**MA Commission on Falls Prevention Meeting**

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

 **Lobby 2 Conference Room**

**250 Washington St., Boston**

**November 9, 2017; 10:30 AM-12:30 PM**

**Meeting Minutes**

*Accepted 2-13-18*

**Note: A portion of the meeting was conducted without quorum. Those agenda items are void and therefore not reflected in the meeting minutes.**

*Quorum present @ 11:24 PM.*

**Members Attending:** Leonard M. Lee (Chair), Melissa Jones, Jennifer Kaldenberg, Joanne Moore, Annette Peele, Emily Shea, Deborah Washington

**Members Not in Attendance:** Colleen Bayard, Almas Dossa, Ish Gupta, Helen Magliozzi, Mary Sullivan

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention (DVIP); Laura Kersanske, DPH-DVIP; Jonathan Howland, Boston Medical Center-Injury Prevention Center (BMC); Kathleen O’Hara, BMC; Liz Harnois, Brain Injury Association of MA

**1)****Commission Business:** (Leonard M. Lee, Chair)

* Minutes: The Chair directed members to review a draft of the minutes from the last meeting on 4/26/17; he then asked for a motion to approve the minutes, which was received and seconded; the minutes were then unanimously accepted.
* It was announced that Richard Moore, pending Commission member who has been representing the MA Assisted Living Association (MA-ALA) recently left that organization; a new candidate will be sought through MA-ALA to fill the vacancy on the Commission.

**2) Presentation: *MA Department of Public Health - Falls Injury Data*** (Laura Kersanske, MPH, Injury and Violence Prevention Epidemiologist, Office of Statistics and Evaluation, DPH) PPT slides

* Laura Kersanske provided an update on most recently available DPH data (2014/FY2015) on older adult falls and falls injuries in Massachusetts (age 65 and older). She noted that the Commission members should consider the data “preliminary” as it still needs to undergo additional quality control checks within the injury surveillance team.
* Laura began by explaining the so-called “Pyramid of Burden of Fall Injuries” among older adults age 65+ which are associated with 51,322 hospital Emergency Department (ED) visits, 23,772 hospital stays, and 528 deaths. Falls are both the leading cause of injury deaths (53%) and hospitalizations (67%) for this age group. She also pointed out some trends. The rates of fall-related ED visits and deaths increased slightly over the last 5 years of available data, especially among older age groups. Laura also noted how fall-related ED visits, hospital stays, and deaths increase as age increases.
* Other data categories covered included disparities by gender, age and race/ethnicity relative to *nonfatal fall-related injuries* (age 65+). Laura shared the following (reflects FY2015 data):
* the rate for older adult females was 1.3 times higher than males
* the rate for older adults age 85+ was 2 times higher than those age 75-84 and 4 times higher than those age 65-74
* White, non-Hispanic older adults had the highest rates and Asian/Pacific Islanders had the lowest rates
* For disparities relative to *fatal fall-related injuries* (age 65+) 2014 data indicated the following:
* the rate of deaths among males was 1.5 times higher than females
* the rate of deaths among people age 85 and older was 3 times higher than those age 75-84 and 18 times higher than those 65-74
* White, non-Hispanic older adults had the highest death rates and Hispanic and Black, non-Hispanic older adults had the lowest death rates
* Finally, Laura concluded her presentation by noting some new areas where DPH state falls data analysis might be expanded to within the near future, for example: length of hospital stay relative to fall-related injuries; rates of discharges to skilled nursing facilities; projected costs in MA to Medicare associated with fall-related injuries; details on location and circumstances of fall-related events.
* Laura welcomed comments/suggestions on falls data from Commission members:
* Emily Shea asked if there was a way that Behavioral Risk Factor Survey Surveillance (BRFSS) data, which is self reported telephone survey data collected under the CDC could be broken down by different age groups-as current groupings are not as useful for gleaning fall-related data.
* Jennifer Kaldenberg commented that it would be useful to know about hospital re-admission rates relative to older adult fall-related injuries.

**3) Discussion: Commission’s Plans** (Leonard M. Lee/All)

* Leonard Lee opened a discussion with members regarding what plans make sense for this body going forward especially in the year ahead. In making such decisions members will need to be realistic with their objectives given Commission members’ scheduling constraints/open meeting law requirements, limited resources (no funding available for consultants) and staff, etc. Some of the comments that came from that discussion included the following:
* Can the Commission serve as a place for data dissemination (e.g. DPH fall-related data received during today’s meeting)?
* The Commission should review the Phase 2 report recommendations-try to figure out if there are some feasible next steps that the Commission could take on.
* Although the Commission is not a regulatory body-how can it be aligned with regulators?
* Given that the Commission has met their statutory obligation of making recommendations on how to reduce older adult falls in Massachusetts through the completion of the Phase 2 Report (2015) Leonard Lee also asked members to consider how often the Commission should meet annually. A few members thought that once a year should be one option. As the end of the meeting time was near and there was much more to discuss-the members present agreed that they would like to convene again in early January to specifically discuss how the Commission will proceed in the coming year, including frequency of meetings, work plans, etc. Commission staff will send out a Doodle poll to members to schedule the meeting.

**4) Closing Remarks** (Leonard M. Lee)

* Leonard thanked the members and other attendees for their participation and adjourned the meeting.

*Meeting concluded at 12:30 PM.*