
Report Summary

Seniors' Falls in Canada: Second Report: key highlights

A. Stinchcombe, PhD; N. Kuran, MA; S. Powell, MA, MSW

Introduction

Injury in Canada is a serious public health concern. Injuries are a leading cause of hospitalization for children, young adults and seniors and a major cause of disability and death.¹ Falls remain the leading cause of injury-related hospitalizations among Canadian seniors, and data from the Canadian Community Health Survey – Healthy Aging indicate that 20% of seniors living in the community reported a fall in the previous year, with a higher prevalence among older seniors, i.e., those aged over 80 years.² Falls and associated outcomes not only harm the injured individuals but also affect their families, friends and care providers; they also place considerable pressure on the health care system. However, we do know that these personal and economic costs can be avoided through injury prevention activities.

The *Seniors' Falls in Canada: Second Report*³ provides policy makers, researchers, community programmers and practitioners with current data and trends on falls, injuries and hospitalizations among Canadian adults aged 65 years and over. This report is intended for use in public health research, policy development and practice.

The data used in the *Seniors' Falls in Canada: Second Report* were taken from the Canadian Community Health Survey (annual), the Hospital Morbidity Database and Canadian Vital Statistics. These data show an increasing need for effective fall interventions initiatives targeted at older adults. Falls can lead to negative mental health outcomes such as fear of falling, loss of autonomy and greater isolation,

confusion, immobilization and depression. In addition to the negative physical and mental health consequences of falling, the significant associated financial costs are estimated at \$2 billion annually, which is a value 3.7 times greater than that for younger adults.⁴

Select results

- The number of self-reported injuries due to falls increased by 43 % between 2003 and 2009/2010 (Figure 1). Rates of fall-related injuries continue to be higher among older females compared with older males (Figure 2). The majority of falls resulted in broken or fractured bones, and over one-third of fall-related hospitalizations among seniors were associated with a hip fracture. The frequency of injury and resulting care implications highlights the impact of falls on older adult themselves and their caregivers, as well as the pressure on Canadian health care systems.
- While fall-related hospitalizations increase with age in both men and women, these rates are higher in women (see Figure 3). Moreover, seniors hospitalized for a fall remain in hospital on average 10 days longer than those hospitalized for any cause. This discrepancy highlights the disproportionate health care costs of fall-related injuries in comparison to other causes of hospitalization.
- Canadian data revealed that the number of deaths among seniors due to falls increased by 65 % from 2003 to 2008 (Figure 4). The frequency of deaths and the age-standardized mortality rates due to falls were highest among the oldest seniors.

Risk factors and best practices

Risk factors for falls in seniors are numerous, complex and interactive. These factors are categorized as biological/intrinsic, behavioural, environmental and social/economic. Each older person may face a unique combination of risk factors according to his or her life circumstances, health status, health behaviours, economic situation, social supports and environment. Factors that put seniors at risk of falls include chronic and acute health conditions and their pharmacological treatment, balance or gait deficits, sensory factors, inadequate nutrition and social isolation as well as factors related to the built and social environment.

As our population ages, efforts will need to be re-focused on falls prevention to maintain and improve the quality of life and well-being of seniors and to ensure that they continue to contribute to and participate in society. Preventing falls requires interventions that target more than one risk factor. Specifically, the evidence supports comprehensive individual assessment followed by multifactorial, evidence-based practices. Falls prevention guidelines may be useful to assess individual risks, behaviours and challenges and establish standards that minimize the number and impact of falls. Further, interventions need to be tailored to the individual's health status, situation and environment.

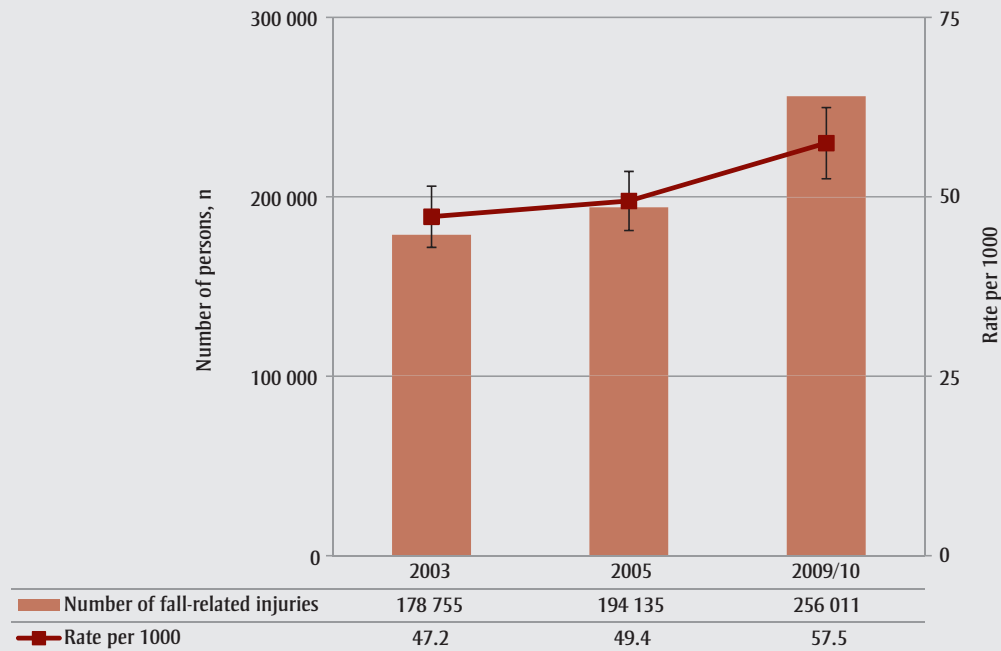
The research literature on risk factors for falls and on best practices in falls prevention reveals a number of research gaps. In particular, there is a lack of knowledge around the efficacy of falls prevention practices for subpopulations of Canadian seniors. Given that 50% of falls that result in hospitalization occur in the home and the

Author reference:

Division of Children, Seniors and Healthy Development, Public Health Agency of Canada, Ottawa, Ontario, Canada

FIGURE 1

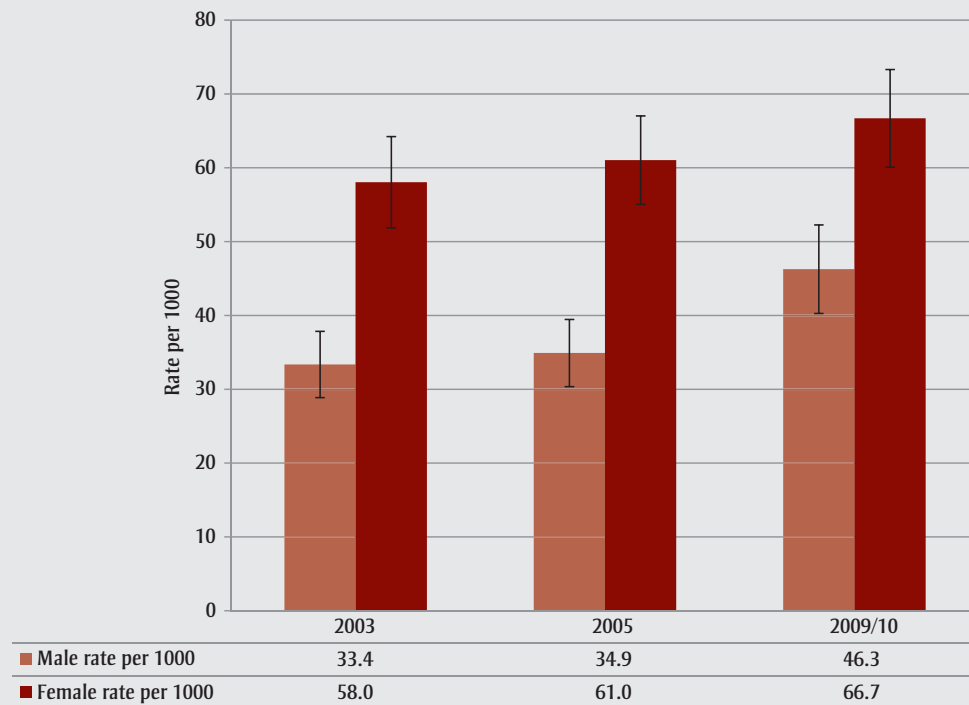
Estimated number of cases and rates (per 1000, with 95% confidence intervals) of injuries resulting from a fall, age ≥ 65 years, Canada, 2003, 2005, 2009/2010



Source: Canadian Community Health Survey, Share Files, Cycle 2.1 (2003), Cycle 3.1 (2005) and 2009/10.

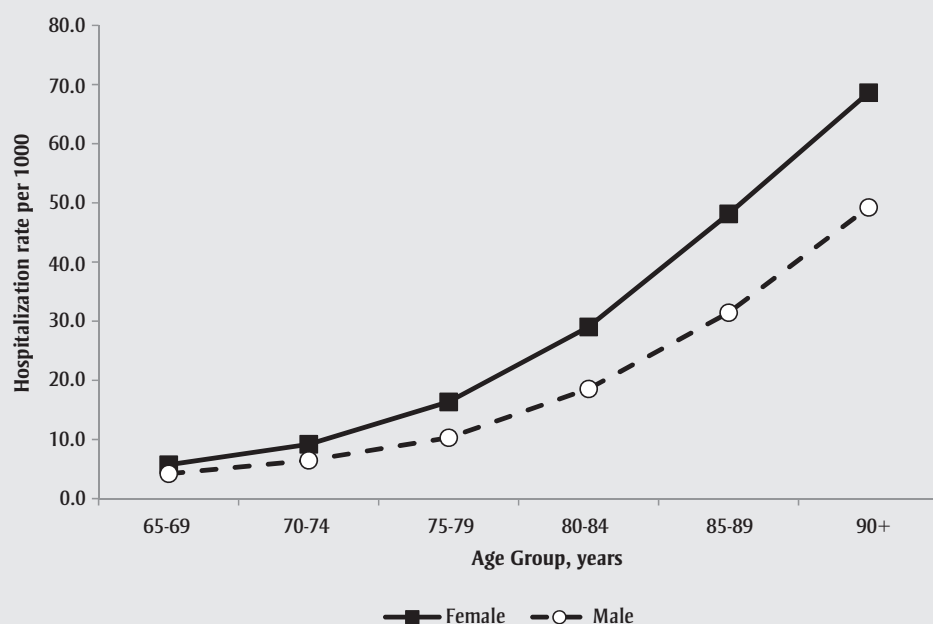
FIGURE 2

Estimated rates (per 1000, with 95% confidence intervals) of injuries resulting from a fall, by sex, age ≥ 65 years, Canada, 2003, 2005, 2009/10



Source: Canadian Community Health Survey, Share Files, Cycle 2.1 (2003), Cycle 3.1 (2005) and 2009/10.

FIGURE 3
Fall-related hospitalization rates, by sex and age group, age ≥ 65 years, Canada, 2010/11



Source: Canadian Institute for Health Information, Hospital Morbidity Database, 2010/11.

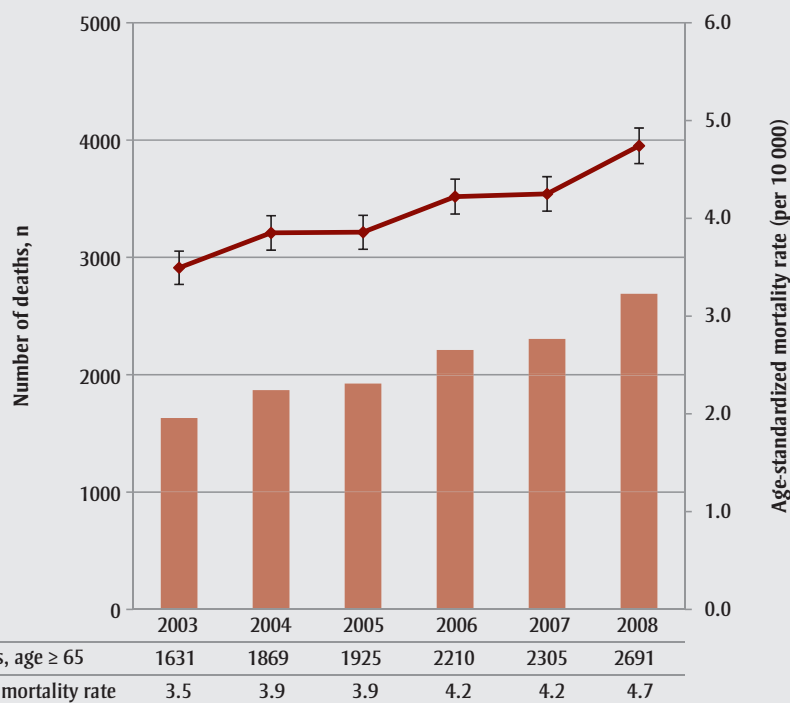
same percentage of seniors are discharged back to a home setting, the report also serves to highlight the importance of developing and evaluating tools for seniors and their families to plan for safely aging in place.

Conclusion

Over the years, Canada has laid a foundation for good health and well-being across the life course. Healthy aging is about

creating conditions that allow individuals to continue to make choices and thrive. Falls among seniors are largely preventable; however, their multifactorial nature means that addressing this growing public

FIGURE 4
Number of deaths and age-standardized mortality rate (with 95% confidence intervals) due to falls, age ≥ 65 years, Canada, 2003–2008



Source: Statistics Canada, Vital Statistics, 2003–2008.

health problem is a shared responsibility. Progress in preventing falls and the resulting injuries requires continued multisectoral collaboration between governments, health care providers, non-governmental organizations, care associations and services as well as Canadians themselves.

The full report is available online³ at <http://www.phac-aspc.gc.ca/seniors-aines/publications/public/index-eng.php>. The Public Health Agency of Canada will use the report as the basis for continued and detailed analysis. Further reports that examine the effects of gender and age differences on those who fall, as well as on falls by place of residence other than long-term care, would be useful.

References

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