Unintentional falls among older adults are a leading cause of fatal and nonfatal injury in the United States and Florida. Hospital costs associated with injuries sustained by falls account for a substantial share of health care dollars spent on injury-related care.

In 2014, 2,445 Florida residents ages 65 and older died and over 200,000 fall injuries were treated at hospitals and emergency departments (Figure 1).

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

**FIGURE 1.** Burden of Fall Injuries among Residents Ages 65 and older—Florida, 2014

### QUICK FACTS

- Residents ages 65 and older account for **88 percent of all fall deaths** and 75 percent of nonfatal fall hospitalizations in Florida.

- Falls are the **leading causes of traumatic brain injury (TBI)** in Florida residents ages 65 and older, accounting for 62 percent of TBI deaths and 84 percent of TBI hospitalizations. **Eighteen percent of fall deaths** and hospitalizations among older adults were associated with a TBI.

- **Projected lifetime costs** associated with fall injuries in 2014 among Florida residents ages 65 and older are estimated to be **$4,689,182,000**.

- **Each week, there are** 3,042 emergency department visits among residents ages 65 and older, 976 hospitalizations, **and 47 deaths due to fall injuries** in Florida.

- In 2014, 60 percent fall deaths among this age group **occurred in the home**, while 24 percent occurred in a residential facility such as a nursing home. The location was not known for 4 percent.
From 2005 to 2014, the age-adjusted rate of fall deaths increased from 43.5 per 100,000 in 2005 to 65.1 per 100,000 in 2014.

Fall death rates increased among both males and females during this time period.

In 2014, the fall death rate in males was approximately 26 percent higher than in females.

Fall death rates increased among 75-84 and 85+ age groups.

The highest increase was among persons ages 85 and older.

Rates for persons ages 85 and older increased, from 152.2 per 100,000 in 2008 to 283.3 per 100,000 in 2014.
Since 2005, nonfatal fall hospitalization rates have been steadily increasing. In 2014, rates among females are approximately 1.7 times that of males.

Fifty-six percent of all fall hospitalizations were discharged to a skilled nursing facility. Among falls resulting in a hip fracture, 70 percent were discharged to a skilled nursing facility and 16 percent discharged to a rehabilitation facility. Among those with a hip fracture, only 3 percent had a routine discharge to home and 6 percent were discharged home with home health services.

Rehabilitation includes inpatient hospital rehab units, as well as other outside facilities.
DEMOGRAPHIC DATA

TABLE 1. Number and Rate of Fall Deaths and Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits, Ages 65 and older—Florida, 2014

<table>
<thead>
<tr>
<th>Fall Deaths</th>
<th>Nonfatal Fall Hospitalizations and Emergency Department (ED) Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Deaths</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,445</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1,170</td>
</tr>
<tr>
<td>Female</td>
<td>1,275</td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
</tr>
<tr>
<td>Ages 65-74</td>
<td>331</td>
</tr>
<tr>
<td>Ages 75-84</td>
<td>705</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>1,409</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>White, NH²</td>
<td>2,146</td>
</tr>
<tr>
<td>Black, NH</td>
<td>75</td>
</tr>
<tr>
<td>Hispanic</td>
<td>177</td>
</tr>
<tr>
<td>Asian/PI³, NH</td>
<td>30</td>
</tr>
<tr>
<td>AI/AN⁴, NH</td>
<td>Count &lt;5</td>
</tr>
</tbody>
</table>

- Males had a higher rate of fall deaths than females (76.2 per 100,000 and 56.5 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 2 times the rate of deaths than those aged 65-74.
- Asian/Pacific Islander, Non-Hispanic residents had the highest rates of fall deaths and Black, Non-Hispanic residents had the lowest.
- White, Non-Hispanic residents had the highest rates of fall hospitalizations and ED visits and Black, Non-Hispanic residents had the lowest.

²Rates are age-adjusted except for rates by age group
³Non-Hispanic
⁴Pacific Islander
⁵American Indian/Alaskan Native
PROJECTED LIFETIME COSTS

Lifetime costs\(^4\) associated with unintentional fall injuries in 2014 among Florida residents ages 65 and older are estimated to be over $4.6 billion. Most of these costs were associated with injuries requiring hospitalizations.

<table>
<thead>
<tr>
<th></th>
<th>Number of Injuries</th>
<th>Medical Cost</th>
<th>Work Loss Cost</th>
<th>Combined Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>2,445</td>
<td>$62,383,000</td>
<td>$274,060,000</td>
<td>$336,442,000</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>50,730</td>
<td>$2,084,556,000</td>
<td>$1,530,436,000</td>
<td>$3,614,992,000</td>
</tr>
<tr>
<td>ED Visits</td>
<td>158,203</td>
<td>$514,097,000</td>
<td>$223,651,000</td>
<td>$737,748,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>211,378</td>
<td>$2,661,036,000</td>
<td>$2,028,147,000</td>
<td>$4,689,182,000</td>
</tr>
</tbody>
</table>

SURVEY DATA

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

- In 2014, an estimated 873,771 of Florida adults ages 65 and older reported having fallen and 10.4 percent reported a fall-related injury in the past 12 months.

- Older Florida adults who reported the following conditions were significantly more likely\(^5\) to report falls and fall-related injuries in the past 12 months:
  - poor mental health/depression
  - diabetes
  - cancer
  - asthma
  - stroke
  - coronary artery disease (CAD)
  - chronic obstructive pulmonary disease (COPD)
  - obesity
  - no exercise
  - disability\(^6\)

- Older adults who reported a physical, cognitive and/or emotional disability\(^6\) had particularly high fall rates, with an estimated 39.5 percent reporting having fallen and 18.1 percent reporting fall-related injuries in the past 12 months.

\(^4\)Costs 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/](http://www.cdc.gov/injury/wisqars/).

\(^5\)These conditions are statistically significant at the (P<.05 level). However, causality should not 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.

\(^6\)Disability is defined as being limited in any way in any activities because of physical, mental, or emotional problems or having a health problem that requires use of special equipment. The BRFSS did not ask how long these problems occurred for.
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.

PREVENTION ACTIVITIES IN FLORIDA

Falls Prevention Awareness Day
The Florida Department of Health collaborates with the Florida Department of Elder Affairs, Florida Injury and Violence Prevention Advisory Council, community residents, and stakeholders on Falls Prevention Awareness Day (FPAD) to raise awareness in preventing fall-related injuries among older adults. Since 2009, Florida has secured an annual governor’s proclamation for FPAD. Other FPAD activities include:
• Press releases
• Annual fall prevention broadcasts
• Educational videos
• Dissemination of fall prevention materials (i.e., nightlights, toolkits, brochures, pamphlets)

The Florida Department of Health also prevents falls by providing community-level grants for evidence-based fall prevention programs, promoting local prevention activities on the state and national levels, and by participating in other awareness events such as Florida’s Senior Day. For more information, visit http://www.floridahealth.gov/programs-and-services/prevention/older-adult-falls-prevention/awareness-and-education/index.html.

DATA SOURCES and DEFINITIONS

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Florida Agency for Health Care Administration, Hospital Discharge Data, 2005-2014
Florida Agency for Health Care Administration, Emergency Department Data, 2014
Florida Department of Health, Division of Community Health Promotion, Behavioral Risk Factor Surveillance System State Data, 2014
U.S. Census Bureau, American FactFinder, 2014 (https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml)