and undertake"

Impact on Stakeholders

Impact on older adults: "I think the opportunity for older adults are vast. It gives them the opportunity to have access to multiple different levels of care ... with a smooth process. So, sometimes it can be difficult for older adults to navigate a system. And I think that helps address that barrier and that we're helping, just take care of that for them."

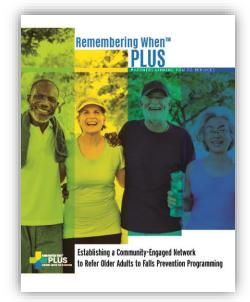
Impact on community: "We may not have previously realized the importance of each and every group member or that they all had mutual interests...[we now have] additional collaboration and potentially the ability to create new projects to address unique needs that bubbles up from the community"

Impact on programs and services: "It was something that we could offer people... just another tool in the toolbox."

Impact on organization: "We gained a better understanding of the network that exists to support older adults, related to falls reduction. Especially as relates to our fire department. That's not really a community partner that we had engaged with much before. So, understanding that the work itself exists within that realm is really helpful for us and gives us another way to support our clients."

Impact on staff: "I learned a lot about setting up a referral process and how that can vary from community to community. I think that was my most interesting perspective that I gained was learning. You know, what worked best for each of the communities."

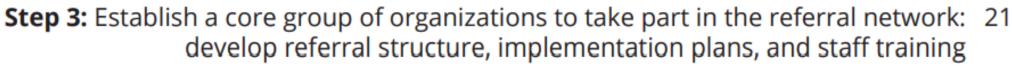
RememberingWhen™-PLUS Toolkit



Section IV: Steps of RW™-PLUS 11

Step1: Identify falls prevention efforts and resources 11 available at the national-, state-, and local-levels

Step 2: Establish a local Stakeholder Advisory Board (SAB) 17 and jointly identify community needs, strengths, and key players



Step 4: Develop evaluation plans in consultation with the SAB 26

Step 5: Train staff, implement referral network, and develop sustainability plan 31



https://iprc.public-health.uiowa.edu/wp-content/uploads/2021/08/RWPLUS_Toolkit_FINAL.pdf

Thank You!

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Fire & Falls Prevention Resources



Social Media Graphic: Role of the Fire Department/EMS in Falls Prevention (Graphic): (JNG) (PNG)

*All available in the handouts tab & www.ncoa.org/FallsToolkit

• Partnering with Fire and Emergency Medical Services to Prevent Falls (Article):

https://www.ncoa.org/article/partnering-with-fire-andemergency-medical-services-to-prevent-falls

- Fire Department's Role in Falls Prevention: A Guide for Older Adults (Infographic): https://assets-us-01.kc-usercontent.com/ffacfe7d-10b6-0083-2632-604077fd4eca/92119048-2aee-407a-86f7-9706cc3d3f17/2021-Falls-Prevention_Infographic_Fire-Department-Role_8-12.pdf
- How Your Local Fire Department Can Help with Falls
 Prevention (Article): https://www.ncoa.org/article/how-your-local-fire-department-can-help-with-falls-prevention
- Strengthening Falls Prevention Efforts with the Help of First Responders (Article):

https://www.ncoa.org/article/strengthening-falls-preventionefforts-with-the-help-of-first-responders

Next Week

Partnerships in Action: The CARES Paramedicine Program in Ohio

September 8, 2021 @ 1:00p ET



Carmen Quatman, MD, PhD Vice Chair of Quality, Department of Orthopaedics The Ohio State University Wexner Medical Center



Catherine Quatman-Yates, DPT, PhD
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