**MA Commission on Falls Prevention Meeting**

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

**Virtual Open Meeting via Webex Platform**

**June 14, 2021; 11:00 AM - 12:30 PM**

**Meeting Minutes**

*(Accepted 7-26-21)*

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

**Members Not in Attendance:** Helen Magliozzi, Mary Sullivan

**Others Attending Remotely:** 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/Special Introductions/Commission Business:** (Bekah Thomas, Chair)

* Commission Chair Bekah Thomas opened the meeting by welcoming all members and staff in attendance.
* Although Commission members decided to waive introductions, the Chair took the time to introduce some DPH staff members from the Injury Prevention and Control Program who were also present and will be working on Commission matters going forward including development of the 2022 Commission report: Alexandria Papadimoulis, the Training and Coalitions Coordinator and Max Rasbold-Gabbard, the Child Fatality Review Coordinator. Both individuals shared briefly about themselves and their work at DPH.
* The Chair then turned attention to the draft minutes of the last Commission meeting on 4-27-21 that had been emailed to each member for review. She asked if there were any proposed changes to the minutes and hearing none, she requested a motion to approve them, which was received and seconded. The minutes were unanimously accepted.

**2) Discussion: Development of the 2022 Commission Report: Local Public Health Infrastructure and Public Health** *(Bekah Thomas/All) Ppt slides*

* Bekah Thomas started the main discussion for this meeting, 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 at the last Commission meeting (4-27-21) the members agreed they would focus the report on reducing older adult falls and falls injuries in MA from the lens of the local public health infrastructure. She provided some context for this choice. During this time of the COVID19 pandemic local public health has been at the forefront and played a critical role in addressing multiple needs and delivering services in communities throughout the Commonwealth. She commented how there seems to be a lot of political will in this area; it may be a good time for the Commission to capitalize on this window of opportunity to see how the public health problem of older adult falls can also be incorporated here.
* To further explain what is meant by the term “public health infrastructure” Bekah read a definition (source: [Healthy People 2020](https://www.healthypeople.gov/2020/topics-objectives/topic/public-health-infrastructure)) and showed a slide reflecting the 10 essential services that come under that umbrella.
* Bekah asked members about their thoughts or any concerns about focusing on the local public health framework for the Commission’s falls prevention report. In addition, she asked them to think about what might be lacking within the local public health infrastructure. The members engaged in a brainstorming session that included sharing some of the following:
* Deb Washington: through her community engagement work at MGH during COVID she has noticed the important contributions of community health workers (CHWs) and believes there is a role for them in older adult falls prevention perhaps in home safety assessment.
* Annette Peele: Mass Home Care and the Aging Services Access Points (ASAPS) network also utilizes CHWs; care managers have assessment tools designed to help identify falls risks of older adults and people with disabilities who reside at Independent Living Centers, etc.
* Annette Peele: in terms of emergency management and disaster planning, local Councils on Aging should have a place at the table. There can be lots of obstacles for older adults and people with disabilities to overcome during a disaster that can increase risk for falls.
* Jennifer Kaldenberg: the challenges associated with the built environment, both public and private, and transportation availability needs to be addressed. When older adults and people with disabilities are unable to leave their homes, then they are restricted from activities that might help them reduce their risk for falls and can also lead to further deterioration of their health. Look at the PACE program as an example where transportation access is a key consideration for people with mobility issues.
* Joanne Moore: ensuring greater availability and access to technology is important as we have learned during this pandemic. People need to know how to find information about programs that are offered in their communities, such as calling their local ASAP. Where should this information be housed?
* Annette Peele: promoting tech literacy for older adults is also an important piece that must be tied in here, with local Councils on Aging having a significant role in this activity.
* Bekah then guided the brainstorming session to a more structured discussion about how to approach the issue of older adult falls within the construct of the local public health infrastructure. She asked members to think about looking at one municipality and consider what kinds of programs would need to be available, policies in place, or data collected to understand and address reduction of older adult falls. She noted DPH’s [Mobile Integrated Health Care and Community EMS Program](https://www.mass.gov/mobile-integrated-health-care-and-community-ems) that allows local emergency medical service providers, including Fire Departments to apply for permission to do falls prevention education, home assessment screenings, etc. as well as other prevention services within their communities.
* Bekah also commented about the role of the local board of health in cities and towns across the state; these bodies have many mandates and services they are required to carry out but often with limited resources. If they are asked to expand their delivery of services then additional resources would have to be appropriated.
* Other thoughts offered by the members in this discussion included: the need to continue to promote access to evidence-based programs that prevent falls (Brian Doherty), looking at building codes and thinking about the availability of housing that is safe and age-friendly (Deb Washington), and the differences in Councils on Aging within each municipality as a reflection of the population and diverse cultures of each area (Annette Peele).
* Bekah acknowledge that it was not completely clear yet, exactly how many issues the Commission will need to wrap their heads around on the chosen topic area of the local public health infrastructure.
* Commission staff has identified certain publications that may be helpful to the members in their learning process and will continue to maintain a list as the new report is developed. Two that were mentioned included the following:
* [The Special Commission on Local and Regional Public Health-Blueprint Report-Executive Summary](https://www.mass.gov/doc/executive-summary-blueprint-for-public-health-excellence-0/download) (June 2019)
* [The Governor’s Council to Address Aging in Massachusetts](https://www.mass.gov/lists/governors-council-to-address-aging-in-massachusetts-reports-and-resources#blueprint-and-recommendations-)-Blueprint Report and Updates
* The final wrap-up for this discussion on the 2022 Report was to revisit from the last meeting how the Commission would like to develop the report, either by meeting as a full Commission or assembling a smaller Work Group of volunteer members as was done with the Phase 3 Report. Bekah reviewed the timeline for the report, noting that the first draft of this next report would need to be finished and ready for circulation amongst the members for review and edit by March 2022. The members talked through the pros and cons of these choices and agreed to the following:
* Given that this is a new focus area that the Commission will be exploring with greater research and information gathering needs, they will initially continue to meet as a full Commission, bringing in content experts, over the next 3-4 months.
* A smaller Work Group may then be formed to work with Commission staff, etc. to develop the first report draft.

**3) Discussion: Stakeholder meeting** *(Bekah Thomas/All) Ppt slides*

* Bekah briefly spoke about the idea of the Commission holding a future stakeholder meeting to highlight the falls prevention recommendations in the most recent legislative report: [*Phase 3 Report: Improving Integration of Falls Risk Assessment and Referral in Health Care Practices*](https://www.mass.gov/doc/phase-3-report-improving-integration-of-falls-risk-assessment-and-referral-in-health-care-0/download). This proposal was raised by members at the last Commission meeting on 4-27-21.
* She expressed that given the level of work that will be required in the development of the next required report for 2022, that she would prefer to concentrate efforts there and think of other ways the Commission can promote the last report with certain stakeholders.
* She stated that the Commission had fulfilled its role in submitting that report in 2020 to the legislature and Secretary of EOHHS. Although the report contains some important recommendations, unfortunately the Commission has no ability to influence who reads the report and/or acts on those recommendations as there is no mandate attached to them.
* Bekah noted how she and Commission staff, Carla Cicerchia had reached out to certain stakeholders, such as the Massachusetts Medical Society (MMS) during the development of the last report to apprise them of the focus on the role of primary care in falls prevention and invite their feedback. As a compromise to holding a meeting, Bekah offered that she could work on connecting with MMS, for example to see if the Phase 3 report could be circulated directly to their membership, perhaps during Falls Prevention Awareness Week in September.
* Brian Doherty asked if the topic of the Phase 3 Report could be presented at a future meeting of the MA Falls Prevention Coalition. Commission staff, Carla Cicerchia responded that the Coalition only meets quarterly and that the agenda for the next meeting in July was already set-but there may be an opportunity for a presentation to happen at the final 2021 meeting in October.
* The members agreed to put off planning for a stakeholder event at this time.

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

* Before adjourning the meeting Bekah thanked the members and staff for their participation. She said Commission staff would be following-up on scheduling a meeting for July and would keep members posted on whether the meeting will be in person or can continue using a virtual platform. Note: legislation proposed by Governor Baker is pending that will allow bodies subject to the Open Meeting Law to continue to meet virtually.

*Meeting concluded at 12:02 PM.*