

Preventing Falls

At one time or another, we all have fallen. It is a part of the process of learning to walk. A universally-shared experience, we also think of falls as a metaphor for life's ups and downs: Frank Sinatra once sang "pick yourself up, dust yourself off, and start all over again".

But for American Indian/Alaska Native (AI/AN) Elders a fall may not provide an opportunity to start again. While a common experience nationwide, a fall can have devastating consequences for Elders in particular. It is crucial that AI/AN Elders and communities become aware of factors that increase the risk of falling and know what can be done to reduce that risk.

When an Elder falls, it can kill.

1 of every 3 Americans aged 65 or older will report a fall in a given year.⁽¹⁾ Injury and even death are common when an Elder falls. Falls result in bruising, cuts and tears to the skin, broken bones and injuries to the head.⁽²⁾ Fractures of the wrist and hip are the most common bone injuries from falls, as these are the parts of the body that hit the ground first.

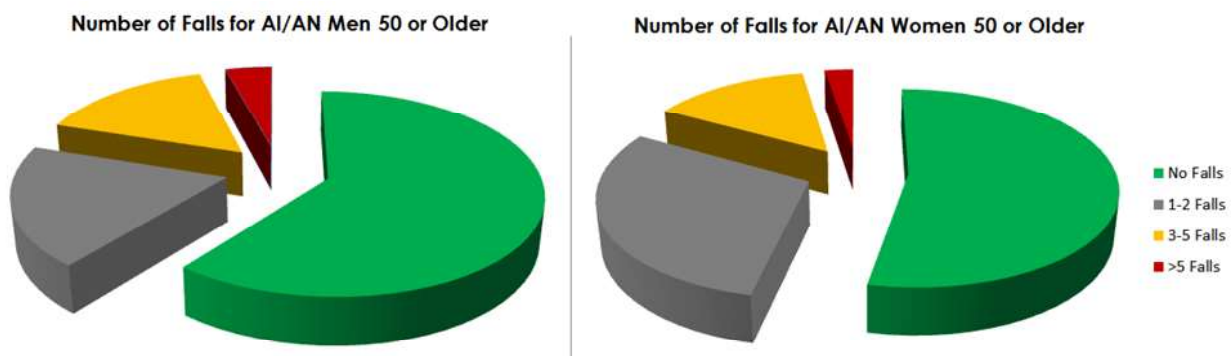
Hip fractures in particular are very dangerous, as 4% of Elders who fracture their hip will die at the hospital and 23% will die within a year of the fracture, even after medical treatment.⁽³⁾ Alarmingly, an older American is treated in an emergency room every 13 seconds for a fall – that's 4 a minute, or almost 5,800 every single day!⁽¹⁾

These falls may cause severe injury and often prove deadly – so deadly that 3 Americans, age 65 plus, will die every hour due to a fall.⁽¹⁾ Because of this, falls can cause Elders to become fearful, and constant fear can result in a lower quality of life.

Who's at risk?

In a member survey conducted at the 2014 Biennial Conference, NICOA learned that among AI/AN Elders, age 50 plus, approximately 4 of every 10 men and nearly half of women reported a fall in the last year 20% of men and 17% of women surveyed fell 3 or more times.

In separate research regarding AI/AN Elders 55 or older, an increased risk of falling with age was demonstrated. Approximately 27% of Elders 55-59 fell in a given year, where approximately 43% of Elders 80+ years old fell in the same year.⁽³⁾



It's important to understand that falls do not simply occur because one is an Elder. According to the National Institutes of Health, typically a fall results from the presence of one or more risk factors present in an Elder or their environment. As the number of risk factors increases, so does the likelihood of a fall.(4)

There are two main categories of risk factors that add to the likelihood of a fall, and these are health factors and environmental factors.

1. Health Factors

An Elder's individual health is very important to determining the risk for a fall. One of the most basic risk factors for a fall is muscle weakness. Elders who experience weakness in the legs or other muscles are more likely to fall. Having poor mobility (not walking well) or balance makes a fall more likely to occur.

Elders who experience a sudden drop in blood pressure when standing up after having been seated or lying down are also at an increased risk of having a fall. This condition is sometimes called "postural hypotension" (resulting from posture) and it can make some Elders feel dizzy or light-headed. An Elder who experiences confusion is also at higher risk, as confusion about where one is can make them less aware of dangers around them that can cause a fall.

Sensory problems, like numbness in the feet, make a fall more likely. Vision is very important, and those Elders with impairments to their sight due to such factors as an outdated prescription (eyeglasses), glaucoma (an eye condition which reduces the field of vision), or cataracts (a clouding of the lens of the eye) may be more likely to fall as well.

The risk of falling goes up for Elders with diagnosed medical conditions like osteoporosis, arthritis, Parkinson's disease, diabetes, or other illnesses, as these may aggravate any of the conditions listed above, or come with their own unique risk factors. Elders taking medications to treat any condition may experience a higher risk as well, because certain medications may cause dizziness or confusion. Those Elders taking four or more medications are more likely to fall than those who use fewer than four prescriptions.(4)

2. Environmental Factors

The risk for a fall is much more than the health of the Elder alone. Where an Elder lives, how the Elder lives, and who the Elder lives with all matter as well.

The home is where 60% of all falls happen. In and around the home, simple things like loose rugs or clutter on the floors and a lack of hand rails on staircases all increase the likelihood of a fall. So too can a poorly-lit house, cords and wires running across the floor, thick carpet or slippery floors, and furniture that is difficult to walk around. Even a pet in the home like a cat or dog can present a fall hazard. A lack of safety items in the bathroom such rubber or rubber-backed mats, non-slip surfaces in the bathtub, and hand rails for the bathtub and near the toilet, make falls more likely too.

Outside of the house, loose debris like gravel, rocks, and leaves on walkways are dangerous. A lack of handrails around outdoor stairs, damaged walkways, difficult access to a mailbox, and seasonal factors like snow and ice can also increase the danger to an Elder. Homes without good lighting around doors, driveways, and walkways can present a fall hazard for an Elder.

Personal choices like footwear may play a role, as high-heel shoes, uncomfortable or ill-fitted shoes, or shoes with a slick sole (like many leather-soled dress shoes) can all increase the danger of a fall. When it comes to falls, there are some areas where we can try to reduce risk, and some that cannot be

controlled. Environmental factors are much easier to control, and with help from family and friends, steps can be taken to reduce the danger of an unsafe home.(4)

What can be done?

In the home, look for and remove hazards. Consider the following:

- Remove tripping hazards from the floor, such as clutter, loose cords, small furniture, pet bowls, etc. Be mindful of pets when getting up or walking in the home.
- Avoid the use of throw-rugs or secure them to the floor, and make sure hard floors are not slippery.
- Use bright lights in every room and consider using night lights in bedrooms, hallways, and bathrooms. Also keep a flashlight by the bed in case of a power outage or emergency.
- Use rubber mats and non-slip tape in the bathroom and bathtub.
- Keep frequently used items easy to reach; avoid the hard-to-reach shelves and cabinets.
- Install hand rails on both sides of a staircase, in the shower/bathtub, and by the toilet to make getting up and moving easier.
- When carrying items on the stairs, carry the item using only one hand. Keep the other hand on a rail. Make sure you can see your feet. If you need help, ask!
- Keep walkways around the outside of the house clear of debris, leaves, and snow/ice. Keep the area around the car and mailbox clear of tripping hazards.(4)

With regard to an Elder's health and reducing the risk of a fall, Elders should discuss any health issues, limitations, or concerns with family and medical professionals. Because falls can be so serious, it is crucial to avoid falling in the first place.

A doctor can help evaluate conditions, medications, and limitations which contribute to an Elder's risk for a fall. Because an Elder's strength is important to not only avoiding a fall but also to promoting overall health, exercise is another step an Elder should consider. Because every Elder has differing needs and abilities, a doctor can consult and recommend exercise programs that would be of the greatest benefit, especially if physical therapy is needed.

Elders who feel able can also start training for increased strength at home. The Indian Health Service (IHS) recommends that Elders walk 30 minutes, 5 days per week to improve health. IHS also suggests that Elders stretch every morning and exercise 2 or 3 times per week, recommending 10 to 15 repetitions of 8 to 10 exercises per exercise session.(5)

To help prevent falls, IHS recommends visiting a physical therapist. For more information and to locate your local IHS resources, visit: www.ihs.gov/findhealthcare

An online physical training program from the Center for Disease Control (CDC) contains exercises that Elders can do at home: www.cdc.gov/physicalactivity/downloads/growing_stronger.pdf

For organizations that serve AI/AN communities, the National Resource Center on Native American Aging (NRCNAA) offers the WELL Balanced 8-week curriculum free of charge. Downloads include curriculum and booklets for program participants: www.nrcnaa.org/well-balanced

Elders should also make sure their diet is helping the body stay strong. A balanced diet with dairy products (milk, cheese, yogurt), fish and shellfish, certain vegetables (like broccoli, soybeans, and almonds) and vitamin D (from sunlight or a supplement) can aid in keeping bones strong.(3)

Final Thought

There are many small steps Elders and caregivers alike can take to help reduce the risk of a fall. By reducing hazards in the home, maintaining diet and exercise, and staying aware of health diagnoses, Elders in our communities can live better and minimize the chance they will face serious injuries from a fall.

Sources:

- 1) National Council on Aging. (2015). Evidence-Based Falls Prevention Programs: Saving Lives, Saving Money. Retrieved 2015, from National Council on Aging: <http://ncoa.org/FallsPrevention>
- 2) Right at Home: In Home Care and Assistance. (n.d.). Fall Prevention in Older Adults: It Takes a Village. Retrieved from Right at Home.
- 3) Jacqueline S. Gray, P. a. (2012, March). Fall Incidents and Native American Elderly. Retrieved from National Resource Center on Native American Aging.
- 4) National Institutes of Health. (n.d.). Falls and Older Adults. Retrieved 2015 October, from NIH Senior Health: <http://nihseniorhealth.gov/falls/causesandriskfactors/01.html>
- 5) Indian Health Service. (n.d.). Physical Activity. Retrieved October 2015, from Indian Health Service: <https://www.ihs.gov/forpatients/index.cfm/healthtopics/PhysicalActivity/>