Falls Among Older Adults

There are ways for older adults to reduce the risk of falling.

Falls are the leading cause of injury-related death and hospitalization for Utahns aged 65+ (**Figures 1 and 2**).[1]

Every week, 200 Utahns aged 65+ are injured severely enough from a fall to seek treatment in an emergency department, 63 are admitted to a hospital, and three die from fall-related injuries.[1,2]

Nearly one-third (30%) of Utahns aged 65+ reported falling at least once in the past year.[3]

Talk to your healthcare provider. Ask your doctor if you are at risk of falling. It's also important to tell your doctor if you have fallen before.

Begin a regular exercise program to prevent an injury due to a fall. 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.

Have your healthcare provider review your medicines. Some medicines or combinations of medicines can make you sleepy or dizzy and can cause you to fall.

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

Utah and U.S. Trends

Falls are the leading cause of non-fatal injury-related hospital admissions among Utahns aged 65+.[4] More than half of Utahns aged 65+ who were hospitalized due to a fall were discharged to residential care or a rehabilitation facility. Only 24% were able to return home.[5]

The rate of fall hospitalizations in Utah has been lower than the national rate since 2008 (**Figure 1**).[1,2] Adults aged 65+ accounted for 77% of all fall-related deaths in Utah.[4] In 2016, the rate of fall injury deaths in Utah was significantly lower than the national rate (**Figure 2**).[1]

Figure 1. Rate of Fall Hospitalizations per 10,000 Residents Aged 65+, Utah and U.S., 2004-2014
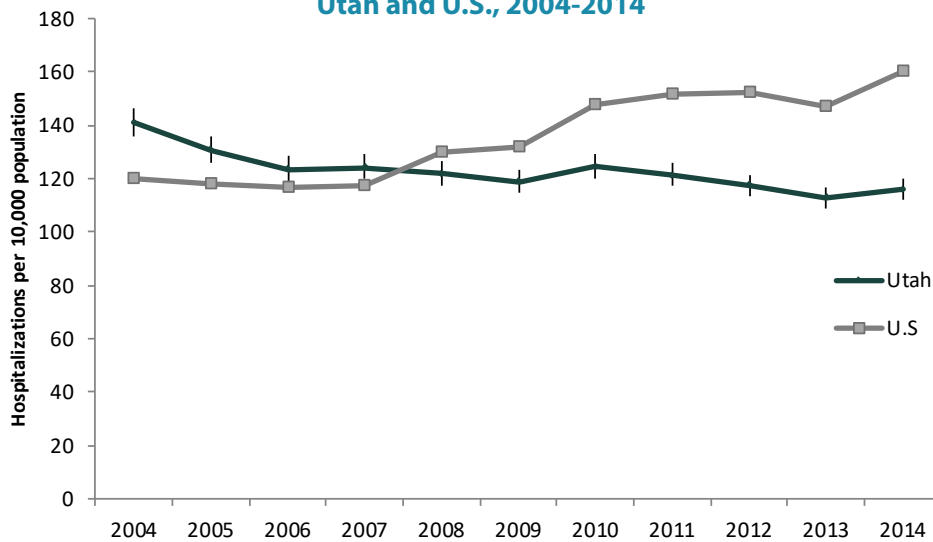

Figure 2. Rate of Fall Injury Deaths per 100,000 Population Aged 65+, Utah and U.S., 2004-2017

Age and Sex

Females had a significantly higher rate of fall hospitalizations than their male counterparts across all age groups (**Figure 3**).[6] Utahns aged 85 years and older had the highest rates of both fatal fall-related injuries and non-fatal fall hospitalizations (**Figure 4**).[7]

Figure 3. Rate of Fall-related Deaths per 100,000 Population by Sex and Age Group, Utah, 2015-2017
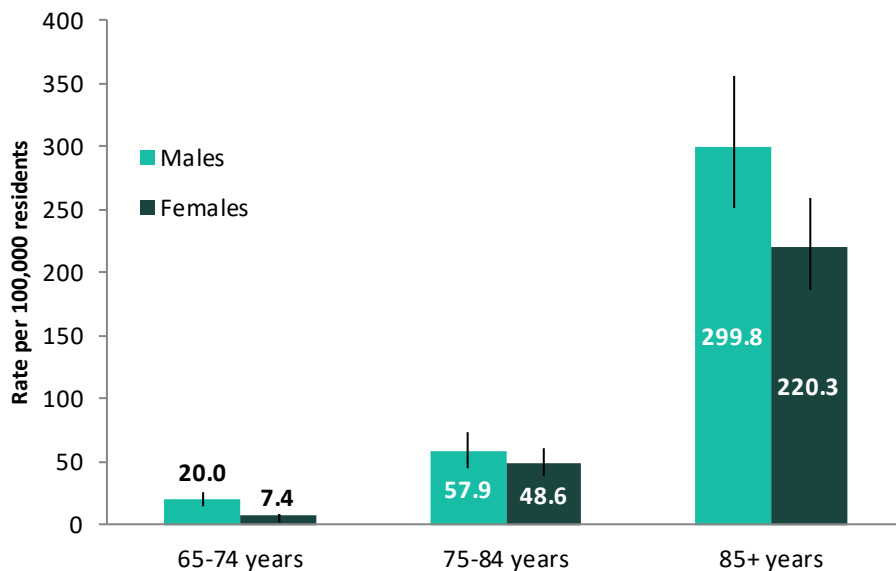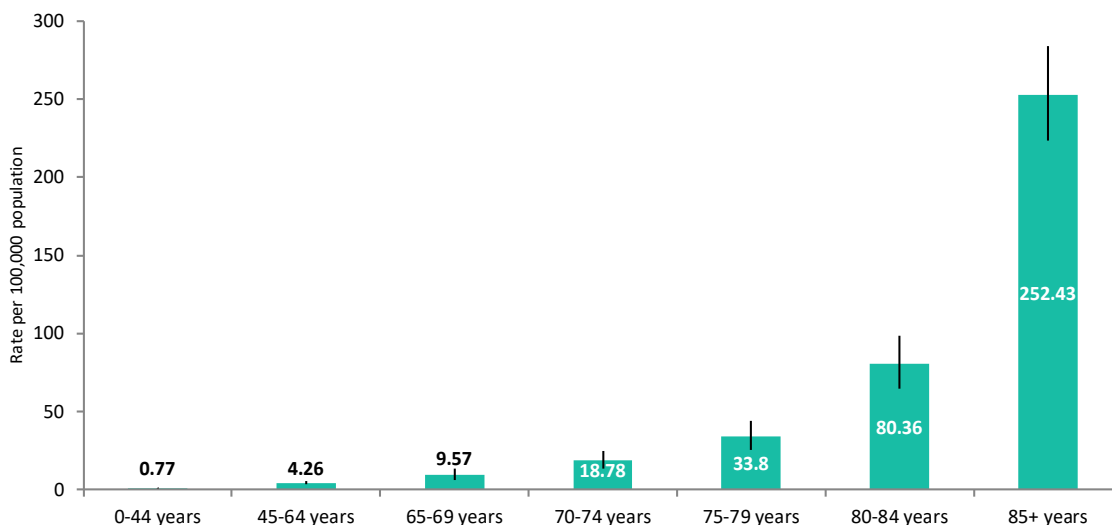

Legend: Males, Females

Age Group	Males	Females
65-74 years	20.0	7.4
75-84 years	57.9	48.6
85+ years	299.8	220.3

Y-axis: Rate per 100,000 residents

Figure 4. Rate of Fall-related Deaths per 100,000 Population by Age Group, Utah, 2014-2016

Y-axis: Rate per 100,000 population

Age Group	Rate
0-44 years	0.77
45-64 years	4.26
65-69 years	9.57
70-74 years	18.78
75-79 years	33.8
80-84 years	80.36
85+ years	252.43

Costs

In 2014, more than 3,400 Utahns aged 65+ who fell were hospitalized at a cost of $121 million (**Table 1**). The average hospitalization charge was $35,993.[8]

Table 1. Falls Hospitalization Cost by Primary Payer, 2014

Medicaid	$412,406.00
Other Government	$438,464.00
Industrial and Worker's Compensation	$932,933.00
Blue Cross/Blue Shield	$1,039,002.00
Other Commercial	$1,978,392.00
Self Pay	$2,012,293.00
Managed Care	$2,465,960.00
Medicare	$112,013,816.00
Total Cost	**$121,368,955.00**

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

Prevention Tips for Healthcare Providers

- Increase multifactorial risk assessment and individually-tailored interventions to address modifiable risk factors suah as; strength, gait and balance, vision, home safety, and medication management with patients.[7]
- Encourage patients to participate in an evidence-based community program to reduce falls, such as Stepping On, Otago, EnhanceFitness, or Tai Chi for Arthritis.
- Health-related resources and classes can be found on the living well website (livingwell.utah.gov). There is a falls prevention workshops. Classes meet once a week for two hours. One session is 7 weeks long. Classes include interactive discussion and storytelling to promote adult learning. Education topics include: falls and risks, strength and balance exercises, medication review, home hazards, safe footwear, vision and falls, community mobility, and safety in public places.

Prevention Tips for Older Adults

There are six easy ways to reduce the risk of falling:

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 healthcare provider. Ask your healthcare provider if you are at risk of falling. It's also important to tell your healthcare provider if you have fallen before.
3. Have your healthcare provider review your medicines. Some medicines or combinations of medicines can make you sleepy or dizzy and can cause you to fall.
4. Your eyes and ears are the key to keeping you on your feet. Have your vision and hearing checked at least once a year. Poor vision and hearing can increase your chance of falling.
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 and ask for their help. Falling is not just an older adult issue family members can help you stay safe.

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/homeandrecreationalsafety/falls/**

References

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This report was created with the most recent data available as of September 2018. Due to issues incident to the 2015 transition to the ICD-10-CM coding system, 2014 is the most recent data year available for ED visits and hospitalizations.