**A Massachusetts Commission on Falls Prevention Workgroup**

Friday, February 25th, 2022

1:00 p.m. – 2:00 p.m.

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

**Virtual Open Meeting via Microsoft Teams Platform**

Friday, February 25, 2022, 1200 p.m. – 2:00 p.m.

**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; Beth Hume, Epidemiologist, (DPH)-Office of Statistics and Evaluation/Injury Surveillance Program (OSE/ISP)

1. **Welcome (Bekah Thomas, Division of Violence and Injury Prevention, Injury Prevention and Control Program Director, DPH, Chair)**
* At 1:05 p.m., Commission Chair Bekah Thomas opened the meeting by welcoming the workgroup members in the audience and briefly reviewed the agenda. The January 28, 2022, Commission Workgroup minutes were disseminated to members for review prior to the meeting and were unanimously approved.
1. **Overview of the timeline, process and work conducted (Max Rasbold-Gabbard/All)**
* Max reviewed the timeline of the report and tasks that would need to be completed before the next full body Massachusetts Commission on Falls Prevention meeting on March 24, 2022. This would include drafts of the report being sent to the workgroup members via email for feedback, comments, and revisions before being sent to the full Commission. Between March and July, the draft report will be shared with members for further incorporation of feedback and edits. Max shared the goal for the next month is to decide what data points should be included in the report and refining the explanation and reasoning as to why the Commission selected local public health infrastructure as an important topic. Furthermore, the workgroup will explicate the issues, challenges, and context of the elements of local public health (agency capacity, workforce, and data). As necessary, the workgroup will work on revising the recommendation section. The workgroup unanimously agreed on the proposed timeline of incorporating reviews and edits of the draft report.
1. **Review and discussion of the first draft report (Max Rasbold-Gabbard/All)**
* Max stated the introduction of the report would be completed closer to the final revision. The burden section of the report provides and overview of data from the Special Emphasis Report that the Injury Surveillance Program has been working on. Furthermore, Max shared that parts of the report will have data measures or indicators that are applicable to the recommendations made. He shared that this section is designed to provide the audience with an overview of the burden as we discuss the rates of nonfatal and fatal falls, inequities across sexes, and the healthcare cost of falls. A section will be added to the report to discuss the growth of the over 65 population in Massachusetts.
* The workgroup discussed using the term “burden” to address how individuals have been impacted by a cause of injury. To emphasis how the burden has grown overtime, Max suggested the use of graphics to indicate the dramatic increase in fatal and nonfatal falls. To avoid having too many numbers in the narrative of the burden, Joanne suggested having a statement about the increase of falls next to a chart depicting the increase. As the report focuses on local and regional health, Bekah mentioned the report should include geographic locations of fall rates, size of the population, or the increase population of the age group by county or region. This could help identify the municipalities hardest hit by the burden and the municipalities that are anticipating additional growth and burden if nothing changes. Annette mentioned the Executive Office of Elder Affairs case managers input data regarding the consumers and the consumers served and the data can be shared among the workgroup. Beth and Max agreed to meet offline to discuss the map of municipalities and fall burden. He added that he will work on simplifying the burden section, emphasis the growth in fatal and nonfatal injuries, and add visual aids to the report. Before moving to the next section of the report the workgroup discussed changing the title of the section from “burden” to “crisis.”
* Max clarified the context section of the report would include why the Commission selected the local and regional public health as a topic for the report. Additionally, it would define the [Healthy People 2030](https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure#:~:text=Healthy%20People%202030%20focuses%20on,systems%2C%20planning%2C%20and%20partnerships.) framework, peer review literature, and the work the Commission did to understand the scope of local public health infrastructure. Joanne suggested adding information about the number of job openings available relating to local public health in each town to address the critical need of the workforce. Bekah followed with the idea of exploring the addition with Sam Wong, the Local and Regional Health Director. Max agreed to schedule time with Sam to get his perspective on the report and the limited number of individuals in the workforce.
* The scope of the report was expanded to include community-based organizations and municipal agencies outside of public health who operate in a space where their activities might have influence on protective factors in older adult falls. Max suggested narrowing the report to focus on health departments specifically, while touching upon the community-based organizations. Annette agreed with the idea and elaborated that if we focus on this area, we can connect it to additional public health topics and needs.
* Max mentioned the second recommendation of the report touches upon promising practices happening across the state. He mentioned he will be expanding on this section to discuss how some municipalities overcome the shortcomings that occur when an incredible amount of responsibility is put on one or two local health department employees and their collaborative efforts.
* Max reminded members the report has four recommendations. The first recommendation identifies the needs for an improved data collection system. This section includes a brief history of how coding around falls work is conducted, potential considerations, and the following recommendation for the Bureau of Healthcare, Safety and Quality identify strategies to improve coding quality.
* Regarding recommendation four, Annette questioned if the recommendation would include a taskforce between the Department of Public Health and the Executive Office of Elder Affairs. Max opened the floor for additional comments on revisions and Joanne added that adding specificities would be more helpful to this recommendation. Max added that maybe this recommendation should be moved to the context section of the report to support existing efforts and cataloging Complete Streets, strategic plans, and metropolitan organization planning groups. Bekah suggested consulting the community engagement individuals for further thoughts on existing programs and areas of opportunity of improvement. The work group agreed that this is a good encapsulation of our goal.
* With limited time left, the workgroup reviewed the remaining three recommendations: the home assessment and modification MASSSAFE pilot program, addressing coding issues, and the general endorsement of support for resources for local public health departments and regionalization of the local public health services. Bekah mentioned sharing the draft report with members who would be impacted by the recommendations or would have to implement the changes is on board. Annette and Joanne agreed. Joanne and Bekah mentioned this report address the need for change to reduce older adult falls in Massachusetts instead of shyly addressing the subject.
1. Closing Remarks (Bekah Thomas)
* Bekah and Max thanked the members for reviewing the report and for a meaningful discussion. 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 1:59 P.M.*