***2020 Report Drafting Work Group* Meeting**

(MA Commission on Falls Prevention)

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

**4A Conference Room, 4th Floor**

**250 Washington Street, Boston**

**July 22, 2019; 11:00 AM– 12:30 PM**

**Meeting Minutes**

*(Accepted 8-8-19)*

**Commission Members Attending:** Rebekah “Bekah” Thomas (Chair), Melissa Jones, Jennifer Kaldenberg

**Commission Members Attending Remotely:** Annette Peele

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention; Brian Doherty, Mass Assisted Living Association (pending Commission Member); Jennifer Raymond, Elder Services of Merrimack Valley/Healthy Living Center of Excellence

**1)****Welcome/Work Group Business** (Bekah Thomas, Chair)

* Commission and Work Group Chair Bekah Thomas opened the meeting by welcoming Work Group members in attendance within the conference room and remotely through the WebEx platform as well as other guests and attendees.
* The Chair asked the members to review a draft of the minutes from the last meeting on 6-25-19. She initiated a motion to approve the minutes, which was received and seconded. The minutes were accepted.

**2) Presentation: *Community Based* *Falls Programs and Gaps***(Jennifer Raymond, Chief Strategy Officer, Director, Healthy Living Center/Elder Services of Merrimack Valley) *PPT slides distributed*

* As a subject matter expert Jennifer Raymond presented on the [Healthy Living Center of Excellence](https://www.healthyliving4me.org/) (HLCE) including its history and vision, programming offered, new fall-related initiatives, older adult clientele served, etc. HLCE is affiliated with Elder Services of Merrimack Valley (ESMV) – an aging services access point (ASAP) agency.
* HLCE was established 10 years ago and oversees a broad ranging statewide provider/partner network of community-based organizations serving diverse/multicultural older adult populations helping them to access evidence based programming (EBP) to achieve better health and better health outcomes.
* The HLCE delivery model includes the following: 1) works on fostering integration of the health care delivery system with community-based providers; 2) engages in some innovative contracting arrangements with payers; 3) holds leader/coach trainings in EBP; 4) helps to set up EBP workshops throughout the state; and 5) provides a centralized referral system to said programming. In 2017, 7037 older adults participated in 596 program workshops associated with the HLCE.
* Jennifer made a point of noting that with regard to referrals for programming HLCE tries to maintain a 30/30 standard-meaning that fulfilling the referral/request is done within 30 days and that the workshop/program is geographically accessible taking no more than 30 minutes to get to the location. Work group members noted that this standard might be worth folding into a recommendation for the 2020 report.
* Over the years, ESMV/HLCE has been quite successful in receiving grant funding from various federal, local and private organizations/foundations that has helped further the expansion in the state of EBP to address the prevention of falls/promote healthy aging/manage chronic diseases.
* This past spring ESMV/HLCE was awarded a 3 year falls prevention programming grant from the Administration for Community Living (ACL) that will enable the organization to offer some new programs such as [Walk with Ease](https://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/), [Enhance Fitness](https://projectenhance.org/enhancefitness/), and [CAPABLE](https://nursing.jhu.edu/faculty_research/research/projects/capable/resources.html) (Community Aging in Place-Advancing Better Living for Elders). Jennifer gave a brief overview of each program to the members. She also noted other projects that will be initiated through the falls grant such as a pilot to introduce an evidence-based exercise program for people with intellectual and developmental disabilities higher risk for falls), and programming to assist caregivers of people with Alzheimer’s Disease and related dementias (known populations at high risk for falls), etc.
* The group engaged in some discussion around health care plan coverage for participation in EBP. Jennifer commented how the Older Americans Act and federal funding under Title III-D (Preventive Health Services) that elder service network providers receive does not go very far in terms of providing access to EBP. With the ACL grant, ESMV/HLCE can sometimes cross subsidize for programming. ESMV/HLCE has also been able to work out special contracting arrangements with Senior Care Options plans (dual eligible for Medicaid and Medicare) such as Senior Whole Health to provide free participation in EBP to their beneficiaries.
* Jennifer wrapped up her presentation by sharing a prevalence map slide with data extracted from the Healthy Aging Data Report that reflected a ranking of MA cities and towns according to the percentage of fall-related injuries of people age 65 and older-also noting accessibility to falls prevention programming. Jennifer expressed a willingness to assist the Work Group in using this data to provide additional information for the 2020 report.

**3) Discussion: Drafting the 2020 Report and Community-based Interventions and Programs Section** (All)

* Bekah initiated a discussion with the members, invited expert Jennifer Raymond and other attendees on drafting of recommendations for the 2020 Commission Report section on “Community-based Interventions and Programs”. The meeting participants referred to a draft document with two general proposed recommendations for this focus area section that the Work Group members will need to develop for the new report (the document was a marked-up version of the Community-based Interventions and Programs section from the Commission’s Phase 2 Report).
* Members and others’ comments included some of the following thoughts regarding the topic area and proposed recommendations:

*(General Proposed Recommendation 1.)*

*1. As an intervention the benefits of participation in evidence-based programs that help reduce falls and risks for injury and/or the fear of falling among older adults is widely known with large bodies of research behind it (introductory placeholder language).*

* This section and recommendation while promoting participation in EBP as an intervention for prevention of falls should also highlight the need to increase availability of programming to communities in MA where higher rates of older falls have occurred – should review the community-based data from the Healthy Aging Data Report (Gerontology Institute – UMass Boston). Jennifer Raymond and ESMV/HLCE may be able to assist with this.
* The HLCE model for delivering EBP should be showcased within the narrative as was done in the Phase 2 report. The report should also include the HLCE’s referral goal of 30 days/30 minutes.
* Issue of reimbursement for EBP-should consider addressing in the report. There seems to be enough evidence in the form of research to demonstrate a return on investment with this as a falls prevention intervention. Should insurers be directed to provide benefits for EBP in a broader way?
* Some benefits changes are expected to be coming under Medicare and Medicare Advantage plans after October 1st- particularly around post-acute care -the Work Group will try to gain more information on this.
* Transportation is another big issue that should be discussed in the report; lack of accessible and reliable transportation contributes to poor participation and completion in EBP by older adults. The *Governor’s Council to Address Aging in Massachusetts* cited this to be a key issue within their final blueprint report-and a Work Group released recommendations on strategies to improve access and mobility within communities. This Work Group should review that report more closely. See page 17 of latest update from the Council:

<https://www.mass.gov/files/documents/2019/05/27/Governor%27s%20Council%20to%20Address%20Aging%20in%20MA%20-%2014%20May%202019%20Final.pdf>

*(General Proposed Recommendation 2.)*

*2. Home safety assessment and home modification recommendation?*

* The Work Group agreed that a separate recommendation on home safety is worth considering for the new report.
* The Executive Office of Elder Affairs Home Care Program includes some new services to address falls prevention (Annette Peele); home care clients are assessed for falls risk in their home. Include this information in the report.
* The new evidence-based CAPABLE program that will be launched in MA under ESMV/HLCE’s ACL falls grant will focus on home safety and should be highlighted in this section.

**4) Closing Remarks** (Bekah Thomas)

* Bekah thanked everyone for their participation during the meeting; and then adjourned the meeting.
* The Work Group will plan to meet again on August 8th where the “Healthy Aging and Community Design” section of the new report will be the main focus for discussion.

*Meeting concluded at 12:30 PM.*