



Injury Prevention – Falls in older adults

Injuries resulting from falls create a substantial health burden in Colorado, particularly for adults ages 65 and older. For this age group, falls are the leading cause of injury death and the most common reason for injury hospitalization. Each year, an average of 400 Coloradans ages 65 and older die from a fall-related injury, and more than 10,000 are hospitalized for nonfatal injuries. Fall-related injuries also contribute significantly to health care costs. Hospitalization costs alone total more than \$263 million annually in Colorado.

Why is this important?

Fall-related injuries can lead to a change in independence for older adults. Of the older adults in Colorado who were injured from a fall in a home, only 28 percent were discharged to home after their hospitalization. Most required transfer to a short-term care or skilled nursing facility. The fear of falling is a real concern for older adults and can limit their interest in and ability to be active in their homes and in the community. Fall-prevention programs can save health care costs and improve the quality of life for older adults.

Where are we?

The three-year average rate of fall-related hospitalization among adults ages 65 and older in 2008-10 was 1,818 per 100,000.

Where do we want to be?

By 2016, decrease the rate of fall-related hospitalization among adults ages 65 and older to 1,636 per 100,000 adults.

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What is being done?

Falls are not an inevitable consequence of aging. There are effective, community-based fall prevention interventions that reduce fall risk factors.

The most effective strategy is exercise that includes balance, gait and strength training. Community-wide programs to prevent falls should combine exercise with the other strategies, including older adult and caregiver education, medication management, vision exams and correction, and home safety assessment and modification. For individuals at high risk, clinical assessment by health care providers combined with individual risk reduction and patient follow-up are needed.

The Colorado Department of Public Health and Environment (CDPHE) was one of three state health departments recently to receive a \$1.25 million grant from the Centers for Disease Control and Prevention to pilot a program aimed at integrating evidence-based fall prevention strategies and exercise interventions with community and clinical care practices. As part of this five-year project, CDPHE and its partners will pilot the *Tai-Chi Moving for Better Balance*, *Stepping On*, and *Otago Exercise* programs in Adams and Arapahoe counties. Additionally, CDPHE will work with primary care physicians to implement a new fall prevention tool for clinicians called, STEADI (Stopping Elderly Accidents, Deaths and Injuries).

High-risk groups

Fall-related hospitalization and death rates increase with age. Adults with chronic health conditions, such as arthritis and stroke, are at particularly high risk.

Women are more likely than men to be hospitalized for fall-related injuries; however, men are more likely to die as a result of a fall.

The death rate from falls is higher for Hispanic whites than for white, non-Hispanics. Blacks and Asian American/Pacific Islanders have the lowest death rates from falls.

Underlying causes

The following social determinates of health and individual factors can make it difficult for older adults to access necessary prevention resources and can lead to higher risk for falls.

Social Determinates of Health

Poorly designed public spaces
Incorrect size, type or use of assistive devices
Lack of access to adequate medical care
Lack of access to recreational facilities
Lack of access to transportation resources
Social isolation

Individual Factors

Mobility problems due to muscle weakness
Chronic health conditions
Vision changes and loss
Home hazards (clutter, poor lighting, etc.)
Inactivity
Medication side effects and/or interaction

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