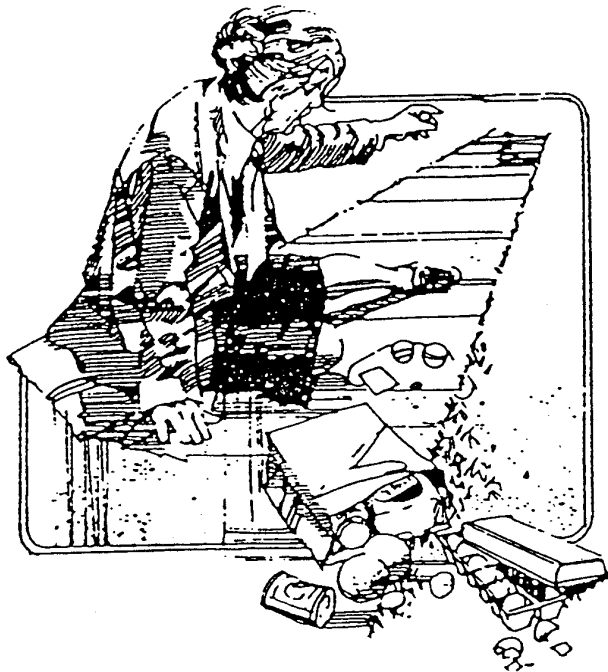


Fall Prevention in the Home: Changes for Healthy Living



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Handout Masters

Handout: *Improving Independence in the Home Environment: Assessment and Intervention*

Handout: *Bathroom Safety for Older People*

Overhead Transparency Masters

Evaluation

Fall Prevention in the Home: Changes for Healthy Living

Goal: Participants will increase knowledge and skills in recognizing hazardous situations which may lead to falls by older adults.

Objectives:

Participants will:

- | Gain knowledge about the demographics of the older adult population in Texas.
 - Statewide Demographics
- | Gain knowledge about the scope of the problem of falls among older adults.
 - Falls by Age and Gender
- | Gain knowledge about the leading cases of falls among older adults.
 - Environmental Hazards
 - Physical Attributes
 - Medication Management
- | Identify the potential hazards in their own living environment.
- | Identify potential measures to eliminate the safety hazards in their own living environment.
- | Identify steps they can take to help their communities reduce the number of falls in older adults.

Target Audience: Older Adults

Roll Call: Describe one situation, that you know about, where an older person had an accident resulting in a fall.

Fall Prevention in the Home: Changes for Healthy Living

Teaching Points

1. The number of people over the age of 50 will increase over the next decade.
2. Falling is a serious public health problem among older adults because of its frequency, the morbidity associated with falls, and the cost of the necessary health care.
3. Falls are ranked as the number one cause of injury related death for those over the age of 65.
4. Falls occur most frequently among older women.
5. The emotional factors associated with falls may increase the risk of future falls.
6. There are harmful consequences when the older adults associate themselves with stereotypes of old age.
7. Physical risk factors associated with falls increase with age.
8. Medications may increase the risk of falls for the elderly.
9. Safety-proofing the living environment has been shown to decrease the risk of falls for older adults.

Content

1. The number of people over the age of 50 will increase over the next decade.

It is a fact that every 7.5 seconds someone turns 50. Between 2010 and 2030, these “Baby Boomers” will reach age 65.

By 2030, it is predicted that there will be 70 million older Americans, twice the number as today.

Thirty-five million will be age 85 or older, 28 times greater than the current population over age 85.

In Texas there are more than two million older adults. This number is 10.2% of all ages in the state. The largest concentration of older adults in Texas live in Harris, Dallas, Bexar, Tarrant and El Paso counties (listed highest to lowest concentration levels) while the greatest proportion of older adults compared to younger adults live in rural, central Texas counties.

2. Falling is a serious public health problem among older adults because of its frequency, the morbidity associated with falls, and the cost of the necessary health care.

Falling and fear of falling can cause long-term health effects such as inactivity and physical decline.

Every year 200,000 hip fractures occur.

Show Overhead Transparency
#1, Every 7 Seconds

Show Overhead Transparency
#2, New Year’s Baby 2030

Show Overhead Transparency
#3, Population Increase

Show Overhead Transparency
#4, 2 Million Texans Over the Age of 65

Show Overhead Transparency
#5, Consequences of Falls

3. Falls are ranked as the number one cause of injury related deaths for those over the age of 65.

Estimates of the yearly costs for acute care associated with fall-related fractures have soared to more than 10 billion dollars.

The cost associated with falls includes 3 million hospital days per year for hip fractures. Long term care is required for half of hip fracture survivors.

The research has cited falls occurring in 32% of those ages 65-74, in 35% of those aged 75-84, and in 51% of those aged 85 and older.

4. Falls occur most frequently among older women.

42% of women aged 65-74, compared to 20% of men in the same age group.

5. The emotional factors associated with falls may increase the risk of future falls.

The **emotional risk factors** associated with falls are twofold. The person who falls, lives in fear of falling again, so they become inactive.

The fear of falling is one of the best predictors of later functional decline.

Inactivity leads to weakened muscles in turn lead to more falls. Second, older adults often do not use assistive devices to help steady their gait because they fear others will feel sorry for them or they are in complete denial of the need to use the devices.

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#6, **\$10 Billion Yearly Costs**

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#7, **Falls Increase With Age**

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#8, **Gender Differences in Falls**

Show Overhead Transparency
#9, **Disability Consequences of Falls**

6. There are harmful consequences when older adults associate themselves with stereotypes.

Older adults were raised in a generation where autonomy was of prime importance. The use of an assistive device was a sign of helplessness and impending death, a fearful period in their life. In an ageist society, those who look old are treated as old, in a stereotypic way.

A 92 year-old man once described this experience:

“I look like a cripple. I’m not a cripple mentally. I don’t feel that way. But I am physically. I hate it...You know, when I hear people, particularly gals and ladies, their heel hitting the pavement...I feel so lacking in assurance - why can’t I walk that way?...I have the same attitude now, toward life and living, as I did 30 years ago. That’s why this idea of not being able to walk along with other people - it hurts my ego. Because inside, that’s not really me.”

When older adults associate appearance and identity, or depend on the reactions of others to validate their self-concept, the realizations that they look like, or are treated like, an old person, may make them act and think like the stereotype of the elderly - with harmful consequences.

- # Depression
- # Isolation
- # Anger
- # Not using assistive devices
- # Suicide
- # Not seeking medical treatment

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#10, Harmful Consequences of
Stereotypes

