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## Preventing Falls as People Age a Key to Remaining Independent

### *Falls Leading Cause of Injury Death, Hospitalization and ED Visits for Persons 65+*

As Baby Boomers begin to think about retirement or working fewer hours and spending more time on leisure activities they are considering how to best maintain their independence. At the same time they may also be thinking about how to assure that their parents can maintain their independence while also staying safe.

One key to maintaining independence for Baby Boomers and their parents is by avoiding falls, the leading cause of injury death, hospitalization and emergency department visits for those 65 years of age and older.

According to the U.S Census Bureau:

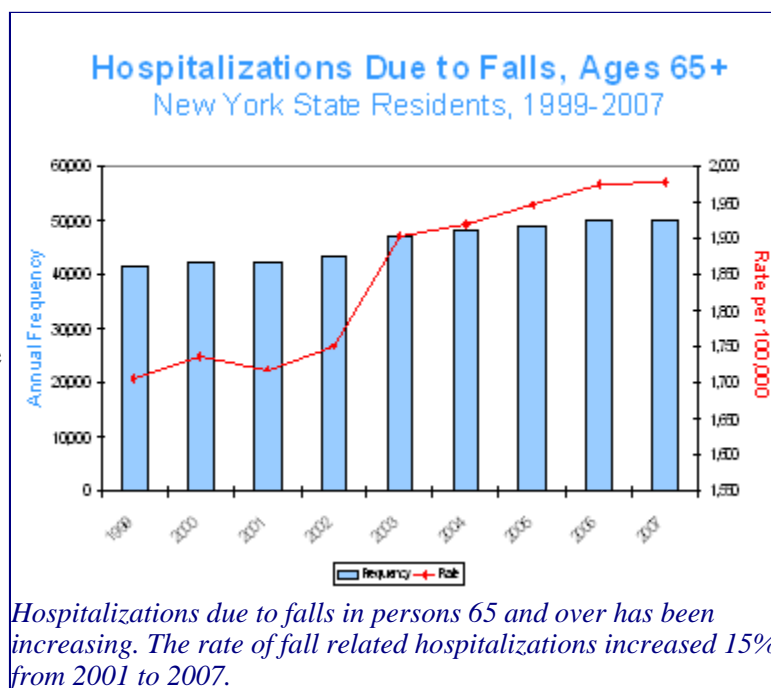
- By 2010 there will be a 13% increase in the 65+ population.
- By 2020 there will be a 16.3% increase in the 65+ population.
- By 2030 there will be a 19.6% increase in the 65+ population.

Unintentional injuries is one of the 10 public health priorities outlined in New York's Prevention Agenda Toward the Healthiest State. The Prevention Agenda identifies 10 priorities for improving the health of all New Yorkers and asks communities to work together to address them. More information about the Prevention Agenda, and this priority area, can be found on the [department's public Web site](http://www.nyhealth.gov/prevention/prevention_agenda/index.htm).

([http://www.nyhealth.gov/prevention/prevention\\_agenda/index.htm](http://www.nyhealth.gov/prevention/prevention_agenda/index.htm))

### Magnitude of the Problem

- Every day in New York State two seniors die from injuries sustained in falls, another 136 are hospitalized, and another 215 treated and released from emergency departments.
- Falls account for \$4.6 billion in annual hospitalization charges and \$370.5 million in annual outpatient emergency department charges.
- 60% of adults 65 and older who are hospitalized due to falls end up in nursing homes or rehabilitation centers.



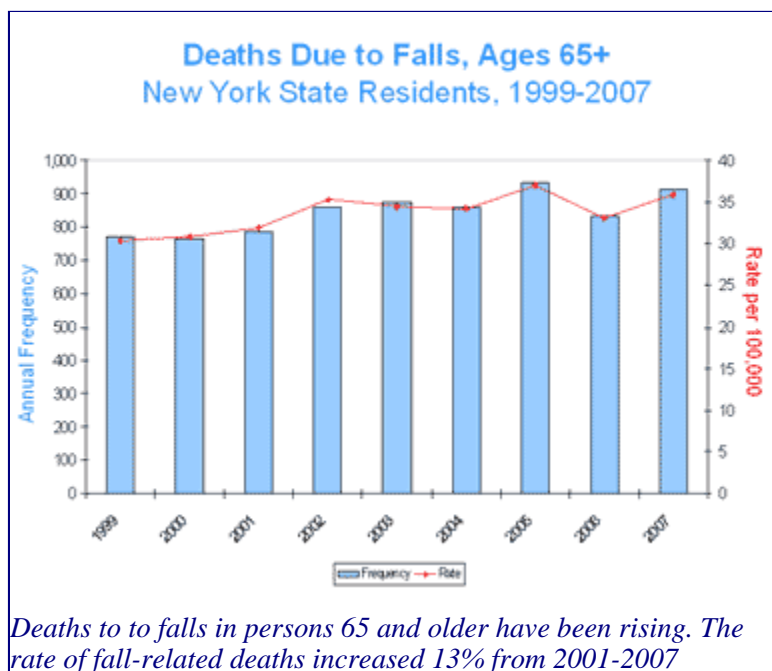
- Among adults 65 and older who are hospitalized due to falls, 10.8% suffer a traumatic brain injury and 28.4% experience hip fractures.
- Falls among older adults in New York State are increasing. From 2001-2007 the rate of fall-related deaths increased 13% and the rate of fall related hospitalizations increased 15%.

### Who are most at risk for fall injuries?

- Males have a higher rate of fall-related deaths.
- Females have a higher rate of fall-related hospitalizations and ED visits. They have a higher risk of hip fracture due to falls.
- Males and females who have previously fallen have an increased risk of falling again.

### What conditions increase the risk of falling?

- People who suffer from sleep disturbances are at increased risk of falling.
- Older adults who take four or more medications are at increased risk of falling. On average seniors use 4.5 prescription medications and 2 over the counter medications per day. Taking any psychoactive medication increases the risk of falling.
- Older adults with chronic conditions such as Parkinson's disease, stroke, arthritis, osteoporosis, diabetes, and incontinence are at increased risk for falling.
- Adults with lower body weakness are at increased risk for falling. Leg weakness is associated with a four-fold increase in the risk of falling.
- A fear of falling leads to loss of confidence, an avoidance of physical activity, an increased functional decline, and ultimately an increased risk of falling.
- People aged 70 years and older frequently suffer from visual impairment which increases the risk of falling by 2.5 times.
- Problems with gait and balance are associated with a three-fold increase in risk of falling. Older adults at risk for falls often walk at slower speeds and take smaller steps as compared to healthy older adults. Muscle weakness may cause gait impairment.



### Where do falls occur?

- At least 60% of fall-related injuries that resulted in a hospitalization and over a third that led to ED visits occurred at home. Common hazards include clutter in walkways or on stairs, electrical cords across pathways, throw rugs or loose carpets, slippery surfaces, changes in floor surfaces, poor or inadequate lighting and pets and pet-related objects.
- Falls also occur in outside areas and often the causes are uneven or cracked pavement or surfaces, tree roots, slippery walking surfaces, poor lighting, obstacles in walkways, snow or ice, uneven steps, mats creating uneven surfaces and door sills. Exercise is necessary to improve or maintain strength and balance so attention needs to be given to assuring that walkways are user-friendly.



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## Fall Injuries are Preventable

### Reducing the Risk of Falling

- Perform a safety check on your home or the home of a loved one.
  - Remove clutter--furniture, books, wires, area rugs, etc.--from pathways and steps.
  - Make sure lighting is sufficient.
  - Make sure floors, stools, showers and baths, etc. are in good condition and that slippery surfaces are made safe.
  - Install handrails and grab bars in key locations such as hallways, outside walks and bathrooms.
  - There are many safety checklists available on-line. The Centers for Disease Control and Prevention's (CDC) checklist (Available in English, Spanish and Chinese) can be found at: [http://www.cdc.gov/HomeandRecreationalSafety/pubs/English/booklet\\_Eng\\_desktop-a.pdf](http://www.cdc.gov/HomeandRecreationalSafety/pubs/English/booklet_Eng_desktop-a.pdf)
- Work with your primary care doctor or a loved one's physician to review all medications to be aware of possible side effects such as sleepiness or dizziness.
- Have annual vision exams and understand the changes that may occur with new eyeglass prescriptions.
- Practice strength and balance exercises every day. Look for community programs in Tai Chi or other exercise programs for seniors.

### The Role of the Health Care Provider

- Ask your patients if they have fallen recently with or without injuries.
- Use one of the many effective screening tools to assess risk of falling. A screening tool and other useful information to assess risk can be found in Preventing Falls: What Works A CDC Compendium of Effective Community-based Interventions from Around the World ([http://www.cdc.gov/HomeandRecreationalSafety/images/CDCCompendium\\_030508-a.pdf](http://www.cdc.gov/HomeandRecreationalSafety/images/CDCCompendium_030508-a.pdf))
- Recommend strategies to keep your patients safe such as home assessments, exercise programs, and annual vision screenings.
- Review medications and evaluate their effect on the patient. Alert your patients to any potential side effects such as dizziness or sleepiness that might increase the risk of falling.

The New York State Department of Health's Bureau of Injury Prevention partners with the State University of New York at Albany, School of Public Health to lead the *Keeping Seniors Independent: Fall Prevention in Older Adults* workgroup. Meetings are held biannually and include presentations on the latest research and program activities as well as committee work to encourage evidence-based state and local fall prevention activities. The department recently was awarded grant funds from the Centers

for Disease Control and Prevention to support the implementation of two evidence-based exercise programs with educational components in three counties. *Tai Chi: Moving for Better Balance* and *Stepping On* will be implemented in Broome, Chautauqua and Suffolk counties. For further information or to get involved in the workgroup please contact the Bureau of Injury Prevention at [injury@health.state.ny.us](mailto:injury@health.state.ny.us) or call 518-473-1143.



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## News Briefs

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## State Readies for Novel H1N1 Influenza

Forums and town hall meetings across New York State were held last month to make sure everyone, from the public and school officials to hospital administrators, is informed and ready for novel H1N1 flu this fall.

The state Department of Health (DOH) hosted a series of regional H1N1 forums for health care facilities to provide an overview of planning considerations for the new virus, healthcare worker protection, medical capacity issues, vaccination and infection control and to review the epidemiology of the pandemic.

In addition, a series of six Town Hall sessions, sponsored by the Governor's Office, featuring DOH Commissioner Dr. Richard Daines and officials from the State Education Department and the State Emergency Management Office, were held across the state to brief local officials and the public on preparations for possible increased cases of novel H1N1 flu.

In August Commissioner Daines convened a "Commissioner's Call" meeting with all local health commissioners and public health directors in the state to discuss the state's planning and response efforts for novel H1N1. The meeting included information on comprehensive, statewide planning for a novel H1N1 vaccination campaign and also provided a forum for input and feedback from local health departments and preparedness partners.



*Health Commissioner Dr. Richard Daines (on stage, far left) and others listen to a question from the audience at the Long Island Town Hall Meeting*

A Commissioner's Call requires all local health officers to attend a statewide meeting. All 58 counties outside of New York City were represented at the meeting as well as the New York State Association of County Health Officials and the New York State Association of Counties.

Earlier in the summer, the department in conjunction with the State Emergency Management Office and the Disaster Preparedness Commission sponsored a state agency briefing to provide a forum for state agency partners' questions and concerns and to provide information on planning, vaccine strategies, risk communications to the public, and partner roles in the event of an outbreak.

Behind the scenes, 11 DOH work groups toiled throughout the summer and fall to develop guidance materials and plan for H1N1. Every aspect of the pandemic is being addressed by workgroup members ranging from planning for mass immunization clinics and the best ways to communicate essential health messages to the public to helping make sure hospitals are prepared for a surge in patients to ways to report and manage school absenteeism. Work has included partnering with other state agencies, local health units, health care organizations and others.

The department is also engaging community groups and department contractors in a variety of health programs to reach out to at-risk individuals including pregnant women and persons with underlying medical conditions, to encourage them to get vaccinated and to take recommended precautions to reduce their risk of contracting the virus.

Even as work progressed for the expected fall increase in cases of the virus, department staff were busy providing guidance and assistance to local health units and the operators of summer camps where some 50 outbreaks of novel H1N1 were reported throughout the summer.

Health authorities in New York and the nation have also been watching and learning from other countries' H1N1 experiences.

As with seasonal influenza in past years, the novel H1N1 influenza situation in the winter period in the southern hemisphere is likely to reveal what can be expected this winter in the northern hemisphere.

Monitoring of the situation helps to gain further knowledge on populations most affected, risk factors for developing severe illness, changes in the virus' virulence, transmissibility, and susceptibility to anti-viral drugs, as well as the impact of pharmaceutical and non-pharmaceutical public health measures.

Keep up with the latest guidance and information on novel H1N1 influenza on the department's recently redesigned [public Web site \(www.nyhealth.gov/diseases/communicable/influenza/h1n1/\)](http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/).

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## **First NYS Human EEE Case Since 1983 Identified**

For the first time since 1983 a human case of Eastern Equine Encephalitis (EEE) has been identified in a New York State resident. The affected individual, an Oswego County resident, died.

EEE is a rare but often fatal viral disease spread by mosquitoes that can affect humans. The virus is regarded as one of the most serious mosquito-borne diseases in the United States because of its high mortality rate. Since 2004, there have been 23 states with documented EEE virus activity, including states in the northeast US, and of these, eight have reported human EEE cases.

New York has recorded an increase in EEE activity throughout the state in mosquitoes and horses in recent years, including the current 2009 mosquito season (June 1 through November 1).

As of late August 2009, there have been several EEE isolations in mosquito pools in Madison, Onondaga and Oswego counties; three equine fatalities have been confirmed in Oswego County and one in St. Lawrence County. Efforts have been made to control mosquito populations in specific areas using both aerial and truck-based spraying over the last several weeks.

The department and local health departments are enhancing surveillance for suspected EEE infections to aid in the prompt recognition of human cases. A critical component of this effort is the rapid detection and timely reporting of patients with viral encephalitis and viral meningitis.

Health advisories have been sent to healthcare providers, hospitals and local health departments advising them of the human case and the increased EEE activity in the state. Health officials are asked to be extra vigilant and consider EEE as a potential diagnosis. Instructions on reporting potential cases and submitting samples to Wadsworth's laboratories were also provided.

- [Download Health Advisory](#)
- [Learn more about EEE \(DOH public Web site\)](#)  
([www.nyhealth.gov/diseases/communicable/eastern\\_equine\\_encephalitis/fact\\_sheet.htm](http://www.nyhealth.gov/diseases/communicable/eastern_equine_encephalitis/fact_sheet.htm))

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## **Parents of NICU Babies to be Offered Flu Shots**

Parents of children in neonatal intensive care units (NICU) must now be offered seasonal flu shots by the hospitals where the children are being treated under a new law that takes effect this fall.

The law will provide flu protection to high-risk children who are too young to receive vaccinations or anti-viral medications for seasonal influenza by helping keep those who care for them from developing the disease and infecting them.

The law's requirements mirror the recommendations of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), which serve as the standard of medical care in New York State. The law takes effect Nov. 28, 2009.

Children less than six months of age are not recommended for flu vaccination and antiviral medications are not licensed for use among young infants.

Therefore, protection of young infants, who have seasonal influenza hospitalization rates similar to those observed among the elderly, depends on vaccination of infants' close contacts. By providing parents of these high-risk infants with the opportunity to receive vaccinations while the children are in NICU, infants are provided protection against influenza at home.

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## **Teens Riding with Teen Drivers: A Deadly Combination**

Motor vehicle crashes are the leading cause of deaths for teens aged 16-19 in New York State. Teen drivers and teen passengers are a deadly combination that contribute to this safety issue. With just one peer passenger, a teen driver doubles his or her risk for a fatal crash. With three or more peers riding in the car, this risk increases four to five times.

According to a National Teen Driver Survey conducted by The Children’s Hospital of Philadelphia, few 9th to 11th graders view their friends as inexperienced drivers or believe that teen passengers make any significant difference in their driving safety. That's why it is so important for parents to discuss passenger safety practices with teens.

National Teen Driver Safety Week (October 18 - 24, 2009) was established by Congress in 2007 to focus attention on the nation’s epidemic of teen car crashes and to find solutions to lower teen drivers’ fatal crash risk. For a list of life saving passenger safety tips, go to:

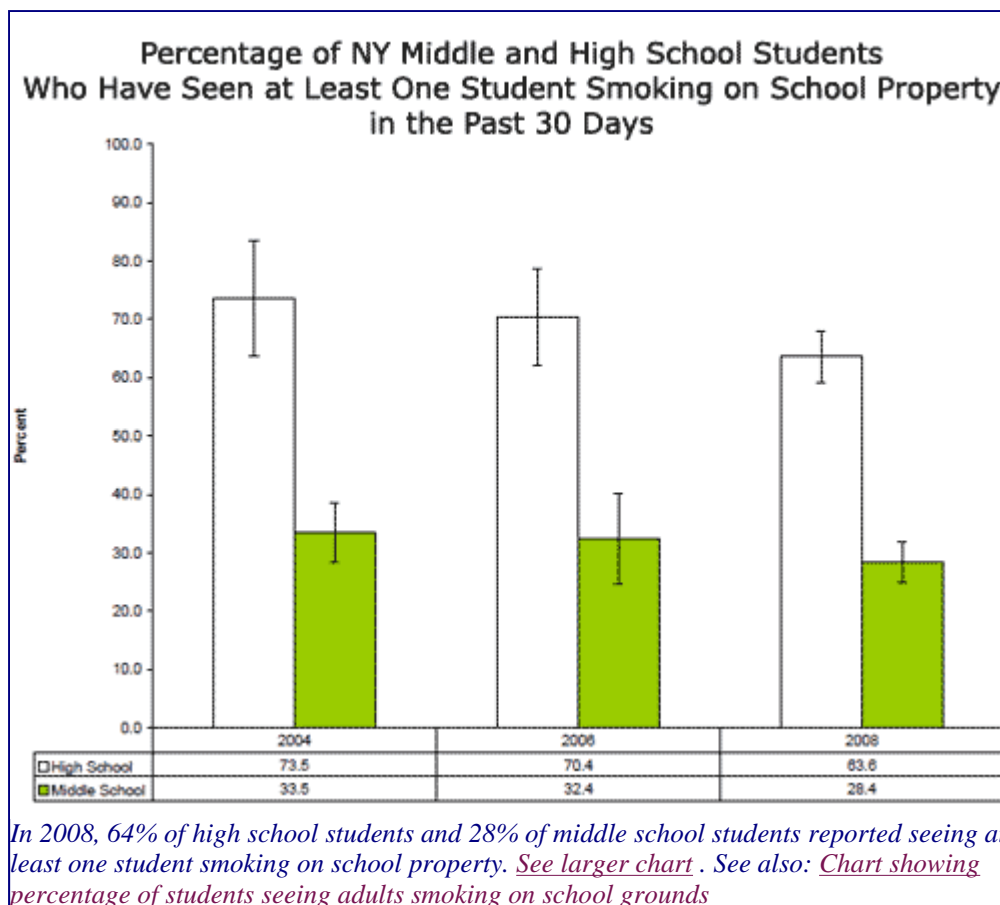
[www.health.state.ny.us/publications/3091/index.htm](http://www.health.state.ny.us/publications/3091/index.htm).

In addition, teen drivers and their parents should read and comply with the New York State’s Graduated Driver Licensing (GDL) law. The GDL is a system designed to delay full licensure to allow beginning drivers to obtain their initial experience under lower risk conditions. The system includes driving restrictions, one of which limits the number of teen passengers allowed to ride with licensed junior drivers. For information about the law, visit: [www.nydmv.state.ny.us/youngerdriver/gradLicense.htm](http://www.nydmv.state.ny.us/youngerdriver/gradLicense.htm).

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## Although Prohibited, Smoking Still Occurs on School Grounds

Tobacco use on the grounds of New York schools is prohibited by law. Despite that, students report that they have observed other students and adults smoking cigarettes on school grounds either during the school day or during school-sponsored events.



- In 2008, 64% of high school students and 28% of middle school students reported seeing at least one student smoking on school property in the past 30 days. There were no significant changes in these sightings between 2004 and 2008 for

either middle school or high school students.

- In 2008, 38% of New York middle school and high school students reported seeing at least one adult smoking on school property in the past 30 days.
- High school students were significantly more likely to see another student smoking on school property than were middle school students.
- There has been no change between 2004 and 2008 in the percentage of students reporting that they have seen at least one adult smoking on school property.
- There is no difference between middle schools and high schools in the number of students reporting that they have seen at least one adult smoking on school property in the past 30 days.

Source: New York State Youth Tobacco Survey, 2004-2008. Compiled by the New York State Department of Health. Contact the Bureau of Chronic Disease Epidemiology and Surveillance, New York State Department of Health at (518) 473-0673 or type 'StatShot' in the subject line of an e-mail and send it to [tcp@health.state.ny.us](mailto:tcp@health.state.ny.us).

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## NYSIIS Wins "Best of NY" IT Award

The department's Immunization Program has won a "Best of NY" award jointly with the state Office for Technology (OFT) given by the [Center for Digital Government](#) for the immunization registry application -- New York State Immunization Information System (NYSIIS).



The project won within the category of "Project Demonstrating Best IT Collaboration Among Organizations."

Health care providers are required to report all immunizations administered to persons under 19 years of age to the new Web-based statewide registry designed to assure complete and easily accessible immunization records for the state's children. The new system launched on February 25, 2008.

NYSIIS contained more than 2.4 million patient records and 28 million immunizations last month. There were more than 6,946 users from 2,083 health care provider organizations and 1,022 schools participating in the program.

The Best of New York Awards program salutes IT professionals and projects in New York state and local government organizations and educational institutions at the annual "GTC (Government Technology Conference) East, The NY Digital Government Summit" event in September.

Center for Digital Government: [www.centerdigitalgov.com](http://www.centerdigitalgov.com)

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## October is Disability Awareness Month

Almost 20 percent of New Yorkers are living with disabilities according to self reports to the New York State Behavioral Risk Factor Surveillance System. (BRFSS). Minorities, the elderly, and populations of

lower socioeconomic status report a disproportionate share of disabilities. The BRFSS also indicates that persons with disabilities experience chronic conditions at greater rates than their peers without disabilities.

Is it possible for persons with disabilities to be healthy? Yes.

Research has shown that persons with disabilities can and do benefit from health promotion and disease prevention initiatives. For example, individuals who participated in the evidence-based curriculum “Living Well with a Disability” experienced a 37% reduction in limitations due to secondary conditions.

However, health promotion initiatives designed for the general public are often not accessible to persons with disabilities. Public health initiatives to prevent chronic disease, manage disability and promote health must be developed from a framework of functional ability, including environmental and policies approaches that reduce barriers and enable participation for persons of all abilities.

October is Disability Awareness Month. Consider ways to include persons with disabilities in your programs or to make health care services more accessible to them. Persons with disabilities are represented throughout the lifespan, they work, play and get married. They live in cities, towns and rural areas. And like everyone else they need access to health care and health promotion programs.

For more information:

- [BRFSS Reports](http://www.nyhealth.gov/nysdoh/brfss/reports/docs/brfss_volume_12_number_1.pdf)([www.nyhealth.gov/nysdoh/brfss/reports/docs/brfss\\_volume\\_12\\_number\\_1.pdf](http://www.nyhealth.gov/nysdoh/brfss/reports/docs/brfss_volume_12_number_1.pdf))
- [American Association on Health and Disability: Health Promotion and Resource Center](http://www.aahd.us) ([www.aahd.us](http://www.aahd.us))
- [National Center on Physical Activity and Disability](http://www.ncpad.org) ([www.ncpad.org](http://www.ncpad.org))
- [Living Well with a Disability](http://www.livingwellweb.com/lwpage1.htm) ([www.livingwellweb.com/lwpage1.htm](http://www.livingwellweb.com/lwpage1.htm))

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