Good morning. Thank you for the opportunity to talk to you for the next 15 minutes or so about the important and growing issue of older adult falls. As Dr. Arias indicated yesterday, this area has been a priority area for CDC’s Injury center, so we have a lot of information we want to share with you this morning.
I wouldn’t be here talking to you now if the public health burden of older adults wasn’t large. Here is its injury pyramid describing the burden. Each year, approximately 7 million older adults fall each year, while 1.8 million are treated in EDs, over 430,000 are hospitalized, and over 16,600 die.
You all have saw numerous leading causes of death tables yesterday, this one is a little different as it’s for leading cause of INJURY death, and the one thing I wanted to point out to you is that for those 65 and older, falls in #1, and more than double the second leading cause, MV crashes.
From the mid 1980’s to the mid 1990’s, the older adult fall death rate pretty much was flat. But since then, there has been a steady rise, with a 54% increase since 1999.

This is of particular concern because it is one of only a few areas in injury where the death rates have been increasing.

NOT TO SAY: the others are poisoning, and motorcycle.
When looking at some of the leading causes of death for older adults, we have seen reductions in areas such as cardiovascular and heart disease, influenza, cancer, and diabetes. These are good public health success stories for these areas, however, this is in great contrast to what we’ve been seeing for falls.
Fall death rates vary by state. Here states in the dark blue have the highest death rates, while the states in the white have the lowest rates. In general the increase we’ve seen nationally can also be seen on the state level. I’ve included a handout with my packet that includes state-specific data on falls deaths and rates.
You’ve all seen that all the injury areas we have been discussing the past two days have substantial costs associated with them. Older adult falls is no exception. Annually, we as a country spend $19.5 billion on direct medical costs for older adult falls. Most of this, is for non-fatal falls. Hospitalizations account for almost two-thirds of these costs. On average, the cost for an older adult fall hospitalization is approximately $17,500.

About one third of all older adults fall each year. 70% of these falls occur at home, which may reflect where older adults spend most of their time.

90% of all hip fractures are caused by falling. In 2004, there were over 320,000 hospital admissions for hip fractures. Of those who break their hip, one in four, who were living independently, will stay in a nursing home for at least one year, and unfortunately one in five will die within a year.

Many people who fall, whether or not they are injured, develop a fear of falling. This fear can result in limited activity which in turn leads to reduced mobility, weakness, and subsequent increased fall risk.
So what factors put individuals at higher risk for falling? There are PERSONAL factors, some you can change, some you can’t; and there are ENVIRONMENTAL factors.

READ SLIDE.
Does anyone know who these two women are? I show them to demonstrate that it’s very common for everyone to have someone they care about be affected from falling.
Jean Biden (VP Joe Biden’s mother) fell on March 15, 2009, and had surgery for a hip fracture on March 16.

Madelyn Dunham (Pres. Barack Obama’s grandmother) became seriously ill following a hip fracture in October 2008. Also battling cancer, she died on Nov. 3rd, one day before the presidential election.

READ SLIDE…

This issue really can affect anyone.
So what can we do for prevention?
The most effective single intervention is exercise. Exercises that improve lower body strength, balance, and coordination are the most helpful, and these can be done as group classes or individual at-home programs.
Physicians and pharmacists should review all the medications that are being taken, even over-the-counter medicines. As individuals get older, the way medicines work in the body can change. Some medications, or combinations of medications, can make individuals sleepy and dizzy, increasing the risk for falling.
Older adults should have their eyes checked by an eye doctor at least once a year. They may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits vision.
Most falls occur at home, so environmental factors do play an important part in about half of all home falls. Home assessment and modification can be effective in reducing falls when done by trained professionals such as occupational therapists and when focused on high risk seniors. Prevention strategies include removing tripping hazards, using non-slip mats in the bathtub and on shower floors, installing grab bars in the bathroom, putting secure handrails on both sides of stairways, and improving home lighting.
So to help address this growing public health issue, NCIPC has developed the Compendium of Effective Community-based Interventions to help public health practitioners.

The Compendium includes specific interventions that have rigorous scientific evidence of effectiveness and provides relevant information about these interventions for those who wish to implement fall prevention programs in their communities.

The body of the document contains descriptions of 14 intervention studies. These studies are organized into the 3 categories, which align with the prevention strategies we discussed:

- Exercise-based interventions;
- Home modification interventions; and
- Multiple component interventions.
We recognize that what happens in a very controlled research study setting does not always translate to real-world programs in the community. So while the *Compendium* identifies key elements that programs can be based on, we also wanted to provide information also on how to develop programs. So we created a companion document to the *Compendium*, which you see here titled “Prevention Falls: How to Develop Community-based Fall Prevention Programs for Older Adults”. Both documents are available off the CDC Injury Center website for anyone interested.
So we’re basically gearing up to working directly with state health departments to support effective fall prevention programs (the last box of the public health model/approach).

In preparation for this, in addition to the *Compendium* and User Guide, we’ve done some translation and dissemination research on two *Compendium* interventions, one that using Tai Chi and another that is a multifaceted program. This work will move the very controlled research interventions closer to specific practical useable program materials.

We are also doing an evaluation of some smaller scale programs funded by the Administration on Aging. If found effective, this will give us and states several programs to choose from for implementation.

Lastly, next year, we are going to try some pilot implementations with the State and Territorial Injury Prevention Directors Association (or STIPDA) and a handful of health departments.
One of the things that our pilot implementations will hopefully help us understand is how to engage and work with state-level fall prevention coalitions. Presently 13 states have active coalitions and another 8 are developing ones. Another one of our partners, the Nat’l Council on Aging or NCOA has developed numerous resources for developing these coalitions.

So while CDC’s direct partners will be state health departments, coalitions can bring in other key group such as universities; and organizations that represent physicians, physical therapists, occupational therapists, pharmacists, hospitals, home care agencies, long term- and assisted living facilities.

Coalition goals include: collaboration building, leadership, identification of funding, education, advocacy, building awareness, intervention and program implementation, and data collection.

Policymakers such as yourself could directly work with coalitions to disseminate and support evidence-based prevention programs.
Lastly, I wanted to leave with you some resources on the web for you to look at later.

- CDC Older Adults Falls Website:  
  http://www.cdc.gov/HomeandRecreationalSafety/Falls/index.html

- CDC Injury (falls) data:  

- NCOA Falls Prevention Website:  
  http://www.healthyagingprograms.org/content.asp?sectionid=107

- Guideline for the prevention of falls in older persons (Am Geriatrics Society, 2001)  
  http://www.americangeriatrics.org/products/positionpapers/Falls.pdf
And my contact information for questions you may think of after today.

Thank you for your time.