Policy Brief: Falls in Iowa, 2019

The Problem

Falls are the leading cause of unintentional injury-related deaths among Iowans aged 65 or older. According to the Centers for Disease Control and Prevention (2017), 1 out of 5 falls causes a serious injury such as broken bones or a head injury. In 2017, falls accounted for more than 62% of unintentional injury-related deaths among Iowans aged 65 or older, followed by motor vehicle traffic-related deaths (i.e., 10%; CDC WISQARS, 2019). From 2008 to 2017, Iowa fall-related deaths increased by more than 43% for all age groups (CDC WISQARS, 2019). However, fall-related deaths among Iowans aged 65 or older increased by 28% in the same time period (CDC WISQARS, 2019). Overall, each year an estimated 539 Iowans die from falls (CDC WISQARS, 2019).

In Iowa, falls are the leading cause of unintentional injury-related emergency department visits and hospitalizations. In 2017, falls resulted in more than 87,000 emergency department visits and over 8,600 hospitalizations in Iowa (IDPH, 2019). Emergency department visits and hospitalizations were higher among Iowans aged 65 or older compared to the other age groups. The 2017 data showed that more than 77% of fall-related hospitalizations were among persons aged 65 or older (IDPH, 2019).

What are the costs?

Treating fall-related injuries is very costly. In 2017, fall-related emergency department visits cost Iowans aged 65 or older approximately $130 million and $262 million for hospitalizations (IDPH, 2019). The estimated lifetime medical costs for fall-related injury deaths among Iowans aged 65 or older was $12 million in 2017 (CDC WISQARS, 2019).

How do falls affect someone’s life?

Falls are a significant public health problem. According to Pin & Spini (2016), falling has been associated with decreases in the well-being or quality of life among older adults. A fall without physical injuries in addition to the fear of falling without a prior fall, are associated with lower self-confidence in daily activities or lower quality of life (Pin & Spini, 2016).

For more information, visit http://idph.iowa.gov/falls-prevention
Who is at Risk?

Falls are a common and serious health problem among older adults. According to National Institute on Aging (2017), more than 1 in 3 people age 65 or older falls each year. The risk of falling and problems associated with falls increase with age (National Institute on Aging, 2017). Women, however, are more likely than men to have a non-fatal injury (i.e., broken bone) from a fall (American Bone Health, 2016).

What can be done to reduce falls in Iowa?

- Encourage health care providers to use STEADI (Stopping Elderly Accidents, Deaths and Injuries) to help reduce falls by implementing the American Geriatrics Society’s clinical guideline for fall prevention.
- Provide incentives to primary health care providers to integrate falls risk assessment and fall prevention activities into their practice (NCSL, 2018).
- State and local governments can develop programs that train first responders and social services agency representatives to identify seniors at risk for falls and conduct home assessments (HUD, 2017).
- Communities can provide effective programs that include opportunities for older Iowans to access prevention resources.
- Create a robust, statewide education and awareness campaign to help communities understand the current and future fall-related problems in order to address the aging population of Iowa.

References


Iowa Department of Public Health. (2019). Falls in Iowa. [Data available upon request].


What can older adults do to prevent falls?

- Have regular eye and hearing exams.
- Stay physically active by participating in appropriate exercise programs (at least 150 minutes per week).
- Limit alcohol use.
- Get enough sleep.
- Pay more attention when walking on wet or icy surfaces.
- Use an assistive device such as a cane or walker.
- Discuss medications changes with a pharmacist.
- Maintain a healthy weight.
- Make sure to use handrails at all times.
- Make sure there is good lighting at the top and bottom of stairs.