**A Commission on Falls Prevention Meeting**

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

**Virtual Open Meeting via Webex Platform**

**September 22, 2021; 10:00 AM – 11:30AM**

**Meeting Minutes**

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

**Members Not in Attendance:** Mary Sullivan and Almas Dossa

**Others Attending Remotely:** Jennifer Raymond, Chief Strategy Officer, Director, Healthy Living Center of Excellence; James Fuccone, Senior Director, Massachusetts Healthy Aging Collaborative; Department of Public Health (DPH), Alexandria Papadimoulis, Training and Coalitions Coordinator, DPH-Division of Violence and Injury Prevention/Injury Prevention and Control Program (DVIP/IPCP) ;; Max Rasbold-Gabbard, DPH-DVIP/IPCP.

1. **Welcome/Introductions/Commission Business:** (Bekah Thomas, Chair)
* Commission Chair Bekah Thomas opened the meeting at 11:04 a.m. by welcoming all members in attendance. Bekah introduced the meeting presenters, James Fuccione of the Massachusetts Healthy Collaborative and Jennifer Raymond of the Healthy Living Center of Excellence.
* Prior to this meeting, the July 26, 2021, Commission minutes had been disseminated among members for review. The minutes were unanimously approved.
* Bekah Thomas discussed the topic for the Commission’s next biennial legislative report (due to the legislature and EOHHS Secretary in September 2022) and quickly reviewed the Commission’s primary statutory mission and reporting goals.
1. **Discussion: Development of 2022 Commission Report:** (Bekah Thomas/All)
* Bekah noted the 2020 phase three report focused on primary care providers and the healthcare system for promoting, screening, and referrals for older adult falls.
* The phase four report will provide communities with recommendations on how to reduce the number of older adult falls through improvements in local public health infrastructure, particularly the development a qualified workforce, data surveillance systems, and agencies' capacities.
* Bekah presented research questions 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—responsible for or influence work in those areas?
	+ How could those entities improve their programs, services, and policies to better address the relevant risk and protective factors around older adult falls?
* Bekah reviewed the timeline for the report and noted the current goals are to establish the scope, explore the research needs, and invite content experts. The October Commission meeting will discuss the report in more detail and recruit report drafting workgroup members. The members of the workgroup will analyze relevant research and draft recommendations. Though not all Commission members will be part of the workgroup, they will be able to review a draft and provide input in March 2022. The final draft of the report will be delivered to the legislature and EOHHS secretary on Falls Prevention Awareness Day, September 22, 2022.
* Bekah acknowledged Jennifer Raymond and her team for hosting a live “Respond to (F)ALL” event on September 20, 2021, launching Falls Prevention Awareness Week. This event highlighted current falls prevention work within Massachusetts communities. Jennifer recognized the Massachusetts Falls Prevention Coalition for their help with the event. The event hosted state representatives and covered topics from medication management as a fall risk to health equity in fall prevention programs for Albanian and Chinese populations.
* Bekah asked who the Commission believes should be invited to future full commission meetings or workgroup meetings to present on issues relevant to the report.
* Jennifer Raymond mentioned that YMCAs and YWCAs have implemented programs with older adults and younger populations focusing on increased flexibility and mobility as a prevention strategy. Jennifer highlighted Tai Chi and Enhanced Fitness, which are both offered in-person and remotely via Zoom. Jennifer suggested contacting Peter Doliver of the Massachusetts Alliance of YMCAs for a better understanding of what the organization is implementing on a statewide basis.
* Commission member Brian Doherty stated he would be interested in hearing from three local public health directors—one urban, one suburban, and one rural—who lead at least one falls prevention program. Bekah suggested bringing in Sam Wong, the DPH Director of Local and Regional Health and former Director of the Framingham Department of Public Health, to speak about local public health from an urban perspective.
* Brian noted that having the Massachusetts Public Health Association (MPHA) presentation in July provided a big picture view of changes needed in the systems. For the phase four report, he suggested it would be important to have views of what is it like as a local public health director, especially regarding challenges around funding falls prevention activities.
* Bekah suggested the Office of Emergency Medical Services as another partner that could provide more context about services at the community level. This Office oversees the Community EMS program in which prehospital providers—usually ambulance and fire services—apply for certification to run prevention programs, including falls prevention. CEMS provides certified programs with a tool kit to help with implementation of fall risks assessments and falls prevention services. Additionally, these programs collaborate closely with the Councils on Aging (COA) to identify people who need referrals for home modifications and other falls prevention services.
* Commission member Ish Gupta noted that in the past, the Commission discussed raising awareness of falls prevention work and providing education among physicians. Bekah reminded the members that the Commission does not implement recommendations and that the Injury Prevention and Control Program at DPH can support potential trainings.
* Commission member Emily Shae noted that one of the challenges highlighted by the MPHA is the variation in capacity among communities and programs. She also inquired about how to encourage communities to prioritize falls prevention when older adults have not traditionally been a focus of public health activities. Bekah raised the need to keep a broad scope and not focus on the local boards of health as the only venue for public health infrastructure change. She noted that Massachusetts faces some challenges as there are 351 local boards of health with varying capacities. She noted that some community-based partners, including hospitals, are doing work with local public health departments. She further noted that there is a broad network of stakeholders that can supply local public health resources, services, and surveillance around older adult falls. She emphasized that the Commission should identify recommendations that can connect local boards of health to these programs and services and identify ways to make resources available for falls prevention activities, even if they are not coming through the local public health department.
* Bekah noted an area of focus could include pharmacological needs regarding appropriate prescribing and deprescribing of medications and implementation of related local public health programs. Commission member Melissa Jones mentioned that pharmacists at the local level can recognize when patients are prescribed medications that have a higher risk of falls and could offer referrals to falls prevention services. Bekah suggested that a content expert from Massachusetts College of Pharmacy and Health Sciences might be useful, and that the Commission can look at other organizations for content experts to provide guidance on falls prevention education for pharmacists and guidelines to local pharmacies for helping people connect with medication reviews.
* Though Councils on Aging vary in services provided, one member mentioned their local COA was hosting a Matter of Balance class. To promote this event, the organization provided flyers to the local fire department. When the fire department would respond to a call related to a fall, they would be able to provide the individual with the class information. The COA also offered additional exercise classes to increase standing time and strength and get up and go tests. The member also mentioned their Local Board of Health comprises one individual who is severely overworked and has limited resources. The Medical Reserve Corps was suggested as a group that may be able to offer some of these programs and services in conjunction with Councils on Aging.
* Members discussed the potential benefit of a best practice guide for local boards of health and municipalities. This guide would act as a reference for community health workers and provide referrals, resources, communication materials, and potential partners.
1. **Presentation: Massachusetts Healthy Aging Collaborative**

(James Fuccione, Senior Director, Massachusetts Healthy Aging Collaborative)

* Bekah welcomed James Fuccione from the Massachusetts Healthy Aging Collaborative. The Collaborative is primarily supported by the Tufts Health Plan Foundation and additional partners (COAs, Elder Services of the Merrimac Valley and North Shore, AARP Massachusetts, etc.). The Collaborative started as a network and information sharing group, hosting conferences to share opportunities, presentations, advocacy initiatives, and research. Over time, the Collaborative developed into an action-oriented group focused on supporting and promoting inclusive age- and dementia-friendly communities. As of September 2021, Massachusetts has 86 age-friendly communities throughout the state.
* James mentioned that with cross-sector coalitions, a network of leaders in communities, local partners, and state partners, the Healthy Aging Collaborative aimed to:
	+ Build an age- and dementia-friendly movement.
	+ Deepen capacity building for communities.
	+ Embed access, equity, and inclusion within the movement.
	+ Develop and promote policy and advocacy platforms for healthy aging.
* James noted that the World Health Organization statement still holds true: an age-friendly environment is “accessible, equitable, inclusive, safe and secure, and supportive.” These environments recognize that older individuals “play a crucial role in their communities, they engage in paid or volunteering work, transmitting experience and knowledge, and help their families with caring responsibilities.”
* The Collaborative works with partners within an age- and dementia-friendly framework so communities can identify priorities for supporting older residents. The [Massachusetts Age and Dementia Friendly Integration Toolkit](https://www.mass.gov/handbook/massachusetts-age-and-dementia-friendly-integration-toolkit) serves as a resource guide to simplify a community’s work and meet the needs of residents as they age. Resources can be viewed by focus areas and indicate whether the resource is age- or dementia-friendly.
* James shared a map of Massachusetts denoting the age-friendly initiatives that are active and on their way to being active. Currently, there are 86 age-friendly communities. Additionally, due to communities working together on regional approaches, initiatives have reached 150 communities in the Commonwealth. The statewide initiative, [ReiMAgine](https://www.mass.gov/files/documents/2019/03/15/Age-Friendly%20MA%20Action%20Plan%20-%20January-28-2019-1_0.pdf), is a plan to create a welcoming and livable environment in Massachusetts, as residents grow up and grow older. Partners of the ReiMAgine include the State Office of Elder Affairs, Elder Services of the Merrimack Valley and the North Shore, and more.
* James highlighted the work of the Salem for All Ages leadership council, demonstrating the utility and power of local cross-sectional coalitions in building partnerships and expanding opportunities in communities.
* James discussed “Healthy Aging for All,” a guide that promotes inclusion in age- and dementia-friendly communities. The pilot guide is being tested in three communities--Framingham, Lowell, and Pioneer Valley--and aims to identify individuals not being included in age- and dementia-friendly initiatives. The pilot of the guide also includes community listening sessions, use surveys, and action plans to see which individuals are benefiting from services. The guide includes the age- and dementia-friendly focus areas and populations groups. The tool does not serve as a checklist but encourages communities to discuss who is being included in benefits and who is not.
* James shared current programs related to falls prevention. One initiative funded by the MassDOT Shared Streets and Spaces Grant program discussed public spaces that could be improved, provided sand and salt mixtures to COAs to distribute to members for falls risk reduction, etc. He also discussed tai chi and exercise programs within communities to promote strength and conditioning, and a reflective vests program for safety and visibility in the Berkshires.
* Bekah inquired about the summary findings from the age-friendly community conversations and if it would be useful to use the data to help form recommendations. James noted that less than 20 communities have created [action plans](https://mahealthyagingcollaborative.org/age-friendly/toolkit/5-implementation-and-action-plans/) from the data collected and that state progress reports would also be a useful resource.
* Brian inquired about falls discussions among his constituents. James informed the members that there are funding opportunities for communities to make the physical environment safer and more accessible. Members of aging populations emphasize the need for home modifications and improvements that allow the individual to age in place longer. James noted the Healthy Aging Collaborative promotes falls prevention programs offered in communities through COAs and additional healthy living programs. A commission member mentioned the Executive Office of Elder Affairs (EOEA) implemented evidence-based falls prevention training requirements for all assisted living residents. EOEA tracks residents to see if they are attending, whether there are improvements, what the impact has been in falls prevention, and follow up with individualized care plans when necessary. Through assisted living staff promoting the program and identifying individuals who should attend trainings, attendance for programs has been satisfactory.
* Deborah Washington suggested reviewing hospital environmental service policies and protocols on falls prevention and identify best practices. James provided a [guide from the Massachusetts Association of Community Development Corporations](https://mahealthyagingcollaborative.org/macdc-creates-guide-to-reading-a-hospitals-community-benefits-report/) on reading and translating a hospital’s community benefits report. This guide can be used to identify hospitals’ efforts to address social determinants of health and gather a better understanding of local hospital commitments to community health priorities.
* Following the presentation, James invited Commission members to connect with him individually if they have any questions and included his contact information, James.Fuccione@mahealthyaging.org.
1. **Presentation: Elder Services of Merrimack Valley**

(Jennifer Raymond, Chief Strategy Officer/ Director, Healthy Living Center of Excellence / Vice Chair, Evidence-Based Leadership Collaborative, Elder Services of the Merrimack Valley)

* Bekah introduced Jennifer Raymond from Elder Services of Merrimack Valley. Jennifer began by acknowledging the wide variety of community-based organizations throughout Massachusetts that are implementing evidence-based direct service programs as one of their strategies to reduce older adult falls and improve overall public health in their communities.
* The Healthy Living Center is an unincorporated division of the Elder Services of Merrimack Valley and North Shore. It is a collaborative of 80 different community-based organizations, from the Berkshires to the Cape, that came together to create a centralized hub for referrals to evidence-based programs, technical assistance, fidelity, quality assurance, etc. They serve as a centralized entity for contracting a wide variety of evidence-based programs for healthcare systems—such as ManageCare and MassHeath Accountable Care Organizations--to integrate the evidence-based programs into their strategies for the prevention and management of chronic diseases. The network comprises area agencies on COAs, independent living centers, multicultural and faith-based organizations, YMCAs, housing sites, and community health centers. This allows for programs to be widely available within communities served.
* In 2019, 7,037 individuals participated in a variety of evidence-based programs. The most popular courses were for falls prevention, with 2,786 individuals attend a Matter of Balance and Tai Chi Quan programs throughout the year. In response to COVID-19 and consumer demand, the Walk with Ease and Enhanced Fitness programs were offered as falls prevention measures. The one commonality for the evidence-based programs is peer-reviewed research describing the programs’ effectiveness at improving consumer engagement, activation, and healthy utilization data.
* Matter of Balance is the most prevalent program in Massachusetts and the most well-known program throughout the country. It is designed for individuals who are concerned about falls or who have fallen in the past, might be restricting activity because of a concern or fear of falling in the future, and recognize that increasing flexibility, balance, and strength will aid in the prevention and management of falls. The average age of participants is over 60 but younger populations can attend. Individuals must have some ability to be ambulatory and can problem solve. The class meets once a week for eight weeks and includes a robust physical activity component. This program is designed for individuals with limited mobility to those with active mobility. Due to the pandemic, this program is also offered remotely.
* Tai Chi Quan: Moving for Better Balance is the introductory program for tai chi. The program components include eight modified forms and ten practice variations to focus on therapeutic and functional movement. Before the program starts, the participant shows the instructor their living space to identify fall risks where they will be doing the training. This is the most popular group setting program in the state of Massachusetts. Due to the pandemic, this program is also offered remotely.
* Enhanced fitness is a more robust program compared to Matter of Balance or Tai Chi Quan. YMCA sites throughout the state are the most common implementation sites for Enhanced Fitness. Provided through CDC grant funding, the program is available to the public, not just YMCA members. To understand physical activity levels and goals, an individual screening is conducted prior to the first session. This session starts on January 1st and continues to December 31st. Participants have the option to attend 1-3 times per week for the selected the time frame they wish. Due to the pandemic, this program is also offered remotely.
* Developed by the Arthritis Foundation, Walk with Ease has the greatest degree of flexibility across the communities served. It is an evidence-based program for both falls and pain management for arthritis and serves as a beginner walking program. It covers stretching, strengthening, motivational activities, walking, and education around disease management and falls. This program contains three different modalities:
	+ Instructor lead group class – best for COAs and housing sites.
	+ Self-direct: participants receive course materials and discuss how to engage in a walking regimen with an instructor. Monthly check-ins are set in place to ensure progress and discuss any barriers.
	+ Enhanced Walk with Ease: participants receive course materials, set goals with the instructor virtually, and have weekly check-ins to discuss motivational strategies.
* The Healthy Living Center has a partnership with Springfield College. This allows for the Center to accept referrals into the Walk with Ease program, as there is an increase of students and professors available to conduct virtual check-ins. Due to the pandemic, this program is also offered remotely.
* The statewide digital lending library was created to support individuals who wanted to participate in the evidence-based programs. Individuals were able to borrow a tablet or laptop for the duration of the program. Community outreach workers are available to provide training and technical assistance before a program begins.
* The senior center in Worcester in partnership with the community health center developed and implemented an Albanian Matter of Balance that is now used across the country. Today, the program is offered in Spanish, Portuguese, and Chinese.
* Working with the UMASS Worcester, a pilot program is adapting and testing the Enhanced Fitness program with individuals with intellectual and developmental disabilities.
* After the presentation, a Commission member inquired about the greatest barrier to reaching more older adults. Jennifer noted research is needed to see if the remote programs are as efficient and effective as in-person delivery. Working with national partners to conduct in-depth evaluations and surveys, HLCE hopes to see that the remote programs were able to prevent and manage falls. In the future, there will be a hybrid modality that the organizations will transfer to. This will involve in-person and remote instruction.
* Following the presentation, Jennifer invited Commission members to connect with her individually if they have any questions and included her contact information, jraymond@esmv.org.
1. **Adjournment:** (Bekah Thomas, Chair)
* Before adjournment, Bekah thanked the members and staff for their participation. She said Commission staff would follow up on scheduling a meeting for October and reminded members of the Open Meeting Law restrictions. If there are any questions or concerns to please directly respond to Max Rasbold-Gabbard or Alexandria Papadimoulis via email.

*Meeting concluded at 12:32pm.*