

Fall & Injury Prevention Among Older Persons in B.C.

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Project manager

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Acknowledgements

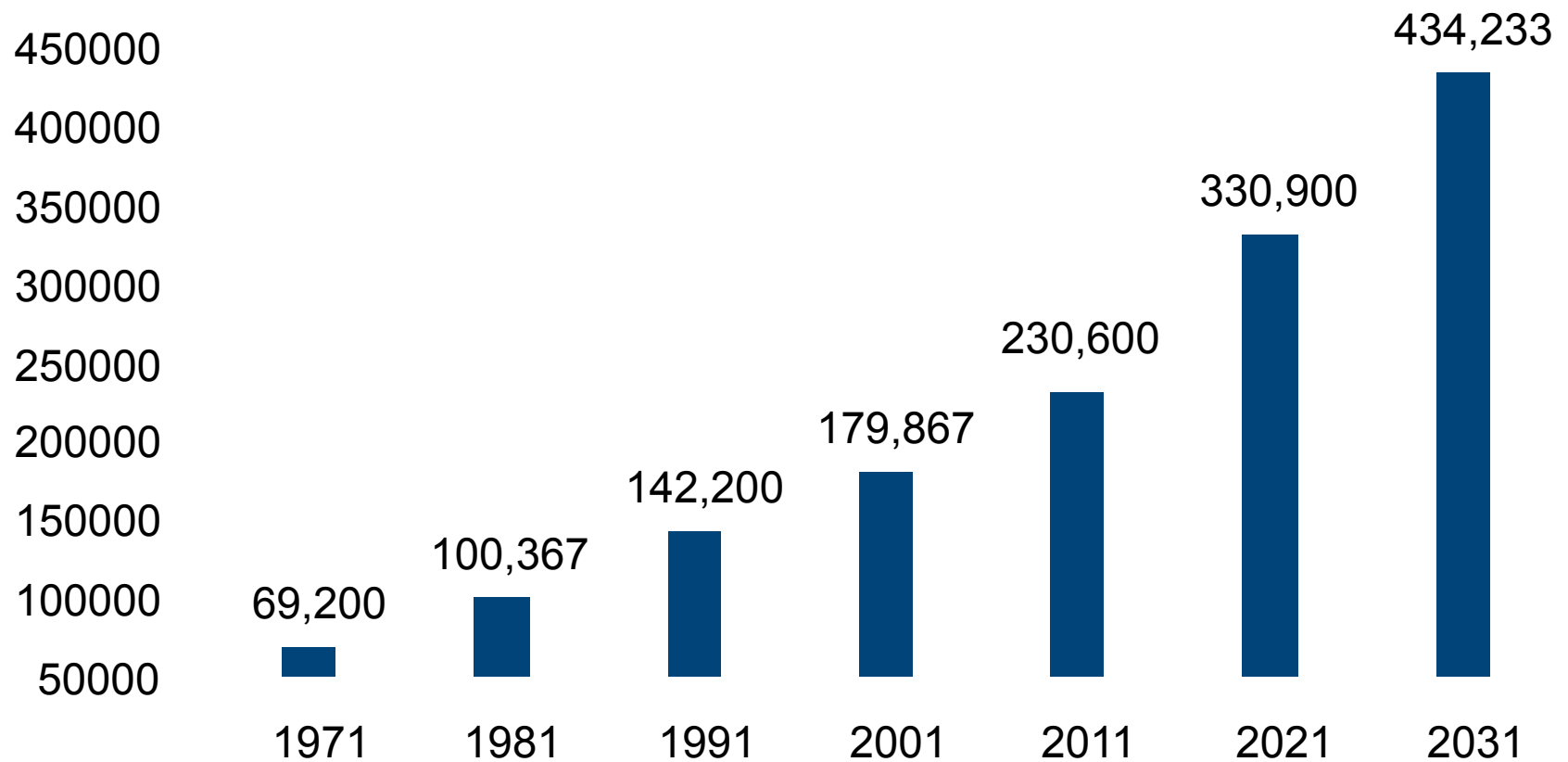
- VCH falls prevention team
 - Bonnie Lillies
 - Michael Moore
- BC Falls & Injury Prevention Coalition
 - Representatives of Health Authorities, Cross-sectoral Professional groups and Academia
- Falls prevention research team:
 - Ms. Hansdeep Bawa – Social Science researcher
 - Dr. Guanghan Han – Data analyst
 - Ms. Dorry Smith – Social Science researcher
 - Ms. Fahra Rajabali – Social Science researcher
 - Ms. Guilia Scime – Social Science researcher
 - Ms. Pamela Verma – Social Science researcher
- Ministry of Health falls prevention policy advisors:
 - **Dr Vicky Scott** - Senior Advisor on Falls & Injury Prevention
 - Mr. Matt Herman – Director, Health Aging & Injury Prevention
 - Ms. Nicole Smith – Policy analyst
 - Ms. Lori Wagar – Policy analyst

B.C. Fall Facts

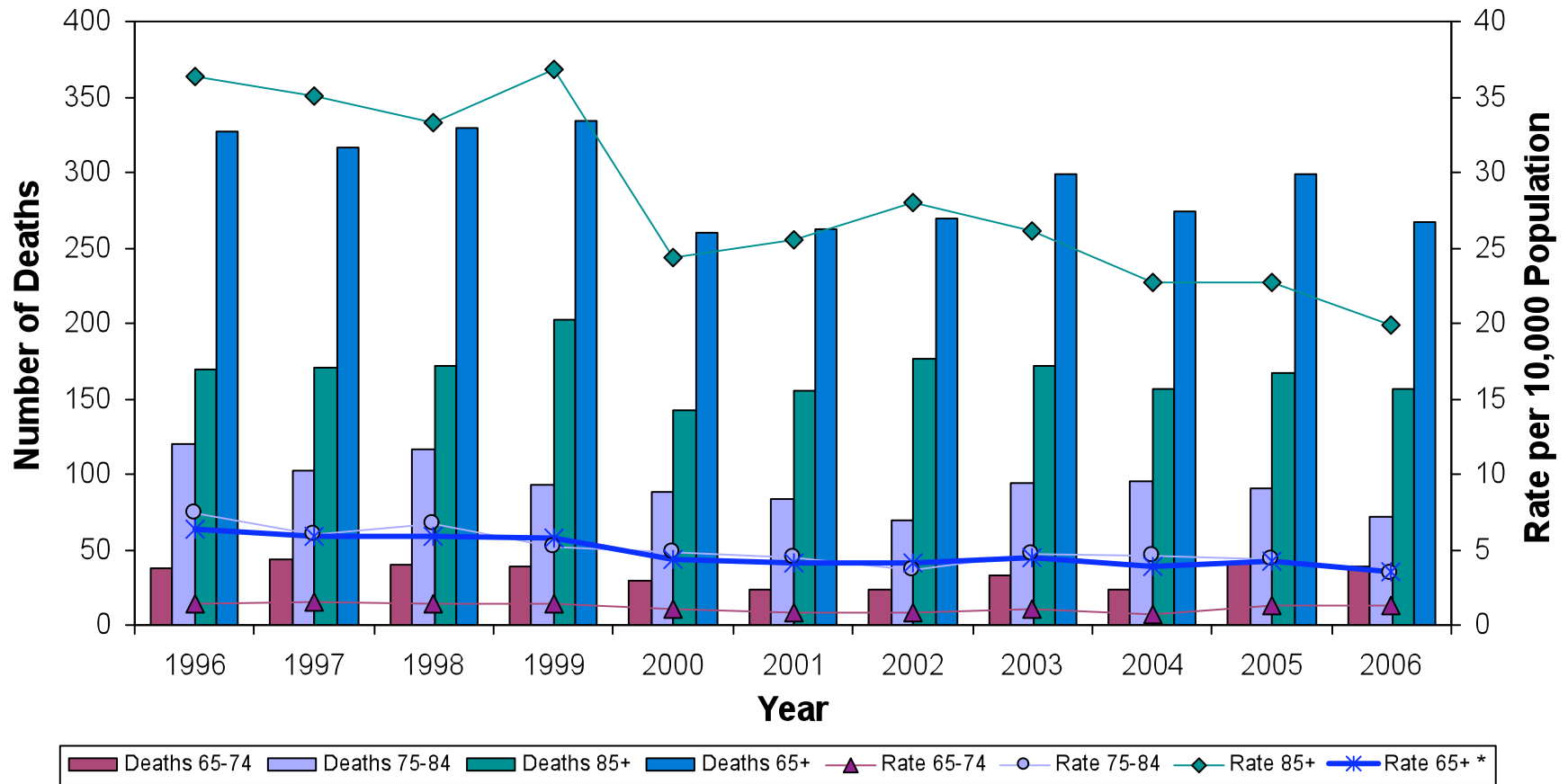
- Falls are the most common cause of injury and the 6th leading cause of death for seniors
- 30-50% of those 65 and over fall at least once each year
- The annual direct health care costs for fall injuries for those 65+ in B.C. in 2006 was \$151 million
- Falls account for 85% of all unintentional injuries resulting in hospitalization for those aged 65+
- Over 40% hospitalized falls involve hip fractures and half of those people NEVER regain pre-fall functioning
- Half of long-term care admissions are fall-related
- Direct cost of one hip fracture is \$ 20,000 - 25,000

(Source: Herman, Gallagher & Scott, 2006. The Evolution of Seniors' Falls Prevention in British Columbia. Victoria: Ministry of Health; Ministry of Health statistics)

Fallers, Trend Aged 65+, 1971-2031



Direct Deaths Due to Falls Among Seniors, by Age Group, B.C., 1996 to 2006



* Age-Standardized to B.C. 1991 population.

Notes:

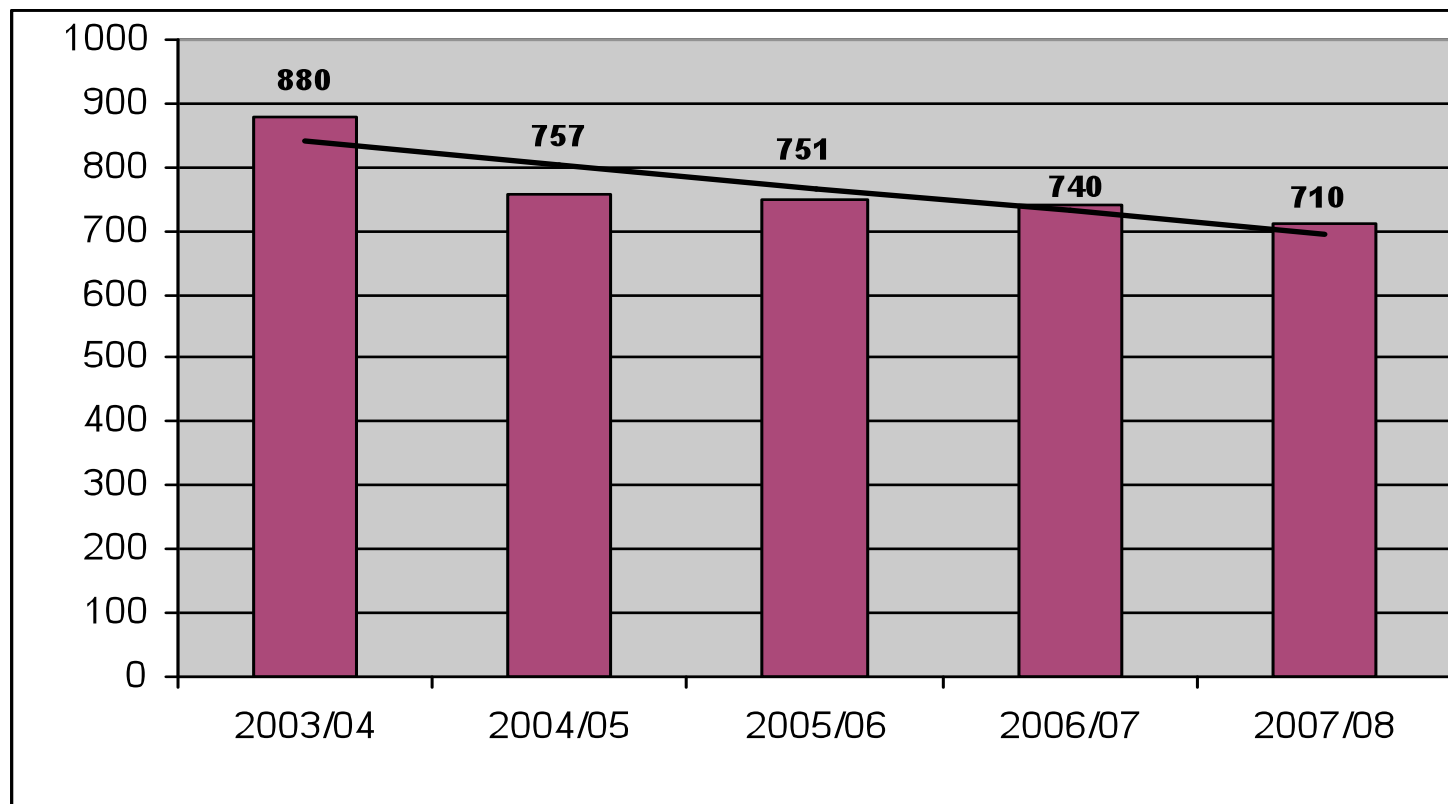
Direct cause of death = the underlying cause of death or what the person died of.

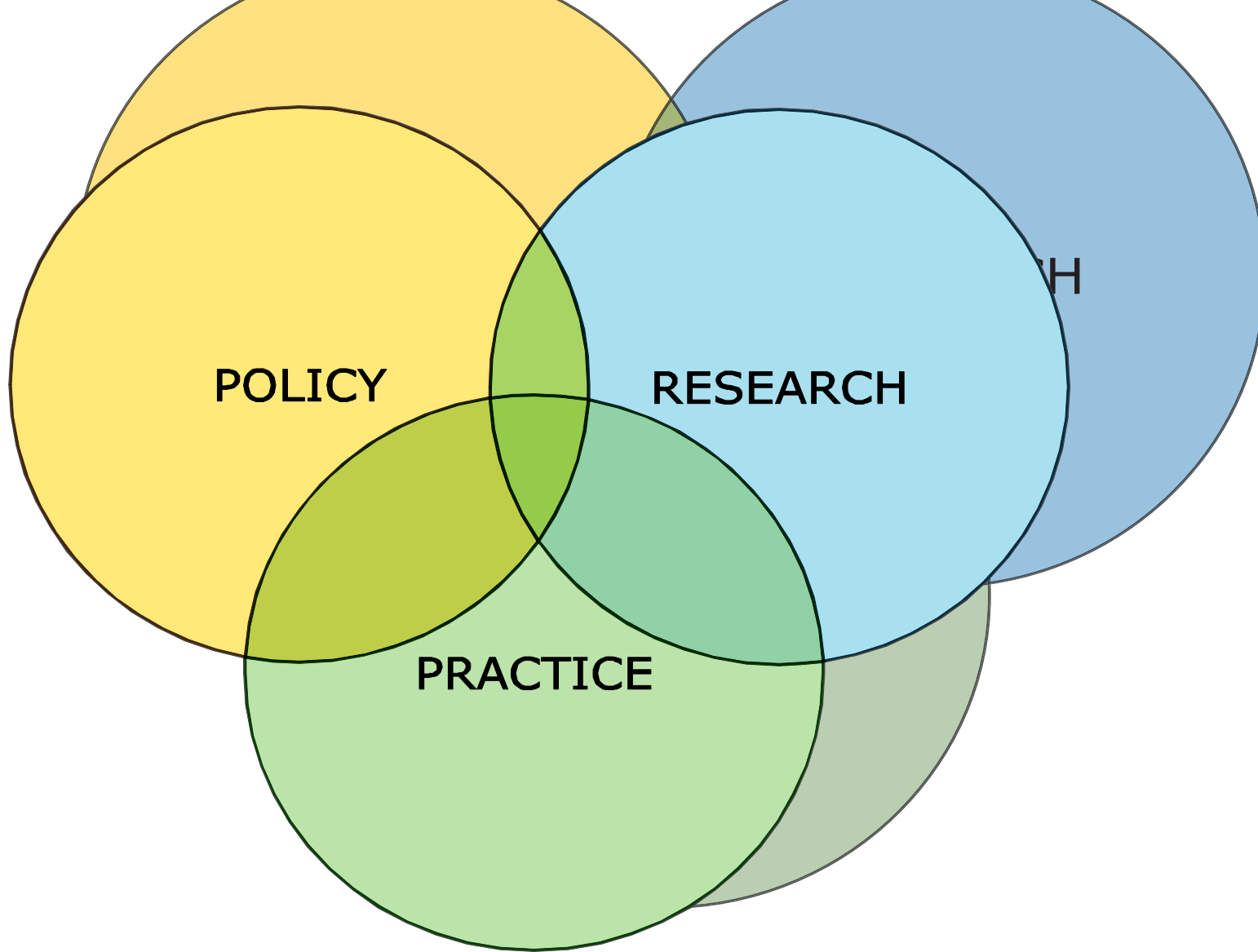
Falls = ICD-9 E880 - E888, ICD-10 W00 - W19.

Source: B.C. Vital Statistics Agency.

VCH Hip Fractures Population 65+

(Data presented by Fiscal Years – 07/08 value prorated)





The cover features a black and white photograph of an elderly person's legs and feet, wearing white sneakers and using a metal walker. The person is standing on a dark surface. A vertical orange bar is on the left side. A black box with white text is centered on the left side of the image.

Prevention of Falls and Injuries Among the Elderly

A SPECIAL REPORT
FROM THE OFFICE OF THE
PROVINCIAL HEALTH OFFICER

JANUARY 2004



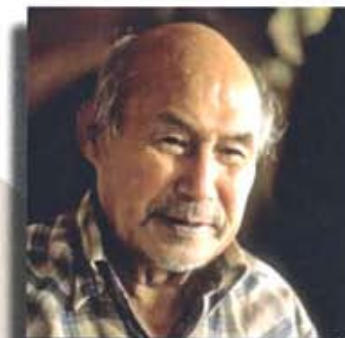
BRITISH
COLUMBIA

Ministry of Health Planning
Office of the
Provincial Health Officer

THE EVOLUTION OF SENIORS' **FALLS PREVENTION** IN BRITISH COLUMBIA



Working strategically and collectively to reduce the burden and impact of falls and fall-related injury among seniors



March 2006 | Ministry of Health

Research – Surveillance, Assessment Prevention

Risk Factors

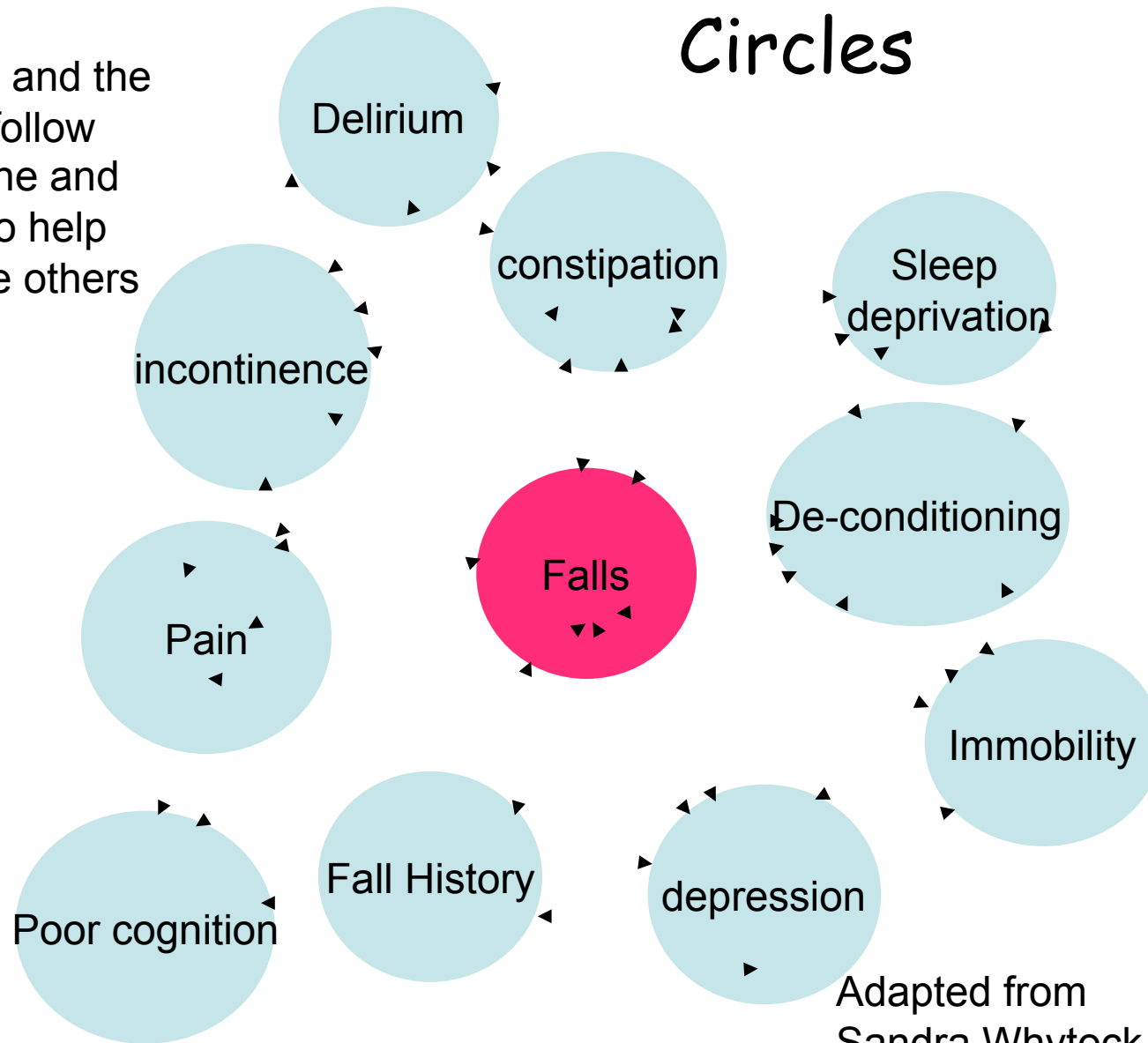
- Biological
- Behavioural
- Environmental
- Socioeconomic



Geriatric Vicious Circles

Fall risk factors

- Leave one unattended and the others will follow
- Manage one and you will also help manage the others



Adapted from
Sandra Whytock RN MSN

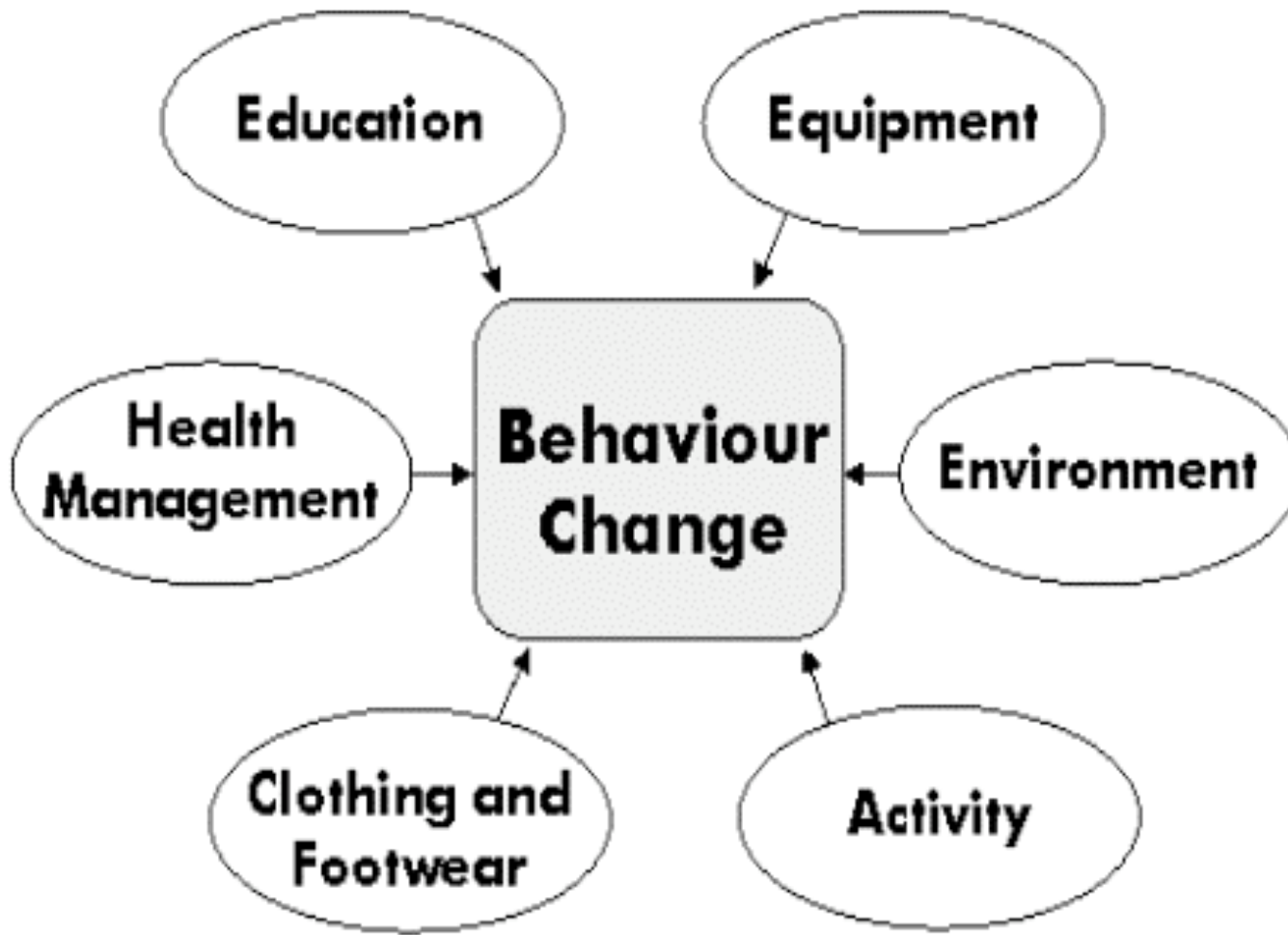
Evidence into practice

Collaboration.....Education...Integration

Multifactorial risk factors require Multifactorial interventions

Interventions match the area of care

BEEEACH Prevention Model



BC Falls & Injury Prevention Coalition

- BCIRPU chair and secretariat
- Regional Health Authority representatives
- Health professions
- Policy makers
- Researchers
- Seniors organizations



Canadian Falls Prevention Curriculum



www.injuryresearch.bc.ca

International Partnership

PRoFaNE

Over 1100 web site
members from over
30 countries

**Prevention of Falls
Network Europe**

<http://www.profane.eu.org/>

The Future

- Continue to work on policy development to improve standards and accountability
- standardized education of definitions, and agreement of effective interventions and strategies for implementation,
- Continue to share evaluation findings.
- Support research in all areas of care
- Provide opportunities for translation of evidence to practice