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

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

**Virtual Open Meeting via Microsoft Teams Platform**

Friday, January 28th, 2022, 12:00 p.m. – 1:00 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 12:04 P.M., Commission Chair Bekah Thomas opened the meeting by welcoming all workgroup members in attendance. She reviewed the agenda and conducted a brief introduction.

1. Overview of the timeline, process, and work conducted (Max Rasbold-Gabbard/All)
   * Max reviewed the timeline, structure, and components of the 2022 Legislative report. The review included a brief overview of the older adult falls burden, data needs, and recommendations. The first report draft will be circulated before the next workgroup meeting to prepare members for a discussion.
2. Review and discussion of the annotate report outline (Max Rasbold-Gabbard/All)

* Max reviewed the Special Emphasis Report to identify data that can be included in the legislative report. This data is currently not available for distribution but will be by the final report draft. Max opened the discussion to the workgroup to address questions and comments the members might have regarding data points that should or should not be included or would help emphasize the burden and urgency of addressing older adult falls.
* Joanne suggested providing data on the growing Massachusetts older adult population as it could be an important trend. Annette mentioned individuals at the Merrimac Valley Chronic Disease Management team might be able to provide context of what percent of the older adult population is taking advantage of programs available for balance and strength, compared to the older adult population that is not. Bekah mentioned the importance of noting geography and demographics in this report as it will focus on local public health and community-based interventions. If the geography and demographic data can be stratified by county or municipality we can identify areas with the highest rates of older adult falls. Joanne added possibly contacting Jennifer Raymond at the Healthy Living Center of Excellence to identify the number of classes offered in-person, remotely, or as a hybrid, and the completion rate of each course as a data point.
* Beth shared the Injury Surveillance Program (ISP) has identified deaths and hospitalization data by county and rural versus urban areas. The data is currently under review but can be included in the report upon completion. Furthermore, Bekah mentioned Beth is looking into the geographical location of falls and injuries. This data can potentially be stratified for in the home, residential facilities, or in the community to identify what area needs addressing.
* Max asked if there was sufficient data to discuss older adult falls happening in public spaces, outside of the home, that are not in a facility. Beth mentioned this applied to deaths, but the numbers are smaller, and the breakdown would be different when comparing nonfatal and fatal data. Furthermore, she noted there are missing data pieces, and the report would have to specify any limitations. Bekah stated a majority of older adult fatal falls are in the home, and home-based interventions would be a strong recommendation. Joanne shared in Matter of Balance, session six is a home assessment where individuals identify hazards in their homes and can create a list of improvements to reduce the likelihood of an older adult fall. Moreover, she mentioned taking the checklist or creating a toolkit available to the public would be helpful. A recommendation to have assessments, resources, installation and funds available to help make those changes has been noted.
* Turning the focus to economic costs, Max shared the Special Emphasis Report has data on medical and productivity costs, by deaths, hospital stays, and emergency department visits. Max asked the members if there were additional economic data points that should be included in the report. Joanne mentioned most falls occur in the bathroom and adding grab bars is a protective mechanism. Acknowledging the average cost of materials and safe installation compared to the average cost of hospital stay was recommended. Beth asked if it would be useful to have a map of identifying the percentage of older adults, 65 years of age and older, living under the poverty level. This could help identify what areas could benefit from grants to correctly install safety products.
* Bekah noted [Community EMS programs](https://www.mass.gov/mobile-integrated-health-care-and-community-ems) utilize mobile resources to deliver care and services to patients in and out-of-hospital environments in coordination with healthcare facilities or healthcare providers. These programs are unfunded, but some fire departments offer home assessments for falls prevention work. Annette noted the Office of Long-term Care supports and tracks acute care hospital and health pace programs and might have fall-related data that could be included.
* Members of the workgroup will connect with respective sources identified throughout today’s meeting. The DPH staff will work with ISP to identify the best and most compact way to present the data. Bekah mentioned the data for this report relies heavily on the Council of State and Territorial Epidemiologist (CSTE) guidance. As a result, Max and Beth will work to align the needs for the 2022 legislative report with the Special Emphasis report and requests should be minimum.
* The next section of the report provides context and recommendations. Max stated the process of the Commission writing the report will be removed from the outline as it has not been historically included. The report will include the conceptual framework and the [Healthy People 2030 framework](https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure), how the Commission applied the framework to older adult falls, and insight of what was learned through the informant interview process. Furthermore, interventions that reduce older adult falls, challenges of workforce shortages, and lack of funds, resources, and awareness of falls as a public health problem will be included in the report. Bekah mentioned the report should include the work of the [Healthy Aging Collaborative](https://mahealthyagingcollaborative.org/), as the administration has tried to address aging and older adults in the community. Annette agreed and [Complete Streets](https://gis.massdot.state.ma.us/completestreets) should also be included.
* Max shared some recommendations align with this work and hopefully identify ways to improve current work municipalities have already started. Furthermore, it could provide context of additional support or where awareness of falls prevention could be raised.
* With the recommendation of improving data collection, Beth noted coding of fall injuries is often not sufficient around the geographical location of the injury. The recommendation is to gather more information as to why this is happening. Joanne noting when bringing the draft to the full-body Commission on Falls Prevention, a member might be able to provide more context. Bekah mentioned previous work with hospitals to use external cause codes more frequently has occurred. Beth offered to write a synopsis of what she has found over the years to share with the workgroup members.
* Max shared one of the interviewees expressed concerns that fall injuries are not always coded as much. To learn more, a conversation around barriers on geographic data and conditions or medical events not being coded for injuries will take place offline and be brought back to the workgroup.
* The second recommendation has been informed by the [Blueprint of Public Health Excellence](https://www.mass.gov/doc/blueprint-for-public-health-excellence-recommendations-for-improved-effectiveness-and/download). This explores the local public health department’s shortages around staff, funds, and capacity. This recommendation acknowledges the need for improved resources and opportunities for organizations and municipalities to work collaboratively and regionally.
* The next recommendation focused on embedding falls prevention work in other statewide planning efforts. This recommendation will think about the State Highway Strategic Plan and ways to engage the regional and metropolitan planning agencies’ thoughts about falls prevention. Bekah mentioned balancing this recommendation with the current work and innovative approaches in Massachusetts. A letter to Robin Lipson commending her and the Healthy Aging folks on their work had been written in the past and expressed a desire to address falls more explicitly. Bekah will try to locate this file to provide more insight.
* Another recommendation is for MassSafe, a pilot, statewide home assessment program, connecting individuals with contractors for home modifications to mitigate risks of injuries. Max asked the workgroup if this was an appropriate scope. Bekah shared thoughts on removing the “statewide” and focusing instead on a county basis or a study to identify potential impacts of this program. Joanne mentioned layering the low-income and fall injury maps to better identify the areas that needed the most assistance. Based on the outcomes of the pilot(s) in these areas, it can expand to additional municipalities.

1. Closing Remarks (Bekah Thomas)

* Before adjournment, members accepted the 12.17.21 Workgroup Draft minutes unanimously. Max thanked the members and staff for their participation and reminded the workgroup volunteers of our next meeting on Friday, February 25, 2022. 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 1:00 P.M.*