**MA Commission on Falls Prevention Meeting**

**MA Department of Public Health**

**Lobby 1 Conference Room**

**250 Washington Street, Boston**

**October 1, 2018; 11:00 AM - 12:30 PM**

**Meeting Minutes**

*(Accepted 1/7/19)*

**Members Attending:** Rebekah “Bekah” Thomas (Chair), Almas Dossa, Ish Gupta, Melissa Jones, Helen Magliozzi, Joanne Moore, Annette Peele, Mary Sullivan, Deborah Washington

**Members Not in Attendance:** Colleen Bayard, Jennifer Kaldenberg, Emily Shea

**Pending Member Attending:** Brian Doherty

**Others Attending:** Carla Cicerchia, DPH-Div. of Violence and Injury Prevention (DVIP)

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

* Commission Chair Bekah Thomas, opened the meeting by welcoming attendees. Members and others were asked to introduce themselves and their affiliations.
* Following introductions, the Chair directed members to review a draft of the minutes from the last meeting on 5/7/18. She initiated a motion to approve the minutes, which was received and seconded; the minutes were unanimously accepted.
* Update: the draft letter from the Falls Commission to the *Governor’s Council to Address Aging in Massachusetts* was vetted within DPH and shared with staff at the Executive Office of Elder Affairs. Staff will keep the members posted on this matter if anything develops.

**2) Discussion: Future Plans**(Bekah Thomas/All)

* Bekah Thomas opened a discussion with the members on the topic of the Commission’s plans going forward and identification of options. She acknowledged the sentiment Commission members have expressed that the recommendations in the “Phase 2 Report” from 2015 continue to reflect best practices to prevent older adult falls in the Commonwealth. She also clarified that each fall, DPH submits an annual report to the Legislature/EOHHS Secretary reflecting the Commission’s activities over the past year as required by statute.
* She posed the initial question – if members had thoughts about any new strategies or edits to the existing recommendations which the Commission as a body would like explore as additional recommendations to the legislature? Overall responses included some of the following:
* Have to acknowledge the challenges of working within the confines of the Open Meeting Law (OML)-although the intentions of openness and transparency are important it has made it more difficult to convene, etc.
* If the Commission has done the work of making recommendations then what more can we do?
* We don’t have the authority or funding to carry out new initiatives.
* The way the *Phase 2* recommendations are written it’s incumbent upon certain agencies or stakeholder groups to implement falls prevention policies/objectives on their own.
* We have talked about the possibility of a role for the voluntary MA Falls Prevention Coalition in furthering the Commission’s work but have conceded that they are very different bodies and that OML requirements could present some conflict.
* Almas Dossa re-introduced MA Medical Society Commission member Ish Gupta’s idea to assemble a presentation that he and other members could use to promote the adoption of standardized fall risk assessment of older adult patients/use of the CDC’s STEADI toolkit within the physician community-perhaps presenting during medical grand rounds. The Chair, Bekah Thomas responded by noting that the Commission does not have a mandate to create tools but a mandate to write recommendations. She recommended that if members wanted to work on defined projects that advance the recommendations of the Commission, that they take the lead and do so, but not as work of the Commission.
* Annette Peele shared how EOEA had recently held an internal education program for staff (about 100) that focused on falls prevention delivered by a nurse who also works for EOEA.
* Bekah Thomas mentioned how the efforts of the Governor’s Council to Address Aging in Massachusetts could also inherently address promotion of falls prevention and safety across the state through their own recommendations focused on access to services, transportation improvements, expansion of healthy aging activities and walkability of communities.
* Pending Commission Member Brian Doherty asked if the Commission should consider updating the recommendations and issuing a new report. It was explained that both the *Phase 1* (2013) and *Phase 2* (2015) reports were drafted with assistance from a contracted team of health care consultants (JSI Research & Training Institute, Inc.) that worked with the Commission over a substantial period of time. At that time, there was DPH funding available to do this.
* Melissa Jones questioned if there might be new fall-related research that could be highlighted in a new report. Bekah offered that the Commission could consider revisiting the recommendations and fine tuning some of them; an external evaluator, like Dr. Jonathan Howland (Boston Medical Center Injury Prevention Center) could be asked to do a literature search.
* Annette Peele and Deborah Washington acknowledged the “Age-Friendly” movement that AARP and the Healthy Aging Collaborative have been spearheading across the state and potential for addressing recommendations that the Commission made around community design and the built environment.
* The group discussion then circled back to the topic of primary care physician engagement/incentivizing for fall risk assessment. Confusion over reimbursement is thought to be one issue that has hampered greater adoption within practices. Bekah wondered if this was an issue the Commission should revisit and identify additional recommendations. She also mentioned how the Commission could reach out to the Board of Registration in Medicine for input. Another possible proposal would be for the Commission to consider drafting some sub-recommendations built off of the original *Phase 2* Report recommendations that could be designed for different audiences such as a medical track and a community track. Some responses from members included the following:
* Could the Commission do anything relative to proposing legislation?
* If we did another report wouldn’t it end up like the last one? Where would it go, would anyone read it and how could we elicit feedback? Concerned that that this would be more wheel-spinning.
* It’s possible that the Commission could come up with additional recommendations but why would we do this?
* Are there any specific recommendations that individual members can take back to their own organizations/agencies for implementation?
* Based on some members’ comments Bekah said it seemed like some would recommend disbanding the Commission. This is a matter that will be discussed again in the future.
* Before the conclusion of the meeting the members agreed to the following:
* Convening again in early January, 2019
* Reviewing the Commission’s past recommendations during the meeting
* Inviting Jonathan Howland to attend and participate
* Inviting a member of MA Medical Society’s Geriatric Subcommittee to present and participate

**3) Closing Remarks** (Bekah Thomas)

* Bekah closed the meeting by stating that she believed there is still something to be gained from the Commission continuing to meet and work together on falls prevention. She thanked the members and all who participated and adjourned the meeting.

*Meeting concluded at 12:30 PM.*