**Massachusetts Commission on Falls Prevention**

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

**Virtual Open Meeting via Microsoft Teams**

**Tuesday, February 14, 2023, 11 a.m.**

**Meeting Minutes**

**Members Attending Remotely:** Kelley Cunningham, Annette Peele, Brian Doherty, Colleen Pierro, Deb Washington, Almas Dossa, Helen Magliozzi, Emily Shea, Ish Gupta, Melissa Jones, and Jennifer Kaldenberg

**Others Attending Remotely:** Timothy Hudd, Professor of Pharmacy Practice, Massachusetts Pharmacist Association Foundation; 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; Beth Hume, Epidemiologist I, Injury Surveillance Program, DPH-DVIP

1. **Welcome and Introductions (Kelley Cunningham, Division of Violence and Injury Prevention, Injury Prevention and Control Program Director, DPH, Chair)**
	* Kelley Cuningham opened the meeting at 11:05 a.m. by welcoming members in attendance, reviewing the agenda, and conducting introductions. The August 8, 2022, Commission minutes were disseminated to members for review prior to the meeting and were unanimously approved.
2. **Discussion: Approving the FY22 Phase 4 Report:** **Strengthening Systems and Building Local Capacity to Address the Devastating Impact of Older Adult Falls (Max Rasbold-Gabbard/All)**
	* The Commission reviewed the major edits from EHS in the EHS approved draft of the Phase 4 Report: Strengthening Systems and Building Local Capacity to Address the Devastating Impact of Older Adult Falls.
		1. Page 5: Removal of reference to “[l]ongstanding underinvestment in” local public health
		2. Page 7: Removal of the statement: “The Commission asserts that this is a watershed moment in which the agencies, organizations, and workers who contribute to local public health efforts should be equipped with the funding, staff, resources, and technical assistance needed to address the issues around older adult falls—issues that will increasing affect the Commonwealth in the coming decade.”
	* Max asked if the Commission members had any concerns about the report changes. Deb sought clarification on the rationale behind the changes from EHS. Max speculated that the changes aimed to soften language, shifting the focus from past funding shortages to emphasizing the need for increased efforts moving forward. Colleen questioned whether the sections were simply being removed, and Max clarified that the edits called for removal without substituting additional language. Notably, the rest of the report, including the recommendations approved by the commission in August, remains unchanged. While the discussion on funding lacks its previous strength, the argument around local boards of health still requiring additional resources, and the recommendations for additional investment still remain.
	* Before the vote, Max invited members to express any questions or concerns they might still have. After receiving none, he outlined the voting procedure, noting the order would occur alphabetically based on the member’s last name. Members were given the option to vote yes, no, or abstain. Max explained that as Tim does not currently have official status on the Commission, he would not be able to vote but was encouraged to contribute to the discussion.
	* The report was unanimously approved.
3. **Discussion: Future of Massachusetts Commission on Falls Prevention (Max Rasbold-Gabbard/All)**
	* Max began the discussion by reviewing the statutory charge of the Massachusetts Commission on Falls Prevention:
		1. “The commission shall monitor the effects of falls by older adults on health care costs, the potential for reducing the number of falls by older adults and the most effective strategies for reducing falls and health care costs associated with falls.”
		2. Write reports that includes findings “from the commission's review along with recommendations and any suggested legislation to implement those recommendations.”
	* As the Commission has written four previous phase reports and additional status reports for the legislature, an idea for the next report was to examine past recommendations and their implementation. Max also noted that despite IPCP having limited staff and resources, the team is still dedicated to supporting the Commission to accomplish their goals and identify priority areas for falls prevention.
	* Brain expressed understanding regarding staffing changes and aligned it with his vision. He suggested a shift from high-aspiration reports for policymakers to a more practical document catered to those working directly with older adults. He explained the document could provide useful resources for individuals actively involved in falls prevention work, offering contact information, services in Massachusetts, information on evidence programs, additional tools, etc. Ish supported the idea, noting that the previous results haven’t resulted in much change.
	* Colleen raised a question about the impact of recommendations made over the past decade and expressed frustration over the removal of financial support language in the Phase 4 report, questioning the commission's charge and the tangible impact it has had. Max mentioned the Commission could conduct a falls prevention landscape from 2012 to now, acknowledging this project would be a heavy lift, especially with the current team. Colleen clarified she wasn't asking for a detailed analysis but rather seeking insights from participants on the call about any impacts they might be aware of.
	* Annette the impact of falls prevention collaboration from an Elder Affairs standpoint. She highlighted efforts to educate and promote falls prevention within elder service agencies, incorporating tools to assess and address environmental factors for consumers of all ages and abilities. Max acknowledged the input suggested incorporating success stories from Commission members in the next report as a way to showcase practices implemented within their own agencies.
	* Helen inquired about any new legislation proposed to continue the Commission or its statutory charge. Max responded that, as far as he knows, the charge has not changed, and he will inform everyone when he knows more.
	* Deb raised an important point, questioning whether the Commission's approach to falls prevention aligns with old paradigms. She emphasized the need to explore new ways to define, operationalize, and fund falls prevention in the 21st century and asked what falls prevention should look like in the current era and how best to articulate this updated perspective.
	* Max highlighted key points from Commission members: Deb's emphasis on a paradigm shifts in falls prevention thinking, Brain's suggestion for practical guidance similar to the CDC compendium, and Colleen's call for a reassessment of the Commission's impact.
	* Colleen asked for clarification from Brian on accessing technical assistance aids. Brian suggested utilizing the Massachusetts Falls Prevention Coalition, the Commission’s organizational networks, and additional networks to spread the word. He emphasized the importance of materials aimed at practitioners, considering new presenters and trainers, and providing links to resources and emails for program outreach. Max appreciated the idea and mentioned that with more communications staff, there might be more capacity for getting information out and presenting the data in a dynamic way.
	* Jen highlighted barriers to implementing known falls prevention strategies, and Max acknowledged these barriers and proposed addressing them in future reports.
	* Max asked the Commission members if they had any additional thoughts on their next steps. During the Commission meeting, Max initiated discussion by inquiring about additional thoughts regarding the next steps. Deb emphasized that falls lack a dedicated platform beyond research or presentations. She stressed the importance of integrating falls prevention into the daily common process of thinking, similar to public health, mental health and larger categories. Max highlighted the need to map out the interconnectedness of falls and fall risk with other health issues, referencing a recent report's recommendation. He proposed identifying all statewide planning processes related to falls prevention, such as the State Highway Safety Plan (SHSP), which addresses priorities for roadway safety and intersects with older adult health initiatives like walkable communities and transit. Max underscored the significance of clarifying where falls prevention fits within public health priorities and making it more explicit. Building on Brian's previous point, Max suggested making the information more accessible by reconceptualizing it beyond a legislative report. He proposed tailoring the content to target various audiences, including advocates, by presenting data and ideas that empower them to advocate for change and utilize the generated products effectively.
	* During the discussion, Deb inquired about the availability of data concerning falls and public transportation. Beth expressed uncertainty on the data but mentioned she would look to see if there were specific codes for falls and public transportation. Ish mentioned provider education and lectures for medical students and physicians to raise awareness of the burden of older adult falls. Max suggested considering the reformatting of the report and leveraging existing resources. He emphasized the importance of adapting available resources and ensuring they are in the right hands.
	* Max outlined the Commission's next steps with the next report scheduled to be submitted to the legislature by September 22, 2024. He mentioned the Department of Public Health would begin the planning process and would organize the suggestions from the group to start the development of a potential framework for the 2024 report.
4. **Closing Remarks (Kelley Cunningham)**
	* Before closing the meeting, Max asked members if they had any additional items to discuss. Hearing none, Max congratulated the Commission on the great work on the Phase Four report: Strengthening Systems and Building Local Capacity to Address the Devastating Impact of Older Adult Falls and thanked the members for their participation in the meeting. 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 or Alexandria Papadimoulis at alexandria.papdimoulis@mass.gov.

*Meeting concluded at 11:59 a.m.*