

# Innovations for Aging

## Evidence-Based Falls Prevention Program Grantee



### Goals

The overall purposes of this 3-year “Integrated Networks to Deliver and Sustain Evidence-Based Falls Prevention Programs” grant are to:

- **Goal 1:** Strengthen integrated state, regional, or tribal networks that address the social and behavioral determinants of health of older adults and adults with disabilities; and
- **Goal 2:** Significantly increase the number of older adults and adults with disabilities who participate in evidence-based community programs to reduce falls and falls risk.

The Juniper® network, a program of Trellis, and its partners will:

- Scale program capacity to meet growing demand and increase program participation across Minnesota.
- Determine the return on investment of falls prevention programs using Medicare claims data.

- Integrate programming into care settings, including at least 3 clinic or hospital locations where Juniper will place community health works trained in falls prevention programs and offer social determinants of health screenings and care navigation.
- Deepen partnerships with healthcare organizations and the Minnesota Department of Health to scale healthcare provider referrals.

### Proposed Interventions

- A Matter of Balance
- Stay Independent and Active for Life (SAIL)
- Stepping On
- Tai Ji Quan: Moving for Better Balance

Prevention and Public Health Fund 2021, effective May 1, 2021



## Partnerships

To achieve the goals of the grant, Trellis will collaborate with the following key partners:

- Arrowhead Area Agency on Aging
- Blue Cross and Blue Shield of Minnesota
- Central Minnesota Council on Aging
- Dancing Sky Area Agency on Aging
- HealthPartners
- Minnesota Board on Aging
- Minnesota Department of Health
- Minnesota Indian Area Agency on Aging
- Minnesota River Area Agency on Aging
- Presbyterian Homes
- Sanford Health
- Solid Research Group

- Achieve a completion rate of 70% across all programs.
- Expand access to social determinants of health screening and referral through three clinic locations by engaging 3,700 community members.

### Contact:

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### For more information:

Administration for Community Living  
U.S. Department of Health and Human Services  
Washington, DC 20201  
<http://www.acl.gov>

## Anticipated Results

Trellis and its partners propose to achieve the following results:

- Partner with 86 falls prevention program providers.
- Engage 5,883 participants across all programs.
- Engage 2,120 participants in A Matter of Balance, 967 participants in SAIL, 233 participants in Stepping On, and 2,563 participants in TJQMBB.

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# Grant Impact Summary

## Most Significant Accomplishments:

- Successfully scaled fall prevention programs in Minnesota, exceeding participation and completion.
- Integrated Community Health Workers into clinical settings, conducting 5,033 social drivers of health (SDOH) screenings.
- Developed a White Paper showing cost savings between \$2,425-\$7,359 per participant.
- Secured fee-for-service contracts with five Minnesota health plans helping sustain the fall prevention programs.
- Created centralized marketing and created a public awareness system for promoting fall prevention programs in partnership with stakeholders and state agencies.
- Established the Community Care Hub (CCH) model to centralize administrative support and enhance scalability and sustainability.
- Enhanced data management with the integration of the Center for Medicare and Medicaid Services SDOH screening tool to the yourjuniper.org technology solution.
- Disseminated project findings widely through publications, webinars, and a state-wide awareness campaign.

## Lessons Learned:

- 1) Demonstrating return of investment to sustainable partners is crucial, as current health plan incentives are limited; policy changes are needed to encourage health plans to include more Health-Related Social Needs (HRSN) services in their supplemental benefits.
- 2) Integrating Community Health Workers into long-term care settings was challenging due to the absence of established workflows, necessitating greater community engagement and trust-building. Establishing a seamless referral mechanism within electronic health records is essential for success.
- 3) The CCH is essential for supporting networks of community-based organizations by providing centralized resources, infrastructure, and coordination, ensuring effective service delivery and scalability.

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## What's Next:

The next phase will focus on sustaining and expanding the impact of Juniper's fall prevention programs through the Community Care Hub (CCH) model. This model supported the falls prevention grant work and will continue to support the centralized administrative functions, streamline referral systems, and ensure compliance, enabling the network to scale its programs effectively.

By providing a "one-stop-shop" infrastructure, the CCH supported and will continue to support seamless coordination between community-based organizations offering fall prevention programming, other chronic disease self management services, as well as home and community based services, and healthcare payment systems, ensuring the continued delivery of essential services.

Additionally, Juniper will leverage the Falls White Paper's ROI analysis in discussions with health plans. By presenting financial pro-formas, Juniper will demonstrate the cost savings and potential revenue generation through improved risk adjustment scores, alongside increased member satisfaction through higher quality star ratings. These efforts aim to secure new health plan contracts, which will be critical for the long-term sustainability and expansion of the fall prevention programs.



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