It Takes a Village: Fall Prevention and Age-Friendly Communities

Wednesday, March 28, 2018 1:00 – 2:30pm EDT

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North East Local Health Integration Network

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PreFire Planning & Public Education, Saanich Fire Department

This webinar is being recorded. The slide deck and recording will be emailed after the webinar.
Questions?

You are in Listen Only mode.

Please type your questions into the chat box.
Poll: What province or territory are you joining us from today?

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Outline

• Setting the Context
  ➢ What is an Age-Friendly Community (AFC)?
  ➢ Fall prevention for older adults
  ➢ Commonalities between AFCs and fall prevention

• Community examples
  ➢ North East Ontario
  ➢ Saanich, British Columbia

• Opportunities
• Discussion / Questions and Answers
• References
Setting the Context: Fall Prevention and AFC

Franca Gatto, Director,
Division of Aging, Seniors and Dementia
Public Health Agency of Canada
Age-Friendly Communities (AFC)

- Communities are set up to help older adults live safely, enjoy good health and stay involved
- Eight key areas of community life
- PHAC played a lead role with the World Health Organization and provinces to develop and implement the AFC model
- Developed “Pan-Canadian AFC Milestones” – steps for successful AFC implementation that are consistent across Canada (and internationally)
- Age-Friendly resources: Implementation Guide, evaluation indicators, tools, webinars

- More than 1,200 communities in all ten provinces are actively engaged in becoming age-friendly
Fall Prevention for Older Adults

- Surveillance of injury risks, trends and patterns
- Promoting “what works” by identifying and sharing best practices
- Developing tools and resources for the public
Commonalities between AFC and Fall Prevention

- Socioeconomic: Living conditions, literacy/language barriers
- Environmental: Buildings, home hazards, walking surfaces
- Behavioural: healthy living, medications
- Biological/intrinsic: Illness/disability, mobility, balance, muscle weakness
Community Example:
North East Ontario

Wendy Carew,
Public Health Officer,
North East Local Health Integration Network
Fall prevention and Age Friendly Communities

Wendy Carew, Population Health Lead, NE LHIN
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NE LHIN – The situation

Total area: 400,000 sq kms

Total population: 565,000 people

% older adults (65+) 20% and will grow to over 31% with the next 20 years

1/3 older adults (65+) will fall each year

ED visits and hospitalizations due to falls 65+ higher in the NE LHIN than Ontario

Most falls are predictable and preventable – 9 modifiable risk factors
NE LHIN – The response – Stay on Your Feet (SOYF) regional strategy

Goal: To improve the quality of life of older adults (65+) by reducing the rate and severity of falls by addressing 9 modifiable risk factors.

Framework:
- Best practice from Australia.
- The pillars of the Ottawa Charter for Health Promotion
- Queensland full continuum of care

Partners:
- Five Public Health Units (Ontario Public Health Standards, 2017)
- Multiple partners from across sectors: primary care, acute care, home & community care, rehabilitation services, residential care and others, like municipalities (paramedicine, social services, YMCAs)

“it takes a community...to prevent falls”
Ottawa Charter For Health Promotion, 1986

- Strengthen Community Action
- Develop Personal Skills
- Enable
- Mediate
- Advocate
- Create Supportive Environments
- Build Healthy Public Policy
- Reorient Health Services
- Develop an Environment Favorable to Health
- Conférenc les moyens
- Servir de médiateur
- Promouvoir l'idée
- Réorienter les services de santé
- Réorganiser les services de santé
- Établir une politique publique saine
SOYF: works across the full spectrum of care

We know ...

Older adults
✓ are the fastest growing segment of the population many with health problems
✓ want to remain engaged, productive, and active
✓ experience social isolation and loneliness and its harmful to their health
✓ need choices to remain healthy and independent in their communities

The system – must support healthy active aging

✓ System change comes from cross-sectoral collaborations not from isolated interventions of individual organizations

  e.g. Age Friendly Communities and Fall Prevention Strategies
## AFC and Fall Prevention Complementary Frameworks

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<th>AFC Domains</th>
<th>SOYF Pillars</th>
<th>SOYF examples</th>
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<tr>
<td>Social participation</td>
<td>Strengthen community action (SCA)</td>
<td>Local &amp; regional coalitions/AFC</td>
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<td>Respect and social inclusion</td>
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<td>Rising Stars</td>
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<td>Civic participation &amp; employment</td>
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<td>Older adult engagement</td>
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<td>Communication &amp; Information</td>
<td>Develop personal skills (DPS)</td>
<td>Free exercise and fall prevention classes, education &amp; resources</td>
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<td>Outdoor spaces &amp; buildings</td>
<td>Create supportive environments (CSE)</td>
<td>Home Safety Checklists and resources</td>
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<td>Housing</td>
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<tr>
<td>Community Support &amp; Health Services</td>
<td>Re-orient health services (RHS)</td>
<td>Primary Care screening and referral</td>
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**Build healthy public policy (BHPP)**

Stay on Your Feet links with and supports age friendly communities across the NE LHIN area.
Your time may be limited…

Your actions don’t have to be.

THE DEFINING FACTOR [FOR SUCCESS] IS NEVER RESOURCES; IT’S RESOURCEFULNESS.

- ANTHONY ROBBINS
<table>
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<th>Community</th>
<th>Examples of Activity</th>
<th>AFC Domain</th>
<th>SOYF Pillar</th>
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<td>Social inclusion in SOYF work plan</td>
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<td>SCA</td>
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<td>Indoor Walking Program</td>
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Recommendations:

• Focus first on **learning** – seek first to understand

• Identify **common ground** – most start with an educational event

• Start with something **small**, tangible with a beginning and an end – learn together

• Public Health Units (in Ontario for sure) are **key partners** re: falls prevention and age friendly

• Recognize **variable status** of AFC and SOYF strategies in different communities

• Look for **x-appointments** – AFC and SOYF

• Remember our **history** – reduction in infections disease rates in last century in large part due to infrastructure changes like improving sanitation and reducing over crowding in communities

• Build on the other provincial strategies and priorities
  • “Aging With Confidence” “Patients First” “Health Equity” etc.
Don’t reinvent the wheel, just realign it.
Age Friendly

• The World Health Organization released a Policy Framework on Active Aging in 2002, to support communities in developing and strengthening health and social policies in an aging world.

• In 2006, the Province of British Columbia selected Saanich as a partner city to collaborate in this world-wide project to make the urban environment more “age-friendly”.

• 2008 – Global Age Cities: Project Saanich
  • 60 recommendations
Saanich

- Largest municipality on Vancouver Island; 7th largest in British Columbia
- Urban and rural mix – 103 sq kms
- Four recreation centres; 1 golf course
- 171 parks
- 100 km of trails and 37 beach accesses
- Sportsfields, playgrounds, sport courts, tennis courts, lacrosse boxes, lawnbowling greens, seniors centres
Local Connections

• According to the latest census, Saanich is home to 23,715 people 65 years and older – 21 per cent of the total population.

• Saanich, like so many other Canadian communities, is trying to prepare itself for changes that may be difficult for any single organization to control and channel.

• Latest *Active Aging Strategy - Five year plan* in June 2017.
  • 18 months of planning,
  • > 2400 participants,
  • 89 Action items.
• In Saanich, we respond to more than 6,000 calls for service each year. Approximately 250 of these are fire related. That’s an average of one every day and a half.

• On average, fire kills eight Canadians every week.

• Among older adults, falls are the number one cause of fractures, hospital admissions for trauma, loss of independence, and injury-related deaths.

• In BC alone, there are more than 15,000 admissions to hospitals each year for fall related injuries. (Ages 65+)
  • 800 Direct and indirect deaths attributed to falls
What does this mean?

• When an older person falls, it can have a lasting and devastating impact, resulting in injury, loss of mobility, a reduced quality of life and, in severe cases, death.

• **Thirty percent** of people age 65 and older are involved in falls each year, the leading cause of death from unintentional injury in the home.

• At age 65, older adults are **twice** as likely to be killed or injured by fires or falls compared to the population at large.

• It is possible to reduce the risk by changing or modifying behaviour, habits, and environment.
Man, 81, dies after fall, long wait for aid

Second incident of smoke inhalation in a week

An elderly woman injured in a apartment fire has died.

A woman, who was in her 80s, has burns and smoke inhalation

in a third-floor apartment in Saanich. The fire, which started in the second floor on Sunday, was

exited by the building's sprinklers. She was taken to hospital, Zsidi said.

The smoke from the fire spread to the other floors, and the woman suffered a medical emergency. She died

in hospital, Zsidi said.

Officers believe the fire started in the kitchen and spread to the living room.

Safeguards in place for man who fell

81-year-old dies after lying helpless in apartment for a week

An elderly man's death in his apartment has been ruled accidental.

Katherine Bedina

The man had been lying helpless in his apartment for a week.

He had suffered a stroke and was unable to move. The fire alarm

had not been activated.

Smoke Alarms Save Lives
Priority

• 2011 – Identified as a priority initiative for the Saanich Fire Department.

• Discussions with stakeholders – Seniors Resource Centres, Lifeline Canada, Health Care Professionals in Acute and Community Care, Ministry of Health, online research

• What did we want it to look like? Interactive & engaging

• Promotion
  • Seniors Resource Centres
  • Print Media
  • Community Associations (18)
  • Seniors Outreach Programming
  • Retirement residences
  • Volunteer Services
  • Home Support
  • Blockwatch (500 → 7600)
Highlights 2011 - 2018

• Average 200+ participants per year

• Total presentations = 81

• Total Participants = 1,605

• Smoke Alarm Awareness Campaign
  • 2012 to 2018 → 306 smoke alarms replaced in residences
  • 80% in seniors residences (65+)

• Feedback has been consistently excellent
Tower of Risk

HOME
HAZARDS
SENSORY
DEFICITS
LOW BLOOD
PRESSURE
MULTIPLE
MEDS
MOBILITY
BALANCE
Key Messaging

• The natural aging process of growing older includes changes in abilities
• Aging affects each individual differently
• Affects
  • Sensory perceptions
    • Vision
    • Touch
    • Smell
    • Hearing
  • Bone Density
  • Balance and Gait
  • Memory
• No one wants to be viewed as fragile or vulnerable.

• Modify behaviour – View your home through a fresh perspective

• Independent living and aging in place.

• Three key areas in the home:
  • Stairs
  • Bathrooms
  • Bedroom
Slip and Fall Messaging

- Clear the way, hand rails, pets with bells, multiple cordless phones
- Improve lighting – bedroom, bathroom, hallways
- Bathrooms - Non-slip mats in the bathtub and shower, grab bars, raised toilets, walk out tubs
- Kitchens – Organization, lay out, rugs with rubber, non-skid backing, step stools,
- Canes & walkers
- Shoes
- Physician check ups (medication reviews)
- Exercise
Fire Prevention Messaging

• Kitchen Safety
  • Pot handles turned inward
  • Never leave unattended
  • Pot lids for fires
  • Clear of clutter and grease build up
  • Appliances with automatic shut offs

• Smoke Alarms
  • Installed on every level, outside of bedrooms
  • Visual if hard of hearing
  • Tested monthly, batteries changed every 6 months, expiry after 10 yrs
  • Smoke Alarm Replacement Program – 304 (Since 2012)

• Electrical Safety
  • Change in building materials, wiring over the past 30 years
  • Higher capacity appliances
  • 12 min vs 3 min
Fire Prevention Messaging Con’t…

• Smoking
  • Smoke outside
  • Large deep ashtray
  • No planters

• Home heating
  • Service furnace annually
  • CO detector
  • Space heaters

• Escape Planning
  • 2 ways out
  • Plan escape around abilities
  • Meeting Place outside
  • Practice, Practice, Practice
Next Steps

• Continue to deliver on our current success

• Broaden base into other content areas – preparation, prevention and response: + 60 presentations per year.

• Video segments (3-5 min)

• Information sharing with neighbouring jurisdictions
Opportunities

- Leverage each other's complementary networks
- Strengthen and coordinate the common messages and awareness raising initiatives (e.g., Fall Prevention Month)
- Look for links and opportunities between AFC and Fall Prevention that will meet both mandates (e.g., joint projects)
- Strategic alignment linking both initiatives in local plans and policies
Discussion / Q&A

1. Are you currently linking fall prevention strategies with local Age-Friendly Community initiatives?
   ➢ If so, would you be willing to share your experiences and lessons learned?
   ➢ If not, are you planning to link both approaches in the near future?
Discussion / Q&A

2. What would help you further strengthen your work between AFC and Fall Prevention?

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Discussion / Q&A

3. What else would you like to know about linking AFC and fall prevention?
THANK YOU!

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Mariel Ang, Project Coordinator
Ontario Neurotrauma Foundation
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Natasha Kuran, Manager
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WE INFORM, SHARE IDEAS AND SUPPORT EACH OTHER TO IMPROVE THE IMPLEMENTATION OF EVIDENCE-INFORMED FALL PREVENTION PRACTICES.

NETWORKING
Find an expert, mentor or collaborator. Search members by area of expertise, location or name.

FINDING ANSWERS
Harness the collective knowledge of our members to find an answer to your fall prevention question quickly and efficiently.

WORKING TOGETHER
Collaboration tools & private groups make working together online easy. Bring your network, committee or project team to Loop today.

Thank you for attending!

STAY IN THE LOOP! www.fallsloop.com

Fall Prevention Community of Practice LOOP