

Title VI Webinar
Responding to LTSS Needs
Webinar: January 17, 2018
Speaker: Nancy Bill, Indian Health Service

Operator: Good afternoon and thank you all for holding. Your lines have been placed on a listen-only mode until the question-and-answer portion of today's conference. I would like to remind all parties the call is now being recorded. If you have any objections, please disconnect at this time. I would now like to turn the call over to Tara Nokelby. Thank you. You may begin.

Tara Nokelby: Good afternoon. Thank you for joining us. My name is Tara Nokelby, and I will be facilitating your webinar today. Today's webinar will be responding to LTSS Needs from our speaker Nancy Bill with Indian Health Service. This presentation will be recorded and posted on Older Indians at a later date. There will also be a question-and-answer session at the end of the presentation. At that time, you can press star one to open up your phone line or you can put it in the chat on WebEx. If you would like the presentation to be sent to you along with any supporting documents, please put your email address in the chat box on WebEx. So, at this time, I will turn it over to Nancy.

Nancy Bill: Yes, good morning and good afternoon. This is Nancy Bill speaking. I am very happy today to address this important issue on elder fall prevention. My presentation is, in part with in collaboration with, Dr. Bruce Fink with Indian Health Service. Dr. Fink is our IHS elder health consultant, and some of you may already be familiar with him or know him. He is a busy man, so but this presentation is, in part in collaboration with him. And at the end of the presentation, I will have his information displayed if you want to contact him for any further questions on the clinical side, regarding clinical issues with fall prevention.

My name is Nancy Bill. I am the Injury Prevention Program Manager for Indian Health Service out of Rockvale, Maryland. And I will [audio skip] program. Today's program is really information about elders and the need to prevent falls. I'm speaking in general and all of us need to know this information. Not only for the people who work with, but even ourselves as we age. In this time, we also should know that we can at some time in our life become vulnerable for...as having a fall risk. So, this presentation I'm going to point out some of the things of prevention and also, I'll look into ways that we can address fall prevention. But, really, the goal overall is elder care, taking care of elders, making sure that they maintain good health, to maintain good function, because of the role that elders play in our community and culture with cultural history and language. All of that is so important to us that elders play in our community, the role that they play. And overall, this is to prevent the disability from frailty or displacement from home and community. We want elders to lead robust, healthy lives through their lifespan. So, this program here it's really again fall prevention. And our aim here is to look at an integrated approach to preventing falls in older Americans and Alaska Natives living in the community. And, as a part of this presentation, I have a resource if you submitted your email, you will receive that resource. And what that is is the IHS care provider document dated July 2013 where we had dedicated an issue just to fall prevention. A lot of the information that I will present you can also be resourced back to this document.

First of all, falls are a big problem. We know nationwide there are 2.8 million people treated in emergency rooms, older people, for fall-related injuries. And one out of five falls has caused serious injuries, such as broken, fractured bones, and head injuries. Those are the most serious. Over 800 patients a year are hospitalized because of fall injuries, most are due to head trauma or hip fracture. Those are the most serious again. Each year at least 300,000 elder people are hospitalized for hip fractures. Women seem to be, experience the most, three quarters of all the hip fractures. Falls are the most common cause of traumatic brain injury. Another thing about falls is that they are very costly. And for direct medical costs, all for fall injuries is estimated about 31 billion annually to treat fall-related injuries. Falls are among the twenty most expensive medical conditions. The average cost per fall injury is over \$30,000. The cost of treating falls goes up as we age.

Next on this slide, you see a chart ranging from the year 1996 to the year 2000. And this is very, a snapshot, but it's very common even to 2018. We are looking at data that look very similar in that if we look at falls with elders in this slide it shows them 60 to 69-year-olds. We know that when we look at data for injuries, we see that elders suffer falls far more than any of the other injury categories. Of motor vehicles, suicides, assaults, we see that falls take the lead in that cause. Injury visits by patients over 70 years of age also again show that falls, if you look at this chart again, 1996 to 2000. Falls again, it leads, the leading cause of visits. So, now we have, looking at every resource for evidence-based effective fall prevention program. And then the CDC on the webpage, you can find this compendium of effective fall interventions and also a guide to implementing effective fall community-based fall prevention programs. And in this document, you can see a lot more, and go down more into details of looking into programs, implementation of community fall prevention.

This next slide, you know we have taken that CDC approach and also evidence based on the evidence framework used to guide the development of this approach. It's really from the American and British Geriatric Society Clinical Practice Guidelines for Physicians that came out in 2010. These guidelines are considered by the leaders in the field to be the gold standard for clinical approaches to the prevention of falls among older adults. The guidelines integrate evidence on falls and fall-related risk into the routine medical examination of older adults with the goal of uncovering and addressing the compounding effects of common health conditions that lead to levels of risk. So, right here you have four major areas that we're going to discuss. You have community-based intervention, community-based interventions with clinical services, looking at individuals at risk, and then education in general. Community-based interventions include what you can do in a community. Exercise is up there. Exercise improves mobility, strength, balance. And now we tell our groups, [unintelligible] programs if you can do one thing for fall prevention, if you can do one thing it's exercise. Because we want individuals to have strength and balance because those are some of the risk factors. When people lose their balance and strength and mobility, they have, their risk goes up for falls. But exercise really, if you keep the exercise up, even just talk about lifespan...talk to young, to middle-aged, and to our elders. We need to keep the exercise up.

Next is home assessments and modifications because many people, many elders will fall in their home. When you look at data, it shows that greatest amount of falls happen in and around the home setting. So, the homes should be kept safe, free of trip and slipping hazards. Let's go a little

bit more into this. Modify it for to make it free and accessible of any other fall and trip hazards. Community-based interventions that coordinate with clinical service. Now, this is the portion again going back to Dr. Fink that I mentioned earlier on in the presentation. Dr. Fink really is the expert in this field. But I'm going to touch upon some of the key things that are needed, and that really need the medical partnership on looking at falls prevention. And medication review. We know that the more meds a person takes increase their risk of falls. They say if you are taking three or more medications for elders, your risk will start to increase. That's a kind of risk factor for taking multiple medications. Vision exams, that's one thing that we need to have checked annually, especially as elders. That needs to be something put on a regular, standard exam. Screening as, again, there's a screening tool that physicians can do that measures the risk for falls. The next one, clinical interventions targeting individuals at increased risk. Multi-factorial risk assessment with management of identified risks. Vitamin D for those who are at risk for deficiency. Vitamin D is, of course, it comes from the sun. You can also get it from food. But many times, you know, people, as we grow older, we find that vitamin D is deficient because of the lack of maybe going out or the lack of a good, healthy diet. That low vitamin D and that they associate, science associates that vitamin D is needed again for bone and health and all that. The last is education. We know that education with ourselves, beginning with us, as individuals, knowing about the risks and then knowing more about the clinical setting. Education, education is really important to this whole concept. As we know, that everybody has to be educated. The individual elders, the families, the caregivers. Those are all important people that, whoever surrounds elder family they need to have some basic information. The importance of falls, the risk factors, prevention strategies, events, the effectiveness of fall prevention, the resources in the community clinic. And just to let you know that just giving them brochures or educational information sheet to the family is not enough. You've got to do more than that. But we know that education is still a vital important component, but that it's not, alone education is not the answer. You have to be [unintelligible].

Integrating community-based interventions. Again, going back to the exercise. Looking at exercise programs that improve mobility, strength, and balance, and home assessment and modification. In exercise, stressing the exercise, you know the exercise should be 50 hours of programming, whether they're twice a week, three times a week for the duration of several months. In other words, the exercise is just not one time, once a week and then that's it. You need to be progressive, they should be long, it should be continuous. And the exercise should focus again on strength and balance. And the one exercise that the CDC and that is evidence-based is Tai Chi. The Tai Chi exercise of which it's very gentle and it builds a lot of core strength and balance. I'm speaking of that because I, myself, I'm a Tai Chi, not an instructor, but I've been practicing Tai Chi for almost ten years now after I learned, got into fall prevention, and learning that Tai Chi was the exercise to focus on. I went out and learned it. So, anyways but I learned that Tai Chi is very...it does build strength and endurance, and the muscle is...It doesn't seem that way because it's very slow and gentle, but with the right instructor and the right approach, there is a lot to it.

Exercise can be done in a community setting or in the home. Once a person learns the basic moves, they can do it themselves. And one, a group, or exercise again with adequate guidance and coaching. It needs to be long-term. Home assistance and modification. We know that, again, going back to the home, the data shows that if a person falls they usually fall around the home

while they're in home or outside the home. And so, when people go in to do assessments and modifications of a home, they do the inside and outside. It's important to look at all aspects of the home. The indoor home, we need clear, accessible ways, paths, walkways, eliminating any tripping hazards that may be in the way. Outdoor, the home safety again, the photos here on this slide show the before and after making that modification. Again, the indoor tripping hazards consist of rugs, electrical cords, no lighting, furniture in the way, no handrails, and sometimes you even say pets cause a danger too because a person might have a little puppy, not a puppy, a little dog and run in their path. A home safety assessment and modification, education about environmental risks that contribute to fall risks. There are checklists and brochures to guide home safety reviews by elder family caregivers. In the earlier slide, I talked about the CDC summary of programs. They do have a [unintelligible] a slide or a brochure about home safety risks. You can also check with IHS environmental health officers in your local areas to help you if you want to get a checklist. They are very straightforward and clear about doing home safety.

The other one is working with a physical therapist. If you have one in the community or the clinic, physical therapists have also resources for home assessments. Information about resources within tribal communities addresses housing deficiencies and safety issues. Home safety assessments by a qualified individual, partnership with tribe and community-based organizations to mitigate home hazards. Those all involve the home assessment. Medication review and modification, again I spoke earlier about the medication. You know that we really need to focus on, many elders sometimes may take multiple medications. We hear from our staff and myself have witnessed when we have visited elders that sometimes they got a stack of medications from one clinic and then they have another bag of medications from a different. I have seen it, and other people have witnessed it. According to our staff, who've gone on with pharmacists or other elders to look at medications. So, we know that sometimes people receive multiple medications, and so we want that needs to be reviewed in a detailed review by the pharmacist or qualified healthcare professional. And then it needs to be adjusted if needed. Elder fall...the integrated approach again. Looking at community-based interventions that require coordination with clinical services. Again, the medication review, the eye exam. Many times, not many times, but sometimes you can request a person, optometrist, ophthalmologist maybe, to come to set up a vision screening at the center. I don't know if that's possible, but I've heard that has taken place in some areas. So, that can be arranged by yourself or whoever is in that connection. And then the screening to do or identify individuals at high risk. Vision exams, again education about why it's needed, why it's important, get the resources. Vision screening that can be done at community where...raise awareness. Again, the vision exam needs to be done by a trained healthcare professional and that is an optometrist or ophthalmologist.

In a screening, again, the patient checklist, this going back to that brochure I saw earlier on slide 8... your program. And then you can have screening also done at the clinic and in the community. Looking at the key questions and examining or assessing the [unintelligible]. This slide here is just a general screening for falls, and the patient, they usually give them these questions. Have you fell in the last year? If they say yes, how many times? And were you injured? Were you sitting, were you standing or walking? Do you worry about falling? If they answer yes to all these questions, they are at risk for falling. And then next you evaluate their gait, strengths, and balance. And there are some basic testing that can be done to assess this. There's that time up and go testing, the thirty second chair stand, a four-stage balance...test further.

And the next slide is on this time up and go test. And anybody can do this. I mean not anybody. We could do it on ourselves actually because it's very straightforward. You create a line, you get a chair, and you create a path about three meters or about ten feet away from the chair. You line it up, you have the person sit down, and then somebody has a timer. They tell them to go walk to that point up to ten feet and then turn around and walk back and sit down. And as they walk over and turn around and come back, you observe their stride, their balance, their walk, their gait. And if it takes the person more than twelve seconds to complete this walking test, that's an indication that they may be at risk of falling. So, in the slide here you see that their gait, their stride.

So, now we have the multi-factoral risk assessment with management of identified risk. [unintelligible] vitamin D for [unintelligible] the diet. Clinical interventions again, focusing on the population 85+, 75+, 65. At the age of 65, all of us become at risk for falls unless we are following a healthy exercise regime, which is whatever is keeping us upright and exercising. And again, that Tai Chi is an evidence-based exercise...Walking is good, anything that gets a person moving, and consulting with your healthcare professional helps identify those benefits of exercise. Screening to identify individuals at risk. [unintelligible] at risk for falls. Multi-factoral risk assessment, intervention, exercise or physical therapy could help with their mobility, strength, and balance. And then dietary supplement, vitamin D. This multi-factoral risk assessment involves again the history of the person doing the physical exam. Again, looking at everything about their gait and balance ability, vision, a functional assessment. Whatever devices they use that you've seen, assistive devices. Whatever they're using, assessing their fear of falling. Environmental.

The next slide shows the algorithm for fall risk assessment and intervention. And I'm not going to go through this whole table here, but if you follow it you can see all the [unintelligible] with helping you to identify those at risk. Now, I'm going to pause and talk to you all about our program, the IHS intervention program. We provide funding for all the intervention program. We actually put a coordinated effort with Dr. Bruce Fink starting in 2008. Up to 2008, we were just doing home assessments. But after doing a coordinated effort, reviewing the literature and realizing that we really do need to integrate the clinical side. And that's when we started working with Dr. Fink to bring in these other aspects. And so, from that time on our program has funded on the slide here you can see...about the country of tribes who have received funding for elder fall prevention. And all those programs that you see on the list here, they have integrated all the things I've spoken about--exercise, clinical intervention, home assessments, the education component. All those things we try, when we have a fall prevention program funded by our program, we want to follow the protocol, the guidelines that were sent, the evidence-based framework guides that show what really, what approach we should do to make the program we are implementing effective. So, on the slide here, we funded 2010-2015, twenty-four sites and currently we have eight sites, as you see in the blue, who have a person that's doing the fall prevention full-time. In other words, we have a coordinator, a paid person doing that. And then we have about eighteen more programs that is not on this slide who, tribes that are funded to do components of fall prevention. They're either coordinating with a community health nurse, citizens program, or with a clinical practitioner that is working in fall prevention. These are sources. And this is just information for you all, you know, if you want more understanding or just would like to have more information about data sources, I just have...more tribal programs may have records that they could share of fall-related injuries to elders and different age groups.

There's the tribal EMS, there's the county EMS, surveys have been conducted, other registries like trauma registries. The message here is that sometimes, and I hear this from our staff, they'll look at the fall data and they see that it doesn't seem that great. Falls that were noted, recorded in their record. Although the numbers again seem small, they are very crucial and important because the small numbers we still need to pay attention. Earlier in the slide, there's a lot of things associated with a fall. It's so important to prevent it.

This lists the resources. Again, if you can click on any of these links, you'll get more resources on elder falls. Another resource page, the Home Safety Council had this safety checklist of slips, trips, and falls. You can look at that. This training module, and I think they lead you to like YouTube type of presentations or they give you presentations that you can go through for a quick training. And you see again there, they got training for healthcare workers, and Americans with Disabilities, ADA, also has some guidelines in general about...also aware of. Next is a contact list. Contact information, I'm sorry. Myself, again, I'm Nancy Bill. And our other person that is not on the call, but she works with me, Holly Billy. And Holly is going to be, she is the injury prevention program manager. And she will be the contact person as well for fall prevention. And lastly again, I promised to give Dr. Fink's information. Dr. Bruce Fink is our elder healthcare consultant for the agency. [unintelligible] information, please feel free to call him or email him for any further questions about the clinical aspects of fall prevention.

Tara Nokelby: And at this time, if you have any questions, please feel free to press star one to patch your line through, and the operator will assist you. Or, if you would like to ask a question in the chat option on WebEx, please feel free to do so there as well.

Nancy Bill: I just want to say too, that a lot of people are getting the questions together, falls for many years, it has come a long ways in terms of the awareness and education. We know that, like I said, in our program we fall through this a lot on home assessment. And the reason was that because we saw that from the data that most people fall in and around the home. They fall outside the home for whatever reason. In the rural areas, where there's not sidewalks or walkways, people go out maybe to get wood, you know do something outside and they trip, and they fall. And that fall is very dangerous to their health, and or they trip outside. And indoors people will, we see falls. They fall from the bed, or from the kitchen slipping on the floor, or bathroom. Those type of things, so but now falls is an important issue. It's the leading cause of hospitalization for elders. And it's so important because like this is one thing that we can prevent. If we have the understanding, the education, we can really prevent falls. The exercise like I mentioned. It's really a lifespan ordeal. I'm thinking even about myself that we all need to keep, do exercise on a routine basis whether it's walking. Take that ten thousand steps. It's really the movement, make sure you remain flexible so as you age, as we age, we still have, our bodies can still endure some of the, become more, have that strength.

One of the things that we're plagued with Indian Country is issues of diabetes. And this is brought to my attention quite a bit. And in that article, Indian healthcare provider article that I mentioned earlier from 2013, there's an article in there about diabetes and falls because we know that if you're diabetic, it's very critical that people who are diabetic be informed and that are very cautious. And I'm sure that their physicians are...I've spoken to them about that. But it's even more important to have that clear walkway. The safe environment that you're living in, or they're

living in. So, diabetes, like many communities have diabetics who are can be at risk for a fall. And so, it's so important that we all have the information, educate ourselves about healthy lifestyles, healthy eating, and the clients that we work with, people that we work with, encouraging the movement to exercise. Like I said, if there's one thing that we're going to do for fall prevention, it's exercise. The mobility of a person, even mobile, building their strength. It's never too late. They say that exercise, if you even exercise a lot when you're little, younger and you haven't done it for years and you start up again under the advice of a...under the care of a physician or a clinical person, our body itself has muscle memory. Meaning that if you exercise when you're little, younger and now you're older, your body that memory is still there in the muscle, and you can still build that muscle. So, it's possible to keep up that healthy lifestyle, that strength and balance. That's what's going to help us prevent the serious falls out there in the community.

So, I'm going to pause and see if there's any questions.

Operator: We do have a question. Our first question today is from Lacy Vaughn.

Lacy Vaughn: Hi, thank you. I was just curious about the data that was shown. The fall data from IHS toward the beginning of the presentation. If that was a combined or regional, one of the areas of IHS. And if it was available anywhere because it was pretty staggering. I mean it was pretty, I mean it was just wow. As far as the admissions.

Nancy Bill: Yes, uh-huh. That's from a health center.

Lacy Vaughn: It's one of them?

Nancy Bill: Yes, most of them are from health centers. But what I can do again, that's actually Dr. Bruce Fink's data. You can send him an email and ask him more details on that, but that's actually from a health center. And that data is really, if you look at it nationwide, it's very relevant to a lot of the areas. I mean that really shows the big picture. It's just a glimpse. Right now, you see a snapshot. And it's very surprising, but nationwide it's very, it's like that.

Lacy Vaughn: Yeah, yeah. It's just good to have the data. Great, thank you!

Operator: One again, to ask a question please press star one. One moment please.

Tara Nokelby: And again, you can put any questions in the chat and I can read them aloud as well.

Nancy Bill: The other thing I gave for a resource is one of our newsletters. The newsletter, I think, is from 2016, or maybe 2015. But that newsletter is from, regarding our grantees, and that newsletter highlights all about fall prevention. And it talks about all the tribes who are doing fall prevention. And, again, when you look at that newsletter, it shows some of the programs that all the programs that were funded under our program integrate all those aspects, incorporating community-based approaches, the clinical, it tries to...that's what we strive to do is use those evidence-based approaches in fall prevention. And, like I said, we've come a long ways. We have

in the early years we didn't really work the clinical side. Now, we have integrated because that's what the data and research shows that there's not one single thing you can do. I mean, the approach has to be multiple approach. But again, exercise of course is the one, the thing starts to, prevents ourselves from falling.

Tara Nokelby: Alright, so it doesn't look like we have any additional questions. Nancy, thank you so much for your participation today, and thank you to everyone who was able to sign in. Again, if you would like some backup information and supporting documents, please put your email address in the chat button on WebEx, and I will get that to you here shortly. And I hope everyone has a good rest of the afternoon. Thank you so much.

Nancy Bill: Thank you.

Operator: Thank you and this does conclude today's conference. You may disconnect at this time.