**MA Commission on Falls Prevention Meeting**

**MA Executive Office of Elder Affairs (EOEA)**

 **Manning Conference Room-5th Floor**

**One Ashburton Place, Boston**

**May 7, 2018; 1:00 - 3:00 PM**

**Meeting Minutes**

*Accepted 10/1/18*

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

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

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention (DVIP); Robin Lipson (EOEA); Lynn Vidler (EOEA); Carole Malone (EOEA); James Fuccione (MA Healthy Aging Collaborative)

**Others Attending Remotely by Conference line:** Christina Greenberg (MA-Assisted Living Association)

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

* Commission Chair Bekah Thomas, opened the meeting by greeting attendees and asking all present and on the phone to introduce themselves/affiliations.
* Following introductions, the Chair directed members to review a draft of the minutes from the last meeting on 2/13/18. She initiated a motion to approve the minutes, which was received and seconded; the minutes were unanimously accepted.

**2) Presentation/Discussion: Overview of the *Governor’s Council to Address Aging in Massachusetts*** (Robin Lipson, Chief of Staff/Chief Strategy Officer, EOEA)PPT slides

* Robin Lipson, EOEA Chief of Staff to Secretary Alice Bonner, who is an official member of the *Governor’s Council to Address Aging in Massachusetts* presented an overview of the Council including background, structure/work plans, and most recent blueprint report/preliminary recommendations. She opened by stating that Massachusetts is “well aligned” to meet the goal of creating an “age-friendly” state given the active support from our government, academic centers of gerontology, the MA Healthy Aging Collaborative/Tufts Health Plan Foundation, private industry (e.g., technology/innovation), etc.
* The Governor’s Council was established by Executive Order in April 2012 and is comprised of 24 members from diverse backgrounds, with broad-based expertise, representing both state and private sectors. The order deems the Council as *“responsible for advising the Governor on the development of governmental policies, community resources, best practices, and informal supports that will promote healthy aging in the Commonwealth”.*
* Robin explained how the Council has been conducting its work in two phases. Year 1 (2017) was the information gathering period where the Council held four regional listening sessions throughout the state to engage organizations and the general public for their input. A web portal was also set up to receive comments and recommendations. The Council held five in-person meetings and also established some expert panels (e.g., Caregiving and Transportation). An initial blueprint report with preliminary recommendations was drafted at the end of the year. Year 2 (2018) is the “action year” where five work groups (Caregiving, Employment, Housing, Innovation and Technology, and Transportation) have been assembled to gather more research and explore potential initiatives/pilots; a communication plan to disseminate the Council’s work will be established; metrics for measuring outcomes/success will be developed; and final recommendations will be delivered to the Governor.
* Robin noted that based on the regional listening sessions held in 2017 certain healthy aging issues rose to the surface: economic security, transportation/mobility, and challenges of the disabled as they age. The deaf community was well represented at these meetings and many spoke about feeling overlooked in terms of state planning and access to services. She said many older adults that provided comment expressed concerns about social isolation and lack of opportunities to find work. With the high cost of living in Massachusetts many older adults find reaching economic security difficult. Older people also have trouble understanding how to locate and access services that could be available to them.
* Commission member Deborah Washington asked Robin if ethnic minority community members were well represented at these regional sessions and whether any specific issues were highlighted in their feedback. Robin responded that there was representation but other than expressing difficulties of not having family members nearby similar themes of economic and transportation concerns were mostly highlighted.
* Robin then reviewed with the Commission members a slide (slide #6) showing the Council’s ten initial priorities as identified in the latest Blueprint Report released in April. The first priority is declaring Massachusetts as an age-friendly state. Robin said that Massachusetts is just the second state in the country to have received official designation from AARP as a member of their *Age-Friendly Network*.
* Robin concluded her presentation by acknowledging the synergy between the Council’s focus on how to make Massachusetts’ communities more “Age-Friendly” and the Commission’s work focus (i.e., reducing older adult falls/keeping older adults safe in their homes). She apologized for not being able to stay for James Fuccione’s presentation and to engage in further discussion with Commission members about these topics as she had to leave to meet with Sec. Bonner.

**3) Presentation: Overview of the Massachusetts Healthy Aging Collaborative (MHAC)** (James Fuccione, Senior Director, MHAC) PPT slides

* James Fuccione provided an overview of the [Massachusetts Healthy Aging Collaborative](https://mahealthyagingcollaborative.org/) (MHAC) - a network of leaders from community-based organizations, health care, wellness, government, business, education, advocacy, research, philanthropy etc. committed to advancing healthy aging in Massachusetts. In essence, this means optimizing opportunities for improving health, participation and security of people as they age in their communities. This mission which began in 2005 is modeled after and aligns with the World Health Organization’s (WHO) definition of “healthy aging” and policy framework. The MHAC includes an Executive Committee of key stakeholders and leaders and a 130 member Advisory Council. The Collaborative is supported by the Tufts Health Plan Foundation.
* James showed a slide noting how population projections for Massachusetts in the next 20 years suggest that people age 60 and older will represent approximately 30% or more of the population in a majority of Massachusetts communities. He explained that preparing for this shift requires community leaders to begin looking at the future through an “age-friendly” lens. MHAC as a leader in the “Age-Friendly” movement in Massachusetts is focused on promoting policies and practices that enhance three main areas within communities: 1) physical environment, 2) social environment, and 3) community and health services. He commented how the issue of falls prevention has a place within “all three of these buckets”.
* MHAC and the Age-Friendly movement have also aligned with AARP’s “Dementia-Friendly Massachusetts Initiative” so that communities developing future plans are inclusive of the specific needs of the growing number of people living with dementia. James briefly covered how to join the age-friendly/dementia friendly movements and how communities can begin the process of receiving these designations from AARP/WHO-that requires an eventual assessment, development of an action plan, etc. There is a toolkit available on the MHAC website. He identified several on-going initiatives as examples in Massachusetts including [“Age-Friendly Boston”](https://www.boston.gov/departments/elderly-commission/age-friendly-boston) and [“Salem for all Ages”](https://www.salem.com/council-aging/pages/salem-all-ages).
* James recommended utilizing the statewide Massachusetts Healthy Aging Data Report (2015) that is available on the MHAC website. The report was prepared by researchers at the Gerontology Institute at UMass Boston, and offers community profiles that are searchable online on all cities/towns. Each profile reflects the health/lifestyle of older adults living there including such indicators as the prevalence of certain chronic conditions, reports of falls injuries and even the walkability of a community’s streets, etc. The data is in the process of being updated this year.
* He also cited how organizations like the Massachusetts Municipal Association had endorsed adding joining the “age-friendly/dementia-friendly” movement as a best practice for 2018 under the state’s Community Compact Cabinet Program. Note: This is an agreement between the current Administration and individual cities/towns that highlights areas in which a municipality is committed to improving. Certain incentives are provided by the state to encourage participation.
* James remained for the Commission’s follow-up discussion relative to this ongoing “age-friendly” work and how the Commission can add their falls prevention recommendations to the dialogue.

**4) Discussion: Commission’s Work and Current Age-Friendly/Healthy Aging Initiatives** (Bekah Thomas/All)

* Bekah led a discussion on ways the Commission might contribute to these age-friendly/healthy aging efforts as they are undertaken by the state. She noted the synergy between the Commission’s interest in the prevention of falls/falls injuries and the overall healthy aging framework and posed how this work could be part of the “value-added” here.
* James Fuccione said there was opportunity for the Commission to highlight their work and the Phase 2 report by communicating with the Council and MHAC through a letter.
* Following some brief conversation on that point, Bekah proposed that the Commission members follow through on James Fuccione’s idea and draft a letter to the Council and MHAC that directs attention to the Phase 2 Report and recommendations and identifies where they might fit within the Council’s and MHAC’s priorities. The group noted that, in looking at the Council’s Blueprint report, falls prevention practices/interventions may already be incorporated in an indirect way. A vote was taken of members present: 9 Yeas, 0 Nays.
* Bekah and Commission staff will draft a letter and circulate before the next meeting. The letter will also be a focus of discussion on the agenda for the next meeting, which will be planned for June.

**5) Closing Remarks** (Bekah Thomas)

* Bekah thanked the members and all who participated and adjourned the meeting.

*Meeting concluded at 3:00 PM.*