

Falls Among Older Adults – Data Brief

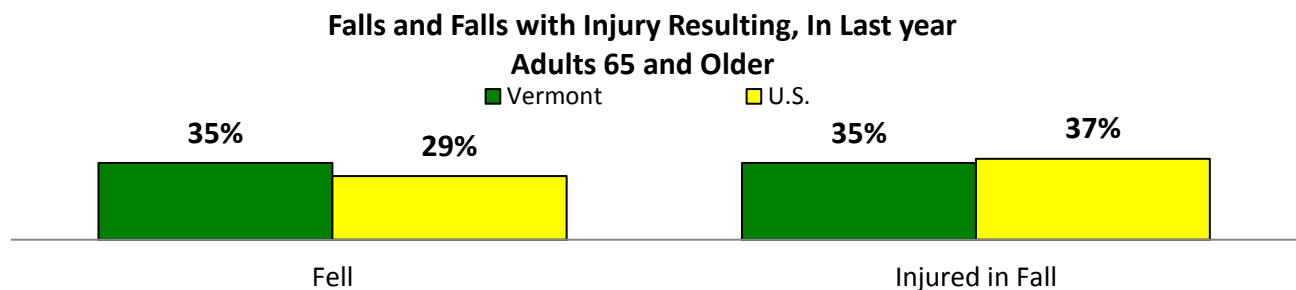
2016 Vermont Behavioral Risk Factor Survey

Background

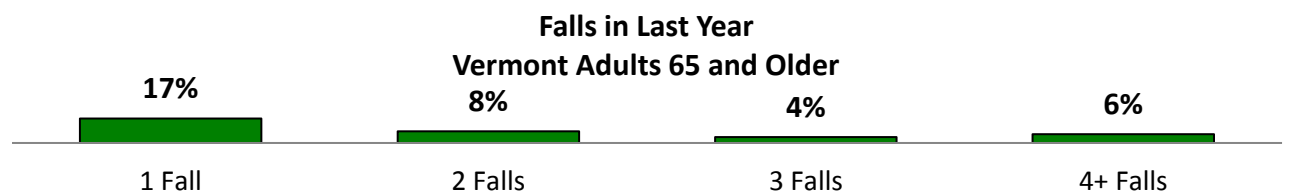
Falls are the leading cause of unintentional injuries among older adults, both fatal and non-fatal, in the U.S. and Vermont¹. In 2015, 116 Vermont residents ages 65 and older died in Vermont as a result of a fall and over 90% of fall-related deaths are among those 65 and older². More than 1,600 older Vermont adults were hospitalized in Vermont and an additional 5,445 went to a Vermont emergency room due to a fall in 2014. The severity of non-fatal injuries can range from the more moderate, such as lacerations, to severe injuries like bone fractures and head trauma. Vermont Behavioral Risk Factor Surveillance System data from 2016 allows us to look at the occurrence of falls among older adults.

Falls

In 2016, more than a third of Vermont adults 65 and older said they fell at least once in the last year. This is significantly higher than the approximately three in ten U.S. adults who said the same (35% vs. 29%). However, among older adults who fell, similar proportions of Vermont and U.S. adults reported being injured during a fall (35% vs. 37%). Injured in a fall was defined as visiting a doctor due to the fall or limiting regular activities for at least a day because of the injury.



More than one in six (17%) older Vermont adults fell once in the last year. Eight percent fell two or three times, and about one in sixteen, fell four or more times.



Health Status

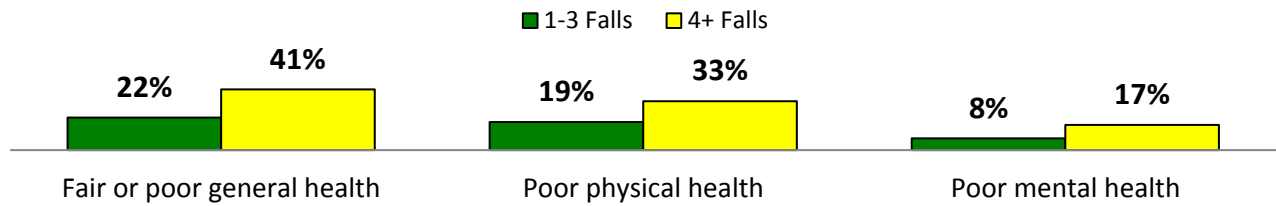
An estimated 6,000 Vermont adults ages 65 and older fell four or more times in the last year. As might be expected, these adults are significantly more likely to report fair or poor general health as compared with those with one to three falls (41% vs. 22%). Adults with four or more falls are more than 50% more likely than those with fewer falls to report poor³ physical health in the last month; they are almost twice as likely to report poor³ mental health. These are not statistically significant differences.

¹ Centers for Disease Control and Prevention, National Center for Injury and Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed April 7, 2014.

² Vermont Vital Statistics, 2016, Data are Preliminary.

³ Poor physical and mental health defined as 14 or more days in last 30 where physical/mental health reported as not good.

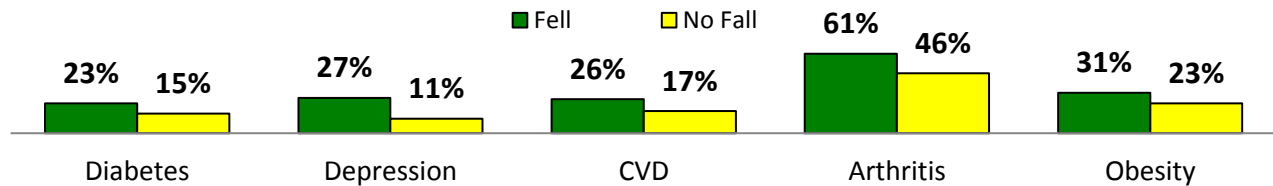
Health Status Vermont Adults 65 and Older Who Fell



Chronic Conditions

Nearly half (49%) of Vermont adults ages 65 and older have more than one chronic condition. Older adults with at least one fall are significantly more likely to have more than one chronic condition compared to those that did not fall (61% vs 42%). Adults with at least one fall are significantly more likely than those without to report diabetes, CVD, arthritis, depression and obesity. There are no significant differences in the prevalence of asthma (9% vs. 8%), cancer (19% vs. 17%) and COPD (12% vs. 9%).

Chronic Conditions and Falls Vermont Adults 65 and Older

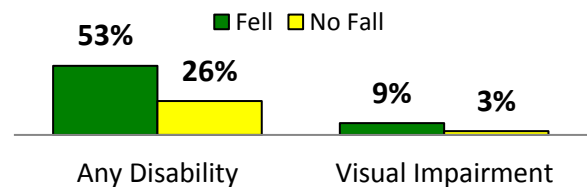


Older adults that fell four or more times in the last year are more likely to have multiple chronic conditions than those who fell only once. Nearly three quarters (72%) of those with four or more falls have at least two chronic conditions compared to 56% of those with one fall, although this is not a statistically significant difference.

Disability⁴

Older adults that fell at least once are more than twice as likely to be disabled as those who did not fall at all. Over half of adults that fell at least once were disabled, compared with 26% of those who did not fall. One in ten (9%) Vermonters 65 and older who fell in the past year had a visual impairment, statistically higher than those who did not fall (3%).

Disability Status and Falls Vermont Adults 65 and Older



Demographics

Men are statistically significantly more likely to fall 4 or more times compared to women (8% vs 4%); however, there is no statistical difference in gender among older adults who fell 1-3 times. There are no statistically significant differences between older adults that fell four or more times and one to three times by mean age, education level, annual household income level, or race/ethnicity.

For more information on the BRFSS contact Leslie Barnard, M.P.H. (leslie.barnard@vermont.gov).

⁴ The Behavioral Risk Factor Surveillance System (BRFSS) asks several questions to determine the individual's disability status. [Disabilities identified by the BRFSS include mobility, cognitive, visual, hearing, self-care and independent living.](#) The BRFSS does not include people living in institutions and group homes, who may be more likely to have a disability, and therefore may underestimate the prevalence of disability.