**A Commission on Falls Prevention Meeting**

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

**Virtual Open Meeting via Webex**

**July 26, 2021; 10:00 a.m. – 11:30 a.m.**

**Meeting Minutes**

**Members Attending Remotely:** Rebekah “Bekah” Thomas (Chair), Brian Doherty, Helen Magliozzi, Ish Gupta, Joanne Moore, Deborah Washington, Jennifer Kaldenberg, Almas Dossa, Melissa Jones, Annette Peele, Emily Shea, Mary Sullivan

**Members Not in Attendance:** Colleen Pierro

**Others Attending Remotely:** Carlene Pavlos, Massachusetts Public Health Association, Carla Cicerchia (staff), DPH-Division of Violence and Injury Prevention/Injury Prevention and Control Program (DVIP/IPCP), Alexandria Papadimoulis (staff), DPH-DVIP/IPCP; Max Rasbold-Gabbard (staff), DPH-DVIP/IPCP

1. **Welcome/Introductions/Commission Business:** (Bekah Thomas, Chair)

(Bekah Thomas, Division of Violence and Injury Prevention, Injury Prevention and Control Program Director, DPH, Chair)

* + - Commission Chair Bekah Thomas opened the meeting by welcoming all members in attendance.
		- Although Commission members decided to waive introductions, the Chair took time to introduce our presenter Carlene Pavlos, Executive Director of the Massachusetts Public Health Association. Additionally, the Chair welcomed and congratulated Carla Cicerchia for her hard work and dedication as one of the founding staff members of the Massachusetts Commission on Falls Prevention as this was her last meeting.
		- Prior to this meeting, the June 14th, 2021, Commission meeting minutes had been disseminated among members for review. The Chair asked if there were any proposed changes to the minutes and hearing none, she requested a motion to approve, which was received and seconded. The minutes were unanimously accepted.
		- The Chair discussed the topic for the Commission’s next biennial legislative report of recommendations (due to the legislature and EOHHS Secretary in September 2022) by quickly reviewing the Commission’s primary statutory mission and reporting goals.
		- Bekah noted that in previous Commission meetings (April 27, 2021, and June 14, 2021), the members agreed that the Phase Four report would focus on reducing older adult falls and injuries through local public health infrastructure. She provided examples of current local-level public health programs (for example, ASAP regions, community partners, and the community EMS program) and mentioned there could be additional opportunities to increase coordination and integration, provide a higher level of support to prevent older adult falls, and provide adequate and accurate resources.
		- The Chair described the aim of the report as providing communities with guidance to address fall risks among older adults by presenting recommendations for a qualified workforce, a data surveillance system, and agencies capable of assessing and responding to these older adult fall needs. Additionally, she mentioned the initial research questions guiding the report and how the report’s frame of reference should not only include local boards of health but also councils on aging, community-based organizations, hospitals, and other organizations, whose work is related to achieving public health outcomes.
1. **Presentation: *Local Public Health & Healthy Aging/Falls Prevention*** (Carlene Pavlos, Executive Director, Massachusetts Public Health Association) Ppt Slides
	* + Carlene began her presentation by providing an overview of the Massachusetts Public Health Association. This statewide advocacy organization works on health equity, racial justice, and creating the conditions for a healthier Massachusetts.
		+ The Board of the Massachusetts Public Health Association went through a strategic planning process and recommitted to dismantling structural racism and listening to the voices of the people most impacted by oppression in February 2019. Carlene explained this as being the guiding force of their policy priorities through the course of the pandemic.
		+ The organization’s policy priorities regarding social determinants of health include affordable housing, transportation justice, and healthy food access.
		+ Carlene described the Alliance for Community Health Integration as community-based advocates. They work with MassHealth and healthcare providers to push systems to think about health-related social needs as part of being a healthy person and changing the conditions on the ground that lead to better health outcomes. Through COVID-19, the Alliance’s work has focused on recovery and equity, with local public health infrastructure being a major priority.
		+ Carlene discussed the range of services provided by local public health departments, including, conducting disease surveillance and prevention activities; enforcing public health regulations; issuing and receiving burial permits and death certificates; planning around emergency response and preparedness; and completing home inspections for safety standard enforcement.
		+ In Massachusetts, there is no categorical funding for the local boards of health. Each of Massachusetts’ 351 cities and towns relies on decisions made at the municipal level for how local public health is funded. This means communities have varying levels of resources. Furthermore, there are no required workforce standards. These factors contribute to inequitable local public health services across the Commonwealth.
		+ The Massachusetts Public Health Association is part of the Coalition for Local Public Health, a group of six organizations that work together to support local public health and envision a different local public health system.
		+ Local public health systems in Massachusetts face many challenges, especially when it comes to COVID-19. Through the pandemic, Massachusetts learned 25 communities were not registered with the state’s online infectious disease tracking system and that dozens of additional communities were not reporting regularly. Furthermore, most communities in Massachusetts do not have a public health nurse. Because of these challenges around staffing, workforce standards, and technology, local health departments often lack the capacity to address their entire workloads.
		+ During the COVID-19 pandemic, Massachusetts worked with the Coalition of Local Public Health to provide funding to 225 communities. Policymakers relied on the one-time infrastructure contracting with private sector organizations for projects such as contact tracing and vaccinations.
		+ Local public health could be a critical partner in implementing older adult falls prevention strategies and creating age-friendly environments that supports falls prevention.
		+ In 2019, chaired by the Massachusetts Department of Public Health, the Special Commission on Local and Regional Health issued a Blueprint of Public Health Excellence, [a report](https://www.mass.gov/doc/blueprint-for-public-health-excellence-recommendations-for-improved-effectiveness-and/download) highlight recommendations for improving the local public health system, making it more efficient, effective, and equitable. Some of the recommendations were integrated into the [Statewide Accelerated Public Health for Every Community (SAPHE) Bill](https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter72). Passed in June 2020, the bill was an early step in implementing some of the consensus recommendations from the *Blueprint* report.
		+ The Massachusetts Public Health Association is currently working on [a SAPHE 2.0 bill](https://mapublichealth.org/saphe2-0/) focusing on supplying resources, infrastructure, and data support to every community in Massachusetts. The four major components of the Bill include:
			- Ensure minimum public health standards in every community.
			- Create a uniform data collection and reporting system.
			- Capacity for cross-jurisdictional sharing to ensure all communities have access to what it needs.
			- Establish a sustainable state funding mechanism to support local board of health and health departments.
		+ The Coalition for Local Public Health and allies have a plan for using 5%--or $251 million—of the funds allocated to Massachusetts through the American Recovery Plan Act (ARPA) over five years to address infrastructure, lessen disparities, fund workforce development and trainings, and invest in public health data systems at the state and local levels.
		+ Following the presentation, Carlene invited Commission members to connect with her individually if they have any questions in the future and included her contact information, cpavlos@mapublichealth.org
2. **Discussion: Development of 2022 Commission Report – Next Steps** (Bekah Thomas/All) Ppt Slides
	* + The Chair provided context on the proposed timeline for the 2022 Commission Report. From July to October 2021, the Commission members will meet to explore topics around local public health infrastructure in greater detail. Content experts will be present to provide more insight. The Commission will establish a workgroup that will be responsible for drafting the report. Recruitment of volunteer members for the workgroup will occur prior to the first meeting in November.
		+ Bekah discussed the proposed timeline for topic exploration at future Commission meetings. August and September meetings will comprise panel discussions and presentations from content experts; the October meeting will serve as an analysis of key findings and workgroup planning. After asking members for feedback on the topic exploration timeline and hearing none, the Chair revisited the report overview.
		+ Deborah Washington, a commission member representing the American Association of Retired Persons (AARP), elevated the question of how hospitals can improve their engagement and support of local public health efforts, and increase different organization involvement. To gather a better understanding of hospitals’ perspectives on local public health, Bekah suggested including the Massachusetts Health and Hospital Association as a content expert in a future meeting.
		+ Commission member Jennifer Kaldenberg, representing the Massachusetts Association for Occupational Therapy (MAOT), provided context on a collaborative project with the Massachusetts Commission for the Blind. The project staff had found a disconnect between the individual and the knowledge of community-based programs.
		+ Additional thoughts from members included information-sharing platforms that were inclusive and mutually reinforcing older adult fall data across municipalities.
3. **Closing Remarks** (Bekah Thomas)
	* + Before adjournment, Bekah thanked the members and staff for their participation. She said Commission staff would be follow up on scheduling a meeting for August and reminded members of the Open Meeting Law restrictions. If there are any questions or concerns to please directly respond to Max Rasbold-Gabbard or Alexandria Papadimoulis via email.

*Meeting concluded at 11:15am*