**MA Commission on Falls Prevention Meeting**

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

**Lobby 1 Conference Room**

**250 Washington St., Boston**

**February 13, 2018; 1:00 - 3:00 PM**

**Meeting Minutes**

*(Accepted 5-7-18)*

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

**Members Attending Remotely by Conference line:** Joanne Moore

**Members Not in Attendance:** Ish Gupta

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention (DVIP); Laura Kersanske, DPH-DVIP; Laura Coe, DPH

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

* *Update from the Chair*: Bekah Thomas, the Injury Prevention and Control Program Director, within the DPH Division of Violence and Injury Prevention introduced herself to the members as the new MA Commission on Falls Prevention Chair and successor to Leonard M. Lee, who was unable to attend the meeting. Bekah provided some background about herself and experience in injury prevention including most recently at the Children’s Safety Network as the Child Safety Collaborative Innovation and Improvement Network (CS COIIN) Director before joining DPH in October 2017.
* Commission members and other meeting attendees were invited to introduce themselves/affiliations.
* Following introductions, the Chair directed members to review a draft of the minutes from the last meeting on 11/9/17; she initiated a motion to approve the minutes, which was received and seconded; the minutes were unanimously accepted.

**2) Discussion: Commission’s Future Work Plans** (Bekah Thomas/All)PPT slides

* Bekah Thomas opened up a discussion with the members about how the Commission should continue to work together and what role/goals the Commission should have now and in the future.
* Bekah used a brief PowerPoint presentation to review the recommendations the members wrote and supported in the Commission’s Phase 2 Report that was submitted to the MA legislature and EOHHS Secretary in 2015. As required by their statutory mission, those recommendations address the best strategies the members believed the Commonwealth of Massachusetts should use to reduce older adult falls and the health care costs associated with older adult fall-related injuries. The recommendations focus on the following areas: 1) increasing Primary Care Providers participation in fall risk assessment of older adult patients as standard practice, etc.; 2) increasing availability of evidence-based falls prevention programming; 3) expanding activities around healthy aging community design and built environment to help reduce certain fall risks; 4) adding more members to the Commission from certain areas of expertise, e.g. vision care.
* Some members expressed a lack of clarity on the role of the Commission and expectations going forward, since the main purpose of making recommendations (Phase 2 Report) was fulfilled in 2015. Members asked if there is any conclusion to their work. Commission staff, Carla Cicerchia, explained that the statute, as laid out in the mission as making recommendations, had been met according to according to DPH legal counsel; however, the statute does not identify an end date for the Commission to convene and also requires that a report be submitted annually every late September to the Legislature and EOHHS Secretary. Since the Commission completed the recommendations requirement, DPH has been submitting an annual progress report-reflecting the Commission’s activities for the year. She explained that any changes to the Commission’s function or even adding new members to the Commission as included in one of the Phase 2 Report recommendations would require a statutory change through passage of legislation.
* The discussion continued with members questioning what could be done to call attention to the recommendations with the right stakeholders. Carla Cicerchia shared that at some past meetings (from about 2 years ago), the chair at that time Carlene Pavlos had led some discussions with members on ways to possibly engage MassHealth, insurers and Accountable Care Organizations about embracing certain fall-related recommendations, particularly around primary care providers, even by convening a public meeting; however, changes in Commission leadership as well as cancellation of meetings due to lack of quorum made it challenging to carry through on this activity. Some comments from members/attendees included the following:
* If the Commission were able to hold a stakeholders meeting, what authority does it have to ask them to do anything without funding to offer, etc.
* The Commission should try to focus specifically on the PCP recommendations, and figure out how to make that work.
* Should we invite members of the MA Medical Society’s Geriatric Subcommittee to participate at a future meeting to further discuss the PCP engagement recommendation?
* What has the legislature done with the report? How can we get their attention?
* The Chair, Bekah Thomas asked the members to try to focus on what they would like the Commission’s priorities to be. She explained the background of a “learning collaborative” model where end goals can’t necessarily be identified but as you learn along the way-something valuable can shake out. She called this approach “say yes to the mess”. She noted that although the Commission has had some restrictions, and even without tangible outcomes there is still more that it can learn and offer. Other ideas and comments from members/attendees included the following:
* Is there a place where the Commission and the voluntary MA Falls Prevention Coalition can intersect? For those members who participate on both bodies-the time commitment can be challenging.
* The Commission is a statutory body and must adhere to the Open Meeting Law making communication amongst members challenging. With a group like the Coalition that is not bound by such restrictions, lines of propriety could become blurred.
* In regard to the Commission’s Phase 2 recommendations: how do we get them out to the masses? Without a regulatory body establishing mandates, how will some of these recommendations be taken up?
* Should we identify a legislator who is considered a “falls prevention champion” and invite them to a meeting? Sen. Patricia Jehlen was noted as someone who might fit that role.

* Bekah brought up the topic of the annual report. She asked members if they thought it was time to update the information and highlight some initiatives that have been happening in the state particularly around “healthy aging”. One member responded that writing a new report with recommendations would be a great time commitment as it was a lengthy process to develop the recommendations in the Phase 2 Report; also wondered if another report would also be lost once submitted. Another member questioned whether the recommendations that the Commission came up with would be all that different from the Phase 2 report. Bekah proposed that the members continue discussion on this in the future.
* It was highlighted that last year the Governor established a [Council to Address Aging in Massachusetts](https://www.mass.gov/orgs/governors-council-to-address-aging-in-massachusetts); in January the Council posted its first preliminary report – [“Shaping the Future, Initial Blueprint Recommendations”](https://www.mass.gov/files/documents/2018/02/05/council-to-address-aging-mass-initial-blueprint-recommendations-december-2017.pdf). There is also much work happening across the state making communities “age-friendly and dementia-friendly” as led by the [Massachusetts Healthy Aging Collaborative](https://mahealthyagingcollaborative.org/) and AARP. In addition, the Massachusetts State Highway Strategic Plan (under the MA Department of Transportation) is being updated and will include focus areas around pedestrian safety as well as older adult drivers. Bekah noted that with all of these initiatives happening in the state, there may be opportunities to explore where the Commission’s falls prevention recommendations may have some synergy and intersection with these other efforts. Within this context the members decided on the following strategies and plans for the near future:
* Identify a legislator who is considered a “falls prevention champion” to possibly attend a future meeting where the Chair or other member/staff can present the Phase 2 recommendations and get feedback on next steps. The Chair will first need to seek DPH internal counsel on whether she is able to make such arrangements with a member of the state legislature.
* Invite a member of the Governor’s new Council to Address Aging in Massachusetts to meet with the Commission to discuss that work and activities and to see how it can be integrated with the Falls Commission’s work; Sec. Alice Bonner and Robin Lipson from the EOEA were named as those to be invited at the next meeting.
* Connect with James Fuccione from the MA Health Aging Collaborative to discuss age-friendly initiatives, and if possible, invite him to the same meeting as Sec. Bonner/Robin Lipson.
* Try to meet quarterly with the next meeting scheduled for the month of May.

**3) Closing Remarks** (Rebekah Thomas)

* Bekah reiterated that the plan would be for the Commission to convene again in May; Commission staff will follow-up regarding scheduling.
* Bekah thanked the members and other attendees for their participation and adjourned the meeting early.

*Meeting concluded at 2:41 PM.*