VICTORIAN SAFER COMMUNITIES NETWORK CONFERENCE –November 2005

“Partnerships in Falls Prevention and the Built Environment across the Hume Region, North East Victoria.”

Project : Foothold on Safety Falls Prevention project
Auspice: Upper Hume Primary Care Partnership

Presenter : Bonnie Smyth
Upper Hume Community Health Service

Falls Prevention Hume Partnership

Fast Falls Facts:

- **One in 3 people living in the community over 65 years and (1in 2 over 80) are likely to fall in any one year** ! (National Ageing Research Institute 2000)

- The most common place for falls to occur is in the home (65%) and in the community (25%) – (DHS 2005)

- For the frail aged group (av. age over 86), 52% are likely to fall, mostly at home, with 6% of those falls resulting in serious injury/ fractures.

- The average length of stay in hospital for older people with hip fractures is 11.9 days (VAED 2003)

- In NSW (2000) the cost of fall injuries is nearly twice the cost of road trauma.

- There are three main factors that contribute to injury (DHS 2005)
  - –the person (and their risk factors),
  - -The activity being undertaken
  - -**And the environment.**

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Falls Prevention programs and the built environment

- Falls can be preventable!

  - by understanding and catering for and minimising older people's risk factors (such as health, medication, vision, activity levels, built environment)

- By addressing the factors that interact with the built environment, falls injuries can also be reduced.
- Therefore, a health promotion/ built environment partnership approach to safer communities is vital to prevent falls
- This involves :
  - working across local government agencies, health services and across the community through disability access groups and older persons groups.
  - by **awareness raising** and improving and promoting **assessments, activities, and accessibility** to programs and places

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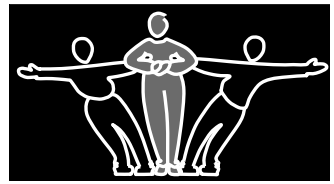
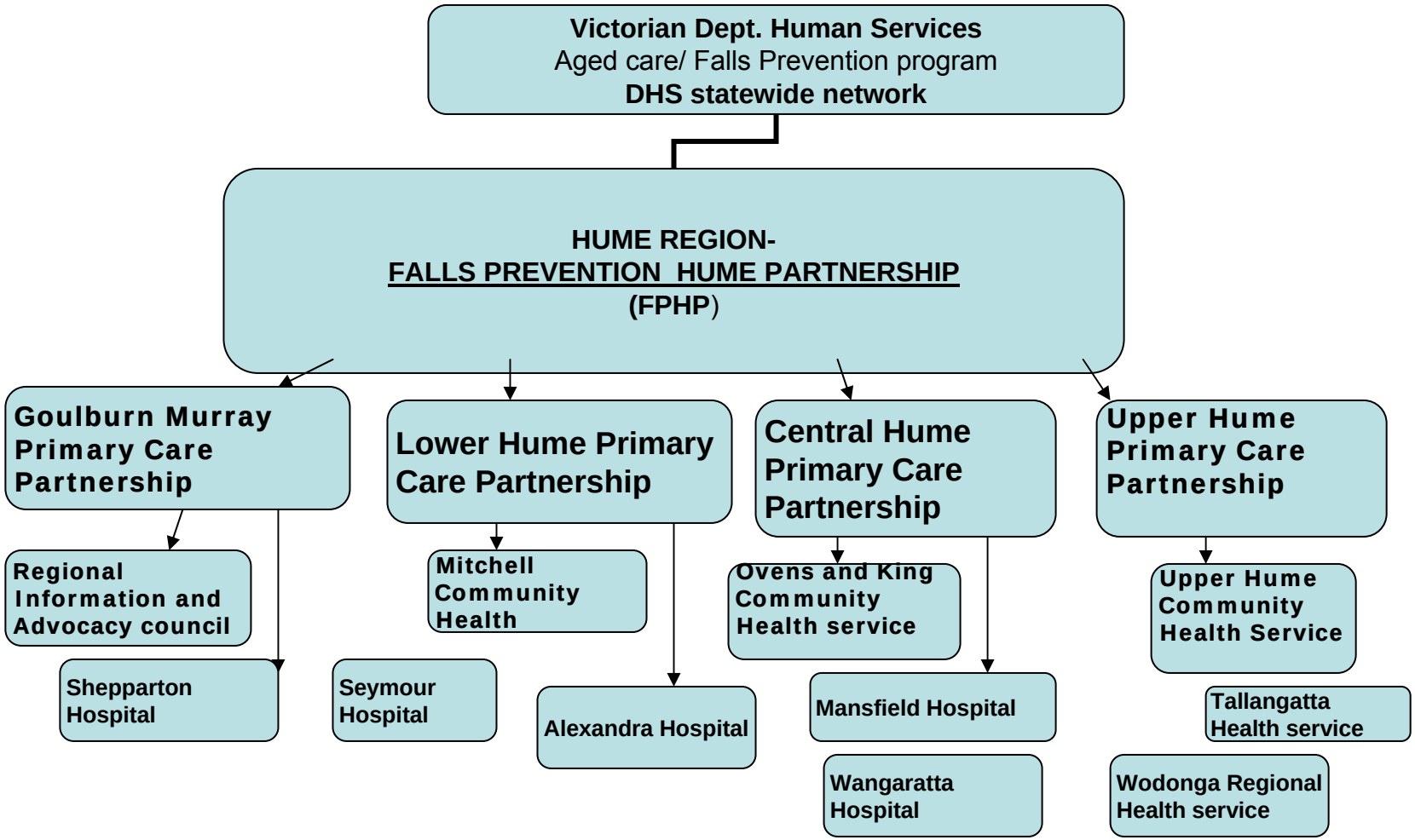
Structure





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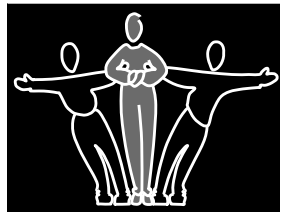
Strategies



Victorian Government
DHS funded Falls Prevention projects

FALLS PREVENTION HUME PARTNERSHIP (FPHP)
(Upper /Central/ Lower Hume Goulburn Valley)

Upper Hume PCP
Central Hume PCP
Lower Hume PCP
Goulburn Valley Primary Care Partnership

Shire based local Falls action groups, Disability Access groups

AWARENESS RAISING

-Falls Prev. information kit (seniors)
-Falls Prev. training (health professionals)

ASSESSMENTS -PEOPLE AND PLACES

People -self risk check
Places
–home- safety checks
-local hazards report
-footpath audits
-mobility maps
-scooter guidelines

ACTIVITIES

Strength training
Balance activities
–Tai chi
-Lifeball
-FruitBats Circus

ACCESSIBILITY - PROGRAMS AND PLACES

Programs-link target groups
-improve info/ resources
-Older persons directory
Places-improve access

Falls Prevention Hume Partnership -Falls Forum

Awareness raising

The Regional Falls Forum

(Benalla –19th August) –organised by FPHP, supported by a wide range of agencies, local groups

Key objectives -to outline ways to **"help keep people in the community and out of hospitals" through the latest in Falls prevention research, practical tools and best practice strategies:**

- **Guest speakers and workshops;**
- **-Awareness raising** -over 90 regional health professionals attended/ learnt from interstate speakers
- **-Assessments** -introduced "Quickscreen" falls assessment, integrated home health care pathways
- **-Activities** -promoted "Lifeball" and "FruitBats" circus activities for balance, strength, coordination
- **-Accessible programs and places**

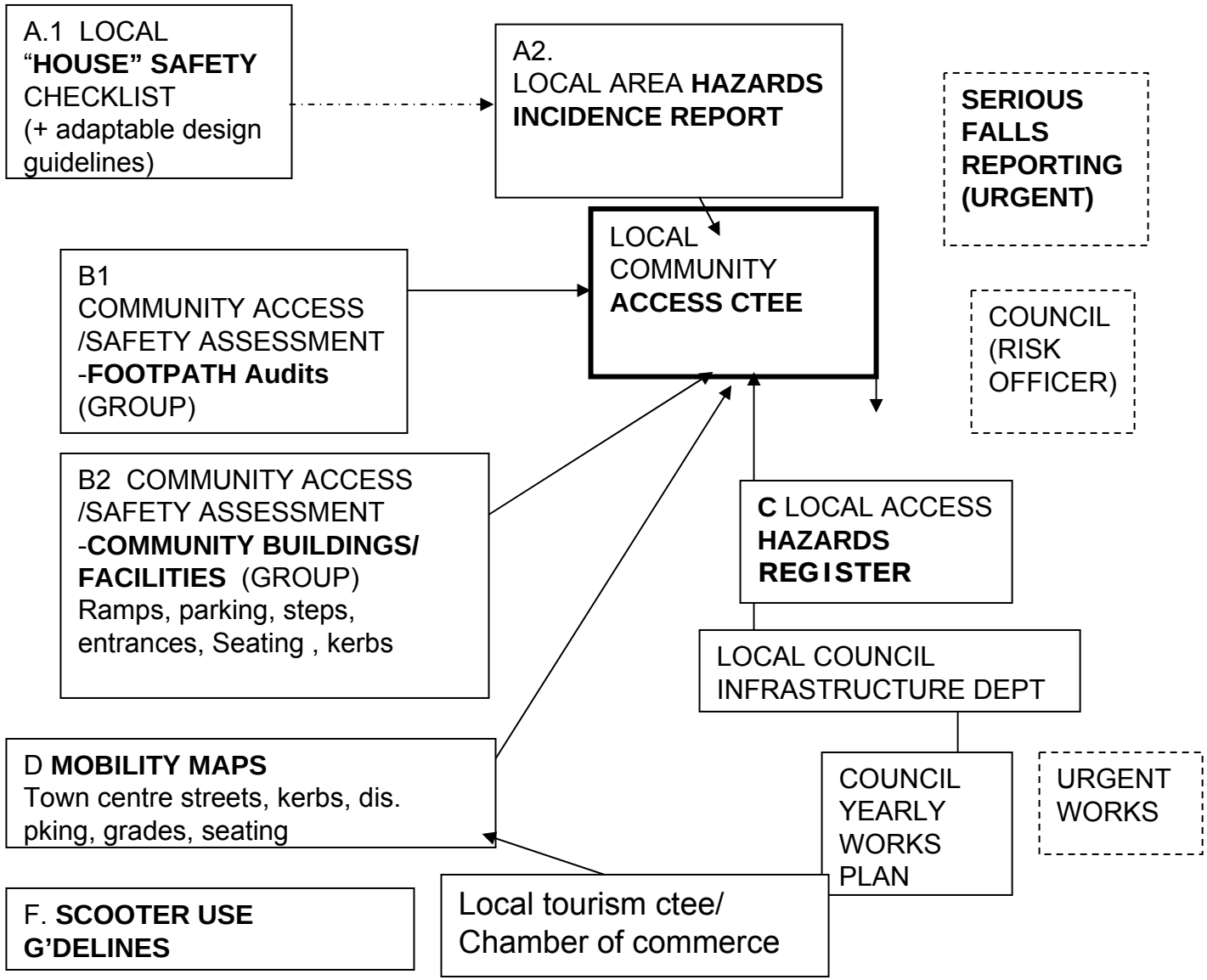
  -Workshop on safer built environments -access and safety

  - distributed home safety checklists, footpath audits, mobility maps /scooter guidelines

  -See following Built Environment/Community Access framework.

Falls Prevention Hume Partnership-Falls Forum

Accessibility - Built environment access/safety framework



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Current Falls Prevention –Safer Built Environment /community access strategies (particularly in Upper Hume):

- **Develop links with local disability access groups**, rural access workers and local council planning /works departments
- **develop Built Environment/Community access resources**,
  (see Community Access/ safety framework :)*
  -home safety assessment forms
  -accessible/ adaptable housing design guidelines
  -local access hazard reports
  -footpath audits,
  -mobility maps
  -scooter use guidelines

- **Develop training resources** for "safer built environment" training sessions- for LGA workers, disability access groups)
- **Develop regular integrated campaigns** (health promotion /safer built environment) across region /with local shires /communities –particularly for Community Safety month.

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Built environment -home safety assessments

FALLS HAZARDS/ HOME SAFETY ASSESSMENT CHECKLIST page 1

FLOORS

1. Do your carpets and mats lie flat without wrinkles or curled edges?	Y	N
2. Do loose mats have a slip-resistant backing	Y	N
3. Do you clean up spills as soon as they occur?	Y	N
4. Are floors free of clutter?	Y	N
5. Are all cords safely away from walkways?	Y	N
6. Are floor surfaces non slip?		N

LIGHTING

1. Are your lights bright enough for you to see clearly?	Y	N
2. Are stairs and steps well lit?	Y	N
3. Are light switches easy to reach and near each doorway?	Y	N
4. Can you easily switch on a light from your bed?	Y	N
5. Is there good lighting where you keep medicines?	Y	N

STAIRS, STEPS and LADDERS

1. Are you able to see the edges of the steps clearly?	Y	N
2. Are stairs and steps well lit?	Y	N
3. Is there a light switch at top and bottom of steps?	Y	N
4. Are non-skid treads or paint used on the edges of each step?	Y	N
5. Are coverings on steps in good condition?	Y	N
6. Do the steps have a sturdy handrail?	Y	N
7. Is your stepladder or stepstool short and sturdy with anti-slip feet?		N

BATHROOM AND TOILET

1. Do you use slip-resistant mats in the bathroom?	Y	N
2. Is the soap, shampoo and towel in easy reach without bending/ reaching too far?	Y	N
3. Are you able to get out of the bath or shower without holding onto taps or towel rails?		N
4. Do you have handrails in the bath and shower?	Y	N
5. Are you able to easily get on and off the toilet seat?	Y	N
6. Are you able to walk directly into your shower without stepping over a raised edge?	Y	N

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Built environment –design guidelines

Designing For Safer Living – page 1

Adaptable Planning Ideas for Your Future Home

-This is a guide for you, as you get older, to think about ways you can plan your future home with features which will make it more comfortable, easier to use, more accessible and safer to move around in and more adaptable for future changes

-Use this checklist by placing a tick against ideas that you, as the client, would like designed into your new home.

-**Give this to your Designer /Builder / Occupational Therapist**

1. ACCESS

1.1 Car to House **Y N/A**

Access and entry protected by porch or weather proofing ….

OR

Internal door connecting garage to house ……

Continuous accessible path of travel (well defined) ……

Width of path minimum 1000 mm. (preferably 1200mm.)

Gradient Range is 1:10 to 1:14 for sloping sections –max. 1:20 (300mm wide shoulder either side) 1000-1200mm. Shoulder

1.2 Main Access to House

Sensor lighting surrounding house ……

Minimise steps ……

Preferred path/ step dimension - minimum 1000mm wide (preferably 1200 mm -refer Australian Standard 1428)

Contrast strip on step edges ……

Handrail, preferably Bi-lateral Height 850 - 900mm; 300mm extension beyond steps at each end ……

Landing at door, 900mm x 900mm min. to allow opening of door whilst on level ground (pref. 1500 x 1500mm)….

Non-slip verandah surface ……

Shelf on which to rest parcels whilst opening door ……., No automatic closer on screen door ……

1.3 Steps Minimise steps ……

Hand support structure beside steps (eg. incorporate as part of landscaping) (well defined)

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Built environment –access hazards

A 2. LOCAL HAZARDS INCIDENCE REPORT TO LOCAL COMMUNITY ACCESS COMMITTEE

1. Location of access hazard

Town ……Shire /Council……

Street……..

(nearest corner……street and ……..street)

2. Outline of problem: eg (tick relevant boxes)

	in poor repair	**badly lit**	**no/poor signs**	**hazards**
- footpaths,	.			
- road crossings		.		
- disabled parking areas		.		
- ramp		.		
- other		.		

3. Detailed description of problem-

……

……

4. Possible actions (suggestions for your local Community Access Committee/ council) eg –repair/ better signs/ make wider ? ……

5. Completed by Name …….

Address …. ……Phone no……

Date…… signature ……..

……

(to be filled in by Community Access Committee / sent as a copy to person above)

-Noted /Received by *local Community Access Committee (council……)*

Date……. Action proposed……

Copy to above (name)…… Date…… Initials of CAC rep.……

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Built environment –access hazards

Footpath assessment tool –summary

B1. Footpath assessment –local streets SHIRE……..
STREET NAME , LOCALITY , MAP REF.

a)Footpath Paving	**Needs action / comment**		
Location –			
eg – both sides of the street?	Y	N .	…….
Dimensions-			
Length			
Width -egat least 1200mm wide for the full length?	Y	N .	…….
Surface			
Surface - generally smooth, firm, slip resistant?	Y	N .	…….

b) Service Cover Pits
c) Nature strips….
d) Trees/Bushes….
e) Kerb Crossing…
f) Street Signage…
g) Street Lighting..
h) Carparking..
j) Priority items for action .
k) Reporting

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Built environment –access /safety

Footpath assessment tool –example -Seymour

- **A Seymour Footpath Safety audit** was undertaken in late 2004 in the **Seymour Neighbourhood Renewal (SNR)** area as part of a DHS funded Falls Prevention project.
- This audit was undertaken by Mitchell Community Health Service (MCHS), with local resident volunteers, and support from Mitchell Shire.

The objectives for the audit were:

-Improve community safety and access

-Identify hazards and environmental risks

-Encourage physical activity among the audit volunteers and residents

-Respond to SNR local Residents Survey outcomes where footpath improvements were identified as an issue.

AUDIT RESULTS-

Scope	9 volunteers, over 43 ½ hours, covering 2 square km , 735 properties.
Footpath Paving:	-Height deviation- 110 properties, cracking- 119 properties,
Nature Strips:	-Overgrown lawn >100mm in height: 24 properties
Kerb crossings:-	-Intersections that did not have a ramped kerb crossing: 10
Trees/Bushes:-	-Overhanging branches < 2.5 metre clearance: 129 properties
Street Signage:-	Intersections where street signage is non-existent-6
Other hazards identified:	Significant sections of driveways /footpath surfaces non-existent

Falls Prevention Hume Partnership -Falls Forum

Accessibility and safety

MOBILITY MAPS

Rural Access Tourism Statewide Access Committee -Scope of Mobility Maps (draft July 05)

Purpose -of a mobility map is to provide relevant information for people ***with limited mobility*** to enable effective travel planning when visiting the designated area.

Location- highest traffic geographical locations in the town. ie central business districts,

Information Criteria/ Level 1 – **'must have'** mobility information :

-Accessible Public Toilets
-Designated Accessible Parking Bays
-Accessible Parking Bays – Off street commercial
-Gradient up to 1 in 20 – manual wheelchair limit
-Gradient up to 1 in 14 – assisted wheelchair limit
-Accessible Route – continuous accessible pathway of travel
-Public Seating – could be an overarching statement in key if seating is frequent to avoid clutter
-Accessible Public Telephone – different colour logo for TTY
-Key Buildings or Landmarks (for orientation purposes)
-Street names
-Visitor Information Centres

- **The Mt Beauty Mobility map** (launched 19th August in Community Safety month**)** was outlined as a successful local partnership between the Alpine Shire, Alpine Health, UHCHS (Transport Connections project and Falls prevention project) and the Rural Access program.
- These agencies assisted by reviewing community needs and local infrastructure, developing /printing the map and launching /promoting the map
- The map identifies the safest routes around the shopping area, disabled toilets and parking bays and also highlights gaps in the footpath network for councils future improvements
- **Other shires** are starting to develop mobility maps for local towns –often working closely with disability access groups eg –Wodonga, Wangaratta

Falls Prevention Hume Partnership -Falls Forum

Accessibility and safety

SCOOTER USEAGE GUIDELINES

- The **Tallangatta Health Service** outlined the Scooter use guidelines and training sessions they developed for local older residents with scooters/carers
- In other areas, falls prevention and rural access workers are holding scooter use workshops with local councils and police input.

- **State laws** for scooter use include:

-A scooter is classified as a pedestrian and must travel on the footpath where one is available

-A scooter is not allowed to travel faster then 10km/hr and must weigh 110kg or less (unladen).

-Scooter users must have a disability that does not allow them to walk.

-Scooter users must follow all the existing road rules.

Guidelines:

As a pedestrian you are required to use the footpath if it is available. However, there are times when you need to use the road:

-When there are no footpaths.

-When you need to cross the street.

-When the footpath is obstructed.

-When the footpath surface is uneven.