TAKING STEPS TO ADDRESS THE IMPACT OF FALLS IN IOWA: PART IV
FOCUS ON THE HOME
8.17.16

https://www.iowaaging.gov/falls-prevention
BUILDING IOWA’S EVIDENCE-BASED FALL PREVENTION NETWORK

- Grant funding by the Administration on Aging/Administration on Community Living
- Administered by Iowa Department on Aging
- Grant Goals
  - Provide evidence-based fall prevention programs
  - Increase awareness of falls and fall prevention
  - Increase participation in fall prevention programs as a way to reduce number falls
EVIDENCE-BASED FALL PREVENTION PROGRAMS

- A Matter of Balance
- Stepping On
- Tai Chi

Locations and dates of classes can be accessed at https://www.lifelonglinks.org/
WEBINAR OBJECTIVES

- Discuss prevalence of falls
- Review home fall risk hazards
- Recognize home modification to reduce fall risk
- Identify motivation interviewing techniques to help older adults accept fall prevention strategies
PREVALENCE OF FALLS IN IOWA?

- Falls are the leading cause of injury-related hospitalizations and emergency room visits in Iowa.
- Older Iowans die from a fall six times more often than all ages combined.
- 1 out of every 27 older Iowans is hospitalized for fall-related injury.
Larry Readout
EMC Insurance Companies
Dr. Rebecca Lang
LifeStrategies
THANK YOU

For questions contact: Carlene.russell@iowa.gov
Slip Happens: Making Your Home Safer

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Senior Engineer
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Unintentional Injury Deaths

One every 4 minutes

Iowa: Falls is #1 Cause, 498 in 2013
Worldwide: 693,000 in 2013
U.S. is #1, Brazil is #2

Key Areas For Falls

- Bathrooms
- Stairs, inside & outside
- Kitchens
Bathrooms = Risky Business

• Getting In & Out of Bathtub/Shower
• Slippery Surfaces – tub/shower, floor
• Mats that slide or buckle
• Inadequate lighting over tub/shower
• Getting on/off toilet
Slip Incident – No Grab Bars

Slipped in shower, fx pelvis
Slip Incident

Husband slipped on ceramic tile when helping
Bathroom Grab Bars

• 1 -1/4” diameter (arthritic or smaller hands)
• Vertical grab bar by shower entrance (may also assist with toilet)
• Knurled or peened finish for better grip
• Fit to the person, not ADA
Don’t rely on ADA standards – fit bars to the person
Grab Bar Mounting

Must support 250 lbs.
Mount to studs or use special mounting hardware

Single stud is questionable

Look for grab bars in increments of 16”
Grab Bar Mounting

For manufactured shower enclosures
Custom Grab Bars

Powder coat custom colors
Ex. 32” x 1-1/4” ruby red = $83
Custom Grab Bars

Ex. 36” x 1-1/4” = $119
Bath Mats

Latex backing won’t slide
Lays flat – minimal trip hazard
Common Stair Issues

• Inadequate handrails
• Poor lighting
• Step edges lack visual contrast
• Worn or damaged stair treads
• Stair risers inconsistent in height or > 7”
• Human factors:
  – Lower body strength, joint flexibility
  – Poor grip strength, arthritis
  – Improper footwear
  – Carrying objects, not using handrails
Stairs

Round railing preferred: 1.25 to 1.5 inch diameter (same as grab bars)
If not round, perimeter should be 4 to 6.25”
Grip Strength Declines With Age

The chart illustrates the decline in grip strength as age increases. It shows a comparison between men and women across different age groups. The data is presented with linear trends for both genders, indicating a steady decrease in grip strength with advancing age.
Handrails on both sides
3 coats of gloss urethane improved grip
Stair Edge Contrast
No-slip strips for stairs – place 1.5” from step nosing
Stair Lighting

Motion-activated switch, $20
Place at top of stairway
Steps Over 7” High Are Risky

Added platform to reduce step height. Was 8”, now 5” & 3” ($10)
Stair Safety

Large tote bag keeps one hand free for handrail, or throw it. Can be used as a laundry basket.
Outdoor Steps

Graspable handrail vs. existing 2x6”
Applied high traction coating
Entrance Mat

Outdoor scraper mats help keep dirt/moisture out
Dark & Icy Can Be Dicey!
Kitchen

- Rugs
- Slippery flooring
- Items stored high – improper step stool
Rugs

Question the need for rugs

Use mats with slip resistant backing
Or add grip tape
Ceramic Tile Traction

Started out 0.64 SCOF (high traction)
After cleaning regularly with a Swiffer: < 0.30 (low traction)
Ceramic Tile Treatment

Wet SCOF increased from .25 to .67 (168% increase)
Ceramic Tile Treatment

Products are available to treat any hard-surfaced floor

www.noskidding.com
www.slipdoctors.com
www.tractionplus.com

Home Depot: InvisaTread
Wood/Laminate Flooring

Near zero traction with socks
Wood/Laminate Flooring

Before

After

Rubber Soles

Socks

Before

After
Step Stools

Top rail for balance assistance

Type 1: 250 lb rating

Large no-slip feet

Avoid Risk: Keep frequently used items within easy reach
Lighting

LED bulbs: 10-year life

Minimize need to climb and change bulbs

Can safely use larger wattage: \(100W = 14.5W\)
Lighting

Remove the human element
Motion-activated LED nightlights & switches
Home Modification

**Issue**

- 75% of older persons live in conventional homes
- 75% of those homes were built 30 years ago... for *Peter Pan*
  - 43% of homes in Polk County were built prior to 1970
- 90% of seniors want to live in their homes as long as possible
- 2030: 90% of 85+ will own a home

- *American Housing Survey, U.S. Department of Housing and Urban Development*
Universal Design Criteria

Benefits all users
Minimizes need for future modifications

1. One zero step entrance
2. 32”+ wide interior doorway
3. Main floor bathroom
4. Stable, firm slip resistant flooring
5. Lever operated controls & doors
6. Large, flat panel light switches
7. Bright, appropriate lighting
Home Modification Goals

Adapt/modify home environment to:

• Improve safety
• Make tasks easier...for everyone
• Allow independent living
Home Modification Barriers

• Assessments – often reactive
• State of denial, don’t see a problem
• Unaware solutions are available
• Funding?
• Products/services require some digging
Barriers – Denial?

What if they think this is OK?
Home Modification

Most common Minor Changes:
• Grab bars
• Raised toilet seat
• Handrails
• Hand-held shower
• Shower seat
• Modified faucet
• Improved lighting
Home Modification

Most common Major Changes:

- Ramps
- Widened doorways
- Curbless shower
- Adjust cabinet or appliance height
- New/modified outdoor walkways
Example Major Modification Project

- Curbless shower
- Raised toilet & bidet, folding grab bars
- Tile flooring with radiant heat
- Custom vanity cabinet – hideaway doors
- Tilted mirror above vanity
Home Modification Funding

- Charitable Organizations
  - Connect via Agencies on Aging or CIL
  - Rebuilding Together, UW, HFH

- Medicaid/Medicare Waivers

- HUD Community Development Block Grant

- Low interest loans
  - Iowa Able Foundation
  - Mortgage refinance
Area Agencies On Aging

Area 1: Elderbridge Agency on Aging  www.elderbridge.org
Area 2: Northeast Iowa Area Agency on Aging (NEI3A)  www.NEI3A.org
Area 3: Aging Resources of Central Iowa  www.agingresources.com
Area 4: The Heritage Area Agency on Aging  www.heritageaaa.org
Area 5: Milestones Area Agency on Aging  www.milestonesaaa.org
Area 6: Connections Area Agency on Aging  www.southwest8.org
Changing The Conversation Through Motivational Interviewing

Falls Free
Iowa Falls Prevention Coalition
August 17, 2016
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LifeStrategies, LLC
Motivational Interviewing Network of Trainers (MINT Member)
Certified Health & Wellness Coach, Wellcoaches®
Brief Action Planning Certified (CCMI)
Thank you!

- For being here today.
- For being open to learning new ideas.
  - Iowa Falls Prevention Coalition.
  - Iowa Department on Aging.
  - Iowa Public Health Association.
  - Iowa Department of Public Health.
Learning Objectives

Participant will be able to:

Use motivational interviewing (MI) techniques to move older adults and/or their caregivers to want to make changes to reduce fall risk in the home.
Agenda

• Motivational Interviewing (MI)
  – Definition, Why now?
  – The **Being** aspect of MI - listening
  – The **Doing** aspect of MI
    • OARS – evoking change talk
    • Asking permission before giving information

• Application

• Take Away: How will you Changing the Conversation?
Behavior Change

A Journey or Destination?
The “Righting Reflex”

• The “righting reflex” is the need for us to...
  – *Fix things*
  – *Come up with the answers*
  – *Problem solve*
  – *Give advice*
  – *Tell them what they need to do*
  – *Be in control*

Rebecca Lang, 2011; Berg-Smith Training and Consultation, 2009; Adapted from Miller and Rollnick, 1991-2008
Information itself does not change behavior.

Start where people are....
Changing From:

“What’s the matter with you?” to “What matters to you?”

Institute for Healthcare Improvement (IHI)
3 Communication Styles Used in Health Care

- **Follow**
  - Allow, observe, take in
    - Practitioners listen

- **Guide**
  - Support, encourage, awaken
    - Practitioners guide and support

- **Direct**
  - Tell, steer, lead
    - Practitioners tell what to do
Motivational Interviewing

A style of being with people

Miller & Rollnick, Motivational Interviewing: Facilitating Change, 3rd Edition
Motivational Interviewing

Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change.

Miller & Rollnick, Motivational Interviewing: Facilitating Change, 3rd Edition
Dr. Terri Moyers and Dr. Bill Miller
How Does it Work?

Motivational Interviewing is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual’s own motivation for and movement toward a specific goal by eliciting and exploring the person’s own arguments for change.

Why is MI Effective?

• Making decisions around change is challenging.
• We often think two ways about change.

We Are Ambivalent

• MI helps to resolve ambivalence and elicits person’s own motivation for change.
• MI engages individual’s in their own care.
Motivational Interviewing
Two Interwoven Threads:

• **Spirit of MI (Being)**
  – Empathy
  (Ability to share and understand feeling of another)

• **Skill of evoking from patient (Doing)**
  – OARS
Listen, Listen, Listen

- Listen with presence
- Listen with eyes, ears, heart
- Listen with curiosity
- Listen without interruption

Berg-Smith Training and Consultation, 2005
Adapted from Miller and Rollnick, 1991-2002
The biggest communication problem is we do not listen to understand. We listen to reply.

Zig Ziglar
“When a person realizes he has been deeply heard, his eyes moisten. I think in some real sense he is weeping for joy. It is as though he were saying, "Thank God, somebody heard me. Someone knows what it's like to be me”

Carl Rodgers
How (And Why) To Become A Fabulous Listener

“The word listen contains the same letters as the word silent.”

-Alfred Brendel
Four Stair Step Processes in MI

Planning

Evoking

Focusing

Engaging

Four Processes in MI

#1 Engaging is the process of establishing a helpful connection and working relationship.

Engagement needs to be 20% of conversation.

Open questions, reflections, listening
(What, tell me, describe)

Bring the OARS
Improving Communication in Health Care

OARS

O  Asks mostly **open-ended** versus close-ended and fact finding questions.

A  **Affirms** the patient/client by saying things that are positive, focusing on strengths, abilities, efforts.

R  **Reflective Listening** by not judging or interrupting and allows for silence.

S  **Summarizes** throughout conversation.

Rebecca Lang, 2011; Berg-Smith Training and Consultation, 2009; Adapted from Miller and Rollnick, 1991-2008
Open Question Examples

• What would...
• Describe...
• Tell me...
Closed Question Examples:

• Do you think you could move this rug?
• Are you safe in your bathroom and tub?
• Do you have any concerns?
Change Closed to Open

• Do you think you could move this rug?
  What do you think you could do to make your home more safe and prevent falls?

• Are you safe in your bathroom and tub?
  As you think about staying safe in your bathroom, what is one thing that would help you?
#2 Focusing

Agree on an agenda

• We could talk about ..., or ..., or is there something else that is on your mind that want to make sure we address today?
As a reminder, always seek permission before introducing a topic, offering information, or advice.

“If you’re interested, I have some ideas you might want to consider. May I share them with you?”

Berg-Smith Training and Consultation, 2005
Adapted from Miller and Rollnick, 1991-2002
Explore - Offer - Explore

• Find out what the individual knows, wants to know, is interested in knowing. “What do you already know about staying safe in your home?” (Affirm what they already know)

• Ask Permission. “I have some thoughts can I share them with you?”

• Provide brief information. What we have learned is...

• Find out how that information could be helpful to them. What are your thoughts after hearing this?

Steven Berg-Smith, 2010
#3 Evoking

#3 Evoking – eliciting a patient’s own motivations for change. Eliciting “change talk” lies at the heart of MI.

DARN: Desire, Ability, Reasons, Need

Change Talk
Eliciting Change Talk

• I see that you are interested in learning how to stay safe in your home, tell me about that...?
• Tell me what you know about preventing falls at home?
• What is the best thing you could do prevent falls?
• What is the one thing you want to make sure we talk about today?
• If you could make one change, what would it be?
• As you leave today, what is the one thing you will begin doing?

Find their why
Practitioner: I understand you recently fell at home. I am here to follow up. Did you remove those rugs?

Older Adult: Yes, all but one. I like one by my sink.

P: Okay. It would be better for you if you removed that rug. (Righting reflex – giving advice)

OD: I suppose but I really like it. It keeps my feet warm. (Sustain Talk)

P: I understand but it would be better if you removed it too. You don’t want to fall again.

OD: No.

P: I can help you, I will just take it out while I am here and it will be done. You won’t have to worry about it. Is that okay? (CQ)

OD: I suppose.
**Practitioner:** I understand you recently fell at home.

**I am here to follow up. What changes, if any, were you able to make?**

**Older Adult:** I removed all but one by my sink.

**P:** Wow, you have been working hard. (A) You still have one by the sink. (R) Tell me why you removed all the other rugs? (OQ)

**OD:** I do not want to fall again. My daughter is concerned. (CT)

**P:** Both you and your daughter want to make sure you are safe at home. (R)

**OD:** Yes

**P:** What are you thinking about the rug by your sink? (OQ)

**OD:** Not sure.

**P:** You like your rug there and you want to make sure you are as safe as possible at home. (R) What are your options?

**OD:** My daughter is concerned about me.

**P:** She would feel better if all the rugs were gone. (R)
Practitioner: I understand you recently fell at home. Would it be okay if we talked a little bit about staying safe in your home? (Ask permission)

Older Adult: I suppose. But I don’t want to move any rugs. (Sustain talk)

P: You really like these rugs in your home. (Reflection)

OD: Yes, they keep my feet warm. (Sustain Talk)

P: They are comforting to you. (Reflection) (Pause)

Tell me what you have heard about rugs and falling? (OQ)

OD: Nothing really.

P: I have some information, would it be okay if I shared what we know? (Asked permission)

OD: I suppose.
Take Aways

• Find out what the individuals knows; affirm.
• Three best open ended questions: what, tell me, describe.
• Ask permission before giving information.
• Give options – ask individual which works for them.
• Affirm what they know, have done or intention.
• Have individual repeat what they learned or will do before they leave.
“People are just as wonderful as sunsets if you let them be. When I look at a sunset, I don't find myself saying, soften the orange a bit on the right hand corner. I don't try to control a sunset. I watch with awe as it unfolds.”

Carl Rodgers
Changing From:

“What’s the matter with you?”

to

“What matters to you?”

Institute *for* Healthcare Improvement (IHI)
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• Application

• Take Away: How will you Change the Conversation?
Complete the Sentence

• To Change the Conversation, I will:

(Choose one)

• Continue to...
• Add more...
• Do less of...
• Focus on...
References


• www.motivationalinterviewing.org
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