

Take a Stand to Prevent Falls

Even though falls are the number one cause of fatal injuries in North Carolina for older adults, how is it that many residents are naively unaware of the burdens fall-related injuries create for seniors, our state and its health care systems?

With a rapidly aging state population, North Carolinians have an opportunity to change that and take responsible action to protect our elders from preventable fall-related injuries and financial hardships that threaten their independence and quality of life.

One organization is doing just that. The N.C. Association of Community Development Corporations, (NCACDC) and its affiliates, in partnership with USDA Rural Development, AARP and the Falls Prevention Coalition, next week will launch a statewide initiative to help older people identify hazards in their homes and make affordable safety modifications.

The scope of the falls challenge North Carolina is facing should concern everyone. Falls and fall-related injuries among older adults are a serious public health problem. According to a 2013 report from the N.C. Division of Public Health, 908 North Carolina residents lost their lives because of a fall in 2011, 84 percent of these persons were over the age of 65.

The financial costs associated with fall-related injuries are staggering. Falls in 2011 resulted in 193,000 emergency department (ED) visits in N.C, placing a significant burden on health care services. Falls cost NC residents more than \$806 million in hospital charges with an average charge of \$32,000. Those over 85 had the highest rate of fall-related hospitalizations and ED visits in our state, according to the 2013 public health report.

With the projected growth of the older population in America soaring to 73 million by 2030, the National Council on Aging (NCOA) estimates the direct costs for falls among older adults will reach \$43.8 billion nation-wide by 2020.

Aside from dollars and cents, there are other harmful costs associated with falls. An NCOA report found fear of falling is common among older adults. Many older adults with a fear of falling reduce their activity level as a strategy to prevent falls. This behavior can lead to functional decline, deterioration in perceived health status, and an increased risk of admission to institutional care. Such an outcome is contrary to a finding included in a 2014 Harvard University housing study focused on older adults which found “aging in place is the preference of most people.”

The Harvard study concluded “cost savings can be generated from providing publicly funded long-term care in the home rather than in institutions.”

According to NCACDC’s Home S.A.F.E. program director, Brigitte Rasberry, “our program begins with a free in-home safety assessment and is designed to help people who want to age safely in their home.”

“Just as our parents and grandparents once protected us; as they age, it becomes our responsibility to promote the dignity of our elders by ensuring their safety and security in their homes,” Rasberry says. “Often just a few modifications—such as having grab bars put in next to and inside the tub or attaching non-slip rubber treads to stairs—can greatly reduce the risk of falls.”

This fall, the coalition will work with local agencies and allies to raise awareness of fall prevention strategies and identify older residents interested in home assessment. Housing specialists will go over the identified hazards and suggest ways to modify the home to reduce risk of falls. They also will review cost estimates, recommend reputable contractors, and identify any assistance with payment plans or financial resources available.

September 23-29 has been designated Fall Prevention Awareness Week. To raise awareness among older adults and their families and caregivers, elder care professionals and the general public about the seriousness of falls and ways to reduce fall risk, NCACDC has selected this week to launch its Home S.A. F. E. initiative.

Let’s make sure that each of us understands and spreads the message that falls are preventable.

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