

Falling is not an inevitable part of aging. Through practical lifestyle changes the number of falls among seniors can be reduced substantially.



Falls are the leading cause of injury-related death and hospitalizations in Utahns aged 65+. These incidents are just the tip of the fall problem among older adults (Figure 1).^{1,2}

Nearly one-third of Utah adults aged 65+ reported falling at least once in the past year.³

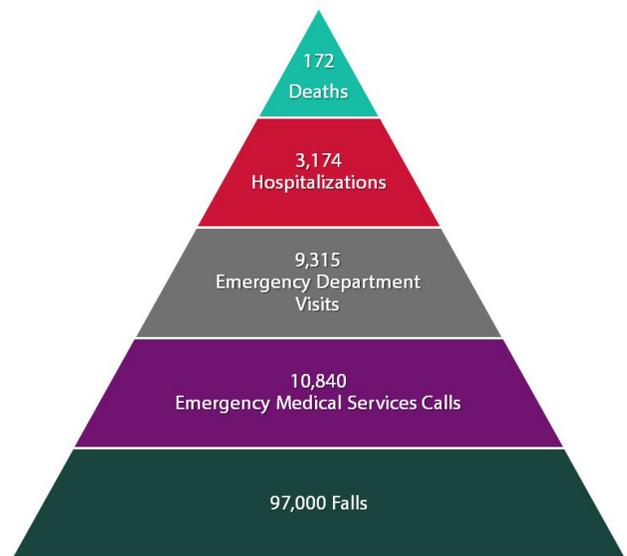
Every week, 179 Utahns aged 65+ are injured severely enough from a fall to seek treatment in an emergency department, 61 are admitted to a hospital, and three die.^{1,2}

In 2012, 66% of fall-related injuries that required hospitalization among this age group occurred at home, with the most falls occurring in the bathroom (22%), followed by the bedroom (14%) and the kitchen (10%).⁴

Every 50 minutes Emergency Medical Services (EMS) is dispatched to the residence of an older adult with a complaint of a fall.⁵

As many as 30% of older adults who fall suffer significant injuries which may limit their ability to live independently.⁶

Figure 1. Fall Injury Pyramid, Yearly Average, Utahns Aged 65+, 2013-2015



Utah and U.S. Trends

Falls are the leading cause of non-fatal injury-related hospital admissions in Utah for adults aged 65+.⁷ The rate of fall injuries in Utah was lower than the national rate since 2008 (Figure 2). Adults 65+ accounted for 75% of all fall-related deaths in Utah. The rate of fall injury deaths in Utah was higher than the national rate between 2011-2013 (Figure 3).

Figure 2. Rate of Fall Injury per 100,000 Residents Aged 65+, Utah and U.S., 2005-2014

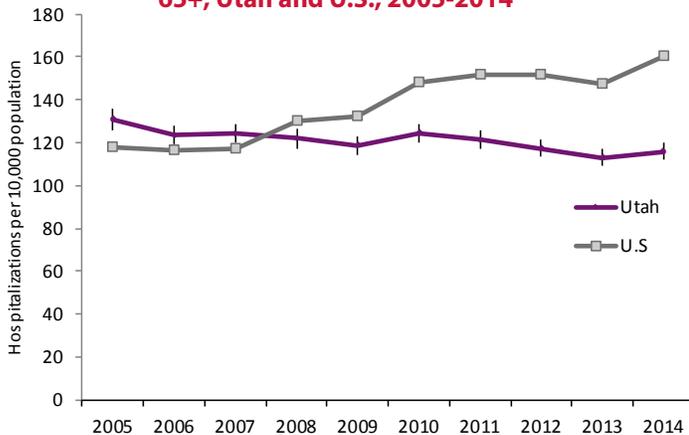
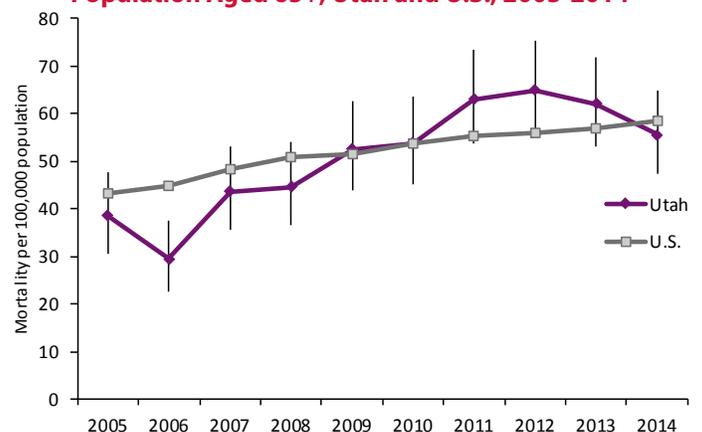


Figure 3. Rate of Fall Injury Deaths per 100,000 Population Aged 65+, Utah and U.S., 2005-2014



Age and Sex

Females of every age group had a significantly higher rate of fall hospitalizations than their male counterparts (Figure 4). Utahns 85 years of age and older had the highest rates of both fatal fall-related injuries and fall hospitalizations.⁷

Sixty-eight percent of Utahns aged 65+ who were hospitalized for a fall sustained a fracture, nearly one-third of these were hip or pelvic fractures.⁴ Seventeen percent of falls resulted in a traumatic brain injury (Figure 5).⁴

Almost two-thirds of Utahns aged 65+ who were hospitalized due to a fall were discharged to residential care or a rehabilitation facility. Only 32% were able to return home. (Figure 6)⁴

Figure 4. Rate of Fall Hospitalizations per 10,000 Population by Sex and Age Group, Utah, 2011-2013

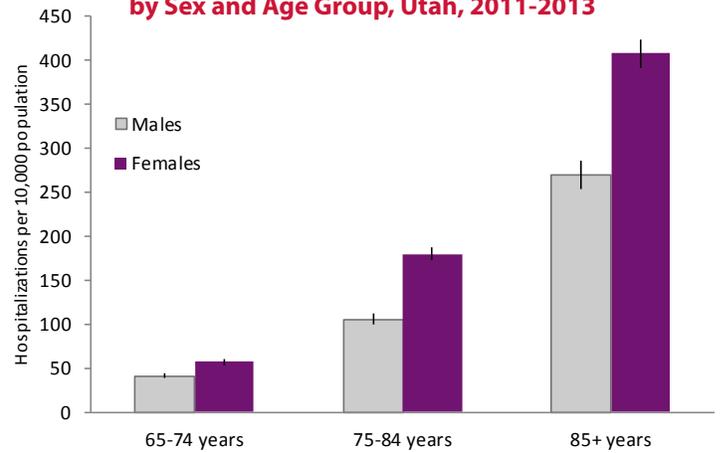


Figure 5. Percent of Fall Hospitalizations by Injury Type, Aged 65+, Utah, 2012

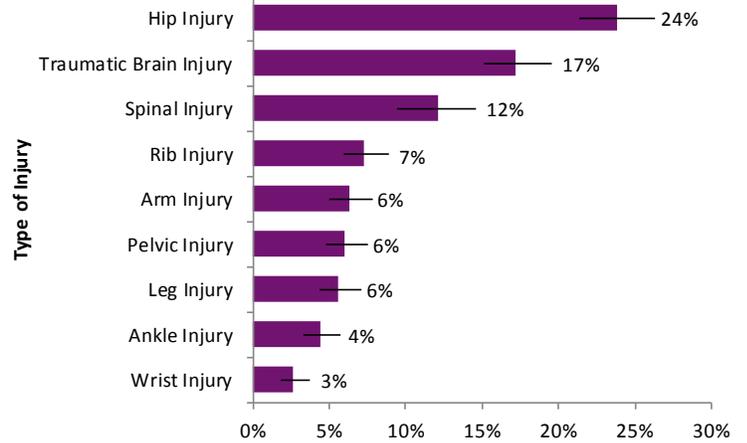
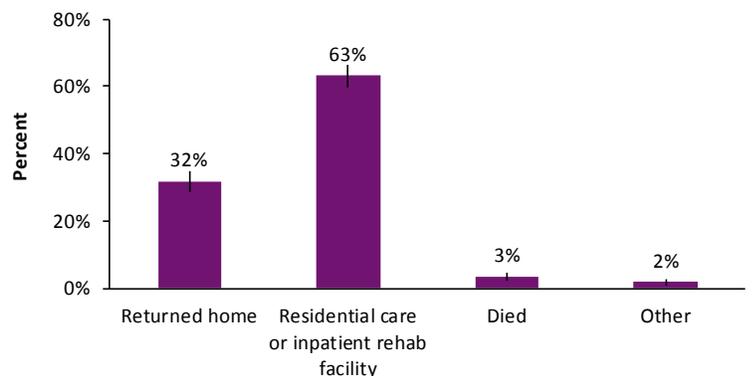


Figure 6. Percent of Patient Disposition at Time of Release from Hospital, Aged 65+, Utah, 2012



Costs

In 2013, more than 3,000 Utahns aged 65+ who fell were hospitalized at a cost of \$105 million (Table 1). The average hospitalization charge was \$33,300.⁷

Table 1. Falls hospitalization charges by primary payer: 2013

Self Pay	\$469,466
Other Government	\$597,968
Industrial and Worker's Compensation	\$873,197
Blue Cross/Blue Shield	\$1,013,053
Medicaid	\$1,504,236
Managed Care	\$1,884,133
Other Commercial	\$1,965,086
Medicare	\$96,513,311
Overall	\$104,820,453

Many falls can be prevented by addressing home safety, managing medications, receiving annual visions checks, and performing regular strength and balance exercises.

Hospitalizations

Two-thirds (65%) of Utahns aged 65+ who fell had four or more co-morbid conditions. The most common conditions were arthritis (40%) and diabetes (28%)(Figure 7).⁴

Nearly three of every four (72%) were taking four or more medications at the time of their fall. Thirteen percent were taking more than 10 medications.⁴ Among adults aged 65+ who were hospitalized for a fall, 21% were taking sedatives/hypnotics, 31% were taking antidepressants, and 51% were taking anticoagulants or antiplatelet medications (Figure 8).⁴

Figure 7. Percent of Fall Hospitalizations with Co-morbid Conditions, Aged 65+, Utah, 2012

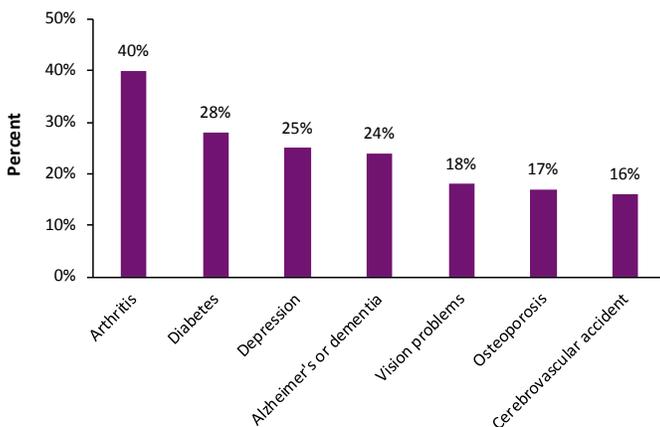
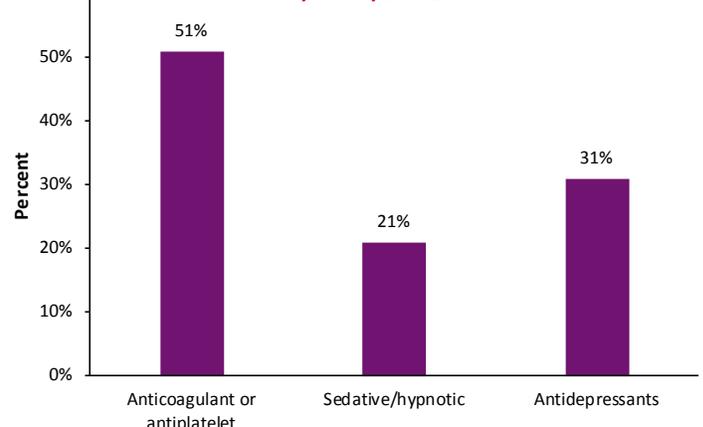


Figure 8. Percent of Fall Hospitalizations Where Patient was on Medication at Time of Injury by Medication Type, Aged 65+, Utah, 2012



Prevention Tips For Healthcare Providers

- Increase multifactorial risk assessment and individually tailored interventions to address modifiable risk factors: strength, gait and balance, vision, home safety and medication management.⁸
- Encourage older adults to participate in an evidence-based community program to reduce falls, such as Stepping On, EnhanceFitness, or TaiChi: Moving for Better Balance.

Prevention Tips For Older Adults

- There are six easy ways for older adults to reduce the risk of falls:
 1. Begin a regular exercise program. Exercise improves strength and balance, as well as coordination. Your local Area Agency on Aging or local health department may offer exercise and falls prevention classes near you.
 2. Talk to your health care provider. Ask your doctor if you are at risk of falling. It's also important that you tell your doctor if you've fallen before.
 3. Have your health care provider review your medicines. Some medicines or combinations of medicines can make you sleepy or dizzy and cause you to fall.
 4. Have your vision and hearing checked. Have your eyes checked by an eye doctor at least once a year. Poor vision can increase your chance of falling. It's also important that you can hear properly, as your eyes and ears are key to keeping you on your feet.
 5. Make your home safer. Remove tripping hazards like throw rugs and clutter in walkways as well as books and papers from stairs. Install grab bars next to your toilet and shower.
 6. Talk to your family members. Ask your family for their help and support in taking simple steps to stay safe and keep you safe. Falls aren't just a seniors' issue.

Resources

- Utah Department of Health, Violence and Injury Prevention Program www.health.utah.gov/vipp/older-adults/falls/
- National Council on Aging www.ncoa.org/healthy-aging/falls-prevention/
- Centers for Disease Control and Prevention www.cdc.gov/homeandrecreationalafety/falls/

References

1. Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health: 2010-2012 data queried via Utah's Indicator-Based Information System for Public Health (IBIS-PH) [cited 2014 January].
2. Utah Inpatient Hospital Discharge Data, Office of Health Care Statistics; Utah Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health; 2009-2011 data queried via Utah's Indicator-Based Information System for Public Health (IBIS-PH) [cited 2014 January].
3. Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2014.
4. Utah Department of Health, Violence & Injury Prevention Program, Falls database.
5. Pre-Hospital On-line Active Reporting Information System; Bureau of Emergency Medical Services and Preparedness, Utah Department of Health.
6. Tinetti ME, Speechley M. Prevention of falls among the elderly. *New England journal of Medicine*, 1989, 320:1055-1059.
7. Utah Inpatient Hospital Discharge Data, Office of Health Care Statistics, Utah Department of Health; 2009-2011 data queried via Utah's Indicator-Based Information System for Public Health (IBIS-PH) [cited 2014 January].
8. Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons. *JAGS* 59:148-157, 2011.



If your life has been affected by a fall, the Utah Department of Health wants to hear from you. Share your story with the Utah Health Story Bank at www.health.utah.gov/bhp/sb/.

Our Mission: VIPP is a trusted and comprehensive resource for data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

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