**Massachusetts Commission on Falls Prevention**

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

**Virtual Open Meeting via Microsoft Teams**

**Wednesday, November 22, 2023, 10 a.m.**

**Meeting Minutes**

**Members Attending Remotely:** Kelley Cunningham, Brian Doherty, Colleen Pierro, Deb Washington, Melissa Jones, Helen Magliozzi, Joanne Moore, and Emily Shea

**Members not in attendance:** Annette Peele, Ish Gupta, Almas Dossa, and Jennifer Kaldenberg

**Others Attending Remotely:** Timothy Hudd, Professor of Pharmacy Practice, Massachusetts Pharmacist Association Foundation; 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; Sam Riley, Epidemiologist I, Injury Surveillance Program, DPH-DVIP

1. **Welcome and Introductions (Kelley Cunningham, Division of Violence and Injury Prevention, Injury Prevention and Control Program Director, DPH, Chair)**
	* Max Rasbold-Gabbard opened the meeting at 10:02 a.m. by welcoming members in attendance. Members agreed to waive introductions. Max reviewed the agenda and reminded members of the statutory guidance for the Commission’s next biennial legislative report.
2. **Update on the 2022 Commission Report (Max Rasbold-Gabbard/All)**
	* Max informed the Commission member that internal posting procedures caused a delay in sharing the 2022 Phase Four Strengthening Systems and Building Local Capacity to Address Older Adult Falls Report online and with stakeholders. He noted ongoing discussions with the Government Relations Office and assured members that an update would be provided once more information was available. After holding for comments or questions, and receiving none, the Commission moved on to discussing the proposed outline and process for the 2024 Commission Report
3. **Discussion: 2024 Commission Report Proposed Outline and Process (Max Rasbold-Gabbard/All)**
	* Max began the discussion by summarizing the key points considered for the 2024 legislative report at the previous February 14, 2023, Commission meeting:
		1. Falls prevention needs a stronger platform—the report should reflect connections between falls prevention, other outcomes, interventions, and related activities.
		2. Interest in making the report a more practical resource that supports elder care providers and other stakeholders (trainees, medical students, caregivers, etc.).
		3. Report should be accessible, with different formats that target different audiences.
		4. Opportunity to highlight success stories from member organizations and beyond around falls prevention.
		5. Difficult to assess progress on past recommendations, but worth including recommendations as a reference.
	* After examining the key points, Max asked the Commission members to share their feedback and to provide additional suggestions on topics for the 2024 report. Deb suggested examining how healthcare costs can play a role in addressing falls prevention as a cost-saving mechanism. Sam highlighted the existing data the Injury Surveillance Program has pertains to emergency department and hospital stay cost data and acknowledged the team did not have current information on health insurance versus out-of-pocket expenses. However, Sam mentioned the available cost data sets could be a component of the next report.
	* Deb inquired about our monitoring of healthcare's development of diverse care models, including outpatient settings, home environments, and forward-thinking falls prevention. She questioned whether we are tracking this transition concerning information relevant to the public, especially regarding liabilities associated with falls in hospital-provided healthcare. Furthermore, she emphasized the need to proactively address accountability for recommendations within these evolving care models and drew attention to AARP’s home safety recommendations, asking if the Commission recommendations aligned and encouraged the public with a broader understanding of falls prevention.
	* Brian expressed his struggle in identifying the target audience and individuals who had positive outcomes with past Commission reports. Deb, representing Massachusetts General Hospital, emphasized the need for a renewed focus on community health, noting a tendency to follow familiar paths that have worked in the past. She raised concerns about the approach, particularly when engaging with new populations. Deb highlighted the realization that assumptions about home environments may reflect a middle-class perspective, emphasizing the need for broader considerations.
	* Brian reflected on the previous meeting, suggesting a shift in the audience towards groups responsible for implementing prevention programs. He acknowledged the potential impact of focusing on providers rather than solely targeting the legislature. Max supported this framing, emphasizing a provider-centric approach. Brian mentioned he would be interested in hearing the perspectives from the Council on Aging and ASAPs to enhance tools for implementation. Joanne proposed that making the report accessible to all groups at the local level could be more beneficial than focusing on the legislature. She emphasized updating and refreshing the content for a broader audience. Deb expressed her struggle with the repetitive nature of the work, highlighting the need to align with the dynamic changes in healthcare while tracking progress in the larger environment.
	* Max outlined the proposed content structure for the report, emphasizing that it will have roughly different sections focusing on how to gather information and data and address outstanding questions and issues. He turned the discussion to resources for older adults, caregivers, and providers, seeking input on specific target audiences and highlighting resources. Joanne emphasized the importance of awareness, pointing out that healthcare professionals such as first responders, physical therapists, occupational therapists, etc., may not be aware of available resources that are provided at local senior centers or virtually through the Center for Healthy Living.
	* Deb raised the question of identifying stakeholders, how they have used the report in the past, and if there was a way to determine how, and how often, previous reports had been cited. Max acknowledged the challenge of knowing who has utilized the reports in the past but suggested the DPH team can try to identify the data through external peer review structures or online searches. Joanne inquired about the implementation of recommendations in the legislature and that to be taken seriously, funding needs to be allocated. Max proposed including a list of previous Commission recommendations and recent activities that have been implemented as a central part of the report. He emphasized the importance of featuring their organization’s work and successes in falls prevention, encouraging discussions on effective strategies and future plans.
	* Max asked for thoughts on target audiences and resources that should be highlighted in the report. Colleen inquired about where the report was being housed, expressing concern about its reach and impact over the past ten years. Melissa echoed Colleen's concerns, sharing past challenges in marketing resources due to funding constraints. Max mentioned previous reports are currently listed on the Department of Public Health's website and acknowledged the dissemination challenges, suggesting a more robust plan involving virtual presentations to key stakeholders across the Commonwealth. Brian proposed presenting at Massachusetts Falls Prevention Coalition meetings for wider exposure.
	* Max revisited Colleen and Melissa's concerns on whether the issues were solely related to dissemination or if there were additional considerations regarding the content and target audience of the report. Colleen expressed frustration with the lack of feedback and clarity on the Commission’s purpose. Other commission members echoed her sentiments. Brian suggested a middle path, summarizing past work in a paragraph for each report and inviting other constituencies to a Commission meeting to highlight the achievements. Colleen proposed targeting health insurance companies and HMOs, emphasizing that cost-saving mechanisms are more likely to drive change. Brian emphasized Colleen’s point and recommended pitching to the Massachusetts Association for Health Plans, showcasing the potential cost savings from falls prevention.
	* The discussion focused on finding more impactful ways to share information and influence falls prevention efforts. Max sympathized with Colleen's concerns and proposed a more focused approach for the report. He suggested targeting health insurance companies and providers, emphasizing the fiscal side of falls, and framing recommendations accordingly. From this, Colleen suggested inviting someone from private insurance companies to be on this committee or to attend a Commission meeting to hear what we are doing instead of only writing a report. Deb agreed with the shift in the approach of talking about cost-effectiveness, highlighting the importance of presenting information in a way that can be implemented by local and state organizations and having members think about falls prevention differently.
	* Seeing little impact of the Commission's work over the last 14 years, Joanne continued to share her struggle with their work and suggested creating fact sheets with links to research, evidence-based practices, and resources as a tool for workers.
	* Max acknowledged the shared interest in making the Commission's work more impactful. He summarized that the proposed structure of the next report involves collaborating with health insurers and developing supplementary materials for various audiences. The Commission agreed. Max informed members that the next steps would include scheduling another meeting in 2024, providing members with an annotated outline based on the current discussion with ample time for review and preparation feedback. Brian offered to share a speaker suggestion from health plans.
4. **Closing Remarks (Kelley Cunningham)**
	* Max expressed appreciation for the candid discussions, recognizing the Commission's dedication to the important work on older adult falls prevention, and thanked the members for their participation in the meeting. 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 10:58 a.m.*