



Fall Free Coalition

SERVING THE INLAND NORTHWEST



Falls are the Leading Cause of Injury Among Spokane County Seniors

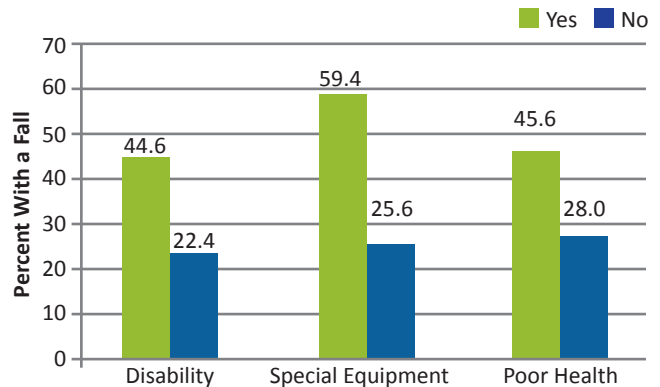
Unintentional injuries can cause lasting physical, mental, and social distress among seniors. After an injury, a senior may have physical limitations or pain, may be afraid of future injury, may not be able to perform their daily activities without assistance, and may experience financial strain from the cost of an injury. Preventing unintentional injuries can improve the quality of life among seniors.

In Spokane County, one in seven people are 65 years of age or older. While the proportion of the total population that is a senior has been consistent over the last two decades (12%-14%), the number of seniors in the county has been increasing. In 2014, there were 70,483 seniors in Spokane County.

During 2012, nearly one in three seniors (31.3%) in Spokane County reported falling in the last year. Approximately one in 10 seniors (11.5%) had a fall in the last year that caused an injury that limited regular activities for at least a day or made them go see a doctor. These proportions are similar to those seen in Washington state. Female seniors in Spokane County were more likely than male seniors to report having fallen in the last year; 36.6% and 23.5%, respectively. Statewide there was no difference between males and females.¹

- Seniors with a disability were 2.8 times more likely to report a fall than were those without a disability.
- Seniors who use special equipment for a medical condition, such as a cane or walker, were 4.2 times more likely to report a fall than were those who do not use special equipment.
- Seniors who self-report that they are in fair or poor health were 2.2 times more likely to have a fall than were those in good health.

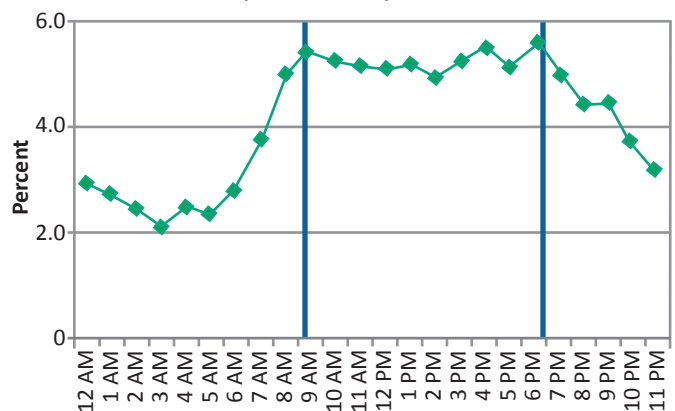
Seniors Reporting a Fall in the Last Year by Presence of Physical Factors | Spokane County, 2012



Fall-Related 911 Calls²

In 2012, an average of 540 calls each month was received through the county's 911 system for assistance due to a fall. The age of the individual needing assistance was not reported. As such, 911 calls for a fall reflect all people, not just seniors. Fire personnel in Spokane County were dispatched an average of 18 times per day to assist with a fall. Of these calls, 20% was for public assistance without an injury. These calls were for individuals who had fallen and needed help getting up. One in 10 calls (10%) were for a fall that resulted in a serious injury. The majority of fall-related calls (61%) were for assistance with a likely non-serious injury from a fall. The remaining calls were received with an unknown status of the person who had fallen.

911 Calls for Assistance With a Fall by Time of Day | Spokane County, 2012



Fall-Related Hospitalizations³

Each year among Spokane County residents, there are nearly 2,000 hospitalizations due to fall-related injuries among people of all ages. Two in three occurred among individuals 65 years of age or older; approximately 1,300 per year. The rate of hospitalization among seniors for a fall-related injury was stable from 2009-2013; 2,097 per 100,000 in 2013. The 2013 Spokane County rate was significantly higher than the state rate of 1,769 per 100,000 seniors.

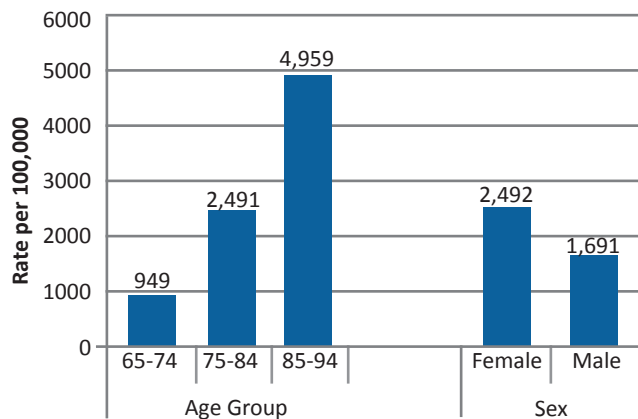
Women accounted for 58.8% of fall-related hospitalizations among people 65 years of age or older. Adjusting for the difference in population, the female hospitalization rate was still significantly higher than the male rate; 24.4 per 1,000 for females and 16.5 per 1,000 for males.

The risk of a fall-related hospitalization increased with age. Compared to individuals 65-74 years of age, those 75-84 years of age were 3.2 times more likely to have a fall-related hospitalization and those 85 years of age or older were 7.5 times more likely to have a fall-related hospitalization. Females were more likely than males to be hospitalized for a fall-related injury.

Among seniors who were hospitalized from a fall, 34% had an associated fractured femur. A small proportion (7.5%) had a traumatic brain injury as a primary diagnosis.

The average charge for a fall-related hospitalization among seniors during 2009-2013 was \$36,000. The total charge in the five-year period was \$243 million. The average length of stay in the hospital was six days, with a

Fall-Related Hospitalizations by Age Group
Spokane County, 2009-2013



range of 1-75 days. Among seniors hospitalized for a fall-related injury, 72% were admitted six or fewer days.

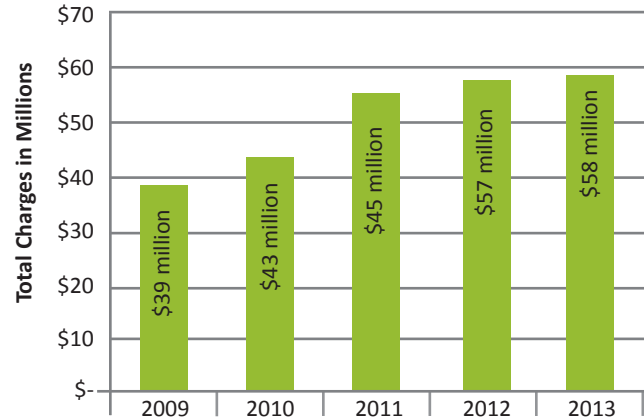
Only 16% of seniors hospitalized for a fall-related injury had a routine discharge. Half were discharged to a skilled nursing facility. Another 16% were discharged to home

with home health assistance and 9% were discharged to a rehabilitation facility. Four percent died and the remainder had various other discharge types.

Fall-Related Deaths⁴

Unintentional injury was the sixth leading cause of death among seniors in Spokane County in 2013. Of those, 78.8% were from fall-related injuries. The death rate from falls increased significantly from 2009 to 2012, then decreased in 2013. The number of deaths increased from

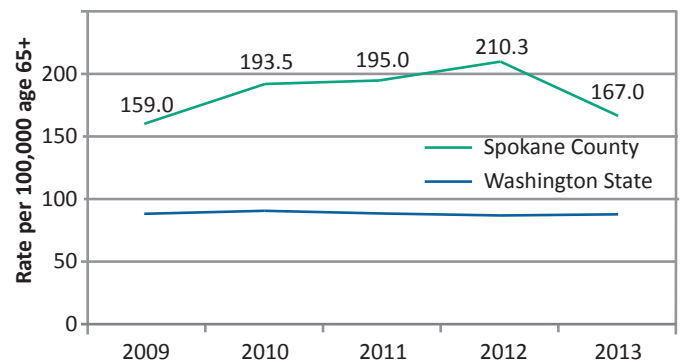
Cost of a Fall-Related Hospitalization Among Seniors
Spokane County



94 in 2009 to 136 in 2012. There were 108 fall-related deaths among seniors in 2013 and a total of 577 in the five-year period. Spokane County had a significantly higher death rate from fall-related injuries than Washington state.

More deaths from a fall occurred among women who accounted for 59.1% of fall-related deaths among people 65 years of age or older. However, there were more women in the 65 or older population. Adjusting for the difference in population, male and female seniors had a similar fall-related death rate.

Death Rate From a Fall Among Seniors, 2009-2013

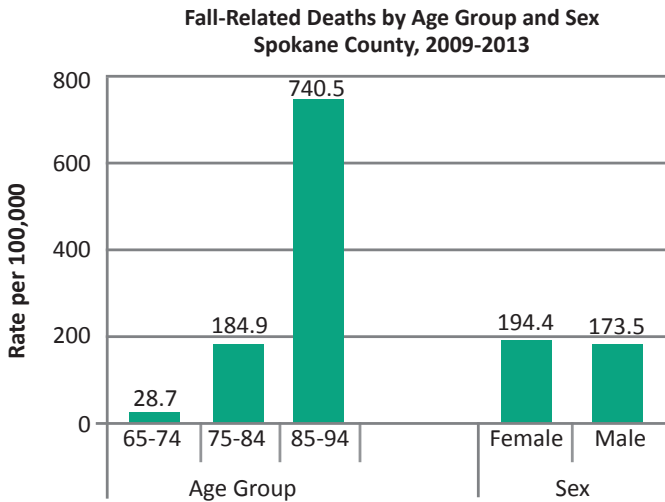


The risk of a fall-related death increased with age. Compared to individuals 65-74 years of age, those 75-84 years of age were 6.5 times more likely to have a fall-

related death and those 85 years of age or older were 26 times more likely to have a fall-related death.

Among seniors who died from a fall-related injury, 47.7% fell at home. Another 38.8% fell at a nursing home. A small proportion, 3.2%, fell in a public location. The remainder either fell at a worksite or at an unknown location.

Approximately one-third of seniors who died from a fall-



related injury died as a hospital inpatient (36.7%) or died in a nursing home (37.7%). Twelve percent died in hospice care, 8.3% died at home, and 3.5% died in an emergency room. The remaining 1.9% died in other locations.

Among seniors who died from a fall-related injury, 44.5% had an associated femur fracture and 19.6% had a traumatic brain injury. Only 1% of fall-related deaths had both a femur fracture and a traumatic brain injury.



In case of Emergency: what should I do if I fall?

1. Remain calm
2. Check yourself for injuries – call for help if needed
3. If you are alone try to get up or crawl to a telephone. There are several ways to get up:
 - Roll and Crawl to a nearby piece of furniture. Using the furniture, slowly pull yourself up to a seated position if possible.
 - Shuffle on your bottom to a nearby piece of furniture.
 - Use stairs to gradually move up one step at a time until you are at a standing height.
4. If you can get up, take a few moments to recover then call for help.
5. If you can't get up, try to keep warm and wait for help to arrive.

Practice these techniques before you need them so that you are prepared.

What We Can Do About Preventing Falls

As evidenced through the preceding data, falls among older adults poses a serious problem—for the health, well-being and life expectancy of individual seniors; for family members and other providers who care for seniors; and for the community at large. Action by individuals and different sectors of our community can prevent many falls. The number of seniors will be increasing dramatically over the coming decades, underscoring the importance of falls prevention. The recommendations below are based on falls prevention research over the last decade and provided through the:

- U.S. Centers for Disease Control and Prevention, 2008
- U.S. Preventive Services Task Force Recommendation Statement, August 2012

Each sector of the community identified in the next section plays an important role in reducing falls among older adults. Key actions that each group can take are outlined. More information is available from the organizations listed in the Falls Prevention Resources section on page 6.



Seniors, Families and Caregivers

- Increase leg strength and balance (the most effective intervention)
 - Strong muscles and bones help older adults move better with ease.
 - Exercises can increase balance, strength, and flexibility and reduce risk of falls.
 - People new to exercise or with conditions such as heart disease, arthritis or diabetes should talk with their doctor before they begin.
- Take Vitamin D supplements
 - Taking vitamin D supplements can reduce risk of falls among older adults.
 - Individuals should check with their doctor before starting supplements.
- Have vision checked by an eye doctor at least once a year
 - Poor vision is associated with an increased risk of falling.
- Individuals should use one pharmacy and have medications and supplements reviewed at least once a year
 - As individuals age, the way medicines work in their body can change.
 - Some medicines, or combinations of medicines, can make someone sleepy or dizzy and can cause a fall.
- Make home safer
 - Refer to Check for Safety checklist on p. 6 of this document
 - Check ladders for safety
 - Assess physical abilities in context of home environment; an Occupational Therapist can assist with this
 - Wear footwear that is appropriate to the activity you are doing
- Identify and correct risk factors for a fall
 - Older adults can ask their doctor to conduct a comprehensive fall risk assessment or they can use one that is online.
 - Creating a personal plan to reduce the risks identified is a powerful tool in remaining independent and healthy.

Health Care Providers

- Recommend patients begin physical therapy or an exercise program with balance and strength training based on risk assessment. A comprehensive study of exercise interventions found that balance training should be a part of any exercise program to decrease falls.
- Remind patients that additional calcium and Vitamin D intake is important to prevent bone loss or reduce fracture risk.
- Review medications and side effects with patients.
- Recommend patients modify their home environment to personal fall risk factors.
- Refer patients to a specialist (physical therapists, occupational therapist, home health fall prevention programs, etc.) when they are at risk of a fall.
- Stopping Elderly Accidents, Deaths and Injuries (STEADI) Tool Kit gives health care providers the information and tools they need to assess and address their older patients' fall risk.
[cdc.gov/homeandrecreationalafety/Falls/steadi/index.html](https://www.cdc.gov/homeandrecreationalafety/Falls/steadi/index.html)

Community

- Develop and participate in a community-based falls prevention coalition to pool community resources and develop collaborative solutions.
- Increase the availability of low-cost, accessible exercise programs tailored for older adults that feature balance, strength and flexibility.
- Advocate for physical activity opportunities for all community members including complete streets and walkable environments.

Policy Makers

- Adequately fund mandates that support Medicare changes to include physical activity and durable medical equipment benefits.
 - Prioritize prevention, including senior fall prevention, by placing it on the public health agenda.



Check for Safety: A Home Fall Prevention Checklist for Older Adults

cdc.gov/homeandrecreationalafety/falls/pubs.html



This checklist includes:

Floors: Look at the floor in each room.

Q: When you walk through a room, do you have to walk around furniture?

Ask someone to move the furniture so your path is clear.

Q: Do you have throw rugs on the floor?

Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?

Pick up things that are on the floor. Always keep objects off the floor.

Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?

Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

Stairs and Steps: Look at the stairs you use both inside and outside your home.

Q: Are there papers, shoes, books, or other objects on the stairs?

Pick up things on the stairs. Always keep objects off stairs.

Q: Are some steps broken or uneven?

Fix loose or uneven steps.

Q: Are you missing a light over the stairway?

Have an electrician put in an overhead light at the top and bottom of the stairs.

Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?

Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

Q: Has the stairway light bulb burned out?

Have a friend or family member change the light bulb.

Q: Is the carpet on the steps loose or torn?

Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

Kitchen: Look at your kitchen and eating area.

Q: *Are the things you use often on high shelves?*

Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

Q: *Is your step stool unsteady?*

If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

Bathrooms: Look at all your bathrooms.

Q: *Is the tub or shower floor slippery?*

Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

Q: *Do you need some support when you get in and out of the tub or up from the toilet?*

Have a carpenter put grab bars inside the tub and next to the toilet.

Bedrooms: Look at all your bedrooms.

Q: *Is the light near the bed hard to reach?*

Place a lamp close to the bed where it's easy to reach.

Q: *Is the path from your bed to the bathroom dark?*

Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.



Resources

CDC STEADI Tool

cdc.gov/steady/index.html

Department of Health and Human Services - Washington State

dshs.wa.gov/altsa/home-and-community-services/falls-prevention

Fall Prevention Center for Excellence

stopfalls.org

National Council on Aging

ncoa.org/resources/falls-prevention-awareness-activities

Washington State:

ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-coalitions-map/washington.html

National Institute on Aging

www.nia.nih.gov/health/topics/falls

If you fall:

<http://nihseniorhealth.gov/falls/ifyoufall/01.html>

Otago Exercise Program

med.unc.edu/aging/cgec/exercise-program

Philips Lifeline

How to get up from a fall:

<http://www.lifelinesys.com/content/wp-content/themes/lifeline/images/ebrochures/html/How-to-get-up-from-a-fall.html>

Spokane Regional Health District

srhd.org/topics/falls.asp

Stay Active and Independent for Life (SAIL)

here.doh.wa.gov/materials/stay-active-and-independent-for-life-an-information-guide-for-adults-65

U.S. Centers for Disease Control & Prevention

cdc.gov/HomeandRecreationalSafety/Falls/index.html

U.S. Preventive Services Task Force

uspreventiveservicestaskforce.org

University of Washington Promotion Research Center

depts.washington.edu/hprc/docs/falls-info-sheet.pdf

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1. Data Source: Washington State Department of Health, Center for Health Statistics, 2012 Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention, Cooperative Agreement U58/SO000047- 2.
 2. Spokane County Combined Communication Center, Limited 911 call data, 2012. Data analysis by Spokane Regional Health District.
 3. Washington State Department of Health, Comprehensive Hospital Abstract Reporting System, 2009-2013. Data analysis by Spokane Regional Health District.
 4. Washington State Department of Health, Center for Health Statistics, 2009-2013. Data analysis by Spokane Regional Health District.



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