

Attachment A

Grant Narrative

2020 Empowering Iowa Communities to Reduce Falls & Falls Risk Grant Narrative

PROJECT ABSTRACT

The Iowa Department on Aging in **partnership** with the League of Human Dignity and key partners will, during this three-year project, develop, enhance and maintain the evidence based **CAPABLE program** in Cass, Dallas, Mills and Pottawattamie Counties. The project's **goal** is to improve the ability of older adults and adults with disabilities in the targeted counties to live safely in their own homes by significantly reducing in-home falls risk using the evidence-based CAPABLE program and concurrently building a sustainability strategy for these programs to flourish beyond the project period. The **objectives** are: 1) Develop and train two client-directed CAPABLE teams; 2) Establish a key partner network to provide and identify resources needed to modify homes; 3) Develop and implement strategies to serve a **projected** 320 individuals; and 4) Create an infrastructure to sustain and grow CAPABLE across Iowa. Anticipated **outcomes** include: 1) Established CAPABLE infrastructures; 2) Participants will have easy access to local resources through LifeLong Links Web Resource Center; 3) Participants will demonstrate increased functional ability measured by Activities of Daily Living (ADLs) at baseline, compared to after five months in CAPABLE. Expected **products** include: 1) Marketing and outreach information; 2) A tool to evaluate supports/service needs; 3) Replication model guide; 4) An accessible local resource repository on the LifeLong Links website; and 5) A sustainability plan. **Key partners** include the League of Human Dignity, Area Agencies on Aging, Habitat for Humanity, Iowa Healthcare Collaborative, Methodist Jennie Edmundson Hospital, Iowa Association of Occupational Therapists, Iowa Falls Coalition, Easterseals Iowa, Iowa Department of Public Health, John Hopkins School of Nursing, and the Iowa Livable Homes Coalition.

PROJECT RELEVANCE AND CURRENT NEED

Impact of Falls in Project Areas and Citations

Falls are the leading cause of unintentional injury death among Iowans 65 or older, and every day more than one older Iowan dies from a fall (Iowa Falls Prevention Coalition & Iowa Department of Public Health, 2018). Falls and fall-related deaths are a national epidemic. Falls were the leading cause of all unintentional injury deaths for persons aged 65 or older in nationally, but the problem disproportionately impacts Iowa's most vulnerable seniors and individuals with disabilities. Fall-related deaths for older Iowans are significantly higher than the national average. In 2016, the number of older Iowans dying from a fall was 13.3 per 100,000 compared to 9.1 per 100,000 nationally (Centers for Disease Control and Prevention's WISQARS, 2017). From 2012 to 2016, Iowa had on average 515 fall-related deaths each year (Centers for Disease Control and Prevention's WISQARS, 2018), and fall-related hospitalizations are highest in individuals over 65 and are costly. Injuries from falls are a largely preventable community health problem. Fall prevention programs for high risk older adults have a net-cost savings of almost \$9 for each \$1 invested. Falls are the leading cause of injury hospitalizations and emergency visits in Iowa, costing \$92 million annually (Iowa Falls Prevention Coalition & Iowa Department of Public Health, 2018). The average cost of a fatal fall was \$26,340 while the average cost of a nonfatal fall was \$9,780 (University of Iowa Hospitals and Clinics, 2017). Every 13 seconds, an older adult is treated in an emergency room for a fall-related injury. Every 20 minutes an older adult dies from a fall (Visiting Nurse Association, Retrieved 2020).

The CAPABLE (Community Aging in Place – Advancing Better Living for Elders) Program will address the needs of aging Iowans by decreasing fall risk, improving safe mobility in the home, and increasing the ability to safely accomplish daily functional tasks. This initiative is performed by an occupational therapist (OT), registered nurse (RN), and handyman (home modification specialist) who work together with the participant at risk for falls. Many older adults want to “age in place” but are concerned about safety and getting around in their home. The participant, OT, and RN identify what the

participant's barriers are within their home and create three goals that become achievable after home modifications are made. "Roughly \$3,000 in program costs yielded more than \$30,000 in savings in medical costs driven by reductions in both inpatient and outpatient expenditures," according to Johns Hopkins (Johns Hopkins School of Nursing, Retrieved 2020). CAPABLE addresses all aspects of falls prevention by also considering medications that cause dizziness and screening for poor vision. If an aging individual wishes to remain in their home for as long as possible, the CAPABLE program will empower that person to do so by making their home a safe environment.

People with disabilities are often encouraged and empowered to live in the most integrated settings in their communities. Many individuals (age 18+) that live with disabilities are able to live independently or semi-independently. While this option to live at home is preferred, it also places those individuals at higher risk for injuries. Most of the risks for people with developmental disabilities include environmental risk in their homes and daily life, like tripping hazards, unsafe footwear, poor lighting, or lack of handrails (Community Health Strategies, Retrieved 2020). These are all risks that can be addressed and reduced using the CAPABLE Program. 50-60% of injuries reported among people with intellectual disabilities are due to falls. Most studies on falls have been conducted in residential settings with small samples. It was found that 5-22% of injurious falls are serious. Individuals that have spinal cord injuries (SCI) often have falls associated with transfers: chair to chair, bed to chair, etc. These individuals may not be able to get up after a fall, and this can increase risk considerably for pressure ulcers and other complications (Hsieh, K., et. al, 2016).

Gap Between the Current Availability and Ideal Situation

Dallas County was selected for the project because of their recently implemented CAPABLE program. Cass, Mills, and Pottawattamie were selected because of the existing Iowa Return to Community program, their rural nature, high percentage of poverty, and rate of persons with disabilities. There is currently a service gap in providing falls prevention services in each of these counties.

Project Map of Proposed Locations and Support Data for Targeting This Area

Cass, Dallas, Mills, and Pottawattamie counties are the proposed pilot locations. A map is attached in Appendix U. According to Johns Hopkins, “Generally, in 10,000 people over 65, 40%-50% will have difficulty with at least one Activity of Daily Living (ADL). After subtracting the 10% who have dementia, there should be approximately 3,500 who can benefit from CAPABLE. This will, of course, depend on the composition and characteristics of your own population” (University of Iowa Hospitals and Clinics, 2017). The following data supports the targeted areas (Administration for Community Living, Retrieved 2020 & United States Census Bureau, Retrieved 2020).

County Population Data				
Population	Cass	Dallas	Mills	Pottawattamie
60+ Population	3,725	11,550	3,185	19,590
Percent One Type of Disability	15.00%	14.40%	17.00%	15.20%
Percent Minority	0.80%	2.80%	2.00%	1.40%
Percent Poverty Risk	29%	22%	24%	27%
Percent Rural	54.50%	34.10%	60.50%	27.70%

AAA SFY19 Population Reach as Percent of Total County 60+ Population				
Reach	Cass	Dallas	Mills	Pottawattamie
60+ Population	3.73%	4.07%	3.30%	3.93%
2+ADL	0.62%	0.87%	0.69%	1.16%
Percent Minority	0.13%	0.10%	0.03%	0.20%
Percent Poverty Risk	1.56%	2.03%	1.63%	1.64%

County Census Data				
Population	Cass	Dallas	Mills	Pottawattamie
18-64 Population	7,280	50,524	8,746	55,372
Under 64 with a disability	8.5%	4.3%	11.3%	10.0%
Persons in Poverty (All)	12.6%	5.2%	9%	12%
Number of households	5,964	32,886	5,587	36,881

Difference Between Grant Application Proposal and Past Grant Award

The Iowa Department on Aging (IDA) was a 2014 ACL Falls prevention grantee, and grant funds were used to implement and expand Stepping On, A Matter of Balance, and Tai Chi for Arthritis falls

prevention programs. The proposed outcome of reaching 500 participants was exceeded by reaching a total of 1,238 participants throughout the grant cycle. The programs remain sustainable today by a 2016 sustainability business plan through the Iowa Falls Prevention Coalition. The plan utilizes fee-for-service, Title IIID Older Americans Act Funds, and state and community partner in-kind support to sustain programs.

The 2020 Empowering Communities to Reduce Falls and Falls Risk would assist in implementing and expanding a new program to the state of Iowa: CAPABLE. The Iowa Department on Aging has not been involved in CAPABLE before and has identified home repair and modification an essential component of reducing falls and aging in place. Funding for home repairs to reduce falls has been limited for Iowa Area Agencies on Aging in the past. Also, vulnerable homebound seniors are not currently given the opportunity to participate in evidence-based falls prevention programs. The implementation of CAPABLE would reach this service gap. This requires additional start-up costs and funding to expand across the state. New partnerships have already been identified to increase geographic reach, and these are described in the Approach section.

APPROACH

To meet the project's **goal** to improve the ability of older adults and adults with disabilities in the targeted counties to live safely in their own homes by significantly reducing in-home falls risk using the evidence-based CAPABLE program and concurrently building a sustainability strategy for these programs to flourish beyond the project period, the Iowa Department on Aging, in collaboration with key partners and stakeholders, will develop and expand the evidenced based **CAPABLE program** in Cass, Dallas, Mills and Pottawattamie counties. These goals will be met by achieving the following **objectives**: *Develop and Train Two Client-Directed CAPABLE Teams* – The project administrator will facilitate and coordinate with the Connections Area Agency on Aging and Iowa Association of Occupational Therapists, local Habitat for Humanity and other key partners to develop the Cass, Mills and Pottawattamie County client directed teams consisting of an OT, RN, handyperson [home modification specialist], and a community resource coordinator. The Teams will be educated on the CAPABLE

program concept and the operational process flow will be established. Within the first three (3) months of the grant award, two (2) OTs and two (2) RNs will be trained through the online John Hopkins CAPABLE curricula. The licensing cost for CAPABLE is \$20,000. Dallas county currently has an established client-directed CAPABLE team through key project partners including Aging Resources Area Agency on Aging, local Habitat for Humanity, Iowa Association of Occupational Therapists, and others.

Establish a Key Partner Network to Provide Items or Identify Resources Needed to Modify the Home – In conjunction with the key partners, the program administrator will facilitate the creation of a resource network to provide the supports, services and materials needed to modify the home to reduce the risk of falls in the new county areas and growing additional partnerships in Dallas County. Through the key partners, gather a listing of organizations, contact names, emails and a description of what resources, services or supports they offer and provide it to the Area Agency on Aging to enter into the Aging and Disability Web Resource Center (LifeLong Links) database. Establish an additional contact at the IDA for interested parties to contact if assistance is needed in navigating the system.

Develop and Implement Strategies to Serve a Projected 320 Individuals - The target population is individuals age 60 or older and individuals age 18 and older living with a disability who are at risk for loss of independence, low income, reside in a rural setting and are at a high risk for falls as determined by those individuals demonstrating two or more activities of daily living (ADLS). Through collaboration with key partners and stakeholders, the program administrator will facilitate the development and implementation of strategies to increase the number of participants in all project counties. Round table meetings with local key partners will be held to discuss the best methods to educate the public on the CAPABLE Program, marketing techniques and approaches to gain interest, and provide information on the value and benefits of locally customized CAPABLE. An assessment tool will be developed in partnership with the Greater Des Moines Habitat for Humanity and other partners using evidence-based screening questions to determine if individuals are appropriate for the CAPABLE program.

The proposed project's target population is individuals age 60 or older and individuals age 18 and older living with a disability who are at risk for loss of independence due to low income, residing in a

rural setting and are high risk for falls due to two (2) or more activities of daily living (ADLS) impairments.

The projected total number of participants is 320 participants. This number was developed in collaboration with project partners and information from Johns Hopkins. According to Johns Hopkins, one full time registered nurse (RN) and one full time occupational therapist (OT) can carry a caseload of 20-30 at a time, which leads to seeing up to 100 clients a year. Based off this information, we expect to reach 25% of our goal the first year, 50% of our goal the second year, and 100% of our goal the third year. According to Johns Hopkins, the targeted completion rate is 85%. The table below shows additional projected completion details:

County	Year 1	Year 2	Year 3
Dallas	30	80	150
Mills, Cass, and Pottawattamie	15	20	25

Create an Infrastructure to Sustain and Grow CAPABLE Across the State – Establish an infrastructure to sustain the program by blending and braiding resources for these programs to continue existing and thriving beyond the grant period. Strategies include: 1) Designate an Advisory Board that will receive status updates on the CAPABLE Programs, will provide insight, brainstorm potential solutions, provide recommendations on how the process is working, and identify potential resource connections; 2) Conduct ongoing analysis of required data collection and reporting with key partners to identify system performance and areas for improvement; 3) Identify partners to collect, repurpose and store reusable home modification items when a consumer no longer is in need; 4) Develop a reference grid of resources, organizations, funding streams, and criteria; 5) Embed the CAPABLE Programs into Iowa’s existing evidenced based programs and nutrition programs such as A Matter of Balance, Tai Chi for Arthritis, home delivered meals etc. into marketing materials, newsletters, and websites to cross promote; 6) Develop a resource referral listing to be incorporated into the existing Area Agency on Aging LifeLong Links Webs Resource Center database for easy accessibility to available home modification resources; 7)

Establish an IDA contact to assist interested parties in navigating the system; and 8) Produce a replication model for other counties that wish to support a CAPABLE Program.

The project administrator will work closely with the Administration for Community Living and John Hopkins CAPABLE Program Team to ensure the required data collection forms, participant logs, surveys, and any additional information required is collected and submitted. In addition, two project staff will attend yearly Falls Prevention relevant professional conference as mutually agreed upon by the Administration on Aging Project Administrator. The Project Administrator will meet all training, licensing and fee requirements and will communicate with the Administration on Aging Project Administrator monthly.

The CAPABLE Program was selected because it is a natural fit for other initiatives existing in the project areas and the increasing demand for home modifications. The counties of Cass, Mills and Pottawattamie have an existing infrastructure of the Iowa Return to Community (IRTC) and the Caring for Our Community (CFOC) Projects. Both projects provide long-term care support planning to individuals age 60 and older (IRTC) and individuals age 18 and older living with a disability (CFOC). These programs facilitate the respective populations who want to return to their home following a hospital or nursing facility stay. The projects provide coordination of wrap-around services and supports so they may live safely and comfortably at home.

In addition, the Area Agencies on Aging in Iowa are also designated Aging and Disability Resource Referral Centers and have a web resource center database called LifeLong Links which enables the general public, professionals, family caregivers, targeted populations to search online for local resources. The CAPABLE Program will be added to the LifeLong Links as a resource. The Area Agencies on Aging are uniquely qualified as a referral partner because of their additional home-delivered meal services. Participants that are home-bound and receiving meals will benefit from CAPABLE falls prevention program that are conducted in the home (Meals on Wheels America, 2017 & Meals on Wheels America, 2019).

The blending and braiding of resources is a strategy that will be utilized in order to create a strong and sustainable infrastructure for the CAPABLE Programs. Braiding the programs with other projects that have similar components or a role in assisting individuals to safely remain or return to their homes.

Key Partners and Their Commitment Contributions

The following partners have committed to the proposed project. Letters of Commitment are located in Appendix A-O.

Iowa Department on Aging is the lead applicant and will work closely with project partners to monitor progress toward project outcomes, develop contracts, report progress to interested parties and adhere to the requirements as stipulated by ACL. **The League of Human Dignity/ Center for Independent Living** will connect the project to individuals with disabilities by providing referrals and education to consumers. **Connections Area Agency on Aging** will provide referrals to the CAPABLE program, work with community partners to build a network of providers, and provide consumer education to Pottawattamie, Mills, and Cass counties, and be an additional resource for aging in place. **Aging Resources of Central Iowa** will provide referrals to the CAPABLE program, educate consumers in Dallas County, and be an additional resource for aging in place. **Greater Des Moines Habitat for Humanity** will provide funding and construction management services for Dallas County. They will also provide best practices and technical assistance to other counties and will provide funding for project costs in their service area. **Iowa Occupational Therapy Association** will assist in finding occupational therapists for assessments, provide resources, and provide consulting services regarding home modification. **Easterseals Iowa** will provide medical equipment and assistive devices and onsite rural rehabilitation services for eligible individuals. They will also market the program through presentations and provide referrals. **Iowa Livable Home Coalition** will serve as the grant's Advisory Board and identify potential collaborations and recommendations for home modification processes. **County Public Health Offices** of Mills and Dallas Counties will provide referrals through the Health Navigation program and promote CAPABLE through community events, websites, and newsletters.

Johns Hopkins will provide CAPABLE training to registered nurses and occupational therapists within three months of receiving award. **Iowa Department of Public Health** will provide technical assistance on disability inclusion and accessibility as well as disseminate reports on the incidence of falls in Iowa. They will promote the program online and through local public health agencies. **Methodist Jennie Edmundson Hospital** will work with community partners to provide referrals and educate patients about falls risk and home safety. **Iowa Healthcare Collaborative** will provide support for sustainability plans through collaboration with partners, and assist in dissemination of resources to healthcare providers across the state. **Iowa Falls Prevention Coalition** will integrate CAPABLE efforts into their statewide falls prevention program effort to assist in sustainability. The Coalition will also provide education, best practices, and outreach for the program.

Coordinating With and Leveraging Existing Falls Prevention Evidence-Based Initiatives

The Iowa Area Agencies on Aging currently coordinate A Matter of Balance, Stepping On, Tai Chi for Arthritis, and Walk with Ease falls prevention programs. Many of these programs are conducted at congregate meal sites, and a network of leaders and master trainers teach these programs throughout the state. There are a total of 308 trained leaders for Stepping On, A Matter of Balance, and Tai Chi for Arthritis in Iowa that administer classes in 254 sites. CAPABLE operates differently through an occupational therapist, nurse, and handyman. The occupational therapist and nurse are both required to complete online training modules. Therefore, current leaders and master trainers in Iowa are not qualified to administer CAPABLE. They are a valuable partnership tool, however, and can refer participants to this program. For example, active older adults participating in current falls prevention programs may at one point find themselves homebound. CAPABLE would bridge the gap in service delivery to continue falls prevention programs when older adults can no longer travel to classes. Iowa's current class leaders and master trainers already have a network of community partners and participants. CAPABLE would expand by leveraging these community networks.

Rationale for Johns Hopkins CAPABLE Program Training

In order to administer the CAPABLE program, two occupational therapists, two nurses, and a program administrator must be trained using the Johns Hopkins online training. Johns Hopkins has agreed to provide the training within three months of receiving the award, and they will also provide ongoing technical assistance. See Appendix J for a letter of commitment.

Recruiting Participants

Collaborating with a number of community partners will increase the availability and variety of participants for the CAPABLE program. The plan is to engage various community partners and home delivered meal providers in addition to the key partners, to find referrals and create a streamlined system of selecting participants. By incorporating the expertise of the staff at John Hopkins, local providers, and the Area Agencies on Aging, it is predicted that there will not be an issue with identifying, marketing, and recruiting participants.

Challenges and Barriers

Anticipated challenges and barriers that may be encountered include staff turnover, communication across the process, and creating a community awareness presence. Strategies addressing these potential issues will be addressed in the sustainability plan and include 1) Designating trained back-up staff; 2) Developing an operational flow process that will provide a visual and guidance; 3) Ongoing Team meetings to enhance communication and align the integrate resources; and 4) Create and market the resource network and tools to facilitate partner organizations in identifying innovative funding arrangements, or resource contacts to support the program both during, and beyond, the grant period.

SPECIAL TARGET POPULATIONS AND ORGANIZATIONS

The targeted population is individuals age 60 or older and individuals age 18 and older living with a disability who are at risk for loss of independence due to low income, residing in a rural setting and are high risk for falls due to two (2) or more activities of daily living (ADLS) impairments who reside in Cass, Mills, Pottawattamie, or Dallas Counties. Dallas County was selected because of their recently implemented CAPABLE program. The other areas were selected because of the existing IRTC program in those counties, their rural nature, high percentage of poverty, and rate of persons with disabilities. The

tables below demonstrate the demographics for the project counties (Administration for Community Living, Retrieved 2020 & United States Census Bureau, Retrieved 2020).

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Population	Cass	Dallas	Mills	Pottawattamie
60+ Population	3,725	11,550	3,185	19,590
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Work Plan

The Work Plan and Timeline provides a statement of goals, anticipated outcomes, objectives, major tasks, tasks/steps to evaluate outcomes and the lead person(s). The timeline bar indicates the projected start and stop months by year for each of the three (3) grant project years. This document is found in Appendix T.

OUTCOMES AND EVALUATIONS

Project Outcomes

The project will meet the following outcomes: 1) Established CAPABLE infrastructures; 2) Participants will have easy access to local resources through LifeLong Links Web Resource Center; 3) Participants will demonstrate increased functional ability measured by Activities of Daily Living (ADLs) at baseline, compared to after five months in CAPABLE. The sustainability of the program will be developed in conjunction with project partners as scheduled in the work plan. The goal of reaching 320 participants completing CAPABLE will significantly increase the number of older adults and adults with disabilities participating in evidence-based programs.

Quality Assurance

Quality assurance and outcomes will be measured using the Iowa Older Americans Act (OAA) Intake forms, WellSky data tracking system, and the Johns Hopkins CAPABLE Fidelity Guidelines. The Iowa OAA Intake form includes key data like ADLs, IADLs, age, gender, race/ethnicity, income, and nutrition risk. The Fidelity Guidelines include a minimum number of Registered Nurse and Occupational Therapist visits per participant, an annual conference call with Johns Hopkins, and data reported annually to Johns Hopkins that include number of participants served, completion rate, change in depression pre/post, change in ADL and IADL function pre/post, and other guidelines. The required data for the National Falls Prevention Database will be collected by project staff and sent to the IDA Project Director to upload to the database monthly. Participant Information Forms and Post Program Surveys will also be distributed to participants to complete on a voluntary basis. This information will be analyzed and best practices and areas for improvement identified. The Advisory Board will be provided status updates and their recommendation solutions solicited. The CAPABLE Teams will also be kept apprised of how the process is functioning and their recommended solutions explored.

Dissemination

The project's data and results will be compiled into yearly user-friendly reports to share with interested parties. Interested parties include the project's advisory committee Livable Homes Coalition, key partners' newsletters, and the Iowa Department on Aging newsletter and website. These parties have

additional networking partners who may be interested in the progress of the project for replication or policy purposes. At the end of the grant work plan, a replication guide will be developed that can be shared with other interested parties state- and nation-wide upon request. Additionally, the Iowa Department on Aging is committed to cooperate with any broader efforts led by the Administration on Community Living and the National Falls Prevention Resource Center. As a State Unit on Aging, IDA mirrors the same goals to enhance aging in place and falls prevention in older adults. Proper home modification and evidence-based programs like CAPABLE support these goals.

The IDA commits to cooperating with any broader efforts led by ACL and or the National Falls Prevention Resource Center to help other understand how to replicate the project activities.

SUSTAINABILITY

Establish an infrastructure to sustain the program by blending and braiding resources for these programs to continue existing and thriving beyond the grant period. Strategies include: 1) Designating an Advisory Board that will receive status updates on the CAPABLE Programs, will provide insight, brainstorm potential solutions, provide recommendations on how the process is working, and identify potential resource connections; 2) Conduct ongoing analysis of required data collection and reporting with key partners to identify system performance and areas for improvement; 3) Identify partners to collect, repurpose and store reusable home modification items when a consumer no longer is in need; 4) Develop a reference grid of resources, organizations, funding streams, criteria, contact information; 5) Embed the CAPABLE Programs into Iowa's existing evidenced based programs and nutrition programs such as A Matter of Balance, Stepping On, Tai Chi for Arthritis, A Walk with Ease, and home delivered meal programs into marketing materials, newsletters, websites, etc. to cross promote; 6) Develop a resource referral listing to be incorporated into the existing Area Agency on Aging LifeLong Links Webs Resource Center database for easily accessing available resources for home modification; 7) Establish a contact at IDA for interested parties to contact if assistance is needed in navigating the system; and 8) Produce a replication model for other counties that wish to support a CAPABLE Program.

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across the state. **Iowa Falls Prevention Coalition** will integrate CAPABLE efforts into their statewide falls prevention program effort to assist in sustainability. The Coalition will also provide education, best practices, and outreach for the program.

ORGANIZATIONAL CAPACITY

The Iowa Department on Aging (IDA) is uniquely qualified to continue Iowa's efforts to create an integrated, sustainable evidence-based falls prevention network. As an executive branch agency established as the State Unit on Aging under the Older Americans Act, the IDA receives federal and state funding to work with the state's six (6) Area Agencies on Aging to accomplish its mission of developing a comprehensive, coordinated, and cost-effective system of long-term living and community support services that help individuals maintain health and independence in their homes and communities.

Appendix S provides the IDA Table of Organization.

To date, the IDA has successfully completed activities for several evidence-based grant projects, including the 2014 ACL Evidence-Based Falls Prevention Grant. The IDA has also been an active participant in the Iowa Department of Public Health's 2016 ACL Falls Prevention Grant. All past grant activities have met obligations for timely reports, dissemination of information, and fiscal management. In addition, the IDA has been involved in building the Iowa Falls Prevention Coalition since its inception. While Iowa is a previous falls prevention grantee, this application is being submitted in order to expand evidence-based programs to include CAPABLE programs in targeted county regions. This expansion will explore the additional areas of need with the intent to embed the program into the existing evidence-based prevention program network via centralized, coordinated processes. The IDA Project Administrator will report project activities, monitor the project's on-going progress, and prepare reports and communications as needed with partners and ACL.

All staff involved in project management and key activities of this project have experience and education to implement, monitor, track, and assess project activities. Personnel qualification and resumes may be found in Appendix P and Q. Alexandra Bauman, RD LDN will serve as the **Project**

Administrator. Alexandra is the Director of Nutrition, Health and Wellness at the Iowa Department on Aging and manages the Older Americans Act Title IIIC and IIID programs in the state of Iowa that include nutrition and evidence-based health promotion. She received her BS in Dietetics and is a registered and licensed dietitian with geriatric nutrition experience. She is an active member of the Iowa Falls Prevention Coalition and worked closely with the Iowa Department of Public Health for the 2016 ACL/AoA Falls Prevention Grant. As the Project Administrator, she will use experience from previous falls prevention experience to develop and monitor contracts, work closely with the project partners to ensure implementation of this proposal, and monitor progress toward achieving project outcomes. Alexandra will address problems and implement solutions, be the point of contact for the grant, and compile all project reports. The Project Administrator will commit 0.10 FTE to the project. The IDA will contract with Johns Hopkins to receive CAPABLE training for the teams in each county.

Sherrie McDonald is the Director of Consumer Services at the Connections Area Agency on Aging and will also be key personnel for the project. Sherrie has experience in case management, Aging and Disabilities Resource Center, care transitions, caregiver programs, elder abuse prevention, and options counseling. She will assist in organizing CAPABLE program partners and referrals in Pottawattamie, Mills, and Cass counties.

Progress will be monitored closely by conducting monthly updates on project progress with Dallas, Cass, Mills, and Pottawattamie counties. The Project Administrator will organize this progress and obtain data from participating partners. Detailed schedule and information can be found in Appendix T Work Plan and Timeline.

BUDGET NARRATIVE AND JUSTIFICATION

The three-year budget for the proposed project is adequate to meet the needs and activities defined in the work plan. The majority of funds will be utilized for the training requirements for the nurse and occupational therapist through Johns Hopkins School of Nursing, yearly attendance at a national training conference, contracting of home modifications, equipment and/or necessary repairs for participants, marketing and salary requirements. Salary rates were determined by the Bureau of Labor Statistics, U.S

Department of Labor: *Occupational Outlook Handbook*. IDA will follow all necessary requirements according to the State of Iowa's Department of Administrative Services (DAS) procurement process. Any contract between IDA and the selected subcontractor(s) includes the services required, as indicated in the RFP, along with additional details including deadlines and performance measures. The IDA project administrator, along with the fiscal unit will monitor subcontractor performance throughout the term of the contract(s). See the Budget Justification for years 1, 2, 3 and a combined budget for the entire project in Appendix R.

REFERENCES

- Bureau of Labor Statistics, U.S Department of Labor: *Occupational Outlook Handbook*. Retrieved January, 2020 from <https://www.bls.gov/ooh/healthcare/occupational-therapists.htm>.
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