**MA Commission on Falls Prevention Meeting**

**MA Exec. Office of Elder Affairs (EOEA)**

 **Manning Conference Room, 5th Floor**

**One Ashburton Place, Boston**

**January 19, 2017; 10:30 AM–12:30 PM**

**Meeting Minutes**

***(Accepted 4/26/17)***

**Members Attending:** Leonard M. Lee (Chair), Almas Dossa, Ish Gupta, Melissa Jones, Helen Magliozzi, Joanne Moore, Annette Peele, Emily Shea

**Members Attending Remotely** (by phone): Jennifer Kaldenberg, Mary Sullivan

**Pending Members Attending**: Richard Moore

**Others Attending:** Carla Cicerchia, Department of Public Health (DPH)-Div. of Violence and Injury Prevention (DVIP); Julie Kautz Mills (DPH-DVIP), Santhi Hariprasad, DPH-Prevention and Wellness Trust Fund Team; Laura Kersanske (DPH), Carole Malone (EOEA), Mary DeRoo (EOEA), Marylouise Gamache (EOEA), Holly Hackman (Boston Medical Center-Injury Prevention Center)

1. **Welcome/Introductions/Commission Business/Updates** (Leonard M. Lee, Department of Public Health (DPH), Commission Chair)
* As this was his inaugural meeting, new Commission Chair Leonard M. Lee opened the meeting by greeting members and other attendees and then introduced himself as the Director of the Division of Violence and Injury Prevention within DPH. Members and other meeting participants followed by also introducing themselves and their affiliations.
* Minutes: After introductions, members were asked to review draft minutes of the last meeting on 7-20-16. The Chair asked for a motion to approve the meeting minutes, which was received and seconded; the minutes were then unanimously accepted.
1. **Presentation:**  ***The Aging and Disability Resource Consortia (ADRC) in Massachusetts*** (Marylouise Gamache, ADRC Coordinator, EOEA) *PPT slides*
* Marylouise Gamache presented on the ADRC Program initiative, including background and function of the 11 regionally based ADRC partnerships serving people with their Long Term Services and Supports (LTSS) needs across Massachusetts. The ADRC is a partnership between the Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs) and the Independent Living Centers (ILCs) along with additional community partners/state agencies to ensure a coordinated network of information and service access for all consumers, regardless of income level.
* Marylouise explained that ADRCs are a “one-stop-shop” and “no wrong door” model originally developed in 2003 by the Administration on Aging (AoA)/Administration on Community Living (ACL) and Centers for Medicare and Medicaid Services (CMS) that was designed to help consumers receive accurate information, one-on-one options counseling and to simplify and streamline access to LTSS. An estimated 5000 people are served annually with options counseling and over 300 options counselors have been trained since 2008.
* Options counseling is a core function of an ADRC partnership; ADRCs also offer outreach and education, can help with transitions from institutional to community-based care, assist in decision support, perform assessments for services, and make referrals, etc.
* Other positive features of the ADRC model are that it promotes individual choice, and highlights access to culturally competent services able to reach populations that have been historically under/un-served.
* At the conclusion of her presentation Marylouise distributed some handouts about the “Mass Options” campaign linking consumers to ADRCs/community-based services that includes a toll-free # and website: [www.MassOptions.org](http://www.MassOptions.org).
* A question was asked about the ability of ADRCs to field questions about falls prevention services. Marylouise confirmed that since all the ADRCs have an association with an ASAP and other local partners that “yes” that connection could be made.
1. **Presentation:*****Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs)******and Fall Prevention*** *(Mary DeRoo, Director, Home Care Program, EOEA)*. *PPT slides*
* Mary DeRoo presented on a key ongoing EOEA initiative just recently rolled out, to heighten the focus of Aging Services Access Points (ASAPS)/Area Agencies on Aging (AAAs)- (the elder service care network of 26 agencies)-on improving identification of home care clients at risk for falls by following a certain screening/assessment protocol.
* EOEA training was undertaken in the fall to help ASAP case managers/nurses utilize current (Comprehensive Data Set-CDS) and new tools to better identify fall risk factors early and make appropriate intervention recommendations (e.g., home safety assessment, medication review, participation in A Matter of Balance Program) that will be tracked through a case management web-based portal developed in collaboration with UMass Medical School.
* Mary reviewed the three types of fall risk factors that ASAP staff should be mindful of: biological (e.g. age, chronic health conditions, poor vision), behavioral (e.g., lack of physical activity, alcohol misuse), and environmental (e.g., home with poor lighting, throw rugs, lack of grab bars) as well as fall risk factors considered modifiable such as lower body weakness, gait and balance problems, etc. She also showed samples of the CDS questions for Falls Risk assessment.
* By next year the data that will be collected and analyzed through this effort will enable EOEA to look at individuals’ falls risk histories and the impact of certain interventions, etc. The information and more granular data gathered will have the potential for designing strategies for improved outcomes around older adult falls prevention.
1. **Brief Updates: PCP survey Project, etc.**(Leonard M. Lee/Holly Hackman, Boston Medical Center, Injury Prevention Center)
* Leonard informed Commission members that there would be some modification to the Primary Care Provider falls prevention survey project that evaluator Jonathan Howland (Boston Medical Center (BMC) Injury Prevention) has been overseeing and presented on at past Commission meetings. The survey tool has been designed to capture PCP’s attitudes and behaviors around fall risk assessment and falls prevention practices with older adult patients, etc.
* Holly Hackman, who has been assisting Jonathan with the project agreed to share some explanation of the project changes. Although Jonathan has been performing outreach to multiple large health care organizations (a total of five) to get leadership buy-in to promote survey participation within their PCP practices-unfortunately, to date only one health care system has agreed to initiate the survey: Cambridge Health Alliance. Therefore, the survey and results will be much more limited in scope.
* Commission Member Richard Moore inquired about whether the survey would be appropriate to deliver to nursing staff within assisted living facility settings, given the large number of fall incidences annually. Holly said she could follow-up with him about this matter separately.
* Leonard said that Dr. Howland would be invited to attend the next Commission meeting so that he could speak further to the project and planned revisions.
1. **Discussion: Future Work Plans, Priorities, Capacity** (Leonard M. Lee/All)
* Leonard embarked on a discussion with members on how they would like to proceed with pushing the Commission’s work forward in the year ahead (given limitations of time/busy schedules and resources)? The Commission has met its main statutory goal in completing the Phase 2 report of consensus recommendations. The following points were offered:
* Re-examine the recommendations in the Phase 2 report
* Continue to discuss engaging stakeholder groups with a focus on falls prevention (as recommended by the Commission)
* Consider doing an in-service training on the topic of falls prevention with key legislators or Committees; set up educational presentations in hearing rooms for legislators when the Falls Coalition has their Falls Prevention Awareness Day event at the State House in September.
* The members also discussed the number of meetings that should be planned for the year. The Chair proposed that the Commission meet quarterly; a motion was made and votes taken with the members, who were unanimously in favor of this.
* Leonard said that at the next meeting-which will be in April, the Commission should work to define clear goals and objectives for the near future.

**6) Closing Remarks** (Leonard M. Lee)

* Before ending the meeting, Leonard shared with the Commission members that the DPH-Div. of Violence and Injury Prevention had $25,000 of block grant funding for older adult falls prevention and requested that Commission members send ideas on how it might be spent. Given open meeting law restrictions, members were asked to e-mail their suggestions directly to the Commission staff (Carla Cicerchia, Falls Prevention Coordinator).
* Leonard thanked the members for their participation and adjourned the meeting.

*Meeting concluded at 12:30 PM.*