

Falls Among Older Adults

Safe States Alliance Supports National Efforts to Prevent Falls Among Older Adults.

Comprehensive programs to prevent falls among older adults are urgently needed throughout the country. The Safe States Alliance provides leadership and support to national efforts to prevent falls among older adults by:

- Creating a special chapter in its State of the States assessment to describe and assess public health-led older adult injury prevention efforts across the nation;
- Convening partners inside and outside of public health to implement the consensus Recommendations of the Injury Surveillance Workgroup on Falls;
- Supporting the Falls Free® Coalition efforts to
 - advocate for ongoing *investments* in older adult falls prevention
 - bring greater awareness to the issue and evidence-based interventions through the annual Fall Prevention Awareness Day
 - Increase the availability and access to evidence-based falls prevention and physical activity programs in community-based organizations serving older adults.
 - Explore opportunities to bring additional national, state, and local partners to a forum to highlight and share successes, best practices, and new research to steer future efforts
- Promote screening for falls and the use of evidence-based programs as a covered service through the Affordable Care Act; and
- Encourage health care practitioners to increase fall risk assessment and referrals to evidence-based or promising fall prevention programs such as Tai Chi, Stepping On, Matter of Balance, and Otago.

Background

The population of adults 65 years and older will double over the next 25 years in the United States; accounting for approximately 20% of the population¹. Falls among persons 65 years and older are an important public health issue, associated with substantial mortality and morbidity. Falls are the leading cause of injury death and the most common cause of nonfatal injuries and hospital admissions for trauma for older adults². Although many falls do not result in injury, about 20% cause serious injuries such as head trauma, fractures and lacerations —injuries that can limit mobility, diminish quality of life, and increase the risk of premature death³. According to the Centers for Disease Control and Prevention:

- Every 29 minutes, an older adult dies from a fall.
- About one third of older adults sustain falls for which they require medical treatment annually.
- Older adults are hospitalized for fall-related injuries five times more often than they are for all other unintentional injuries combined⁴. In 2010, falls were responsible for 21,649 deaths and 2.4 million visits to hospital emergency departments, of which nearly 662,000 were hospitalized⁵.
- After adjusting for inflation, the direct medical cost of fatal and nonfatal fall injuries is about \$30 billion annually⁶.

Cost of Falls Among Older Adults For Medicare Beneficiaries

Falls account for 10% of visits to an emergency department and 6% of hospitalizations among Medicare beneficiaries⁷. In 2002, about 22% of community-dwelling older adults reported falling in the previous year⁸. Medicare costs per fall averaged between \$9,113 and \$13,500. Among community-dwelling older adults treated for fall injuries, 65% of direct medical costs were for inpatient hospitalizations; 10% each for medical office visits and home health care, 8% for hospital outpatient visits, 7% for emergency room visits, and 1% each for prescription drugs and dental visits⁷. About 78% of these costs were reimbursed by Medicare.

Prevention

Recent scientific research shows that most older adult falls can be prevented. The major causes of falls are now identified as lack of strength in the legs, the use of four or more medications, reduced vision, chronic health problems, and unsafe home conditions, and balance^{9,10}. Community prevention strategies with rigorous scientific evidence of effectiveness include physical therapy interventions targeting balance concerns, referrals to appropriate exercise and balance programs, home modification, improved lighting, medications use oversight and management, and multifaceted interventions¹¹.

Surveillance

Data for describing fall injuries, monitoring trends, and evaluating prevention are scattered and incomplete. The Safe States Alliance Injury Surveillance Workgroup on Falls¹² recommends that basic surveillance to be conducted at all jurisdictional levels using death, hospital discharge, and emergency department data as well as nursing home, occupational and other more specific data sets. It further recommends standardization in data collection and policy; and further research support to improve future surveillance of falls and fall-related injuries and comparable data on other causes of injuries.

References

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- ¹¹ Stevens JA. A CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults. 2nd ed. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2010.
- ¹² Injury Surveillance Workgroup on Falls, Consensus Recommendations for Surveillance of Falls and Fall-Related Injuries. Atlanta (GA): Safe States Alliance, 2006.