

# Part 1 Purpose



## 1. Purpose

“There is a consensus among those who work in the field of falls prevention that the time has come to implement what is already well known- the most effective way to address the economic burden of falls is to focus on prevention rather than the treatment of resulting injuries (p.22)” <sup>[1]</sup>.

The purpose of the *Queensland Stay On Your Feet® Community Good Practice Guidelines* (to be referred to as the *Community Guidelines*) is to provide current evidence of good practice in preventing falls for those who work with older people in the community. These guidelines are a revision of the original *Community Integration Supplement in the Quality Improvement and Enhancement Program (QIEP) Falls Prevention: Best Practice Guidelines for Public Hospitals and State Government Residential Aged Care Facilities* <sup>[2]</sup>. Based on the QIEP guidelines, a nationally consistent approach to best practice in preventing falls was developed for the acute and residential aged care sectors by the Australian Council for Safety and Quality in Health Care (*Preventing Falls and Harm from Falls in Older People: Resource Suite for Australian Hospitals and Residential Aged Care Facilities* <sup>[3]</sup>). However, preventing falls within the community setting has lacked consistent evidence-based guidelines to inform practice.

The *Community Guidelines* fit within the Health Continuum Model (Appendix A) and are intended to bridge the gap between the existing Australian Council for Safety and Quality in Health Care’s guidelines *Preventing Falls and Harm from Falls in Older People* and HACC *Best Practice Falls Prevention Resource Kit* ([www.health.qld.gov.au/hacc/HACCfallsprev.asp](http://www.health.qld.gov.au/hacc/HACCfallsprev.asp)). The document is aligned with National and State initiatives and plans in preventing falls (including the *National Falls Prevention for Older People Plan: 2004 Onwards* <sup>[4]</sup>, the *Queensland Statewide Health Services Plan 2007-2012* ([www.health.qld.gov.au/publications/corporate/stateplan2007/](http://www.health.qld.gov.au/publications/corporate/stateplan2007/)) and *The Development of Evidence Based Recommendations to Support Policy and Practice* <sup>[5]</sup>),

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as well as strategies for population ageing (e.g. the *National Strategy for an Ageing Australia* <sup>[6]</sup> and *Promoting Healthy Ageing in Australia* <sup>[7]</sup>).

These *Community Guidelines* should be used as a basis for good practice in preventing falls, harm from falls, and promoting healthy active ageing among community-dwelling people over 65 years of age, and for Aboriginal and Torres Strait Islander peoples over 50 years of age. However it is recognised that primary prevention and early intervention strategies are important at all ages and all stages of life. Such a life course perspective acknowledges that the best way to ensure good health for future cohorts of older people is by preventing disease and disability and promoting health throughout the life span <sup>[8]</sup>.

Health care professionals are expected to use their clinical knowledge and judgement to apply the general principles and specific recommendations contained in the *Community Guidelines*. This will also depend on the organisational structure in which they work and the level of available resources. Consumer participation in health is integral in ensuring that health services are accountable and of high quality <sup>[3]</sup>. Thus older people and carers should be encouraged to be involved in falls prevention interventions and programs that accommodate their needs, circumstances and interests <sup>[3]</sup>.

Activities to prevent falls take place within a number of settings across the health continuum (Appendix A: Health Continuum Model). These settings include:

- community-dwelling (living independently in the community or living dependently in the community with low to high level support)
- hospital (acute care, rehabilitation or specialist hospital facilities)
- residential aged care (low and high care)

Differences in fall rates and risk factors for different settings mean that different strategies apply. The *Community Guidelines* are intended as a resource to address the prevention of falls among community-dwelling

older people and for those returning to the community after episodes of care in other settings. For community-dwelling older people their first level of care will be in the primary care setting (see definition in Glossary).

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### Good Practice Points

- › Health care practitioners should use the *Queensland Stay On Your Feet® Community Good Practice Guidelines* as a basis for good practice in preventing falls, harm from falls and promoting healthy active ageing among community-dwelling people over 65 years of age, and over 50 years of age for Aboriginal and Torres Strait Islander peoples.
  - › Given that older people and carers play an integral role in falls prevention interventions and programs, they should be actively involved in the developing of these interventions and programs to ensure that their needs, circumstances and interests are met.
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## 1.1 How to Use These Guidelines

The *Community Guidelines* are divided into the following Sections:

- › Section 2 addresses population ageing, since falls and falls prevention activities must be considered within the context of demographic changes due to a rapidly ageing population.
- › Section 3 outlines the epidemiology of falls and fall-related injuries as a basis for understanding the public health burden of falls and for monitoring progress towards achieving reduction in falls and fall-related injuries.
- › Section 4 discusses guiding principles for the development, implementation and evaluation of interventions and programs in falls prevention, appropriate to the target group.
- › Section 5 outlines risk factors for falls and fall-related injuries to determine strategies and points of intervention across the life course.
- › Section 6 discusses measurement of falls risk as the basis for planning targeted interventions.

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- › Chapter 7 addresses evidence-based interventions to address falls and fall-related injuries.

Sections, or sub-sections, are summarised into Good Practice Points, to facilitate application of the *Community Guidelines* in preventing falls and fall-related injuries among community-dwelling people over 65 years of age, and over 50 years of age for Aboriginal and Torres Strait Islanders people. Health care professionals should use their clinical knowledge and judgement in applying the general principles and specific recommendations contained in the *Community Guidelines*, according to the organisational structure in which they work and the level of available resources



## Part 2 Population Ageing





## 2. Population Ageing

The health of Queenslanders must be considered in the context of a rapidly growing ageing population <sup>[9]</sup>: this demographic shift has serious implications for the incidence of falls. The population of Queensland is ageing in line with national and international trends. The proportion of Queenslanders aged 65 and over is projected to increase from 12 percent in 2006 to 26 percent by 2051<sup>[9]</sup>. The fastest growing segment of the population, both for Australia and Queensland, is the oldest age group i.e. those aged 85 and over <sup>[10]</sup>.

### 2.1 Demographics

#### 2.1.1 Gender

The proportion of women to men within the 65 and older age group increases markedly with age, which reflects the higher life expectancy at birth for females compared with males. In the 85 years and older age group there are twice as many females as males <sup>[10]</sup>.

#### 2.1.2 Geographic Distribution

Older people in Queensland mostly live in urban areas. Fifty percent (50 percent) of older people live in major cities, 32 percent in inner regional areas and the remainder in outer regional and remote areas <sup>[11]</sup>. Queensland's population is more decentralised than that of other Australian States and Territories. Areas with the highest proportions of people aged 65 and over are located mainly in coastal areas within the greater south east region including Bribie Island (31 percent), Coolangatta (25 percent), Coombabah (24 percent), Caloundra South (24 percent) and Chermside (22 percent) <sup>[11]</sup>.

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### 2.1.3 Living Arrangements of Older People

In the 2001 census<sup>1</sup>, the majority (93 percent) of Australians aged 65 and over lived in private dwellings and 27 percent of these lived alone. Seven percent lived in non-private dwellings mainly cared accommodation. These proportions change as people age and of those aged 85 and over, 70 percent lived in a private dwelling (35 percent alone), and the remainder (30 percent) in non-private dwellings, mainly cared accommodation<sup>[12]</sup>.

### 2.1.4 Special Population Groups

#### 2.1.4.1 Culturally and Linguistically Diverse

The proportion of the older Australian population from culturally and linguistically diverse (CALD) backgrounds is growing faster than other older Australians<sup>[13]</sup>. About one in four older Queenslanders (27.3 percent) was born overseas, with one half of these born in mostly English speaking countries (14.8 percent of all older people). Italy, Germany and The Netherlands were the leading countries of birth for older Queenslanders not born in Australia or an English speaking country. Of older Queenslanders who spoke a language other than English at home, one in four (26.1 percent) reported they could not speak English well or at all (ABS Census 2006 <http://www.censusdata.abs.gov.au>). While the proportion of older Queenslanders from CALD backgrounds is lower than the national average (10.4 percent versus 17.8 percent)<sup>[14, 15]</sup>, cultural and language barriers, geographical location, circumstances of migration and financial status need to be taken into account in understanding their health care needs<sup>[15]</sup>.

#### 2.1.4.2 Aboriginal and Torres Strait Islanders

In 2006, based on census counts, three percent of Aboriginal and Torres Strait Islander peoples in Queensland were aged 65 years and

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1 Data related to living arrangements for older people from the 2006 Census was not currently available at time of printing.

over (ABS Census 2006 <http://www.censusdata.abs.gov.au> ). For the period 1996–2001, the life expectancy at birth was estimated to be 59 years for Aboriginal and Torres Strait Islander males and 65 years for Aboriginal and Torres Strait Islander females. About 70 percent of Aboriginal and Torres Strait Islander Australians die before reaching 65 years of age, compared with a little over 20 percent for other Australians <sup>[16]</sup>. The geographic distribution of Aboriginal and Torres Strait Islander peoples differs from the non-Indigenous population with 31 percent living in major cities, 22 percent in inner regions, 23 percent in outer regions, eight percent in remote areas and 16 percent in very remote Australia <sup>[17]</sup>.

Basic community profiles outlining demographic characteristics by location (e.g. postcode areas, suburbs or local government areas) are available from ABS 2006 Census data  
<http://www.censusdata.abs.gov.au>

### Good Practice Point

- The demographic shift towards population ageing has serious implications for the incidence of falls. Such factors as the increasing numbers of people aged over 85 years, and the multicultural diversity of the older population need to inform appropriate and culturally relevant interventions and programs for preventing falls.

## 2.2 The Myths and Reality of Ageing

Older people are often treated as a homogeneous group, which ignores the wide spectrum of abilities, interests and resources characteristic of this 40 year age bracket <sup>[18]</sup>. Individual differences between people increase with age as more life experiences are enjoyed <sup>[18]</sup>. An example of these differences with age is shown in Figure 2.1 with relation to functional capacity <sup>[8]</sup>.

Some of the myths of ageing include stereotyping older people as an economic burden on society and as unproductive, inactive and worthless, which reinforces negative attitudes about ageing and

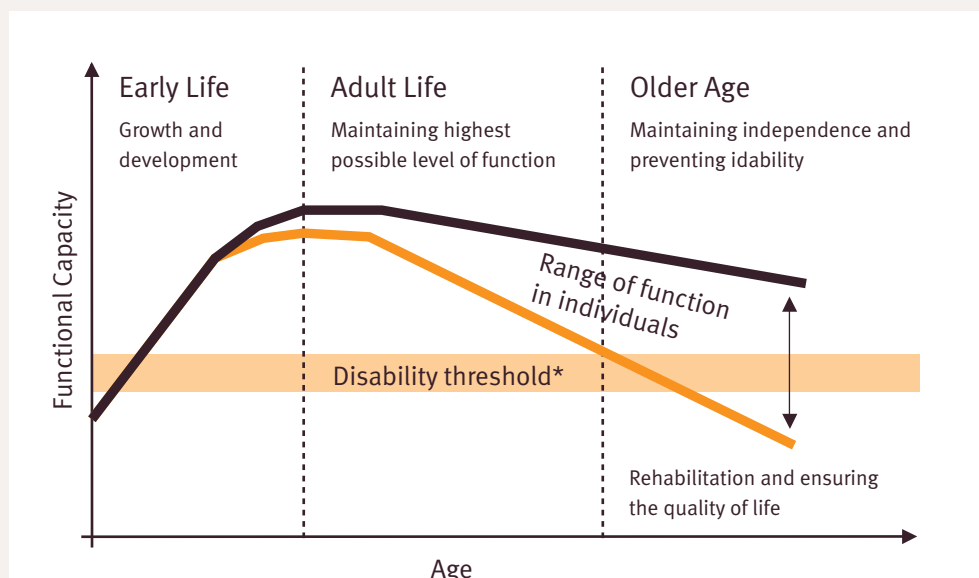
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older people [18]. Such ageism erodes support for programs benefiting older people and undermines well-intentioned initiatives to promote ageing well [19]. The knowledge and attitudes of health professionals towards older adults can have a significant impact on quality of health care [20]. For older people themselves, fear of ageing and negative self-perceptions can damage individual potential [18]. Research has shown that positive self-perceptions of ageing can increase longevity [21], and delay the onset of frailty [22].

Another myth of ageing is that growing old is a time of the ‘four Ds’ (disease, disability, dementia and death). Deterioration in health and functional ability in older age is a common, but not necessarily disabling, part of ageing and the evidence shows that today’s older Australians are living longer and healthier lives than previous generations [16]. The majority of older people (77 percent) are satisfied with their life and 67 percent rate their health as good to excellent [23].

Contrary to another myth of ageing, it is not too late to adopt healthy lifestyles in later years and promote healthy ageing [7]. The benefits of health promotion interventions in older age include preventing/minimising disease and functional decline, extending longevity and improving quality of life [8].

**Figure 2-1:** Functional Capacity over the Life Course



#### Notes:

The 'life course' model suggests that functional capacity increases in childhood and peaks in early adulthood, eventually followed by a decline resulting from biological ageing.

The rate of decline is largely determined by factors related to adult lifestyle as well as external and environmental factors. The acceleration of the decline can be influenced and may be reversible at any age through both individual and population health measures.

Changes in the environment can lower the disability threshold and contribute to increasing numbers of healthy aged.

*Source: World Health Organisation, 2002 (p. 14) <sup>[8]</sup>*

### Good Practice Points

- Health care practitioners should avoid negative stereotyping of older people as these attitudes can impact adversely on the quality of health care provided.
- Older people should not be treated as a homogeneous group. Health care practitioners working with older people should recognise the diverse needs and abilities of this age group and ensure that interventions and programs meet the needs of the individual.

## 2.3 Healthy Ageing

In response to population ageing, improving older people's health has been declared a national research priority <sup>[16]</sup>. Good health is a crucial factor for older Australians to be able to enjoy a good quality of life, stay independent and participate fully in the community.

Healthy ageing policies have been adopted at national <sup>[6]</sup> and state and territory levels <sup>[24]</sup>. Healthy ageing has been described as a lifelong process optimising opportunities for improving and preserving health, physical, social and mental wellness, independence, quality of life and enhancing successful life course transitions. Other terms often used interchangeably with 'healthy ageing' include 'successful', 'active', 'positive' or 'productive' ageing <sup>[25]</sup>.

Because of differences in measuring healthy ageing, there is considerable variation between studies estimating the proportion

## Queensland Stay On Your Feet® in the community

of the population classified as ‘healthy agers’ [25]. One Australian study [26], defined successful ageing as ‘functioning in the community without disability, with excellent or good self-rated health and high cognitive ability’. The same study estimated that 44 percent of 70 year olds qualified as successful agers. However, under the strict terms of their definition, this percentage dropped to six percent for those in their late eighties.

The theme of healthy ageing aims to promote health and minimise disability through population health measures. There is recognition that to promote healthy ageing it is important to consider physical activity, nutrition, and the work, social and built environment [7]. A key strategy to reduce disability is the prevention of falls and fall-related injuries [27], since research suggests that preventing falls is one method to minimise functional decline in older people [28, 29].

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### Good Practice Points

- › While older people are the target population, the best way to ensure good health for future cohorts of older people is to adopt a life course approach, aiming to prevent disease and disability and promote health throughout the life span. This can be achieved by promoting physical activity including fitness, strength and balance activities, good nutrition to support bone and muscle strength as well as social and mental wellness, independence and enhancing quality of life.
  - › All organisations and services working with older people need to consider ways to reduce falls and promote healthy active ageing.
  - › Older people and those who work with them need to be informed that it is never too late to adopt a healthy active lifestyle.
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## 2.4 Implications of Population Ageing for Public Health

Anticipated changes in the demographics mean that is important to act now to instigate measures and programs to reduce the health burden of falls. The demographic shift in the population age structure has been likened to an ‘ageing tsunami’ by COTA Queensland, [http://www.cotaq.org.au/uploads/January\\_February\\_2007.pdf](http://www.cotaq.org.au/uploads/January_February_2007.pdf) (p 6). The first of

the post-war baby boomers will reach 65 years of age in 2012. The next five to ten years provides Queensland with the ‘window of opportunity’ to meet the health care challenges of an ageing population <sup>[30, 31]</sup>. The aim of promoting healthy active ageing is to ensure the best possible health outcomes for the current generation of older people and also for the cohort of baby boomers about to enter older age.

To achieve healthy ageing there needs to be a focus on primary prevention and health promotion for older people. Some of these general health promotion approaches are likely to impact on the risk of falls, as well as other important outcomes. Investment in prevention and health promotion needs to be informed by the best possible evidence <sup>[7]</sup>.

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#### Good Practice Points

- › Changing demographics make it imperative to act now to reduce the public health burden of falls. Health care practitioners should work together with key stakeholders to implement interventions and programs to reduce falls and promote healthy active ageing.
  - › There is currently a window of opportunity to meet the health care challenges of an ageing population through a focus on primary prevention and health promotion for older people.
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