**Massachusetts Commission on Falls Prevention**

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

**Virtual Open Meeting via Microsoft Teams Platform**

Thursday, March 24th, 2022, 1:00 p.m. – 2:00 p.m.

**Meeting Minutes**

**Members Attending Remotely:** Bekah Thomas, Annette Peele, Joanne Moore, Helen Magliozzi, Colleen Pierro, Brian Doherty, Jennifer Kaldenberg, Ish Gupta, Melissa Jones, Almas Dossa, and Emily Shea

**Members not in attendance:** Deborah Washington

**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

1. **Welcome (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 at 1:03 p.m. Members agreed to waive introductions. Bekah notified members that we have identified a Massachusetts Pharmacy replacement candidate for the Commission and that the individual will be going through the approval process. Bekah reviewed the agenda and reminded members of the statutory guidance of the Commission’s next biennial legislative report.
* October 26, 2021, Commission minutes were disseminated to members for review prior to the meeting. The minutes were unanimously approved.
1. **Overview of the timeline, process and work conducted (Max Rasbold-Gabbard/All)**
* Max reviewed the progress and timeline of the legislative report due on September 22, 2022. After reviewing the timeline, Max reminded the Commission the purpose of the report was to provide communities with recommendations on how to reduce the number of older adult falls through improvements in local public health infrastructure, particularly around developing a qualified workforce, data surveillance systems, and agencies' capacities to assess and respond to associated issues. He then discussed the research questions used to guide the drafting of the report:
	+ What local programs, services, and policies are necessary to prevent older adult falls?
	+ Who are the local stakeholders—like community-based organizations, service providers, and government agencies—that are responsible for or influence work in those areas?
	+ How can those entities improve their programs, services, and policies to better address the relevant risk and protective factors around older adult falls?
* Max proceeded to review the local public health infrastructure and falls framework the Commission jointly developed during the October 26, 2021, meeting. Together, the Commission looked at the various local public health services that are important to preventing older adult falls and thought through the aspects of agency capacity, workforce strength, and data collection that were related to those services. Members were able to put together a comprehensive list of stakeholders in the field and construct what is a solid foundation for a conceptual framework of how falls are prevented across the state. The framework will be included in an appendix of the report.
* Following the development of the framework, Max was able to connect with informants in the field for interviews to get a better understanding of what roles the organizations contribute to preventing older adult falls. This included learning about services provided, issues being advocated for, and challenges they identified as being central to preventing falls in the future. Findings from the ten interviews and data from the epidemiologists were discussed at the three workgroup meetings between December 2021 to February 2022 and helped shape the drafts of the report. Collaborating with the workgroup and writing team, Max revised three drafts of the report, identified key data points to include, strengthened the framing of how to present the information to legislators and policymakers, and crafted four recommendations.
* Findings from the data section of the report showed an overall increase (90%) of older adult fall deaths from 2010 to 2020. When considering the growing population of older adult falls in Massachusetts and building in a rate, there is still an increase in older adult fall deaths by 61%. When looking at nonfatal older adult fall-related injuries from FY2019, the Injury Surveillance Program (ISP) was able to identify 19,000 hospital stays and over 57,000 emergency department visits. Examining the economic burden, ISP found the lifetime costs linked to falls death at $2.43 billion, and the fall-related injury hospital charges exceeded $800 million in FY2019. Max noted that the proportion of 65+ Massachusetts residents is projected to grow from 13.8% in 2010 to 22% by 2030.
* Following the review of the key findings, Max reviewed the four recommendations written in the report. The first recommendation focused on increased support for regional approaches to implementation of evidence-based falls-prevention practices by local health departments and partner agencies. This recommendation reflects conversations held with informants and the workgroup. As Massachusetts has 351 local boards of public health, each board varies in its approach to injury prevention, more specifically falls prevention. Max noted that each board has statutory obligations that have taken precedent (restaurant inspections, summer camp licensing, tattoo parlor safety inspections, etc.) over falls work due to being underfunded and understaffed. Due to these findings and research conducted, the workgroup wanted to endorse recommendations additional organizations and agencies have stared in previous reports to increase funding to local boards of health and to encourage collaboration between municipalities.
* The second recommendation is a pilot program similar to MassSave, called MassSafe. This program would train individuals to conduct home assessments for hazards, make recommendations, provide materials to address hazards and connect homeowners to contractors with little to no costs. A similar program based out of Connecticut found that staff doing weatherization work would conduct fall risk assessments and hazards found to create a safer environment and saw a measurable decrease in falls. To emphasize the importance of this project, Bekah noted that over half (close to 64%) of fall-related deaths in Massachusetts occur in home residences.
* The fourth recommendation suggests the Massachusetts Falls Prevention Commission collaborate with the Center for Health Information and Analysis to develop and implement strategies to improve relevant fall injury codes in medical records. In Massachusetts, we are able to collect comprehensive data for the rates of fall-related deaths and location as it is investigated by the medical examiner’s office. However, the information is less clear in the case of a nonfatal fall occurrence. Nonfatal falls data is entered into the data system by healthcare providers and can be inconsistent. This recommendation and collaboration look to strengthen and improve the data to provide a better understanding of where nonfatal falls occur.
* The third recommendation of the report stems from a prior conversation with the Executive Office of Elder Affairs (EOEA) and their strategic planning work. This recommendation suggests a collaboration with the Department of Public Health and EOEA to catalog local, regional, and statewide planning processes that affect older adult fall hazards and to embed falls prevention consideration and aging strategies into those efforts, similar to the State Highway Strategic Plan and safe road designs that significantly prevent older adult falls. Comparable assessments where falls could occur include master operating plans, pedestrian and bike assessments, advocacy organization assessments, etc. opportunities that are indirectly factoring into friendly age or dementia-friendly communities. Bekah noted that this recommendation feeds into a regional approach and multiple assessments will help identify needs at the community level.
1. Review and discussion of the first draft report (Max Rasbold-Gabbard/All)
* After reviewing the report recommendations, Max offered members of the Commission to provide feedback. Brian noted that the vision to focus on local public health agencies at a time where there are a lot of revisions and policy focus was smart and mentioned his concerns around the recommendation for more complete data and reporting of falls and if we would see an increase in cases. Bekah explained there are some nuances in the data around the location of the nonfatal fall data, especially at the community-based falls that do not result in an ED visit or a surveillance system for urgent care systems, but our fatal data is reliable and has geographical information.
* Emily liked the recommendation of building public health infrastructure around evidence-based falls prevention programs and connecting partner agencies. However, she mentioned having a more explicit recommendation on partner agencies and the integration that could occur as the Healthy Center for Excellence (HLCE), a statewide agency tracking partners across the state and the evidence-based trainings they provide, is currently collecting this information at some capacity. Bekah mentioned the falls prevention framework that had helped shape the report and how this could be leveraged to name partners we talked about. Furthermore, Bekah noted that we would need to keep it at a higher level of partnerships, (pharmacies, pharmacists, councils on aging, community health centers, etc.) instead of explicitly naming organizations and agencies and having a callout box on the report to highlight the HLCE and build up the infrastructure. Annette mentioned that a past report recommendation included HLCE and suggested building off the previous language. Following Annette’s comment, Joanne suggested providing the number of municipalities connected with HLCE and if the programs are offered, virtually, in person, or a hybrid model.
* As physical therapists and occupational therapists are skilled in home safety assessments and fall risk reduction in the home, Melissa and Jen mentioned their concerns around the pilot program. Bekah mentioned the pilot program could include referrals to physical therapists and occupational therapists and mentioned some pieces of the home modification would not need an OT/PT to assess. Furthermore, Max mentioned an informant interview with Sam Wong, the Director of Local and Regional Public Health with DPH. During this conversation, Sam Wong mentioned the success Framingham had for falls prevention work during the Wellness Trust Fund. This program leveraged community health workers conducting assessments in the home. Max agreed with Melissa, Jen, and Bekah and would work on adding more detail about training, education, and professionals doing the work to this section of the report.
* Before ending the meeting, Max asked for feedback on the falls prevention framework. Members agreed it would be best to include the table in the appendix as it is briefly covered in the executive summary and would be hard to create a narrative form. While reviewing the table, Emily, Brian, and Joanne provided additional organizations and agencies that had not been included.
1. Closing Remarks (Bekah Thomas)
* Bekah and Max thanked the members for reviewing the report and informed members that Alexandria would be in contact to schedule a meeting for May. 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 or Alexandria Papadimoulis at alexandria.papdimoulis@mass.gov.

*Meeting concluded at 1:59 P.M.*