

Awareness and Attitudes Toward Falls Prevention Final Report on a Survey of Ontario Seniors

**Prepared for
Partners for Senior and Veterans**

**Prepared by
The Alder Group
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I. Executive Summary

Incidence of Falls

- Four in ten Ontario seniors responding to this survey reporting having a trip or fall that resulted in some injury, in the past year – a slightly higher figure than previous Health Canada estimates. Most of the reported falls caused just soreness or a bruise, but 8% needed medical treatment. This latter figure closely matches the previous Health Canada estimate that eight percent experienced a serious injury (one-quarter of the one-third who had experienced a fall).
- There was a definite, positive correlation between experiencing a fall and being in poor general health.
- Despite the commonly held belief that most accidents occur inside the home, almost two-thirds (63%) of the reported trips and falls in this group occurred outside. Those who had fallen inside seemed to have a more proactive attitude toward precautions than those who had fallen outside.

Awareness and Attitudes

- About six in ten Ontario seniors are clear on the relationships between falls and injury or nursing home admissions. Slightly fewer fully appreciate the more serious consequence of falls – the number of deaths. The remainder could benefit from additional fact-based information about patterns and trends.
- Between 11% and 14% of senior Ontarians don't want to think seriously about fall prevention. One in seven respondents denies the seriousness of falls ("Falls aren't that serious. Life goes on as usual after a fall"), or is resigned to the possibility ("Falls just happen. There's nothing I can do to avoid falls"). One in nine feels falls are only a problem for those over 75.
- Most respondents were able to think of some way to reduce the risk of falls, although no single strategy was mentioned by more than one-quarter of the respondents.

Preventative Action

- Respondents report a high likelihood of taking three specific precautions: using stairway railings, checking their homes for obstacles, and having their vision and glasses checked regularly. Checking for worn footwear that could be slippery, asking health professionals about the side effects of medicines, and installing brighter lights in halls and stairways seemed to be a possibility for about four in ten respondents. Joining an exercise group and considering using a cane or walker were embraced by very few seniors in the survey.
- Respondents rated their own health and physical independence very positively. Eight out of ten said they felt well always or most of the time. Nine in ten could manage around the home with little or no help.
- Respondents appear to over estimate their level of fitness – most reported being in better physical shape than most people their age.

- Respondents probably under estimate their loss of visual acuity. Two-thirds claim that it is the same as it was ten years ago.
- While many respondents know that rushing can be a cause of falls, six in ten admit that they often do so to get things done or to get places.
- Many respondents feel that they do not need to be concerned about falls prevention yet, that they are sufficiently fit, or that they have already taken many of the precautions. Surprisingly, the cost of precautions is not often raised as a deterrent.

Implications for the Public Awareness Campaign

- Those seniors most likely to fall and least aware of their vulnerability are females over 65 years of age and males over 75 years of age, with lower education, lower income, living alone and in poor health. Raising awareness is the first step to change with this group.
- Younger, fitter seniors who have not yet made changes are more likely to be contemplating change, or may even be preparing to make changes. This group should be assisted in the process with messages that motivate them and provide guidance with concrete actions they can take.
- The most widely acceptable means for getting information about falls prevention is in print – both publicly distributed brochures, and magazine or newspaper articles were likely to be read. Electronic media should be considered, particularly to reach those less educated and literate seniors.
- Many respondents, particularly older ones and those in poor health, want to receive information from already over-burdened doctors. Toll-free phone lines and a web site have lower appeal, although they are rated better by “younger” seniors. Surprisingly, most seniors said they were unlikely to attend local information sessions.
- Of four possible titles for a brochure on falls prevention, “Prevent a Fall, Protect your Way of Life” and “It’s All About Independence” were clearly preferred over other alternatives. The former had broader appeal across all age groups and demographics surveyed, and was the choice of the focus groups previously held. “Prevent a Fall, Protect your Way of Life” is recommended for the campaign.

II Introduction

Objectives

This survey was undertaken to quantify observations made regarding falls prevention earlier through the literature review and focus group testing. The findings will assist in decision-making regarding creative, media, and other promotional issues for a planned public awareness campaign. The overall objectives of the research were to measure awareness of the prevalence, risks and consequences of falls among Ontario seniors, and to test some aspects of messaging and delivery channels for a Falls Prevention awareness campaign program. In detail the objectives were:

- To gauge level of awareness about the risk and consequences of falls.
- To estimate incidence of falls of various severity.
- To determine attitudes toward fall prevention and unaided awareness of fall prevention measures.
- To determine respondents' awareness of their own risk profile.
- To measure willingness to undertake various fall prevention activities.
- To obtain a self-assessment of their current mobility and health, for correlation with other factors.
- To gauge communication strength of several headlines and promotional vehicles.

Methodology

A two-page questionnaire was mailed to 800 Ontarians over the age of 55 who had been pre-recruited to be members of the Market Facts of Canada mail panel. The questionnaire was mailed February 6, with results accepted until March 4. During this time 575 completed responses were received for a good response rate of 71.9%. It should be noted that all those receiving the questionnaire were living in private households, rather than in nursing homes or other care arrangements. The questionnaire was distributed to equal numbers of male and female, English speaking respondents. A copy of the questionnaire is contained in Appendix A. Appendix B shows a comparison of the mail panel and the final respondents to the total Ontario population in terms of age, gender and marital status.

Description of the Respondents

- Four in ten respondents (40%) were aged 55 to 64, slightly fewer (37%) were 65 to 74 years old, and nearly one-quarter (24%) were 75 or older.
- 45% were men (resulting from a slightly lower response rate among men)
- Seven in ten respondents to the survey were living in detached or semi-detached housing, with the remainder in apartments, condominiums, townhouses and other multiple-dwelling units. Eighty-two percent owned their home.

- Seven in ten were married or living in a relationship, while the remainder were widowed, divorced, separated or never married. Just over one-quarter (26%) were living in single-person household, while 60% were living in households of two, and most of the remaining were in three-person households.
- Twenty-eight percent had not completed high school, 20% were high school graduates, and the remaining 52% had some post-secondary education.
- One-third of the respondents were still employed, either full-time or part-time, and the majority were retired
- Nearly one in three (29%) had a household income under \$25,000, with 20% receiving \$25,000 to \$40,000, and an equal number (20%) receiving \$40,000 to \$60,000. One in three (31%) had a household income above \$60,000 annually.
- About two in five (39%) lived in large urban centres with populations of over one million, roughly the same proportion (42%) were in smaller cities and towns, and one in five (19%) resided in a small town or rural area.

Statistical Significance

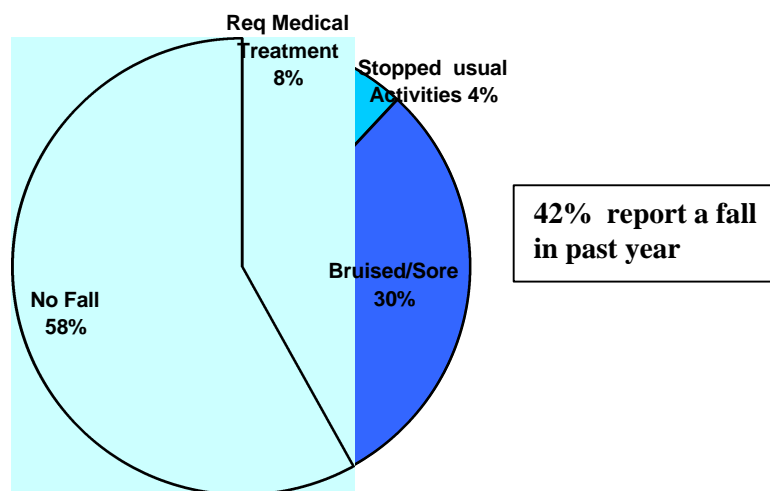
All figures in this report are accurate within a margin of error, which depends on the size of the sample and the population on which it was based. The confidence interval for the total sample of 575 is $\pm 5.9\%$ at the 95% confidence level. That is, if the study were repeated the responses would be within 6 percentage points of those reported here, 95 times out of 100.

Differences between subgroups of the sample are highlighted in the report only if the observed differences are statistically significant at the 95% confidence level.

III Detailed Findings

Incidence of Falls

Four in ten respondents to the survey (42%) reported experiencing a significant trip or fall in the past year. Eight percent of Ontario seniors reported that they had “tripped or fallen and experienced a serious injury requiring treatment”. Another 4% had an injury that caused them to stop their usual activities or stay in bed for a day or two, due to a fall. And a substantial 30% had experienced a trip or fall in the past year that left them sore or bruised, but still able to keep up their normal routine.



The overall incidence of falls reported in this survey is slightly higher than previously published Health Canada figures. These indicated that one-third of seniors had experienced a fall, compared to 42% reported here. The proportion experiencing a serious injury requiring medical treatment is about equal to the past report – about 8% (one-quarter of the one-third who experienced falls, in the Health Canada figures).

The results of the survey confirmed the correlation between being in poor health and experiencing a serious fall. While the survey did not establish whether the current poor health preceded the fall or was caused by it, the link is evident.

% Experiencing a Fall in Past Year	In Poor Health n=115	In Good Health n=449
Serious fall needing treatment	16	6
Fall with injury that interrupted usual activities	27	5
Minor fall resulting in soreness or bruising	42	36
Any type of fall	54	39

Falls Inside and Out

The survey included several questions about the incidence of falls inside and outside the home. When asked to express their opinions, nearly 90% of Ontario seniors agreed with the commonly-held belief that “more seniors are injured inside their homes than outdoors.”¹

Surprisingly, among this sample of 575 Ontario seniors, the reverse was true. Almost two-thirds (63%) of the reported trips and falls in this group occurred *outside*. This pattern was true for very minor falls that caused only slight injury, as well as major falls requiring treatment. The fact that the research was carried out during the winter may have contributed slightly to a higher incidence of outdoor falls, but this seems unlikely to account for the magnitude of the figures.

Seniors living in rural areas, who presumably spent more time outside, had the highest incidence of outside falls (76%), while those living in large cities were less likely to report outside falls (58%).

Interestingly, falls outside seemed to have little effect on perceptions of personal vulnerability, while those that took place inside were somewhat more likely to be associated with a proactive attitude toward falls prevention. Fully 78% of those who had fallen inside rejected all three of the negative attitudes described above, compared to just 66% of those who had fallen outside.

% Disagreeing	Fell Outside N=154	Fell Inside n=86
Accidents just happen...	82	87
Falls aren't that serious..	83	86
Only a problem over 75	88	92
Disagree with all statements	66	78

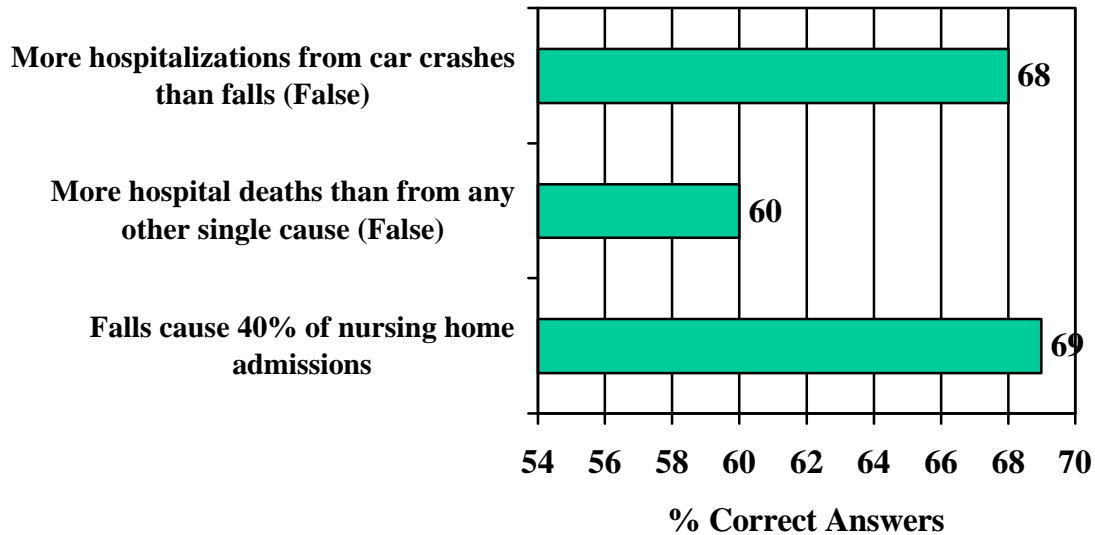
Understanding the Consequences of Falls

Respondents to the survey were asked to indicate whether their statements about falls and their consequences were true or false. About two-thirds selected the correct responses to each of the three questions, suggesting that there is some understanding of the seriousness of falls. But, up to one-third of seniors are unsure of the facts and may benefit from wider communication of the trends and patterns. Their responses also suggest that falls are more likely to be associated with nursing home admissions and hospitalization, than the more serious consequence – deaths in hospital.

¹ The statement was also assumed to be correct by the researchers at the time the questionnaire was designed.

The majority of Ontario seniors answering the survey (69%) knew that “over 40% of nursing home admissions are due to falls”. An equal proportion (68%) correctly rejected the statement that car crashes are a bigger cause of hospital admissions than falls.

Fewer respondents were sure about falls as a major cause of hospital deaths. Six in ten (60%) correctly rejected the statement that “there are more deaths in hospital due to a fall than from any other single cause”. In fact, falls are the biggest single cause of hospital deaths *due to injury*.

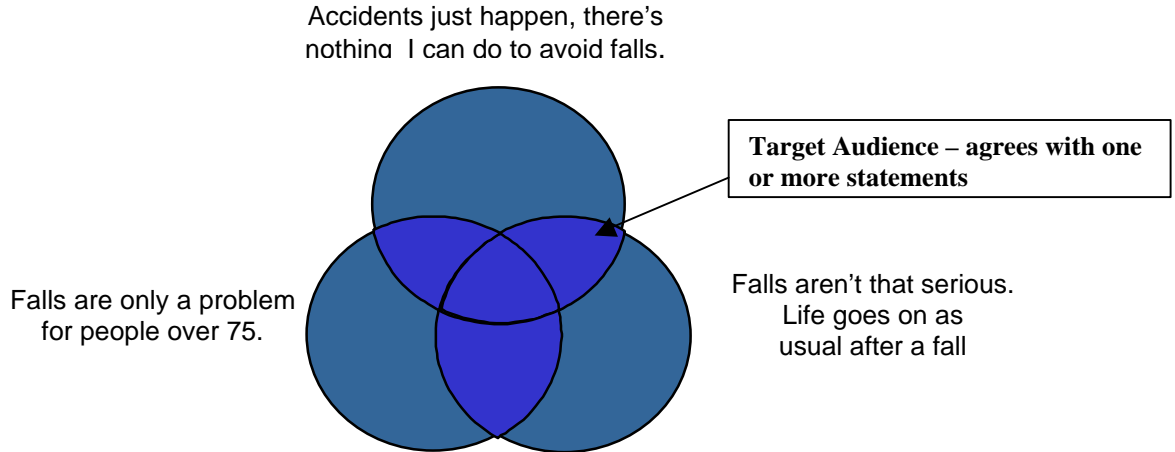


Younger” seniors, aged 55-64, were more likely to choose the correct answers than those over 75 years of age. Higher-income seniors and those with post-secondary education tended to be more accurate in their responses. Having experienced a fall oneself had little impact on the accuracy of answers to these questions about the seriousness of falls.

Rationalizing One’s Vulnerability

Three statements were used to determine which respondent did and did not appreciate their vulnerability to falls. Each statement represented a negative attitude that had been voiced by seniors in previously-held focus groups. While only a minority of individuals held any one of the views, about one-quarter did not reject these statements outright: they are the target audience for messaging on falls prevention.

One in seven Ontario seniors in the survey (14%) denied the seriousness of falls. They agreed, at least to some degree, with the statement “Falls aren’t that serious. Life goes on as usual after a fall”. About the same number (13%) were resigned: “Falls just happen. There’s nothing I can do to avoid falls.” One in nine (11%) dismissed the issue by agreeing that “Falls are only a problem for people over 75.”



These attitudes were more slightly more likely to be held by older respondents, those living alone, and those with lower levels of education

% Agreeing (strongly or somewhat)	Total n=575	55-64 years n=228	65-74 years n=210	75+ n=137	Live Alone n=152	Incomplete high school n=160
Falls aren't that serious..	14	8	18	18	22	16
Accidents just happen..	13	9	14	18	19	18
Only a problem over 75	11	8	12	15	14	12

While the majority of respondents (72%) rejected these three statements, a substantial number either had mixed responses (22% uncertain about most statements) or denied their personal vulnerability (4% agreed at least “a little” with all of the statements).

Awareness of Falls Prevention

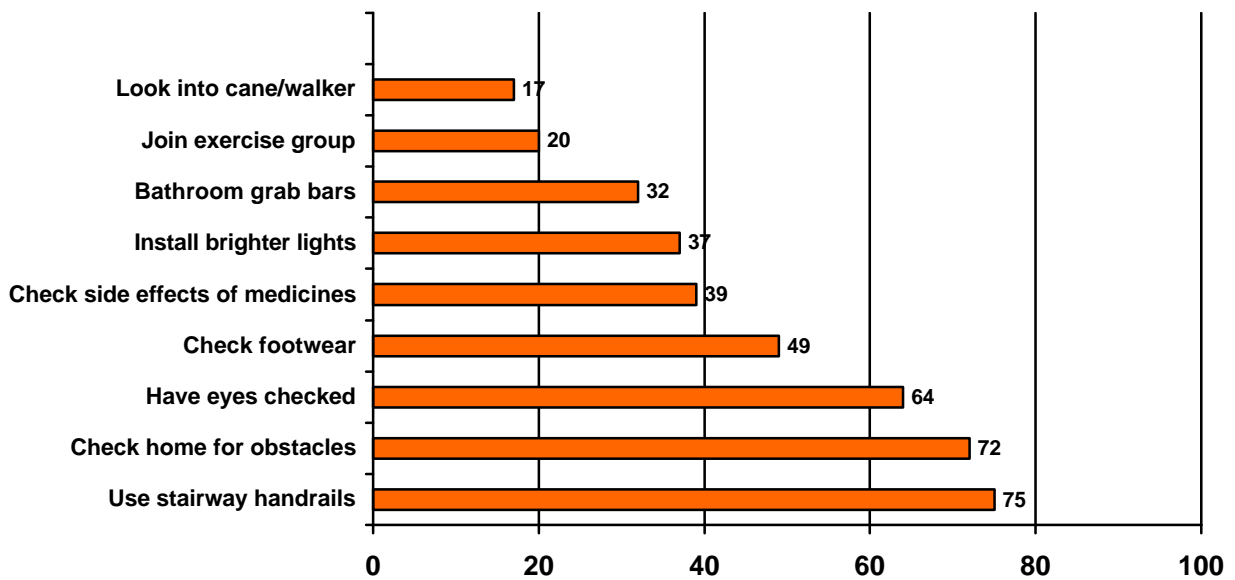
Asked what they could do to avoid falls, Ontario seniors mentioned a large number of actions. Respondents gave an average of 2.4 distinct suggestions (although 15% of respondents did not offer any ways to reduce the risk of falls).

No single response was mentioned by more than one-quarter of those surveyed. Being generally aware and alert was the most frequently mentioned precaution (24%), followed by wearing proper footwear (20%), and watchfulness when walking (19%).

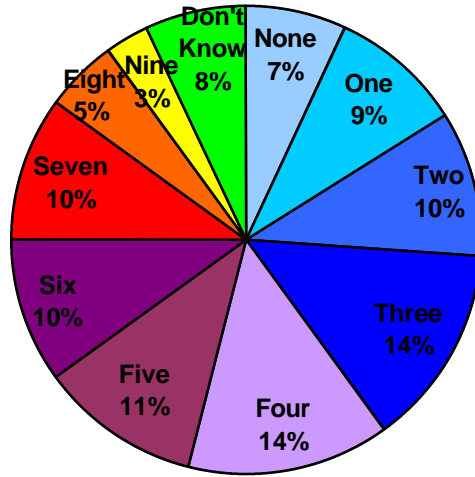
Ten Most Common Suggestions	% Suggesting n=575
Be careful/aware/alert	24
Wear proper/non-slip footwear	20
Watch where you walk/avoid uneven surfaces	19
Slow down/don't rush/plan ahead	17
Use handrails/grab bars	16
Avoid clutter/obstacles on floor	14
Be aware/careful of outdoor conditions	12
Walk in well-lit areas/ensure proper lighting	10
Use safe climbing/grasping devices (stepladders, bathroom bars)	8

Willingness to Take Precautions

Respondents were asked how likely they would be to take each of nine precautionary measures, over the next year, in order to reduce their chances of falls and injury. There were three actions that most Ontario seniors were “very likely” to take: always holding onto a handrail in the stairwell, checking for obstacles in the home, and having their eyes checked. About half the respondents were very likely to check for worn and slippery footwear, and just under four in ten were likely to install brighter lights or to check for balance side-effects from medicine. Only one-third felt it likely that they would install bathroom grab bars, and about one in five would join an exercise group or look into getting a cane or walker.



Thirty-nine percent of respondents said they were likely to take half or more of these nine precautions. In contrast, 54% said were likely to do four or fewer, and 26% were likely to do only one or two



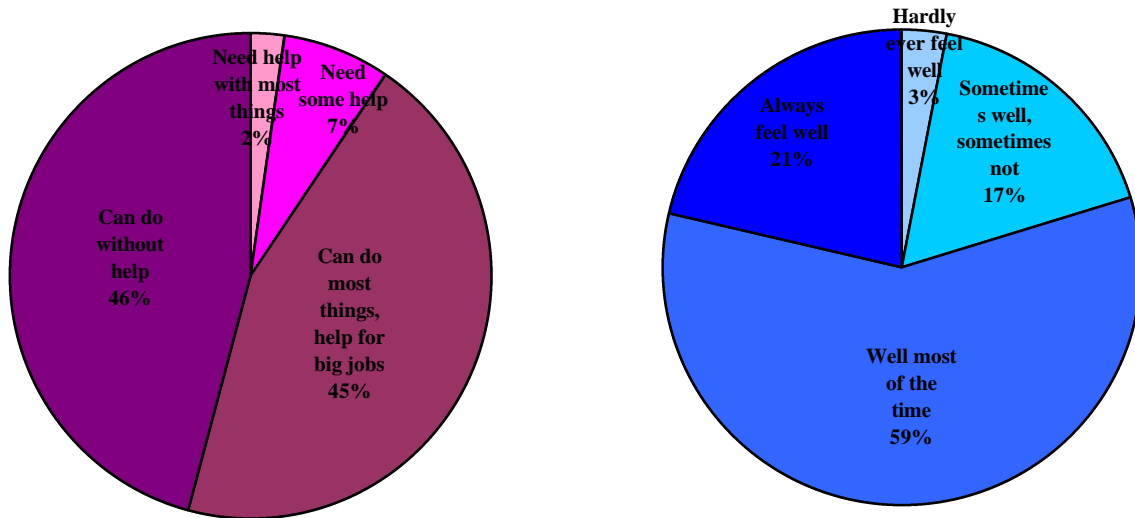
Reasons for Not Taking Precautions

The biggest reason given for not taking the precautions in the survey was simply that respondents felt they did not yet need them. Canes and grab bars were often mentioned in this regard. Another significant group of respondents noted that they were currently healthy, fit and active, with the implication that they were not at risk. A small but notable proportion of respondents had already taken some or many of the actions noted. A number of different reasons were given for not joining an exercise group, including lack of time, physical limitations, and personal disinterest. A few mentioned that they take very little medication, or that they already have regular eye check-ups.

% of Respondents Mentioning	% N=575
No need	
No need yet/at this stage	15
No need for cane/walker	10
No need for grab bars	3
Already fit	
Already get exercise	9
Currently healthy/fit/active	8
Already have done most of these	4
Already have grab bars, cane, walker	4
Already have adequate lighting	4
Home neat already/nothing to trip over	.5
Won't join an exercise group	
Too busy/too far away	5
Not interested/don't like exercising	2
Not able to exercise due to physical condition	2
Eyesight not a problem	
Get eyes checked regularly	4
Eyesight is fine	1
Take little or no medication	4
Always use common sense/sensible	1
Follow doctor's orders	.5
Cost	2
Other	4
No reason/worth doing	9
Don't know/no answer	38

Overall Physical Health of Respondents

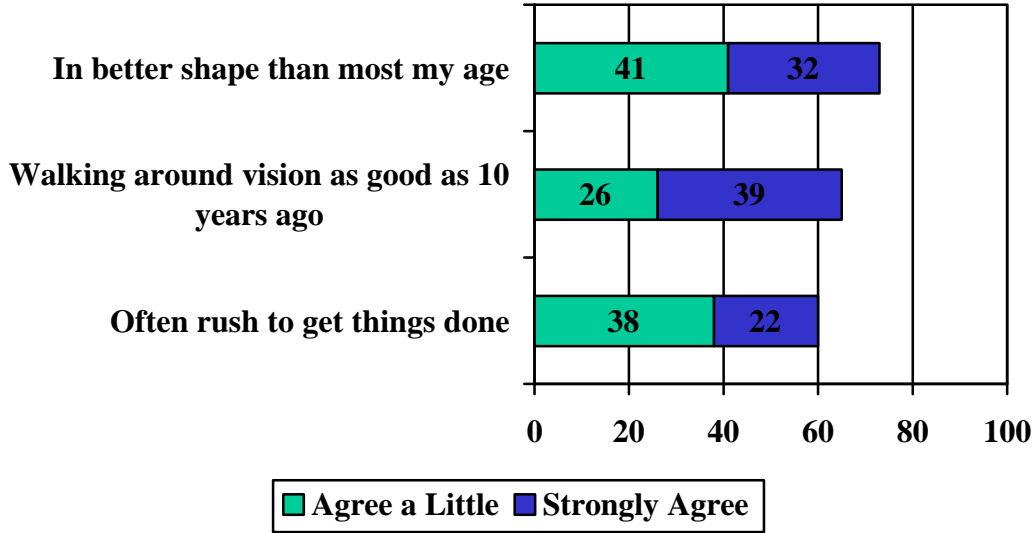
Respondents to the survey gave quite positive reports about the state of their health. Eight in ten (80%) of these Ontario seniors reported that they felt well “most of the time” or “always”. Nine out of ten (91%) said they could manage well around the home – 46% said they could do “what ever needs to be done, without any help” and another 45% said they could do most things, with help from someone else to do big jobs. Not surprising, older respondents, those with lower incomes or, less education, had poorer health, and less physical independence.



Awareness of Personal Risk Factors

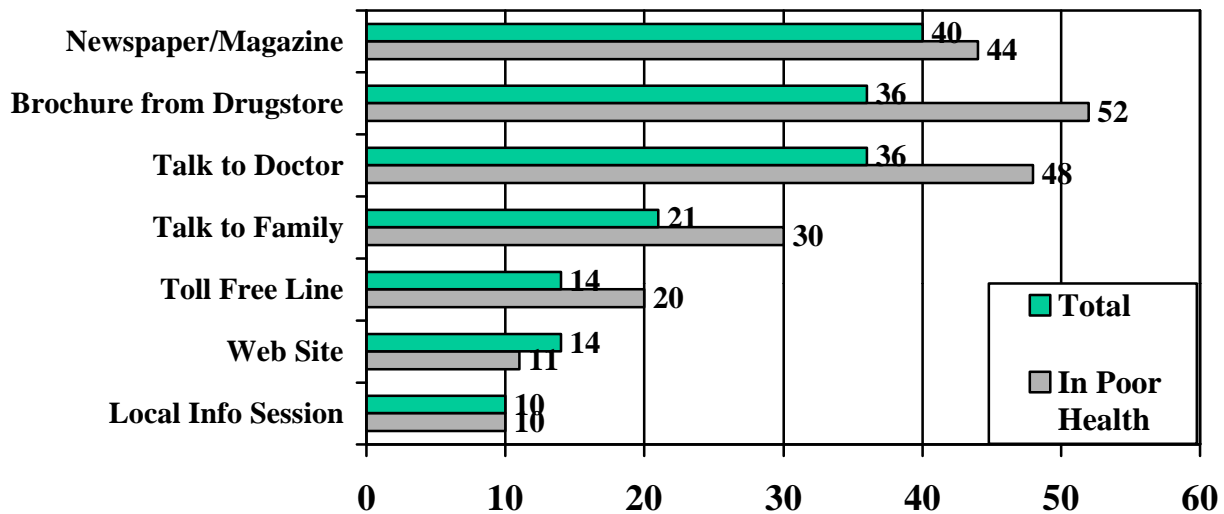
Asked about directly about personal habits and characteristics, respondents demonstrated some shortcomings in realistic self-assessment of risk. Few believed that their overall fitness or vision might be a concern. More than seven in ten (73%) felt that they were “in better physical shape than most people their age” – raising the question of how the majority could be “above average”. Similarly, 65% of respondents felt that their eyesight for day-to-day walking around was “about the same as it was 10 years ago (39% agreed strongly). Again this figure appears to be unrealistically high for individuals over the age of 55.

On the other hand, six in ten respondents (60%) were willing to admit that they often rush. Twenty-two percent strongly agreed that they often rush “to get things done or to get places on time”, and fully 38% agreed at least somewhat with this statement. Rushing was more common among younger seniors (69% of those 55-64), those still employed (74%) and among women rather than men (64% vs 56%)



Health Promotion Channels

Respondents were asked to indicate their likelihood of accessing falls prevention information through various channels and sources. According to Ontario seniors, they would be most likely to use print sources such as newspapers and magazines (40%), or a brochure from the drugstore (36%). There is also a strong preference for receiving the information directly from an in-person source. First and foremost is talking to their doctor (36%), followed by getting information from a family member, caregiver, or someone else they trust (21%). Specialized promotional activities such as a toll free information number, a web site, or a local information session would be used by some respondents, but rank behind the other options.



While print sources ranked highest overall, as preferred means to access information, those with the most to gain – the least educated, those with lower incomes, and those already in poor health -- would use different access points. Reading a brochure from the drugstore and talking to their family doctor ranked highest among those in poor health, who also showed greater interest in a toll-free phone line. Among those aged 75 or older talking to their family doctor ranked well above all other sources. Those under 65 years of age were much more positive about toll free number and a web site, ranking those two sources equivalent to speaking to family members or caregivers.

% Very Likely to Use Each Source	55-64 years n=228	65-74 years n=210	75+ years n=137
Newspaper or magazine article	40	42	37
Brochure from drugstore	36	36	34
Talk to doctor	27	38	46
Talk to family member	21	20	22
Talk to caregiver/someone you trust	21	15	22
Toll free number	17	14	8
Web site	23	11	4
Local information session	12	9	10

Slogans for a Falls Prevention Program

Respondents were asked a hypothetical question in order to gauge their interest in four possible slogans: “If you saw a selection of brochures on a table, which would you be most likely to pick up, based on the title?” Two titles had broad appeal – “Prevent a Fall, Protect your Way of Life” and “It’s All About Independence” were each chosen by roughly one-third of seniors (35% and 33%). “A Step in the Right Direction” and “An Ounce of Falls Prevention” had significantly less appeal, being chosen by just 13% and 12%, respectively.

“It’s All about Independence” had greater appeal than “Prevent a Fall...” among those 75+ and those living alone.

“Prevent a Fall” had fairly equal appeal across all age groups, and was preferred by those living in urban areas, renters, those living in a multiple-unit dwelling, those in poor health and those who had already experienced a fall.

IV. Implications for the Public Awareness Campaign

The survey data provides good direction for planning the public awareness campaign, both with regard to primary audiences and specific activities.

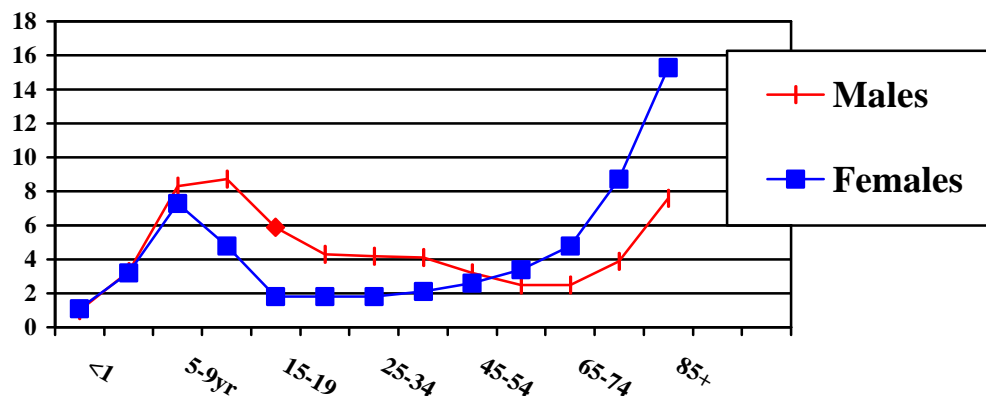
Primary Audiences

The survey data indicate that the majority of seniors in Ontario, about two-thirds have some awareness of the seriousness of falls. Those with higher incomes and greater education tended to be more aware of falls, and younger seniors, aged 55-64, were almost twice as likely to be aware of the seriousness of falls as those over 75 years of age. On the other hand, almost one-quarter either were uncertain about whether falls are serious and avoidable, or denied their personal vulnerability. Again, these attitudes were more likely to be held by older respondents, those living alone, and those with lower levels of education.

In addition, research on hospitalizations as a result of falls² has shown that:

- The number of males hospitalized as a result of falls grows sharply after the age of 75, up to a peak of 7.6% at age 85.
- Hospitalization due to falls is higher for women, starting from age 45 on, and increases rapidly after age 65, from 4.8% of hospitalizations, to 15.3% by age 85.

Injury Mortality Trends
Canadians aged 65+, Age standardized, 1980-1997



Those seniors most likely to fall and least aware of their vulnerability are females over 65 years of age and males over 75 years of age, with lower education, lower income, living alone and in poor health. This group is most likely in the 'pre-contemplation' stage of change, so the focus of a campaign reaching out to them should be awareness. To address this audience, the campaign execution should depict this age group in particular, and media placement should take lower literacy into consideration.

² Dr. Vicky Scott, Senior Advisor, Fall Prevention, BC Ministry of Health, as presented at Health Canada, Division of Aging and Seniors. Workshop on Healthy Aging, November 28 - 30, 2001

Younger, fitter seniors who have not yet made changes are more likely to be contemplating change, or may even be preparing to make changes. This group should be assisted in the process with campaign messages that motivate them and provide guidance with concrete actions they can take. This group may become the “early adopters” that may influence those most at risk and could become intermediaries as community volunteers.

Awareness of the Seriousness of Falls

The survey data shows that most people recognize that falls are a serious issue, but do not necessarily understand how serious:

- Most people feel that falls are a serious issue and are avoidable (72%).
- About 32% of people surveyed do not recognize that falls result in more hospitalizations than car crashes.
- Over 30% of people surveyed do not realize falls cause 40% of nursing home admissions.

Campaign messages should therefore, emphasize the fact that falls are a serious health issue, up to and including death. Given seniors’ current awareness, that should attract attention, without having to resort to an alarmist approach.

Action on Falls Prevention

The responses provided also point to actions seniors will be more likely to take to prevent falls. Unaided, the most common actions offered were:

- being generally aware and alert (24%)
- wearing proper footwear (20%),
- being watchful when walking (19%)

Unfortunately, both the first and third actions are very vague. More specific recommendations should be formulated for the campaign, as they tend to have a higher likelihood of being followed. A further issue arises with regard to footwear, as “proper” footwear has not been well-defined by falls prevention experts. For example, introducing flat shoes to a woman used to wearing heels all her life may not reduce her risk of falling, and may require gait training for the transition.

Of the nine precautionary measures listed in order to prevent falls, the most common ones agreed to were:

- always holding onto a handrail in the stairwell (75%)
- checking for obstacles in the home (72%)
- having their eyes checked (64%)

In a phased campaign, it may be wisest to begin with these, easy-to-follow recommendations, in order to gain early support for preventative activities. More difficult recommendations that could follow are:

- install brighter lights (37%)

- check for balance side-effects from medicine (39%)

Those actions that received the least support are:

- install bathroom grab bars (30%)
- join an exercise group (20%)
- look into a getting a cane or walker (17%)

These final recommendations may have a bigger impact if delivered as part of a falls prevention program with personal contact by a trained volunteer or health professional. Home modifications, such as installing grab bars or handrails, tend to be made more often when assistance is provided in performing the work or subsidizing its cost.³

Awareness of Personal Risk Factors

No one, over-riding reason was given as to why people would not take precautions to prevent falls. The most common reason – that they simply did not yet need them – supports the data uncovered in the literature search. People recognize that falls are a serious issue, but not necessarily of concern to them personally.

One issue that can be addressed in a campaign is the fact that 60% of respondents admitted that they rush to do things or get places. This message may resonate more with women, younger seniors, and those still employed, who agreed with that statement more often.

Also of interest in this survey results is the fact that almost two-thirds (63%) of the reported trips and falls in this group occurred outside, despite the commonly held belief that most accidents occur inside the home. As far as perception is concerned, falls outside seemed to have little effect on feelings of personal vulnerability, while those inside were more likely to promote a proactive attitude toward falls prevention. This concept warrants further investigation.

Health Promotion Channels

Given the survey results, the key channels of information should be:

- Media: newspapers and magazines were cited as the top source of information. Electronic media were not provided as an option, but given the fact that seniors frequently watch television and listen to radio, these should not be ruled out.
- A brochure distributed at a drugstore, among other locations.
- Doctors and other caregivers, given seniors stated preference for receiving the information directly from a person. Doctors emerged as the primary source for seniors 75 years of age and older.

³ Scott, Dukeshire, Gallagher & Scanlan (2001). Best Practices Guide for the Prevention of Falls Among Seniors Living in the Community, for Health Canada, Division of Aging and Seniors.

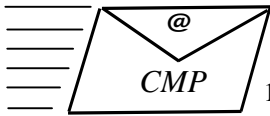
In addition to the above, sources of interest for particular audiences include:

- a toll-free phone line for those under 65 years of age and those who were the least educated, those with lower incomes and those in poor health
- a web site, for those under 65 years of age.

Slogans for a Falls Prevention Program

Although “Prevent a Fall, Protect your Way of Life” and “It’s All About Independence” were each chosen by about one-third of respondent, the former had broader appeal across all age groups and demographics surveyed, and was the choice of the focus groups previously held. “Prevent a Fall, Protect your Way of Life” is recommended for the campaign.

Appendices



CONSUMER MAIL PANEL

Market Facts of Canada Ltd.
 77 Bloor Street West, 12th Floor, Toronto, Ontario M5S 3A4
 1200, McGill Collège, Suite 1660, Montréal (Québec) H3B 4G7

#H343

Dear Panel Member,

This survey is sponsored by the Ontario Partners for Seniors and Veterans. We are collecting information about health and injuries among Ontarians over 50 years of age. Your answers will help us provide information to promote health, safety and independent living for seniors in Ontario. Your time is greatly appreciated.

Sincerely,

Marie Brighton

1. As far as you know, are these statements true or false? ("X" TRUE OR FALSE FOR EACH STATEMENT)

	<u>True</u>	<u>False</u>
More people go to hospital each year due to car crashes than falls	<input type="checkbox"/> 1	<input type="checkbox"/> 2 ⁻¹³
There are more deaths in hospitals due to a fall than from any other single cause	<input type="checkbox"/> 1	<input type="checkbox"/> 2
More seniors are injured inside their homes than outdoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Over 40% of nursing home admissions are due to falls	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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2. How much do you agree or disagree with each of the following statements: ("X" ONE FOR EACH STATEMENT)

	<u>Strongly Agree</u>	<u>Agree A Little</u>	<u>Disagree A Little</u>	<u>Strongly Disagree</u>
Accidents just happen. There's nothing I can do to avoid falls	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 ⁻¹⁷
Falls aren't that serious. Life goes on as usual after a fall	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Falls are only a problem for people over 75	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

3. In the last year have you, yourself ... ("X" "YES" OR "NO" FOR EACH STATEMENT)

Tipped or fallen, and had a serious injury that you needed to be treated for?	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No.....	2
Tipped or fallen and had an injury that caused you to stop your usual activities or stay in bed for a day or two?.....	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No.....	2 ⁻²⁰
Tipped or fallen and had an injury that left you sore or bruised, but still able to do what you usually do?.....	<input type="checkbox"/> Yes	1	<input type="checkbox"/> No.....	2
If yes, to any of the above questions, did you trip or fall inside the home or outside?.....	<input type="checkbox"/> Inside....	1	<input type="checkbox"/> Outside..	2 ⁻²³

4. As far as you know, what can you do to reduce your chances of falling? (PLEASE WRITE ON LINES PROVIDED)

_____ 24-
 _____ 25-
 _____ 26-
 _____ 27-

5. How well do each of these statements describe you? (“X” ONE FOR EACH STATEMENT)

	<u>Strongly Agree</u>	<u>Agree A Little</u>	<u>Disagree A Little</u>	<u>Strongly Disagree</u>	
I’m often rushing to get things done or to get places on time.....	□ 1	□ 2	□ 3	□ 4	-28
I know someone who had to move from their home because of injuries from a fall	□ 1	□ 2	□ 3	□ 4	
I am in better physical shape than most people my age	□ 1	□ 2	□ 3	□ 4	
My eyesight for day-to-day walking around is about the same as it was 10 years ago	□ 1	□ 2	□ 3	□ 4	

6. How would you rate yourself on physical independence? (“X” ONE BOX ONLY)

- You need help with most things around the home □ 1 ⁻³²
- You need help with some things □ 2
- You can do most things around the home but need someone else to do big jobs □ 3
- You can do whatever needs to be done without any help □ 4

7. And how would you rate your overall health. Would you say: (“X” ONE BOX FOR EACH STATEMENT)

- You hardly ever seem to feel well..... □ 1 ⁻³³
- Sometimes you feel well, and other times you don’t feel well..... □ 2
- You feel well most of the time □ 3
- You always feel well □ 4

8. If you knew that you could reduce the chances of injury from a trip or slip, *in the next year* how likely would you be to: (“X” ONE BOX FOR EACH STATEMENT)

	<u>Very Likely</u>	<u>Somewhat Likely</u>	<u>Not Very Likely</u>	<u>Very Unlikely</u>
Check your home for things you could trip over	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Make a point of always holding onto the handrail when you go up or down the stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have grab bars attached to the bathroom walls	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Check shoes and slippers to make sure they are not slippery, and buy new ones if they are worn	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 -37
Put brighter lights in hallways and on stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Ask your doctor or pharmacist if your medicine could affect your balance or steadiness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have your eyes checked and get glasses or new lenses, if necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 -40
Join an exercise group, to increase your strength and balance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Look into getting a cane or walker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 -42

9. Are there any reasons why you would *not* do these things? **(PLEASE WRITE ON LINES PROVIDED)**

_____ 43-

_____ 44-

_____ 45-

_____ 46-

10. If you wanted to know how to prevent falls, how likely would you be to:

	<u>Very Likely</u>	<u>Somewhat Likely</u>	<u>Not Very Likely</u>	<u>Very Unlikely</u>
Go to a local information session	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 -47
Call a toll free number	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Read a brochure from the drugstore	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Read a newspaper or magazine article	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 -50
Go to a web site	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Talk to a family member	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Talk to your doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Talk to a caregiver or someone you trust	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 -54

11. If you saw a selection of brochures on a table, which would you be most likely to pick up, based on the title? (“X” ONE ONLY)

- It’s All About Independence..... 1 -55
- A Step in the Right Direction
- Prevent a Fall, Protect your Way of Life..... 3
- An Ounce of Falls Prevention..... 4

Appendix B - Comparison of Sample and Population of Ontario

	Ontario Population 2001	Original Sample (from Panel)	Respondents
Gender	%	%	%
Males	45.5	45.5	44.6
Females	54.5	54.5	55.3
Age			
55-64	42.2	41.3	39.7
65-74	32.0	58.6	36.5
75+	25.9		23.8
Household Income			
< \$25,000	N.A.	29.4	29.0
\$25,000-\$39,999	N.A.	20.8	20.3
\$40,000-59,999	N.A.	21.5	20.0
\$60,000+	N.A.	28.3	30.6
Population Density			
Rural	N.A.	18.6	18.8
Under 10,000	N.A.	5.4	5.4
10,000 – 99,999	N.A.	12.0	11.5
100,000 – 500,000	N.A.	17.8	17.4
500,000 – 999,999	N.A.	9.4	8.2
1 million +	N.A.	36.9	38.8
Marital Status	(60+)		(55+)
Single	5.1	N.A.	7.0
Married/Common Law	62.0	N.A.	70.1
Divorced/Separated	6.4	N.A.	9.4
Widowed	26.5	N.A.	13.6