

CHNET-Works!



Welcome to CHNET-Works! Fireside Chats

Friday May 5th, 2006 1:00 – 2:00 PM EST

Preventing Falls in the community: Stair Safety Advocacy Tips

What to Advocate for, How to Advocate, Stair Advocacy resources and allies

Discussions: What are your next steps? What barriers are you facing?

How can we network to help each other?

Advisors on Tap: Dr Donna Lockett, Julie Lesvesque

www.chnet-works.ca

Hosted by: University of Ottawa – Community Health Research Unit

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Advisors on Tap

Donna Lockett PhD
University of Ottawa

Julie Lévesque PHN
Ottawa Public Health

Moderator:

Dot Bonnenfant, CHNET-Works! Animateur

Before We Start..... Housekeeping Items.....

Agenda: 1:00 – 2:00 PM EST (and open until 2:15 PM)

- ✓ Welcome, brief intro, questions/answers, discussions, wrap up

Trouble shooting your audio and visual connections:

- ✓ Keep your Fireside Chat information and PowerPoint presentation available
- ✓ If your telephone line is disconnected or ‘bad’ – hang up and call back
- ✓ Use the Power point presentation if Bridgit link is not working for you

Teleconference etiquette:

- ✓ Mute function on please until you have a question - *6
- ✓ Don't put us on 'hold'

Follow up:

- ✓ Feedback - help our research and future Fireside Chats
- ✓ Next steps???



MULTIPLE INTERVENTIONS FOR PERSONAL FACTORS

- Public health
- Media
- Primary care
- Coalitions
- OTHERS

Education

Social marketing

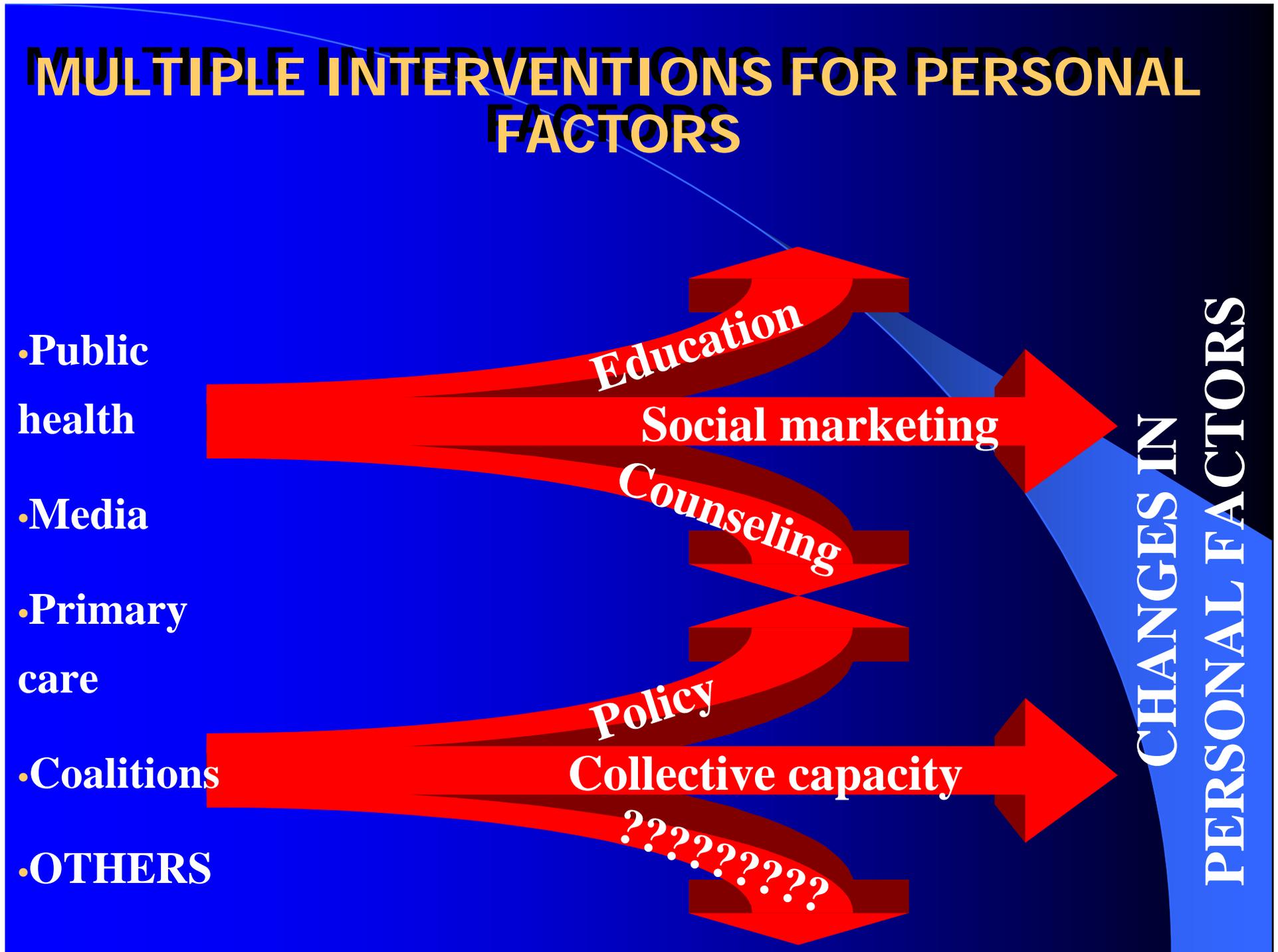
Counseling

Policy

Collective capacity

??????????

CHANGES IN PERSONAL FACTORS



MULTIPLE INTERVENTIONS FOR PERSONAL FACTORS: EXAMPLES

- 👉 Educational programs targeting risky stair use behaviours (e.g. handrail use, poor footwear, cluttered stairs, stair use in stocking feet)**
- 👉 Social marketing for regular eye exams**
- 👉 Social marketing/counseling/collective capacity for promotion of stair use**

MULTIPLE INTERVENTIONS FOR BEHAVIOURAL FACTORS

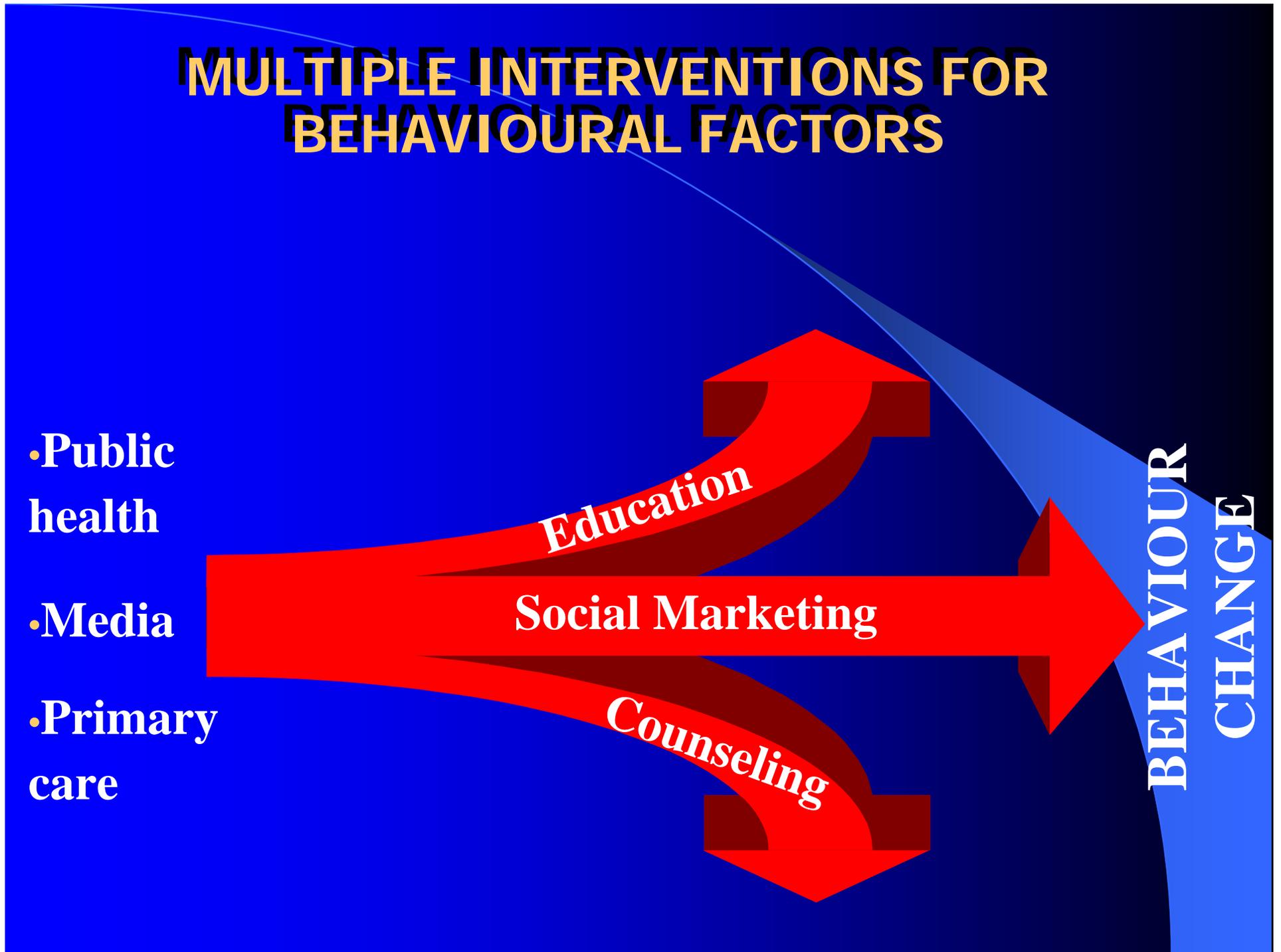
- Public health
- Media
- Primary care

Education

Social Marketing

Counseling

BEHAVIOUR
CHANGE



MULTIPLE INTERVENTIONS FOR BEHAVIOURAL FACTORS: EXAMPLES

👉 Educational programs/counseling, social marketing targeting risky stair use behaviours

➤ handrail use

➤ proper footwear

➤ clutter-free stairs

➤ proper clothing

MULTIPLE INTERVENTIONS FOR ENVIRONMENTAL FACTORS

- Public health
- Media
- Primary care
- Building authorities
- Coalitions
- Planners
- Local Business



CHANGES IN PERSONAL FACTORS

MULTIPLE INTERVENTIONS FOR ENVIRONMENTAL FACTORS: EXAMPLES

- 👉 Educational programs/social marketing to increase awareness of stair hazards
- 👉 Counseling for at risk seniors
- 👉 Collective capacity:
 - Raise awareness about stair safety
 - Build community support among seniors, building owners, businesses
 - Support seniors in taking further action
- 👉 Policy / building code changes

CHALLENGES

- **Getting people to think and work horizontally, rather than vertically:**
 - promotion intersectoral approach to multiple intervention**
 - development of integrated theoretical models and resource kits to guide multi-component programs**
- **Identifying the proper synergy of multiple interventions in a changing world:**
 - **simulation models to examine relative costs and benefits of alternate program design approaches**

STEPS TO SAFER STAIRS



STEPS FOR SAFER STAIRS: DESIGNED TO SUPPORT

- ❖ **Policy** – support for changes at municipal level
- ❖ **Advocacy** – to lobby for safer environments
- ❖ **Capacity building** – stair checklist
- ❖ **Education** – quick tips
- ❖ **Social marketing** – media article
- ❖ **Ecological approach to change:** multiple levels and settings targeted for creating supportive environments
 - ❖ individual (home)
 - ❖ businesses (local community)
 - ❖ municipal government (larger community)

WORKING WITH SENIORS AT DIFFERENT LEVELS OF READINESS

Stage 1: Not thinking of making a change

Description of stage	What can you do?
<p data-bbox="134 641 705 732">“I’m not at risk of falling. I don’t need to make any changes.”</p> <p data-bbox="134 792 737 834">“Falls just happen to older people.”</p> <p data-bbox="134 911 690 959"><u>Individuals in this stage:</u></p> <p data-bbox="134 1024 711 1115">See no problem with their current behaviour</p> <p data-bbox="134 1177 758 1268">Have no intention of making changes to reduce the risk of falling.</p>	<p data-bbox="852 641 1959 756">Increase their awareness of risks of not changing and benefits of changing</p> <ul data-bbox="852 769 1955 1317" style="list-style-type: none"><li data-bbox="852 769 1955 906">- Help them to understand that they might be at risk for falling. E.g., provide them with statistics and stories about falls and risk factors for falls.<li data-bbox="852 971 1902 1062">- Introduce the idea of change. E.g., “Have you ever thought about installing a handrail for your stairs?”<li data-bbox="852 1075 1923 1317">- Identify pros of making a change and the cons of not making a change. E.g., “Handrails help you to safely go up and down stairs. If you don’t use handrails you have a greater chance of falling and hurting yourself. You could even end up not being able to take care of yourself.”

WORKING WITH SENIORS AT DIFFERENT LEVELS OF READINESS

Stage 2: Thinking of making a change

Description of stage	What can you do?
<p data-bbox="134 597 705 734">“I’d like to do something to keep from falling and I’d like to know what I can do.”</p> <p data-bbox="163 802 688 850"><u>Individuals in this stage:</u></p> <p data-bbox="134 915 747 1058">Recognize that change is beneficial, but may or may not have plans to change within the next month.</p>	<p data-bbox="835 597 1789 773">Help them see pros and cons of making a change/not making a change and Increase confidence to make change</p> <ul data-bbox="844 786 1957 1442" style="list-style-type: none"><li data-bbox="844 786 1957 928">- Help them think about some of the decisions they will have to make when they are ready to make changes. E.g., look at various shapes of handrails.<li data-bbox="844 993 1843 1084">- Help them to prioritize what changes they might want to make. E.g., installing a handrail or improving lighting.<li data-bbox="844 1149 1906 1240">- Help them plan how to make changes. E.g., how, where and when to install a handrail.<li data-bbox="844 1305 1923 1442">- Help them identify problems they might have when making changes and how to deal with them. E.g., help them find a qualified person to do the work

WORKING WITH SENIORS AT DIFFERENT LEVELS OF READINESS

Stage 3: Starting to make changes

Description of stage	What can you do?
<p data-bbox="201 605 768 748">“I’d like to do something to keep from falling and I’d like to know what I can do.”</p> <p data-bbox="201 813 726 862"><u>Individuals in this stage:</u></p> <p data-bbox="201 927 804 1070">Have started making changes in the past 6 months to reduce their risk of falling</p> <p data-bbox="201 1135 758 1183">May need to make more changes</p> <p data-bbox="201 1248 762 1330">May be at risk of reverting to old unsafe behaviours</p>	<p data-bbox="1073 605 1738 719">Support their commitment & plan for change</p> <p data-bbox="879 784 1913 881">Congratulate them on the changes they have already made. E.g., you had contrast marking put on your stairs, well done!</p> <p data-bbox="863 940 1923 1083">- Encourage them to talk about the benefits that they are getting from improving their stairs. E.g. ask if their feel safer going into the basement to do laundry.</p> <p data-bbox="863 1141 1929 1284">- Help them follow through on changes that they have not yet completed or what else they can do. E.g., take a look at what else might be done to improve the safety of your stairs.</p> <p data-bbox="863 1343 1887 1446">- Help them to think about and plan for problem events. E.g., going somewhere where there are no handrails.</p>

Learning from experience

Julie Lévesque –
Ottawa Public Health and Long term Care

Ottawa Falls Prevention Coalition

- Established in fall of 1994
- 50+ members
- Partnering to reduce the incidence of falls and fall-related injuries among older adults in Ottawa.
- Policy work re stairs start 1996

Falls Prevention Policy Ottawa

- Literature review and research on falls, **stairs** hazards and safety recommendations
- Processes of National, Provincial Building Codes and Municipal By Laws
- Strategies for Policy change

Ottawa experience

Policy work for safer stairs

- Stair Falls Among Seniors Report: Hazards, Safety Recommendations and Building Codes
CHRU Fara Aminzadeh 1996
- Submissions at the Provincial level Building Codes: April 1996, August 2001 and May 2003
- Submissions at the National Building Code-
April 2003

Ottawa experience

Policy work for safer stairs

- Recommendations at the Municipal levels-
Property standards By Law -July 2003
- Program:

Senior Accessible

Public Places



Submissions to Codes

- Recommend a step geometry reflecting a **Maximum 180 mm riser** and **Minimum 280mm tread depth** for private and public stairs
- Recommend two handrails on all stairs including stairs with fewer than 3 risers
- Mixed run flight comment
- Reinforced walls for grab bars

Municipal Property Standards Bylaws

- Applies only to maintenance issues- repair or replace –Can't impose greater standards than Building Codes-
- No routine inspection Ottawa
- Only responds to complaints verbal or written
- Many difficulties re Enforcement re poor resources re Inspectors at the City

Influences

- Researchers active participation in Policy workgroup of the Coalition
- Montreal meeting July 2001 International Injury Prevention meeting Jake Pauls
- CHRU U of O meeting, Ottawa April 2003: “Breaking down the silos” research, community and code
- CPHA Motion 2003
- **CIHR STAIR STUDY: STAIR USE AND STAIR SAFETY AMONG COMMUNITY LIVING SENIORS- 2005**

Where to next?

Expand Senior Accessible Program

Different Policy change strategies with different stakeholders?

Challenges....



- Competing Priorities
- Jargon/terminology
- Limited resources
- Built environment vs. behaviour
- Strong evidence for recommendations
- Scope of responsibility
- Timing... right person at the right time
- Building strong allies
- Keep at it

Useful resources

**THCU Policy Development Resources
(University of Toronto Centre for Health
Promotion):**

http://www.thcu.ca/infoandresources/policy_resources.htm

Policy Influencing Toolkit (OPHEA):

<http://www.ophea.net/parc/policy.cfm>

Your Questions

1. Who talks to all levels of government about the importance of acting together re this?
2. Falls cost a lot. Are 'we' letting people know just how much?
3. Business do not care or do they??
4. How to sustain an evidence-based program with partners
5. Are you familiar with the Stairway to Health website?

Last thoughts...

- Donna Lockett
- Julie Lévesque
- Participants

~~Next steps~~ **Next steps...**

What are your next steps?

What barriers are you facing?

How can we network to help each other?

Other resources

www.falls-chutes.com

Note: Slides from past presentations follow

IT COULD HAPPEN TO YOU OR SOMEONE YOU LOVE

**In January, 2004, The StarPhoenix, Saskatoon,
reported the story of an 81-year old woman who
misstepped when going down a flight of stairs, fell,
broke a leg, an arm and a hip — and was trapped in
her basement for nine days before help arrived.**

CMHC <http://www.cmhc-chl.gc.ca/>

~~SAFETY FIRST~~

- ❖ **1 in 4 of us will have a stair accident resulting in requiring medical attention**
- ❖ **Between April 1, 2001 and March 31, 2002, a total of 6,224 Canadians fell on or from stairs or steps in their homes and were injured seriously enough to require a hospital visit.**
- ❖ **In the US, 1,000,000 injuries from stair falls/yr**
- ❖ **61.4% of deaths related to falls are related to falls on stairs**

STAIRS SAFE FOR SENIORS?

- ❖ Between 10-15% of falls among seniors are on stairs.
- ❖ Stairs are leading site for serious injuries among older adults.
- ❖ The incidence of stair-related injuries, hospitalizations, and fatal falls increases with age - More than half of the 6,224 people hospitalized were seniors.
- ❖ In Canada, persons over 65 account for 70% of deaths resulting from stair accidents

MOST COMMONLY REPORTED STAIR FEATURES IMPLICATED IN FALLS

- ❖ **Lack of functional handrails**
- ❖ **Poor visibility:**
 - **poor lighting, lack of contrast marking**
- ❖ **Risers and treads that do not fit human gait**
- ❖ **Inconsistencies in risers and tread sizes**

(Archea, 1985; Sjorgen & Bjornstig, 1991)

Fall profiles over 2 years (1 year prior to study + year over which study ran)

Fall related variable	N (%)
<i>Number of fallers</i>	265 (48)
<i>Number of falls</i>	506
<i>Number of fallers who fell on stairs</i>	66 (25)
<i>Number of falls on stairs</i>	85 (17)
<u><i>Season of stair fall</i></u>	
Winter	14 (17)
Summer	41 (48)
Spring	12 (14)
Fall	9 (11)
Unknown	9 (11)

Fall profiles over 2 years (1 year prior to study + year over which study ran)

<u>Location of stair fall</u>		
At home		42 (49)
At family's/friends house		17 (20)
Church		6 (7)
Outside		2 (2.4)
Other (e.g. restaurant, hotel, bus)		12 (14)
Unknown		6 (7)
<u>Self-reported causes of stair fall</u>		28 (32.9)
Stair features:		
	<i>“Difficult stairs”</i>	14 (50)
	<i>No contrast marking</i>	8 (29)
	<i>Poor lighting</i>	7 (25)
	<i>Non-uniform</i>	3 (11)
	<i>Slippery</i>	2 (7)
	<i>Risers too high</i>	1 (4)
Risky behaviours (e.g. rushing, carrying too much)		25 (29)
Health		15 (18)
Unknown/unclear		17 (20)

MINIMAL RECOMMENDATIONS FOR SAFE STAIRS

General recommendations

- Closed risers Uniform risers *
 - < 178mm (7")
- Run uniform - > 279 mm (11")
- Contrast marking on riser
- No more than 10 steps per flight
- One handrail

(Archea et al., Pauls, 1981)

Recommendations for SENIORS

- Closed risers
- Uniform risers - < 152 mm (6")
- Run between 250-265 mm (10.4")
- Contrast marking on riser
- No more than 6 steps per flight
- Two handrails

(Finlay & Taylor, 1985)

* closed risers are part of the new stair codes -
2006

CURRENT CODES VS RECOMMENDATIONS

	Current Codes	General Recommendations	Recommendations for seniors
Maximum riser height	200 mm (7.9")	178 mm (7.0")	152 mm (6.0")
Minimum run Private homes	210 mm (8.3)	279 mm (11.0")	265 mm (10.4")
Minimum run Public Buildings	230 mm (9.1)	279 mm (11.0")	265 mm (10.4")