

Falls Among Older Adults – Data Brief

2014 Vermont Behavioral Risk Factor Survey

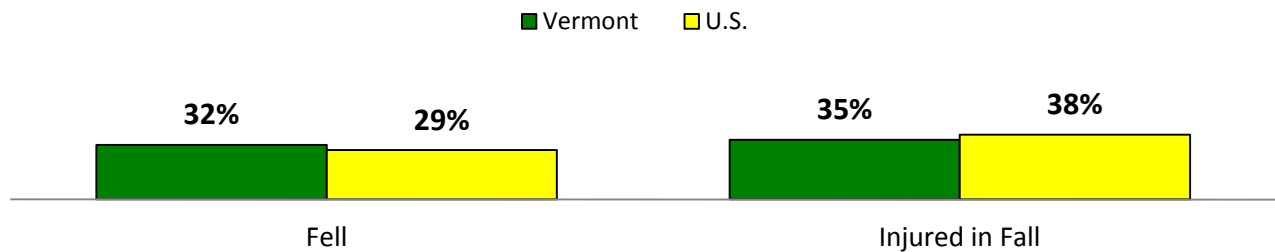
Background

Falls are the leading cause of unintentional injuries among older adults, both fatal and non-fatal, in the U.S. and Vermont¹. In 2014, 125 Vermont adults ages 65 and older died as a result of a fall². 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 2014 allows us to look at the occurrence of falls among older adults.

Falls

In 2014, 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 (32% vs. 29%). However, among older adults who fell, similar proportions of Vermont and U.S. adults reported being injured during a fall (35% vs. 38%). Injured in a fall was defined as visiting a doctor due to the fall or limiting regular activities for at least a day or two because of the injury.

**Falls and Falls with Injury Resulting, In Last year
Adults 65 and Older**



Fewer than one in six (15%) older Vermont adults fell once in the last year. Twelve percent fell two or three times, and about one in twenty, or four percent, fell four or more times.

**Falls in Last Year
Vermont Adults 65 and Older**



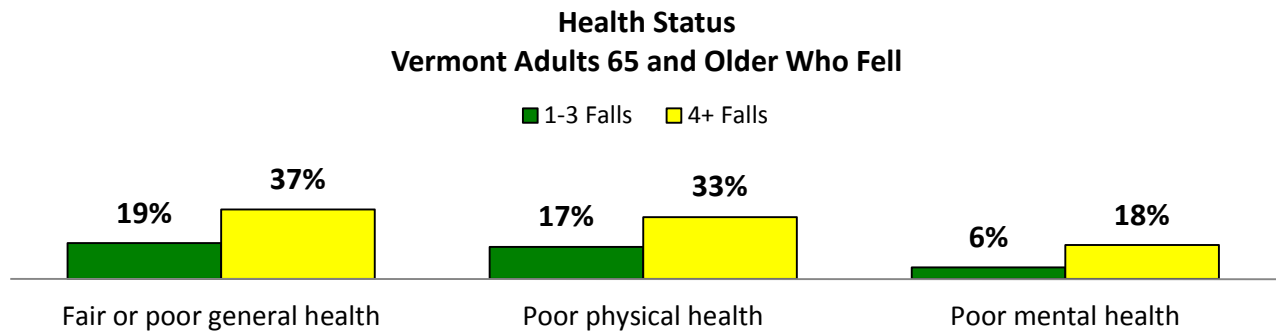
Health Status

An estimated 4,500 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 (37% vs. 19%). Adults with four or more falls are twice as likely those with fewer

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.

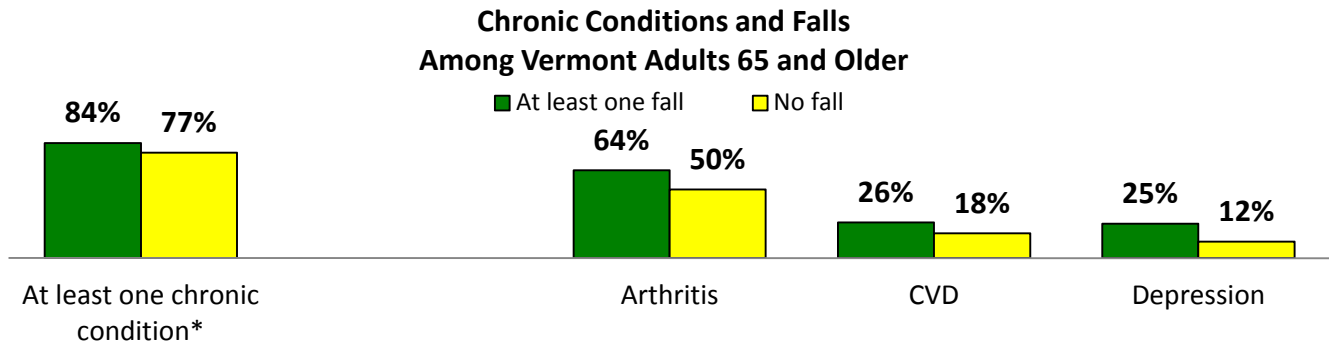
² Vermont Vital Statistics, 2014, Data are Preliminary.

falls to report poor³ physical health in the last month; they are three times as likely to report poor³ mental health. Both are statistically significant differences.



Chronic Conditions

Eight in ten Vermont adults ages 65 and older have at least one chronic condition. Older adults with at least one fall are significantly more likely to have at least one chronic condition compared to those that did not fall. Adults with at least one fall are significantly more likely than those without to report arthritis, cardiovascular disease, and depression. There are no significant differences in the prevalence of asthma (12% vs. 9%), diabetes (17% vs. 16%), obesity (29% vs. 24%), chronic obstructive pulmonary disease (14% vs. 13%), cancer (19% vs. 16%), and vision impairments (7% vs. 4%).



Older adults that fell four or more times in the last year are more likely to have multiple chronic conditions than those with fewer falls. Eight in ten (81%) of those with four or more falls have at least two chronic conditions compared to 57% of those with one to three falls, as statistically significant difference.

Disability

Older adults that fell at least once are nearly twice as likely to be disabled⁴ as those who did not fall at all. Half of adults that fell at least once were disabled, compared with 26% of those who did not fall.

Demographics

There are no statistically significant differences between older adults that fell four or more times and one to three times by mean age, gender, education level, or annual household income level.

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

⁴ Disability is defined as activity limitations due to physical, emotional, or mental problems or any health problem that requires use of special equipment (e.g., a wheel chair, or special telephone).