Falling Between the Gaps:
An exploration of falls among the elderly on Outer & Lower Cape Cod

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Background:
- Elderly (65+) on Outer & Lower Cape Cod
- Interviews were conducted six towns on Outer and Lower Cape Cod: Orleans, Brewster, Harwich, Wellfleet, Truro, Provincetown

- All interviews were conducted in towns that had a higher proportion of elderly residents than the state average
- Risk of falling is greatest in elderly population
- Leading cause of fatal and nonfatal injuries among elderly
- Physical, mental, and emotional damage to elderly and caregivers
- Loss of independence, quality of life
- Of all hip fractures in US -40% end up in nursing home -20% never walk again

Methods:
- 26 total audio recorded interviews
  - Conducted by teams of one medical student and one graduate nursing student
  - 13 on Outer Cape and 13 on Lower Cape
  - Variety of agencies and providers
  - Included community organizations and Outer Cape Health Services
  - Individuals contacted by Bonnie Shepard & Penelope Keyl
  - Qualitative information gathering
  - Questions asked included the individuals overall duties relating to falls, their specific roles in prevention, response, and recovery from falls, and their experiences communicating with Outer Cape Health Services

Findings:

Anatomy of a Fall

Contributing Factors:
- Strength, balance, nutritional status, chronic illness, physical space

The “usual suspects” for triggering a fall
- Clutter, medications, alcohol, quick movements, movements in the dark, dehydration, slippery surfaces

Prevention of Falls:
- Counsels on Aging, Elder Services, National Park Service

Response/Recovery from Falls:
- EMS, Rehab Facilities, Visiting Nurses Association, Parish Nurses, Town Nurses

Important to note that organizations mentioned (and Outer Cape Health Services) are often involved in both prevention and response/recovery from falls

Gaps in Coverage

- Falls unreported, “silent falls”
- Community services unknown to OCHS staff
- Elder participation

Possible Solutions:

- Expand REACH Program
- Include OCHS/other providers in fall reporting by EMS

- Educate OCHS and providers regularly on community resources
- Create county wide database where providers and community Organizations can all see what services are being provided to elder
- Increase Elder participation
- Earlier screening and education by providers
- Possible role for public health campaigns

References:

1 Massachusetts Healthy Aging Community Data Profiles
2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control