**A Commission on Falls Prevention Work Group Meeting**

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

**Virtual Open Meeting via Webex Platform**

**December 17, 2021; 12:00 PM – 1:00 PM**

**Meeting Minutes**

**Members Attending Remotely:** Bekah Thomas, Annette Peele, and Joanne Moore

**Others Attending Remotely:** Alexandria Papadimoulis, Training and Coalitions Coordinator, Department of Public Health (DPH)-Division of Violence and Injury Prevention/Injury Prevention and Control Program (DVIP/IPCP); Max Rasbold-Gabbard, Injury Prevention and Control Policy Coordinator, DPH-DVIP/IPCP.

1. Welcome (Bekah Thomas)

* At 12:03 p.m. Commission Chair Bekah Thomas opened the meeting by welcoming all workgroup members in attendance.
* Max informed members that moving forward, all workgroup and full commission meetings would take place on the Microsoft Teams as WebEx would no longer be in service for the Massachusetts Department of Public Health.
* He mentioned the goals of today’s meeting were to identify the structure of the report and brainstorm Commission recommendations or areas to make recommendations as this would be beneficial for the work in the upcoming months.

1. Overview of the timeline, process, and work conducted (Max Rasbold-Gabbard/All)

* Max explained the Commission will be looking at the intersection of older adult falls prevention and local public health infrastructure, focusing specifically on how interventions around workforce qualification, data surveillance, and agency capacity can address issues identified.
* Max presented research questions designed to guide the report:
  + What local programs, services, and policies are necessary to prevent older adult falls?
  + Who are the local stakeholders—like community-based organizations, service providers, and government agencies—that are responsible for or influence work in those areas?
  + How could those entities improve their programs, services, and policies to better address the relevant risk and protective factors around older adult falls?
* Max then presented a timeline and conceptual framework for the report. Full Commission meetings were held from July 2021 to October 2021. Upon identifying volunteers, workgroup members are scheduled to monthly from November 2021 to February 2022. In March 2022, the Full Commission will reconvene to review and solicit edits or comments they may have about the draft 2022 legislative report. In May 2022, a second draft with edits will be shared with members via email and with their organizational leadership for approval. The final draft will be submitted to the Massachusetts Department of Public Health (MDPH) and the Executive Office of Human and Health Services (EOHHS) for approval. Once approved, the draft will be disseminated to Commission members in July/August of 2022, and the approved final draft will be delivered to the legislature and EOHHS by September 22, 2022.
* The conceptual framework presented was updated to reflect commission members’ comments discussed at the October 26, 2021 meeting. This framework identifies agencies, workers, and data collected or data that could be collected that are relevant to older adult falls prevention. Max believes the framework is a promising source to use in guiding the legislature report. From this framework, DPH staff were able to identify individuals from different agencies who can provide insight on addressing falls prevention.

1. Overview of interviews (Max Rasbold-Gabbard/All)

* As of December 17, 2021, Max had held conversations with James Fuccione from Massachusetts Healthy Aging Collaborative, Lisa Gurgone from Massachusetts Home Care, and Sam Wong from the Office of Local and Regional Health. From these conversations, emerging themes include:
  + Stakeholders’ confidence in the effectiveness of existing interventions.
  + Programs involving evidence-based programs along with home assessments and modifications that feed data back to health care providers have seen enormous successes, when funded.
  + Many effective interventions involve work by community health workers, personal care attendants, and home health aides—occupations that face workforce shortages.
  + Partnerships between organizations can overcome funding shortages at the risk of exacerbating inequities.
  + Challenges exist around raising the profile of older adults falls as an important public health problem.
* When meeting with Sam Wong, Max learned of the [Massachusetts Prevention and Wellness Trust Fund Grantee Program](https://cachi.org/uploads/resources/pwtf-evaluation-report-jan-2017.pdf). The program ended in 2017 and involved community health workers who conducted home assessments and modifications, referred evidence-based programs, and collected outcome data to primary care physicians of the older adults in the program. From this evaluation, Sam mentioned there was a reduction in healthcare costs among individuals participating in the program. Max noted that this program and evaluation could serve as a useful case study to feature in the report.
* During Max’s meeting with James Fuccione, James mentioned that facilitating cooperation and partnerships among organizations can help overcome the lack of funding in some situations.
* Annette noted case manager services should be added to bullet three as they add to the lack of workforce in the older adult services. Within their work, they have an assessment tool to identify the ability and or capability of older adults as it relates to falls in the home.

1. Discussion (Max Rasbold-Gabbard/All)

* Max opened the floor to members for additional comments. Joanne mentioned that an increased awareness of programs and partnerships could help members in the community identify programs or services offered for falls prevention. Max shared that at the last Massachusetts Prevent Injury Now! Network meeting, Tim Vamosi from the Easton Fire Department discussed his agency’s work conducting falls home assessments and partnering with organizations in the community to do home modifications. He added there are existing structures that are available to bolster partnerships and support the implementation of similar programs. Joanne commented if a model program were created, it should be shared with different communities, fire departments, Massachusetts Councils on Aging, and EMS programs.
* Bekah mentioned investigating funding sources and opportunities and how they can be leveraged to make a case for older adult falls prevention. Annette noted that some communities may have community block grants for safety measures, but some individuals rely on friends and family for safety modifications. Improperly assembled or installed modifications can cause an older adult or caregiver to fall.
* Bekah mentioned an idea based on the MassSave program called MassSafe. This program is not in existence; in theory, it would provide home assessments to identify injury hazards, and coordinate the low- or no-cost installation of home modifications to mitigate the hazards—for example, in the case of falls, grab bars and ramps. A component of this could be a recommendation the Commission has for the 2022 legislative report.
* Following the discussion, Max shifted the conversation to the report structure. In addition to a platform of recommendations, this report will serve as a way to gather and share data with additional stakeholders about the burden surrounding older adult falls in Massachusetts. Epidemiologists with the Injury Surveillance Program at MDPH are working on a special emphasis report to quantify this burden. Members of the workgroup agreed to include a summary of the data from the special emphasis report in the 2022 Commission report, including the magnitude of older adult falls, healthcare cost data, and geographic information . Bekah mentioned the location of where the fall occurs (i.e., in homes, facilities, communities, etc.) could be informative to the report recommendations.
* Before concluding the discussion, Max reviewed the conceptual framework. Components of the report will include a section salient issued among older adult falls, roles, services, and agencies involved, followed by recommendations. Workgroup members agree the report should be ten or fewer pages.
* Max noted annotated outline including data points, recommendations and framework will be ready for discussion in January.

1. Closing Remarks (Max Rasbold-Gabbard)

* Before adjournment, Max thanked the members and staff for their participation. Workgroup volunteers will follow up on scheduling a meeting in January and February. All members were reminded of the Open Meeting Law requirements and that if there are any questions or concerns to please directly respond via e-mail to Max Rasbold-Gabbard at [max.rasbold-gabbard@mass.gov](mailto:max.rasbold-gabbard@mass.gov) or Alexandria Papadimoulis at [alexandria.papdimoulis@mass.gov](mailto:alexandria.papdimoulis@mass.gov).

*Meeting concluded at 12:53 p.m.*