



STAY ON YOUR FEET WA™

**2004 FALLS PREVENTION RISK
FACTOR SURVEY**

Highlight Report

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Objectives

Broad objectives were to measure:

- Awareness of Stay On Your Feet WA™ Program
- Self-reported incidence of falls and the severity of these falls
- Knowledge and attitudes relating to falls and falls prevention
- Implementation of behaviours to reduce falls

Methods

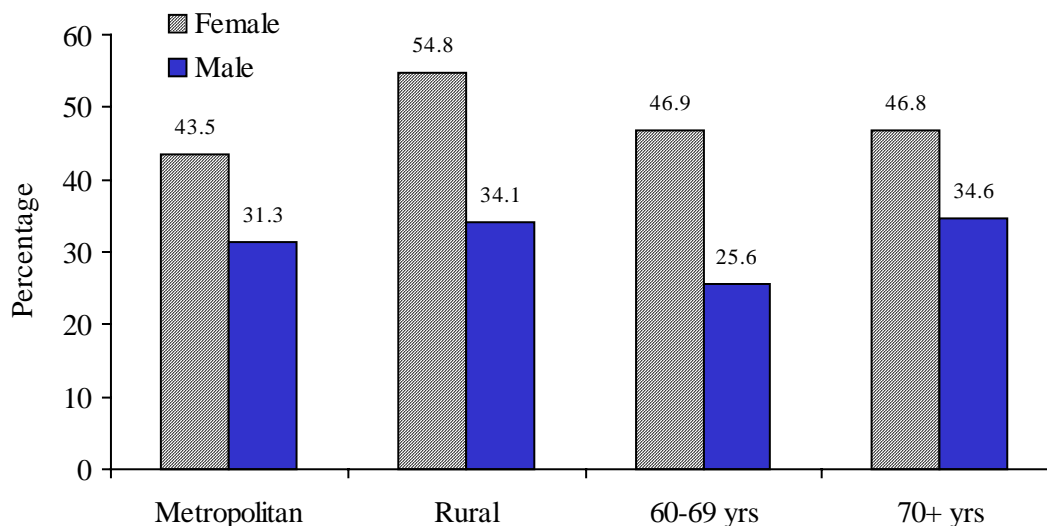
A stratified random telephone survey was undertaken of 1100 community dwelling people aged 60 years and over who are able to walk around. It comprised 600 people from the metropolitan area aged 70 years and over to directly compare with the sample from the 1998 survey. A further 200 aged 60-69 years from the metropolitan area and 300 aged 60 years and over from rural areas were also surveyed.

Key Findings

1. Stay On Your Feet WA™ Brand Recall and Understanding

- Prompted recall was 40%, with females significantly higher than males at 47% overall and rural areas significantly higher than metropolitan areas also at 47%.
- Recall increased with age in males but not females [Figure 1].
- The most commonly reported association was with physical activity (19%) and increased mobility (6%), although 13% specifically identified falls prevention.

Figure 1: Stay On Your Feet WA™ Brand Recall for location and age by gender

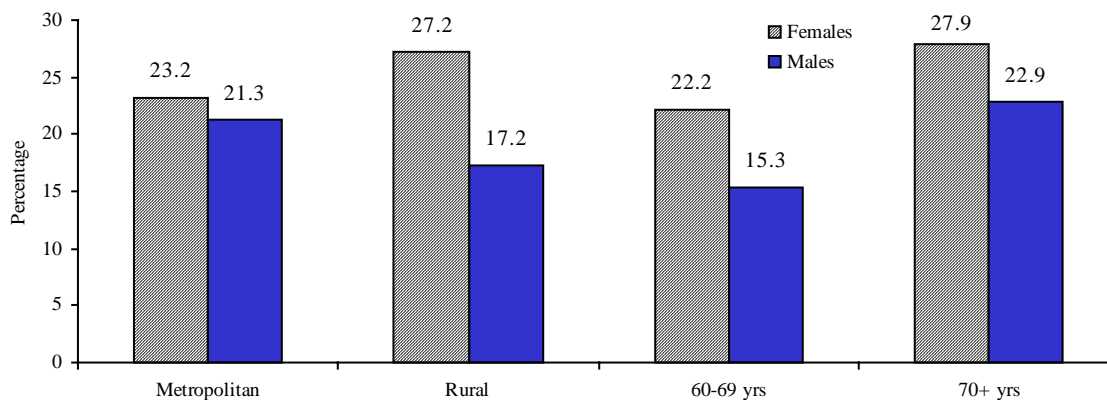




2. Falls Outcomes

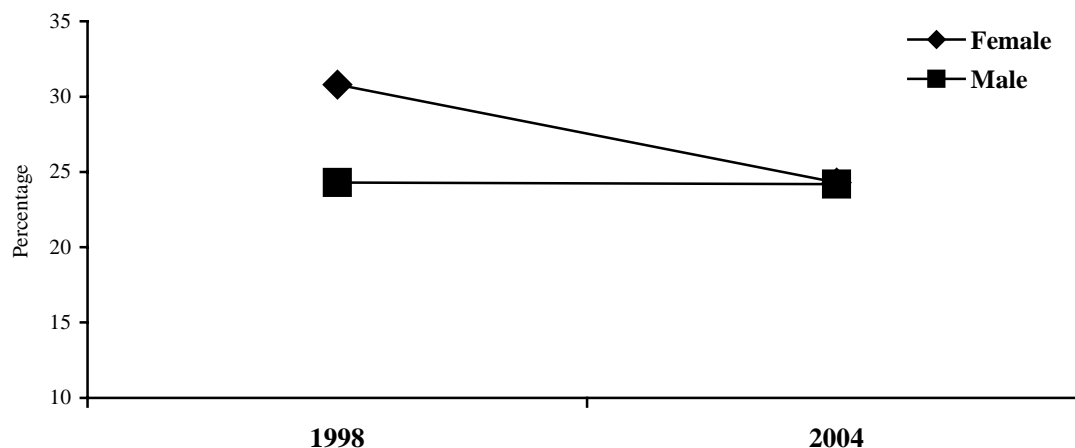
- Overall, 23% of people aged 60 years and over reported having fallen in the last year.
- Falls were generally more common in females, particularly in rural areas [Figure 2]. However, in metropolitan dwelling people aged 70 years and over, there was no difference between males and females.
- As expected, having a fall becomes more likely as age increases [Figure 2].

Figure 2: Percentage of older females and males having fallen in the past year by location and age.



- Analysis of 1998 and 2004 comparable samples (metropolitan area, 70 years and over) showed a decrease in females reporting having fallen in the past year of six percentage points, but no change in males [Figure 3].

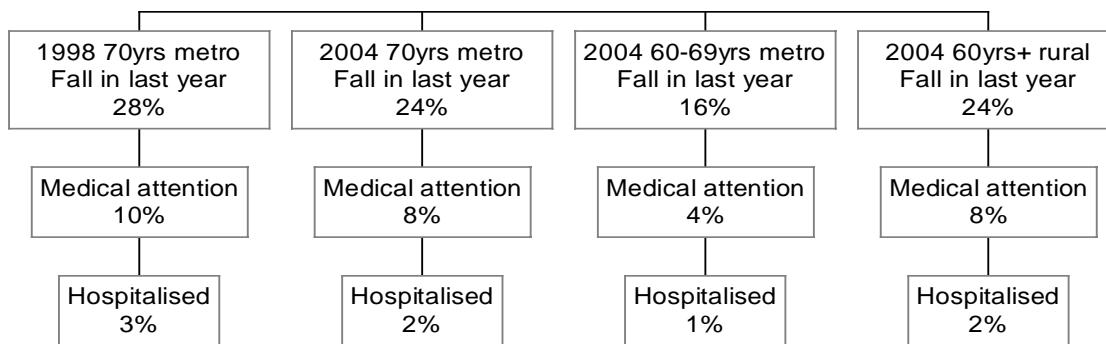
Figure 3: Comparison between 1998 and 2004 samples of metropolitan 70 years and over females and males for report of a fall in the past year.



- About one-third of falls required medical attention and one-quarter of those required admittance to a hospital [Figure 4].
- The reduction of four percentage points in reported falls from 1998 to 2004 translated to a difference of two percentage points in those requiring medical attention and a difference of one percent in person's requiring hospitalisation [Figure 4].

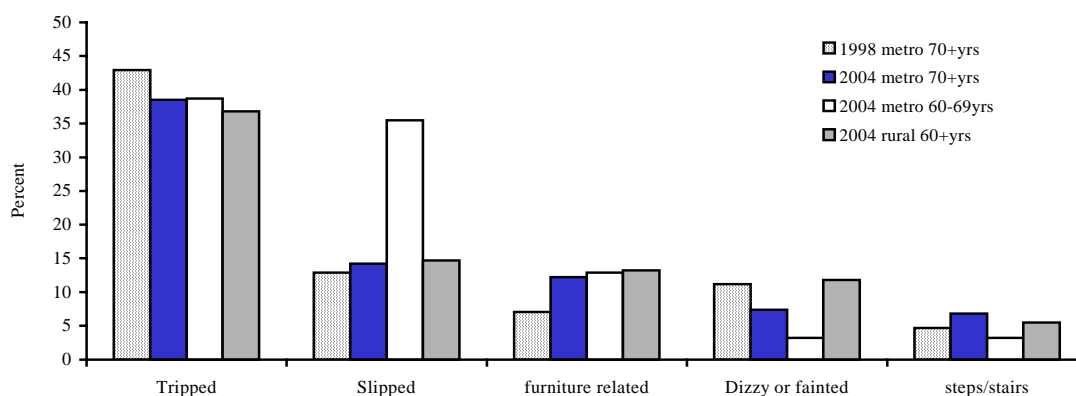


Figure 4: Levels of severity of falls outcomes for each subgroup of older people.



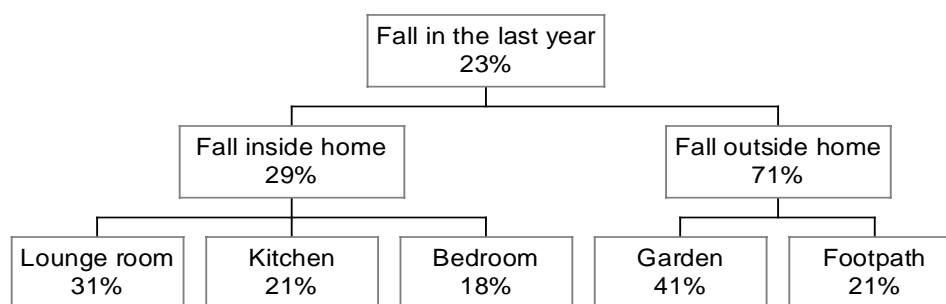
- Most commonly reported reasons for falling were ‘tripped’ or ‘slipped’, followed by getting into/out of or onto/ off furniture [Figure 5].

Figure 5: Reason reported for fall by people aged 60 years and over



- Of the 23% of the people surveyed who reported having fallen in the past year, 29% fell inside their home. Most common locations were the lounge room (31%), kitchen (21%) and bedroom (18%) [Figure 6].
- Of those falls occurring outside the home, four out of ten occurred in the garden. The other common location was footpaths (two out of ten) [Figure 6].

Figure 6: Location of falls in people aged 60 years and over.

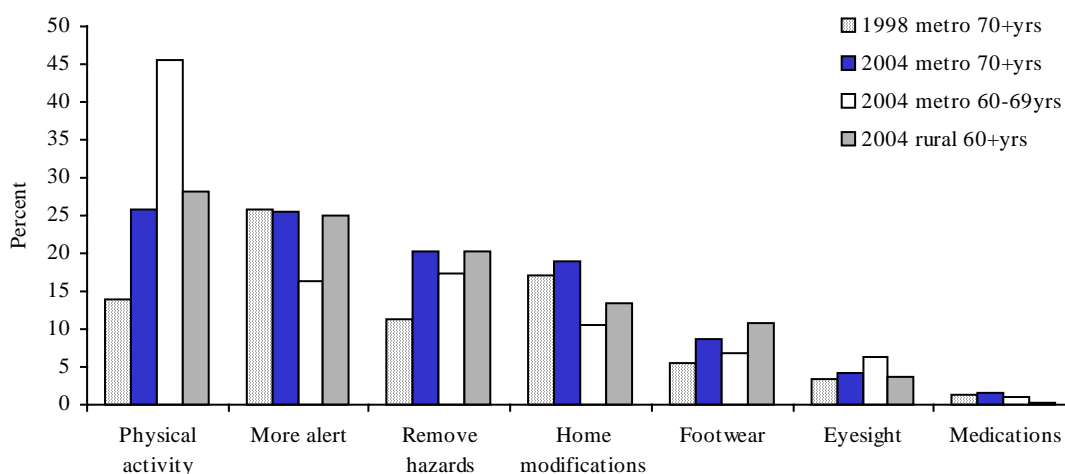




3. Attitudes to Falls Prevention

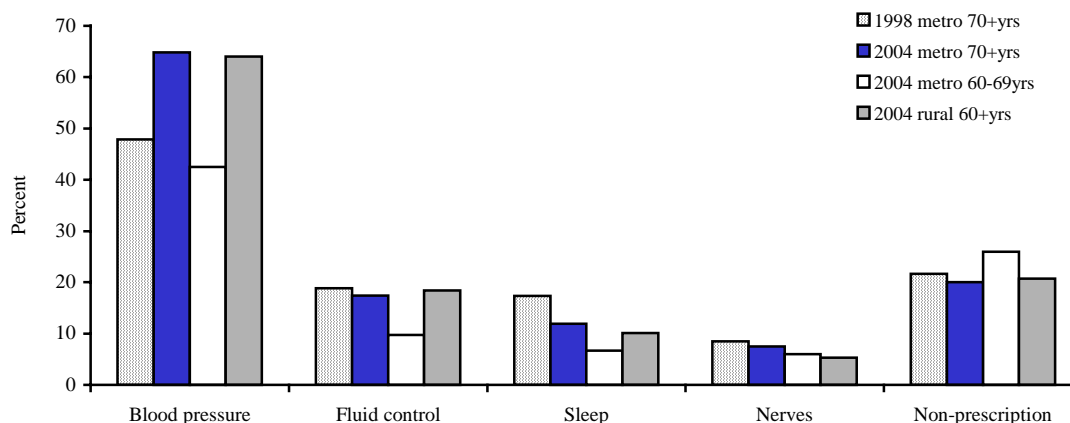
- Although acknowledged as a serious health problem for the community by three quarters of older people, most don't see falling as a personal threat, with 69% considering the likelihood of themselves falling as low or non-existent.
- The most common action believed by older people in 2004 to reduce their risk of a fall was more physical activity (30%). In the comparison groups, there was an increase in reporting this belief from 14% in 1998 to 26% in 2004 [Figure 7].
- After physical activity, the next most common actions were being more alert of surroundings (24%) and the removal of environmental hazards (20%) [Figure 7].
- Medication change was only mentioned by 1% of people [Figure 7].

Figure 7: Beliefs about how to reduce the risk of a fall



- The medication most commonly used by older people was the range of prescription blood pressure drugs [Figure 8].
- Reported use of blood pressure medication had increased from 48% in 1998 to 65% in 2004 in metropolitan area people aged 70 years and over.

Figure 8: Percentages of major categories of prescription and non-prescription medications used by older people.

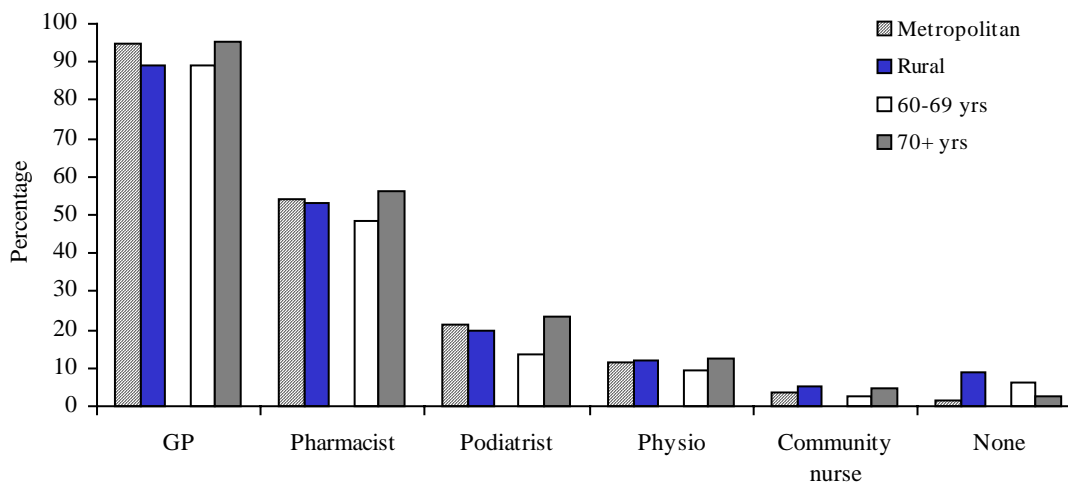




4. Behavioural Response to Falls Risk

- More than half of older people (56%) reported doing some physical activity to stay healthy at least 5 times per week.
- Most older people reported getting health information primarily from their doctors (64%), newspapers and magazines (45%) and television (29%).
- Health professionals currently seen include general practitioners (93%), pharmacists (54%), podiatrists (21%) and physiotherapists (12%) [Figure 9].
- Nine percent of rural older people were not currently consulting any health professional, compared to 2% in the metropolitan area [Figure 9].
- Eyesight checks within the last 12 months were common (72%).

Figure 9: Health professionals reported as currently being consulted in 2004.



Policy and Practitioner Implications

1. Older people have a high recognition of the importance of the problem, but low recognition of their own personal risk. Significant benefits could be achieved by a strategically focussed SOYFWA media campaign and accompanying community education activities.
2. Recognition of the value of physical activity and awareness of environmental hazards is high. However, the association of falls with medication use is not well recognised. General practitioners and pharmacists, health professionals with high consistent access to older people, can be used to focus activity in this area.

Suggested Citation

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