**Quick Facts**

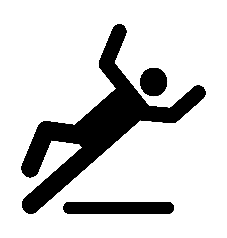
**A Growing Concern**

Unintentional falls among older adults are a leading cause of fatal and nonfatal injury in the U.S. and [insert state]. Hospital costs associated with injuries sustained by falls account for a substantial share of health care dollars spent on injury-related care.

In [year], [insert #] [insert state] residents ages 65 and older died and over [insert #] fall injuries were treated at hospitals and emergency departments (Figure 1).

This report provides recent data on unintentional fall injuries and deaths among [insert state] residents ages 65 and older. It includes information about groups with the highest rates, associated costs and current prevention strategies and activities in [insert state].

Residents ages 65 and older account for**[insert %] *of all fall deaths*** and [insert %] of nonfatal fall hospitalizations in [insert state].



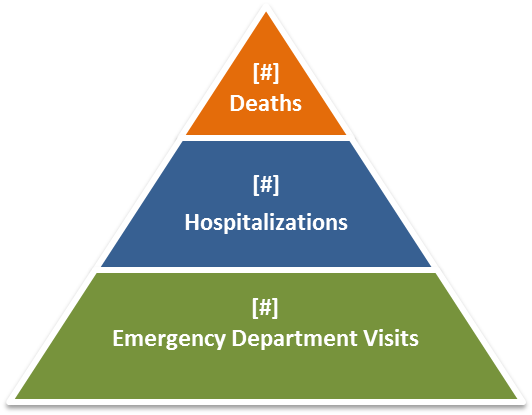
Falls are a/the ***leading cause of traumatic brain injury (TBI)*** in [insert state] residents ages 65 and older, accounting for [insert %]of TBI deaths and [insert %] of TBI hospitalizations. **[insert %]of fall deaths** and hospitalizations among older adults were associated with a TBI.



***Projected lifetime costs*** associated with fall injuries in [year] among [insert state] residents ages 65 and older are estimated to be **$[insert cost].**



**FIGURE 1.** Burden of Fall Injuries among Residents Ages 65 and older—[state], [year]



***Each*** ***week, there are*** [insert #] emergency department visits among residents ages 65 and older, [insert #] hospitalizations, ***and [insert #] deaths due to fall injuries* in** [insert state].



In [year], [insert %] fall deaths among this age group ***occurred in the home***, while [insert %] occurred in a residential facility such as a nursing home. The location wasn’t known for [insert %].



**[insert**

**State Health Department LOGO]**

**This document was produced in conjunction with CDC's Core Violence and Injury Prevention Program**

**Under Cooperative Agreement 11-1101.**

Released [insert Month, year]

**Fall Deaths** 

**FIGURE 2.** Age-adjusted Rate of Fall Deaths by Sex, Ages 65 and older—[state], [data years]

* From [year 1] to [year 2], the age-adjusted rate of fall deaths increased/decreased from [insert #] per 100,000 in [year 1] to [insert #] per 100,000 in [year 2].
* Fall death rates increased/decreased among both males and females during this time period.
* In [latest year], the fall death rate in males was approximately [insert %] higher than in females.

**FIGURE 3.** Age-specific Rate of Fall Deaths by Age Group, Ages 65 and older—[state]. [data years],

* Fall death rates increased/decreased among all three age groups.
* The highest increase was among persons ages 85 and older.
* Rates for persons ages 85 and older increased/decreased, from [insert #] per 100,000 in [year 1] to [insert #] per 100,000 in [year 2].

**nonfatal fall HOSPITALIZATIONS**

**FIGURE 4.** Age-adjusted Rate of Nonfatal Fall Hospitalizations by Sex, Ages 65 and older—[state]. [data years]

Most fall injuries do not result in death. While we do not have data on all fall-related injuries, for example, those treated at home or in a physician’s office, the following section highlights nonfatal injuries that required admission to a hospital for treatment.

**Non-Fatal Fall Injuries**

* Nonfatal fall hospitalizations have remained relatively stable. From 2003 through 2007 rates increased slightly, but have been steadily declining since 2009.
* In [latest year], rates among females are approximately [insert#] times that of males.

* [insert %] of all fall hospitalizations were discharged to a skilled nursing facility.
* Among falls resulting in a hip fracture, [insert %] were discharged to a skilled nursing facility and [insert %] discharged to a rehabilitation facility.1
* Among those with a hip fracture, only [insert %] had a routine discharge to home and [insert %] were discharged home with home health services.

**FIGURE 5**. Percent of Nonfatal Fall Hospitalizations by Discharge Disposition, Ages 65 and older—[state], [year]

1Rehabilitation includes inpatient hospital rehab units as well as other outside facilities.

**Demographic Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Fall Deaths** | | **Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits** | | | |
| **Number of Deaths** | **Death Rate per 100,0002** | **Number of Hospitalizations** | **Nonfatal Hospitalization Rate per 100,0002** | **Number of ED Visits** | **Nonfatal ED Visit Rate per 100,0002** |
| **TOTAL** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| **Age Group** |  |  |  |  |  |  |
| Ages 65-74 |  |  |  |  |  |  |
| Ages 75-84 |  |  |  |  |  |  |
| Ages 85+ |  |  |  |  |  |  |
| **Race/Ethnicity** |  |  |  |  |  |  |
| White, NH3 |  |  |  |  |  |  |
| Black, NH |  |  |  |  |  |  |
| Hispanic |  |  |  |  |  |  |
| Asian/PI4, NH |  |  |  |  |  |  |
| AI/AN5, NH |  |  |  |  |  |  |

**TABLE 1.** Number and Rate ofFall Deaths and Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits,

Ages 65 and older—[state], [year]

2Rates are age-adjusted except for rates by age group.

3Non-Hispanic

4Pacific Islander

5American Indian/Alaskan Native

● Males had a higher rate of fall deaths than females ([insert #] per 100,000 and [insert #] per 100,000, respectively).

● Females had higher rates for nonfatal hospitalizations and ED visits.

● Persons ages 85 and older had the highest rates of fatal and nonfatal fall injuries. This age group had [insert #] times the rate of deaths than those aged 65-74.

● [Race/ethnicity] residents had the highest rates of fall deaths and [race/ethnicity] residents had the lowest.

● [Race/ethnicity] residents had the highest rates of fall hospitalizations and ED visits and [race/ethnicity] residents had the lowest.

**projected lifetime costs**

Lifetime costs4 associated with unintentional fall injuries in [year] among [insert state] residents ages 65 and older are estimated to be over $[insert #]billion. Most of these costs were associated with injuries requiring hospitalizations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of Injuries | Medical Cost | Work Loss Cost | **Combined Cost** |
| Deaths |  |  |  |  |
| Hospitalizations |  |  |  |  |
| ED Visits |  |  |  |  |
| TOTAL |  |  |  |  |

|  |  |
| --- | --- |
| * poor mental health/depression | * coronary artery disease (CAD) |
| * diabetes | * chronic obstructive pulmonary disease (COPD) |
| * cancer | * obesity |
| * asthma | * no exercise |
| * stroke | * disability6 |

The Behavioral Risk Factor Surveillance Survey (BRFSS) is a statewide phone survey of community dwelling (i.e. non-institutionalized) [insert state] adults. It provides self-reported data on a variety of topics, including falls, fall-related injuries, and medical conditions.

In [year], an estimated [insert #] of [insert state] adults ages 65 and older reported having fallen and [insert #]% reported a fall-related injury in the past 12 months.

Older [insert state] adults who reported the following conditions were significantly ***more likely***5 to report falls and fall-related injuries in the past 12 months:

4Costs were calculated using the CDC’s WISQARS Cost Module application which provides cost estimates for medical and work loss for injury-related deaths, hospitalizations, and emergency department visits. <http://www.cdc.gov/injury/wisqars/> .

5These conditions are statistically significant at the (P<.05 level). However, causality shouldn’t be assumed. Selected chronic health conditions: respondents reported “Yes” to **EVER** having been diagnosed with: Diabetes; Asthma; Stroke; Cancer; Depression; Chronic obstructive pulmonary disease (COPD); Coronary artery disease (CAD)/Angina **or** with Myocardial infarction. Poor mental health includes persons who reported experiencing 14+ days of poor mental health in the past month. Respondents are asked their height and weight to calculate BMI. Obesity is defined as a BMI greater than or equal to 30.0. Exercise is defined as respondents reporting “No” to **ANY** leisure-time physical activity.

6Disability is defined as having one or more of the following conditions for at least one year; (1) impairment or health problem that limited activities or caused cognitive difficulties, (2) used special equipment or required help from others to get around.

* Older adults who reported a physical, cognitive and/or emotional disability6 had particularly high fall rates, with an estimated [insert %] reporting having fallen and [insert %] reporting fall-related injuries in the past 12 months.

**Survey Data**

**FIGURE 6.** Self-Reported Falls and Fall Injuries in the Past 12 Months, Ages 65 and older--[state], [year]

**Fall Prevention resources**

STEADI (Stopping Elderly Accidents Deaths & Injuries): The Centers for Disease Control and Prevention (CDC) is working to make fall prevention a routine part of clinical care. STEADI uses established clinical guidelines and effective strategies to help primary care providers address their older patients' fall risk and identify modifiable risk factors: [www.cdc.gov/steadi](http://www.cdc.gov/steadi).

**Prevention Activities in (Your State)**

**DATA SOURCES and DEFINITIONS**

***[insert appropriate data sources]***

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**[STATE DEPARTMENT OF HEALTH]**

**[State DPH Injury Prevention Program Website]**

Released <Month, year>