

Falls among Older Adults in Hardin County, Ohio 2018



INTRODUCTION

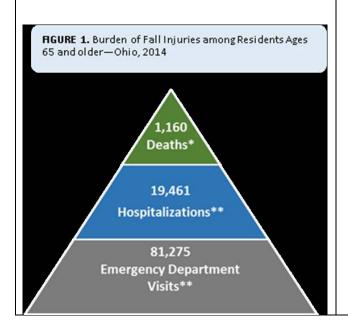
Did you know that 1 in 4 Americans aged 65 and older experience falls every year? This is one third of US older adults. Falls are the leading cause of fatal and non-fatal injuries for older Adults in the US and Ohio. In addition, falls are costly in dollars as well as quality of life.

In 2014, there were 19,461 hospitalizations, 81,275 Emergency Room visits, and 1,160 deaths all as a result of unintentional fall in Ohio's 65 and older population. Ohio Injury Prevention Coalition tells us that the "Projected lifetime cost associated with fall injuries in 2014 among Ohio residents ages 65 and older are estimated to \$1.9 billion. These statistics are compounded by the fact that the senior population will significantly increase over the next thirty years.

The following report is the result of a survey completed with Hardin County residents aged 60 and older to identify their perception of falls in older adults in our local community.

*Source: ODH Vital Statistics **Source: Ohio Hospital Association

The following is statistical data that provides information about falls in older adults for Ohio. Statistical data specific to falls in older adults in Hardin County is either not available or has not been collected at the time of this report. The following does provide an over view of the occurrence and cost of injuries related to falls.



OHIO FACTS RELATED TO FALLS IN ADULTS 65 AND OLDER.

- Accounts for 84% of all fall deaths and 75% of nonfatal fall hospitalization.
- Are the leading cause of traumatic brain injury in Ohio's older adult population and account for 63% of brain injury deaths and 67% of brain injury hospitalizations.
- Projected lifetime costs associated with fall injuries in older adults is estimated to be 1.9 billon.
- Each week in Ohio there are 1,563 emergency room visits, 374 hospitalizations and 22 deaths due to fall injuries in older adults.

Table 1. Number and Rate of Fall Deaths and Nonfatal Fall Hospitalization and Emergency Department (ED) Visits, Ages 65 and older-Ohio 2014.

^{*}Source: Ohio Injury Prevention Partnership, 2017 to 2021 State Plan

	Fall Deaths*		Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits**			
	Number of Deaths	Death Rate per 100,000 ¹	Number of Hospitalizations	Nonfatal Hospitalization Rate per 100,000 ¹	Number of ED Visits	Nonfatal ED Visit Rate per 100,000 ¹
TOTAL	1,160	64.0	19,461	1,074.9	81,275	4,524.1
Sex						
Male	542	79.1	5,661	801.7	26,780	3,682.0
Female	618	54.2	13,800	1,253.3	54,495	5,148.9
Age Group						
Ages 65-69	69	11.8	1,961	335.2	14,987	2,561.8
Ages 70-74	93	22.1	2,258	536.5	13,328	3,166.9
Ages 75-80	163	52.2	2,815	901.7	13,507	4,326.3
Ages 80-84	247	107.4	3,740	1,626.0	13,902	6,044.0
Ages 85+	588	235.6	8,687	3,480.3	25,551	10,236.5
Race/Ethnicity						
White, NH	1,103	67.7	17,932	1,106.3	72,653	4,531.3
Black, NH	51	34.4	855	561.2	5,655	3,645.7
Hispanic	1		171	906.1	965	5,002.9
Asian/PI, NH	4		74	457.1	266	1,574.6
AI/AN, NH	0		13	419.5	31	984.7

Non-Hispanic (NH), Pacific Islander (PI), American Indian (AI), Alaskan Native (AN)

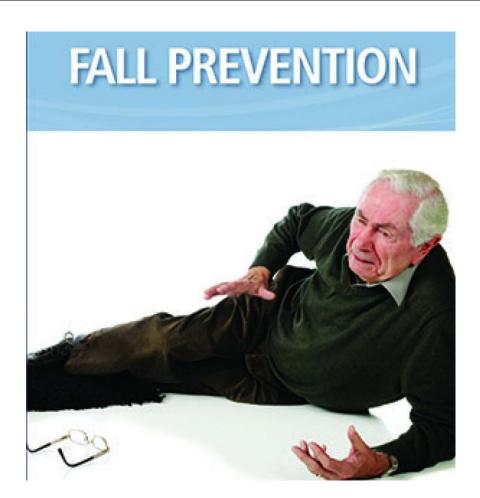
- Males had a higher rate of fall deaths than females (79.1 per 100,000 and 54.2 per 100,000 respectively)
- Females have a higher rate for nonfatal hospitalization and ED visits than males.
- Persons 85 and older had the highest rates of fatal and nonfatal fall injuries. This age group had
 20 times the rate of deaths than those aged 65 69.
- White/non-Hispanic older adults had a higher rate of fall deaths compared to Black, non-Hispanic older adults.
- White non-Hispanic older adults had the highest rate of fall hospitalizations and Hispanic older adults had the highest rate of fall ED visits. American Indian/Alaskan Native had the lowest rates for both fall related hospitalizations and ED visits.

Projected Lifetime Costs

Lifetime costs associated with unintentional fall injuries in 2014 among Ohio residents ages 65 and older are estimated to be nearly 2 billion dollars. Most of these costs are associated with injuries requiring hospitalizations.

*Source: Ohio Injury Prevention Partnership, 2017 to 2021 State Plan **Source: ODH Vital Statistics ***Source: Ohio Hospital Association

	Number of Injuries	Medical Costs	Work Loss Cost	Combined Cost
*Deaths **	1,160	\$29,861,000	\$132,340,000	\$162,201,000
*Hospitalizations***	19,461	\$799,676,000	\$587,105,000	\$1,386,780,000
*ED Visits***	81,275	\$264,111,000	\$114,898,000	\$379,010,000
TOTAL	101,896	\$1,093,648,000	\$843,343,000	\$1,927,991,000



How can you prevent falls?

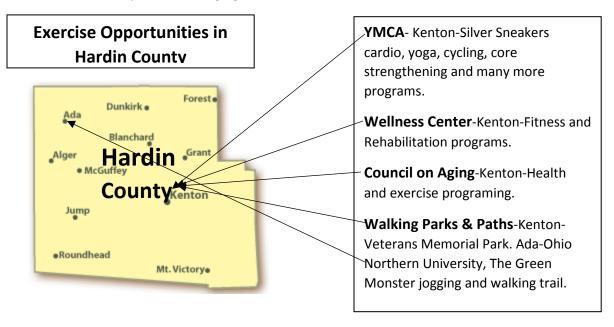
Did you know that falls are not a part of normal aging? In fact, most falls can be prevented by knowing and managing your risk factors. According to STEADY U Ohio, you can reduce your risk of falling by paying attention to the "Three H's: your Home, your Health and your Habits.

Fall prevention begins at **home**. Here are some quick fixes you can do to make your home safer and reduce the risk of an accidental fall. First, keep walkways clear by arranging furniture so you have a clear path between rooms and secure throw rugs with a slip resistant backing. Make sure that stairs have a good solid handrail and good lighting at the top and bottom. In the kitchen, keep things used frequently within reach and keep a good step stool with a handle nearby. Your bathroom should have non-slip mats in the bathtub or shower and a secure handrail near the toilet and bathtub. Make sure your bedroom has an easy to reach light and that you are able to get into and out of bed easily.

Exercise can be one of the most important things you can do to improve **health**, reduce the risk of falls and minimize injuries from a fall. Benefits of moderate exercise include building strength, improving balance and increasing flexibility. In addition to exercise, good nutrition is important. You are what you eat and eating nutritious foods protects bones, joints and muscles and gives you strength and stamina, which allows you to stay active and independent. You should also have a discussion with your primary care provider at your annual visit to assess your risk of falling and review your current medications. Medications are helpful in allowing people to live longer healthier lives, but many can cause dizziness, drowsiness or numbness which increase your risk of falling.

Preventing falls can be as simple as adopting new **habits**. Think through tasks before doing them, get up from a chair or bed more slowly, carry a phone with you when going out, wear shoes or slippers that fit well and please don't multi- task such as walking and using your cell phone at the same time. Always be mindful that a single fall can change one's life forever.

*Source: Ohio Department of Aging, STEADY U



Perception of Falls in Hardin County Survey

In March and April of 2018, Kenton Hardin Health Department created the "Falls Among Older Adults in Hardin County" survey to collect data from residents 60 years and older on their knowledge, attitude, beliefs and personal experiences with falls and fall prevention. The survey was created and analyzed utilizing Survey Monkey and distributed via a link on Facebook and Kenton Hardin Health Department web page to community members in Hardin County. Paper copies of the survey were also distributed to residents in senior living apartments and at the Council on Aging. Following the administration of the survey a presentation on Fall Prevention was provided by Union County Health Department Health Planner, Rebecca Honacker, MPH.

Falls Among Older Adults in Hardin County 2018 Survey Results

Figure 1. Question #1, Age of respondents.

Figure 2. Question #2 & 4, Gender & Race

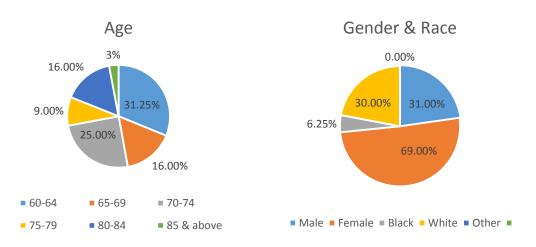


Figure 3. Question #3, Respondents type of housing. Figure 4. Question #5 Living status

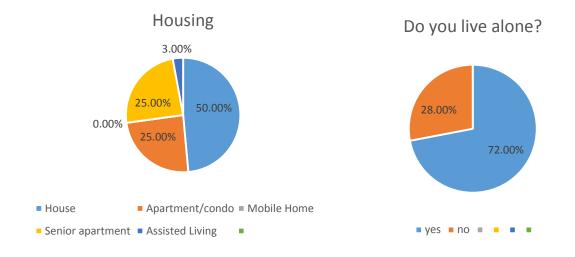
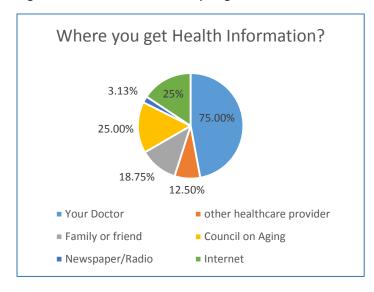


Figure 5. Question #6, Where you get Health Information



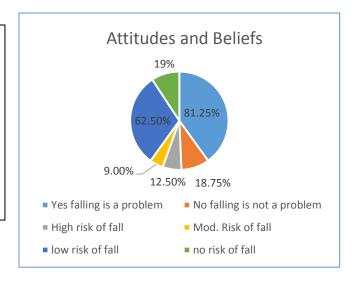
There are lots of places that you can search for health information today, but the question is, are you getting reliable information? Our survey tell us that 75% of respondents see their health related information from their primary care physician, which is good news. Your doctor knows you and your health status and will be able to give you the most reliable information.



Attitudes and Beliefs

Figure 6. Questions # 7 & 14 Are falls a problem and what do your feel is your risk of falling?

- 81.25% of respondents feel that falling is a problem for older adults.
- 12.50% feel that they are at high risk of having a fall. However, although the belief is that falling is a problem, 62.50% of respondents feel they are at low risk of experiencing a fall.



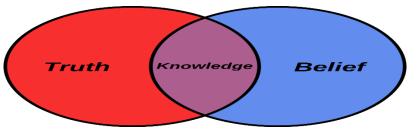
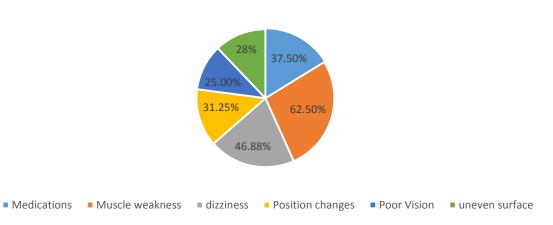




Figure 7. Question #8. Top reason you feel older adults fall

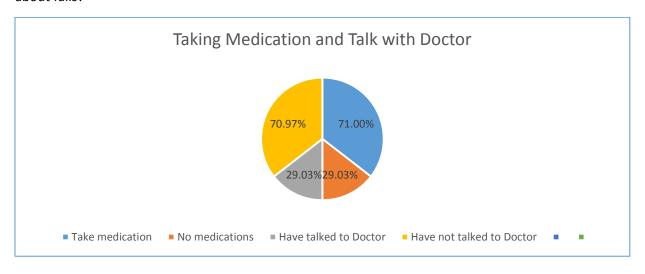
Cause of Falls



Although we know that falls are not a normal part of aging, we asked respondents what they believed were the top 3 reasons that older adults experience a higher occurrence of falls.

- 62.5% of respondents indicated that they believed that muscle weakness and/or medical conditions were the top reason that put older adults at higher risk of falling. 46.88% of respondents felt that dizziness or balance problems were the second contributor to falls and 37.5% of respondents felt that the third leading cause of falls was medications.
- Respondents also felt that vision problems, uneven surfaces and position changes, almost equally contributed as the fourth risk factor putting older adults at higher risk of falls.
- The lowest identified factors that contribute to increase risk of falls included stairs, poor lighting and foot problems or shoe type.

Figure 8. Questions #9 & 15. How many medications do you take and have you talked with your doctor about falls?





As noted earlier in this report, we know that medications can be beneficial to improving quality of life and increasing longevity. But medication also can have some unpleasant side effects such as dizziness, drowsiness and numbness or tingling in feet, legs and arms which can contribute significantly to an increased falling risk. It is important that you talk with your doctor about current medications and any new medications to assure that you are aware of any increased side effects that could put you at risk. Keeping this in mind, we found the results from this survey to be interesting.

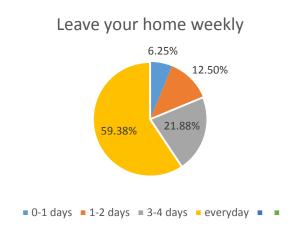
71% of respondents indicated that they were taking prescription and/or over the counter medications, that ranged from 1 to 6 or more. 29.03% indicated they took no medications at all.

Only 29.03% of respondents have had talks with their doctors about falling risks. With 70.97% who have never had a conversations with their doctor about falling risks.

We find this information to be significant that an equal number of older adults taking medications have not talked with their doctors about possible increased falling risks.

Exercise

Figure 9. Question #10. How many times weekly are you out of the house running errands?



Not all exercise needs to be with a class. Staying active also means getting out of the house to run errands and keep appointments. This would indicate that you are doing at least some walking outside of the home.

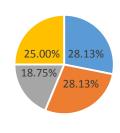
 59.38% if respondents said that they were actively out of the house every day running errands, keeping appointments, shopping and various other activities.

Figure 10. Question #11. How many days each week do you exercise?

Exercise is defined as activity the increases your heart rate.

- 25% of respondents reported exercising 5-7 days per week.
- 46.88% responded that they exercised 1-4 days per week. With 28.13% not doing any exercise that increased the heart rate.

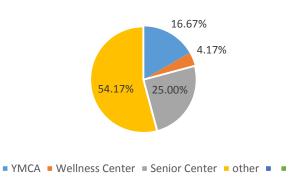
Days of Exercise



■ 0 days ■ 1-2 days ■ 3-4 days ■ 5-7 days ■ ■

Figure 11. Question #12. Where do you exercise?

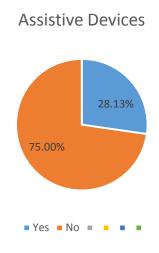
Exercise Participation



- 45.84% of our respondents reported that they exercise at the YMCA, Wellness Center, and Senior Center collectively.
- 54.17% reported that they exercise at other locations or in other ways.



Figure 13. Question #13. Do you use an assistive device?



An assistive device is any device that is designed to allow a person to be more mobile. These can include a cane, walker, crutches, wheelchair and more. In addition, these devices can aid in the exercise process.

- 75% of our respondents reported that they did not use any assistive devices.
- 28.13% did use some form of assistive device.

Comments

The final question allowed for comments. There were a couple of comments related to falls occurring to dizziness. In addition, multiple comments that stated that once a senior falls they become afraid to leave their home for fear of falling again. As a result they stay home and become inactive.

Kenton Hardin Health Department would like to thank all the respondents that took this survey. Your participation allows us to get a picture of the perceptions, beliefs and attitudes of our senior residents in regards to falls.

We would also like to thank **Union County Health Department and Rebecca Honacker** for collaborating with us and providing the Falls Perception presentation. In addition, we would like to thank the **Hardin County Council on Aging** for hosting the presentation event.



