



THE IDAHO COMMISSION ON AGING

FALLS IN OLDER ADULTS

FALLS FACTS BRIEF

Fast Facts

(Unless otherwise noted, all are per year and for adults age 65+)

- 1 in 4 older adults fall at least once each year
- In Idaho, the rate is 1 in 3
- Falls Are 2.5 times more likely to cause injury than car crashes
- Only half inform their healthcare provider
- Falling once doubles the chances of falling again
- 1 in 5 falls results in serious injury such as broken bones or TBI
- 3 million older adults are treated in emergency departments (ED) for fall- related injuries
- 13% of older adult ED visits are related to falls
- 800,000 people are hospitalized due to falls
- 300,000 hospitalized for hip fractures
- >95% of hip injuries are due to falls
- #1 cause of traumatic brain injury (TBI)
- 12+ million Americans aged 40+ have impaired vision, a condition that doubles a person's risk of falls
- 38% of older adults with significant visual impairment fall (as opposed to the U.S. average of 25%)

Idaho EMS Falls Data

(Data includes only EMS calls related to falls for 2019/2020 as reported by Idaho DHW)

- Total falls with EMS response request 7,560/3,804
- Total deaths from accidental falls 269/291, of which those age 65+ 241/257 ↗
- Falls occurring in personal residence 4,619/3,960
- People aged 65-84 who fell in their own residence 3,248/2,180, and age 85+ 1371/927
- Falls from tripping, slipping, or stumbling 699/3,156, falls from standing 274/102
- Cause of tripping, slipping or stumbling falls for people aged 65-84 606/2,141, and age 85+ 337/1,117, and for all other falls by people aged 65-84 4,182/282, and age 85+ 2,435/264
- Falls requiring transport to emergency department 6,805/4,797
- Transfer to hospital age 65-84 4,325/3,125, and age 85+ 2,480/1,672

Monetary Costs of Falls

- \$50 billion medical costs related to non-fatal fall injuries
- \$754 million related to fatal falls
- Nationally, costs for non-fatal falls paid by Medicare \$29 billion, by Medicaid \$9 billion, and by private or out-of-pocket payers \$12 billion

Elements of Direct Medical Cost of Falls

- Hospital and nursing home, doctors, professional and community services, rehabilitation, medical equipment, prescription drugs, and insurance processing
- Direct costs do not account for long-term effects such as disability, dependence on others, lost time from work and household duties, and reduced quality of life

Common Outcomes from Falls

- Reduced joint/bone stability after fractures
- Increased fear of falling (FoF)
- Decreased mobility/physical activity
- Reduction in performing self-care (ADLs)
- Reduced hydration and nutritional intake
- Diminished physical health
- Limited socialization
- Increased isolation and loneliness
- Increase in depression
- Loss of independence
- Early institutionalization
- Premature death

Risk Factors for Falls

Falls are preventable. Risk factors increase the likelihood of falling. Most risk factors can be changed or modified to help prevent falls.

Many risk factors can be changed or modified to help prevent falls. They include:

- Lower body weakness
- Difficulties with walking and balance
- Use of various over-the-counter (OTC) and prescription medicines
- Uncorrected Vision problems
- Foot pain or poor footwear
- Trip hazards in the home, workplace, and in public

Effective (and simple) Falls Prevention Interventions

- Consumer and caregiver education
- Fall risk screening
- Identify and remove trip hazards at home
- Proper hydration and nutrition
- Medication review
- Increased physical activity
- Improved balance
- Annual eye exam and vision correction
- Address continence issues

References

Fast Facts

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Monetary Costs

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