**MA Commission on Falls Prevention Meeting**

**MA Department of Public Health (DPH)**

**Virtual Open Meeting via Webex Platform**

**April 27, 2021; 10:00 - 11:30 AM**

**Meeting Minutes**

*(Accepted 6-14-21)*

**Members Attending Remotely:** Rebekah “Bekah” Thomas (Chair), Colleen Bayard, Brian Doherty, Almas Dossa, Melissa Jones, Jennifer Kaldenberg, Helen Magliozzi, Joanne Moore, Annette Peele, Emily Shea, Mary Sullivan, Deborah Washington

**Members Not in Attendance:** Ish Gupta

**Others Attending Remotely:** Carla Cicerchia (staff), DPH-Div. of Violence and Injury Prevention/Injury Prevention and Control Program, Alexandria Papadimoulis (staff), DPH-Div. of Violence and Injury Prevention/Injury Prevention and Control Program; Ted Zimmerman, MA Executive Office of Elder Affairs (EOEA)

**1)****Welcome/Introductions/Commission Business:** (Bekah Thomas, Chair)

* Commission Chair Bekah Thomas began the meeting by welcoming all members, staff, and guests in attendance (remotely). Each attendee was asked to introduce themself and their affiliation.
* During introductions it was noted that Brian Doherty was participating for the first time as an official member having recently been sworn in to serve on the Commission representing the MA Assisted Living Association and was congratulated for this. Brian had been attending and serving unofficially as the pending candidate for quite some time due to delays in formal appointments. Alexandria Papadimoulis was also given a special introduction by the Chair as a new staff member to the Injury Prevention and Control Program (DPH).
* The Chair then initiated focus on the draft minutes of the last Commission meeting on 12-14-20 that had been emailed to each member for review. She asked the members if they had any changes and there were none. The Chair requested a motion to approve the minutes, which was received and seconded; the minutes were unanimously accepted.

**2) Presentation:** *Overview: MA EOEA Statewide Needs Assessment Project (Ted Zimmerman, State Planner, MA EOEA) Ppt slides*

* Ted Zimmerman provided a detailed overview about the statewide needs assessment project and the surveying performed by the MA Executive Office of Elder Affairs (EOEA) and the elder service delivery network that includes 21 Area Agencies on Aging (AAAs) across the state. This activity is undertaken to ensure that the service and support needs of older adults/caregivers and people with disabilities are being captured and met within their communities and guides EOEA in determining how federal dollars will be spent under the [Older Americans Act](https://acl.gov/about-acl/authorizing-statutes/older-americans-act) (OAA). There is a strong obligation by each state to pay close attention to the service requirements of people who are lower income and have greater social needs (particularly low-income minority older adults, older adults with limited English proficiency, and older adults living in rural areas).
* This data collection and information gathering also helps inform MA EOEA in developing a 4-year State Plan that is required of that agency as the federally designated State Unit on Aging; the report is submitted to the Administration on Community Living.
* The key reason for conducting a needs assessment is that it helps the AAAs determine where there are gaps in services and programming in their regions. Many questions must be asked to figure out whether something is working well or needs systematic changes, e.g., transportation services, what data should be collected to help plan for the future, and if all the needs of the older adult population (and their caregivers) living in their communities are being met to promote their health, well-being, and safety. This activity also assists in decision-making around the expenditure of Title III D funding (Preventive Health Services), which covers evidenced-based programming that can include falls prevention programs like Tai Chi and A Matter of Balance. (Note: EOEA has $500,000 in Title III D funds to distribute under the OAA).
* Ted explained the multiple types of methods and strategies that can be utilized by the AAA to gather the right information to aid in the assessment. This could include holding local community sessions to solicit public comments, running focus groups, engaging other community-based partners, e.g., local Council on Aging, sending out questionnaires and/or conducting direct interviews, using U.S. Census data, etc. The AAA must also select the best ways to identify the needs of older adults who may be socially isolated. Because there is so much planning involved in carrying out a needs assessment and many considerations to make, each AAA has a staff member who works in the role of designated planner.
* Ted reviewed the timeline for all steps involved in planning for and executing the needs assessment project over the course of a year. AAAs report their needs assessment data to EOEA using a web-based platform. (Note: Ted has made “handouts” available including the official Needs Assessment Reporting Form and other Needs Assessment reference document that will be distributed to the Commission).
* Ted shared that there are 22 “Areas of Concern” that receive ranking as part of the statewide needs assessment process and provided some examples of rankings in a past assessment (2017) and also some *preliminary* results for the current 2021 assessment. Not surprisingly for 2021 with the ongoing pandemic, social isolation is ranked at # 1 along with transportation at #2 and housing at #3. Ted noted that issues involving falls and concerns about falling/fear of falling would likely be captured under the Area of Concern category of “Staying Active & Wellness Promotion”, which is currently ranked at #14 in the preliminary 2021 data. He speculated that this lesser ranking might be because there needs to be greater outreach to older adults in raising awareness about falls prevention.
* Ted reported that he is in the process of developing a distinct Falls Prevention Survey for EOEA to launch in 2022 or 2023. (Note: this is in response to the Commission’s Phase 3 Report and recommendation #5 which states the following: *The Massachusetts Executive Office of Elder Affairs, should add falls prevention programming to its statewide needs assessment to improve our understanding of the landscape of services, especially those that cater to culturally diverse and disabled older adult populations.)*
* Ted invited Commission members to follow-up with him individually if they have any questions in the future and included his contact information.
* After the presentation, a few members shared some additional comments about the topic of social isolation, deemed the #1 area of concern in the preliminary needs assessment data that Ted had shared. Commission member Deb Washington offered that one lesson learned in her work at MGH and as the AARP representative during this pandemic is that sometimes the services have to be brought to the community instead of the reverse. She explained how successful mobile “care vans” had been in delivering services to Boston communities.

**3) Discussion: Results of Member Survey and Future Plans** *(Bekah Thomas/All) Ppt slides*

* Bekah began a discussion on the results of a recent survey that was sent to Commission members to gather their feedback on how to approach and plan for the next mandated biennial report due to the legislature/Secretary of the Executive Office of Health and Human Services (EOHHS) in late September 2022.
* Prior to the members engaging in a more interactive dialogue about this topic, Bekah offered some context by reviewing the main mission of the Commission (i.e., making recommendations on best ways to reduce older adult falls and falls injuries and related health care costs in the Commonwealth) and certain reporting guidelines within the statute. The report is set up to offer specific recommendations from the Commission and is not just a state progress or update report.
* Bekah also briefly reviewed the recommendations made by the Commission in the Phase 2 report (2015) and more recently in the Phase 3 report (2020). She noted how they contrasted as the latter report focused on a specific subject area, primary care providers (PCPs) with the recommendations structured as actionable steps for external entities (e.g., the role of PCPs in older adult falls prevention related actions for certain state agencies, etc.) rather than directing the Commission to initiate the action (internal) as they were written in the broader scope Phase 2 report.
* For the Commission to meet the reporting deadline of September 2022 the first draft of this new report will need to be completed by March 2022 to allow time for reviews and edits and the internal vetting process that is required within DPH/EOHHS.
* She then provided some results of the membership feedback survey, which included the following:
* All members responded that they supported forming a work group to help develop the 2022 report (as was done for creation of the Phase 3 report)
* A majority (9 members) prefer that the next report have a specific focus area i.e., like the Phase 3 report versus broader scope (4 members) i.e., like the Phase 2 report.
* Some of the proposed topics for a specific focus area report included: the impact of COVID-19 on falls, PCP evaluation of falls risk and referral; a deeper dive of the role of physicians and other PCPs beyond the Phase 3 report; outreach to PCPs in connecting them to community resources; and the built environment and access to prevention programs.
* Some of the proposed content ideas for a broader report if selected included updates on new activities in the state and looking at falls prevention as a “syndemic”
* Additional thoughts: find ways to work more closely with the Falls Coalition, e.g., to carry out the Commission’s recommendations and attend meetings; the Commission’s reports should be viewed as a public health resource
* Regarding the topic of COVID-19 and its impact on older adult falls/falls injuries Bekah commented that although this would be an excellent focus area for a report, unfortunately the hospital and death data for fall-related injuries for 2020 that would be needed to inform the recommendations would not be available in time for this particular report.
* On the suggestion that the Commission work more closely with the Coalition, Bekah reminded everyone that a majority of Commission members are also members of the voluntary Falls Coalition including Bekah, Helen Magliozzi and Colleen Bayard who serve as Coalition chairs so there are real ties and some cross-pollination already in place. However, the Commission has certain restrictions that can hinder the way the different bodies can interact due to the Open Meeting Law.
* The group talked about ways the visibility of the Commission’s report could be increased.

Commission staff (Carla Cicerchia) shared that the Phase 3 report had been disseminated to the Coalition membership (which includes 160 + Coalition members representing approximately 85 organizations) a couple of times. Other thoughts and ideas that generated out of this part of the discussion included some of the following:

* How do we know what happened to the Phase 3 report that was submitted? It would be helpful to understand that before thinking about the next report.
* The Commission does not have an implementation role relative to carrying out the recommendations.
* The Commission should consider planning a stakeholder meeting to discuss the Commission’s latest recommendations with organizations such as the MA Medical Society, health insurers, etc.
* A “high-level summary” of the Phase 3 report should be developed with accompanying PowerPoint presentation to share with stakeholders, etc. The summary could be supplemented with other positive news of what is happening in the state to advance the prevention of falls including the delivery of programming to older adults through a virtual platform.
* Each member of the Commission should make sure they communicate about the Phase 3 report and share it with the organization that they represent and/or place of employment.
* The Commission should review all recommendations from their reports to determine what ones are still relevant and track any developments.
* The Commission spent the concluding minutes of the meeting further discussing focus area options for the 2022 report. Finally, Bekah proposed that the local public health infrastructure, which can include local boards of health, emergency medical service providers, and community-based organizations/agencies be the main topic for the next report and falls prevention recommendations. The restrictions and challenges placed on service delivery at the local level during the pandemic while older adults remained at home was part of the impetus for this suggestion. She asked the members present to raise their hands if they thought this was a good idea and there was overall support for this.
* Bekah wrapped up the meeting by highlighting these take-aways:
* The Commission will be focusing on the public health infrastructure for the next report; a workgroup of volunteer members would be formed to help develop the draft report; a work plan and timeline for this task will be created by staff.
* The Commission would like to convene a stakeholder meeting to highlight the Phase 3 report on primary care and its falls prevention recommendations.

**4) Closing Remarks** (Bekah Thomas)

* Bekah thanked everyone for their participation and input during the discussion; she told members that Commission staff would be following-up on next steps including establishing a report drafting work group and scheduling of future meetings. The meeting was adjourned.

*Meeting concluded at 11:44 AM.*