

Florida Injury Facts Hip Fractures (Ages 65+)

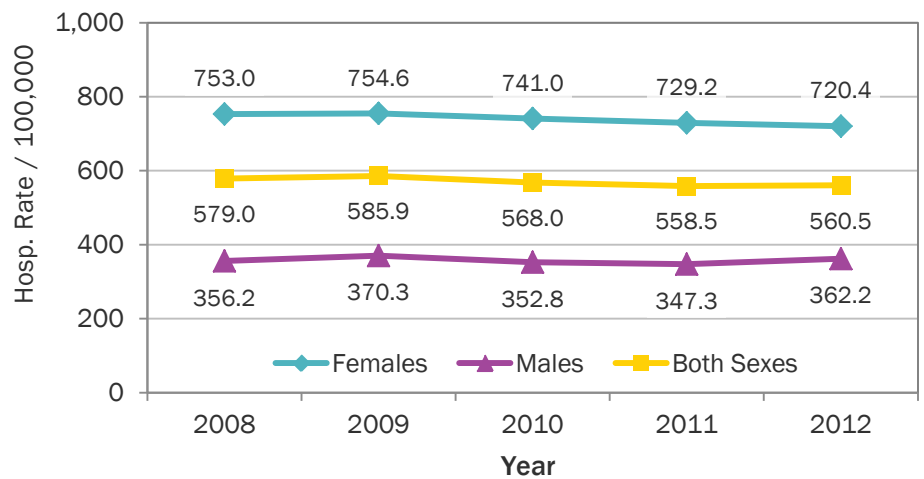
At A Glance

- A hip fracture is a fracture of the neck of the femur or thighbone, usually where it meets the pelvic bone.
- Hip fractures are often related to falls and can lead to a steep decline in health due to an individual's loss of mobility and independence.

In 2012:

- 19,162 Florida residents ages 65 and older were hospitalized for a non-fatal hip fracture.
- 32% of all non-fatal injury hospitalizations among Florida residents ages 65 and older were related to a hip fracture.

Non-Fatal Hip Fracture Hospitalizations, by Sex and Year, Florida Residents Ages 65 Years and Older, 2008–2012

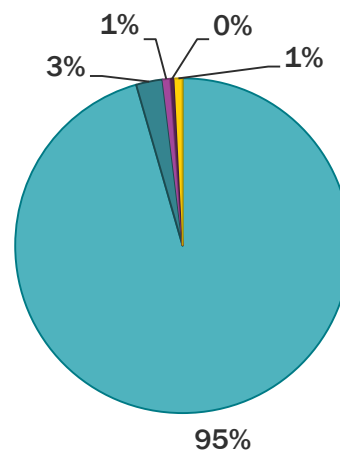


Economic Impact

In 2012:

- The median admission charge for non-fatal hip fracture hospitalizations was \$62,703; total charges exceeded \$1.3 billion. The median length of stay was five days.
- Medicare was the payer source for 96% of these hospitalizations.

Non-Fatal Hip Fracture Hospitalization Admission Charges and Payer Source, Florida Residents Ages 65 Years and Older, 2012



Median Admission Charge	\$62,703
Total Admission Charges	> \$1.3 billion

- Medicare
- Commercial Insurance
- Medicaid
- Self-Pay/Underinsured
- Other



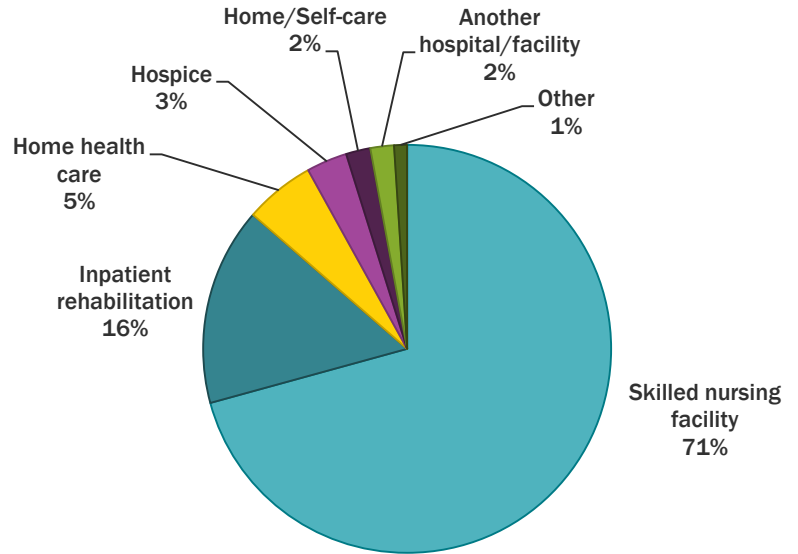
Discharge Status And Outcomes

- Hip fractures can cause severe health problems and lead to reduced quality of life and premature death.¹
- About one in five hip fracture patients dies within one year of their injury.²
- Up to one in four adults who lived independently before their hip fracture has to stay in a nursing home for at least one year after their injury.³

In 2012, among Florida residents ages 65 years and older:

- The majority (71%) of patients were discharged to a skilled nursing facility after their hospital treatment; only 2% of patients were discharged directly home.

Non-Fatal Hip Fracture Hospitalizations, by Discharge Status, Florida Residents Ages 65 Years and Older, 2012

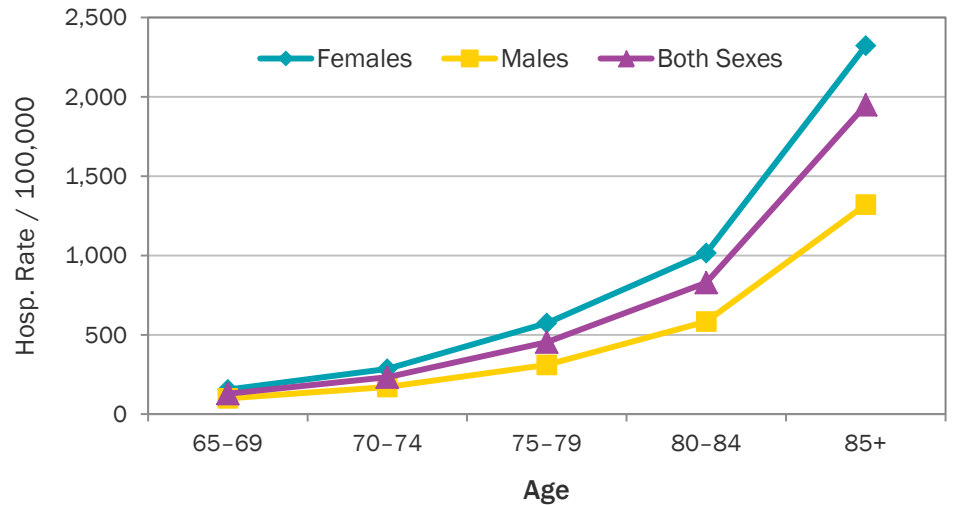


Who Is Injured?

In 2012, among Florida residents ages 65 years and older:

- Females had higher rates of non-fatal hip fracture hospitalization than their male counterparts.
- The hospitalization rate of non-fatal hip fractures increased dramatically as age increased.

Non-Fatal Hip Fracture Hospitalizations, by Age and Sex, Florida Residents Ages 65 Years and Older, 2012



- Females accounted for 71% of non-fatal hospitalizations while males accounted for 29%.
- White residents accounted for 92% of non-fatal hospitalizations. Other Non-White residents accounted for 5% and Black residents accounted for 3%.

Non-Fatal Hip Fracture Hospitalizations, by Sex and Race, Florida Residents Ages 65 Years and Older 2012

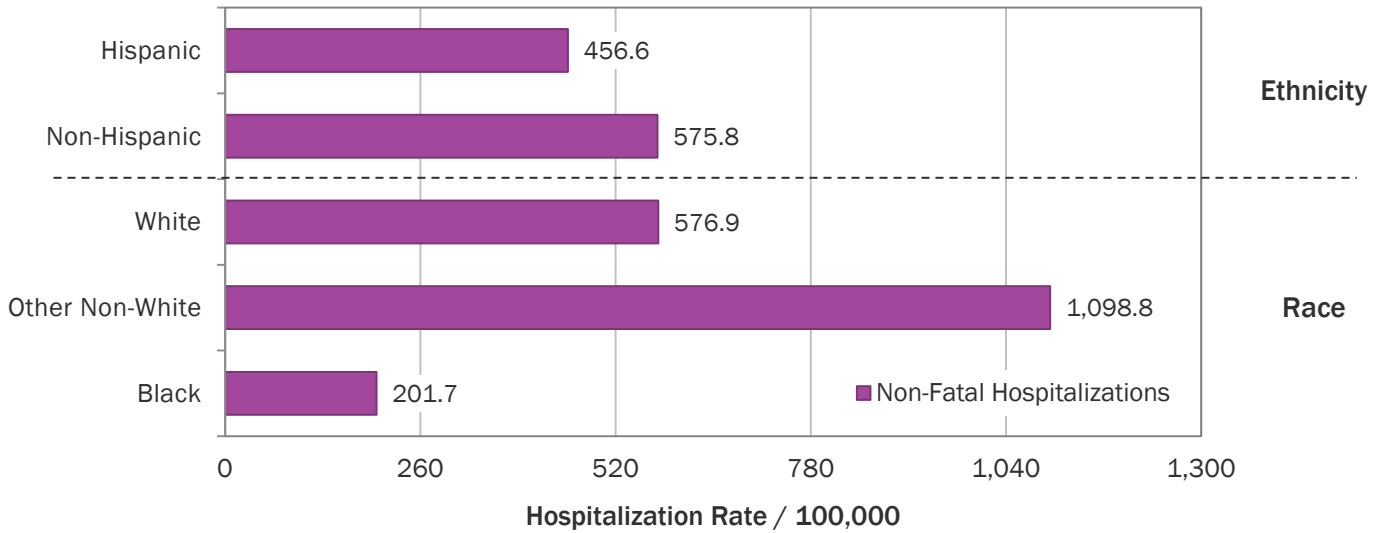
	Female	Male	White	Black	Other Non-White	Both Sexes, All Races
Non-Fatal Hospitalizations	13,635	5,527	17,565	592	883	19,162

*Some records have unknown sex or race; categories may not add up to total.

In 2012, among Florida residents ages 65 years and older:

- Non-Hispanic residents had a higher rate of non-fatal hip fracture hospitalizations than Hispanic residents.
- Other Non-White residents had the highest rate of non-fatal hip fracture hospitalizations followed by White residents and Black residents.

Non-Fatal Hip Fracture Hospitalizations, by Hispanic Ethnicity and Race, Florida Residents Ages 65 Years and Older 2012

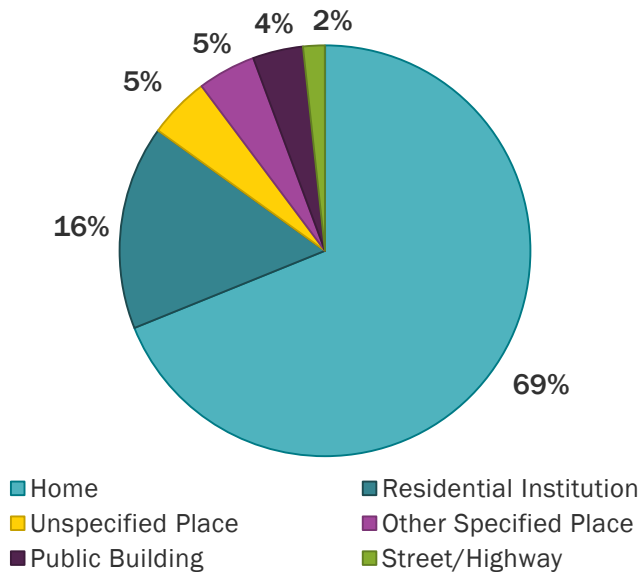


Where And How

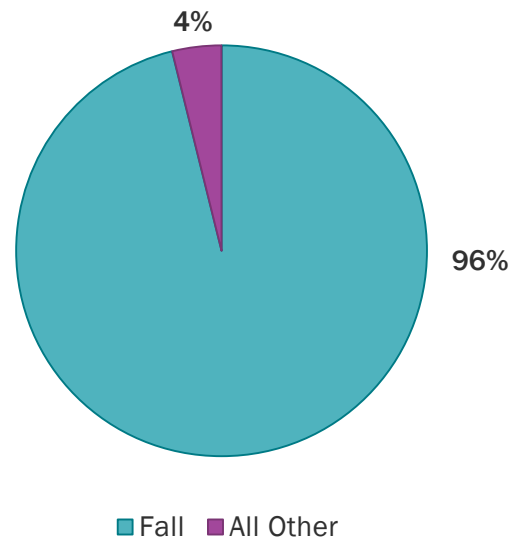
In 2012, when coded (47% of records), among Florida residents ages 65 years and older:

- At least 84% of non-fatal hip fractures requiring hospitalization occurred in or around a place of residence such as a home or residential institution.
- At least 96% of non-fatal hip fracture hospitalizations were related to a fall.

Non-Fatal Hip Fracture Hospitalizations, by Place of Occurrence, Florida Residents Ages 65 Years and Older 2012



Non-Fatal Hip Fracture Hospitalizations, by Mechanism, Florida Residents Ages 65 Years and Older 2012



Prevention Tips

The most effective way to prevent fall-related injuries, including hip fractures, is to combine exercise with other fall prevention strategies.⁴

- Exercise regularly to maintain or improve strength and balance.
- Have medicines reviewed—both prescription and over-the counter—to reduce side effects and interactions.
- Have yearly eye exams.
- Improve lighting in the home.
- Reduce fall hazards in the home.

Information And Resources

- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: www.cdc.gov/homeandrecreationalafety/falls/index.html
- Center for Healthy Aging: www.healthyagingprograms.org
- National Safety Council: www.nsc.org/safety_home/Resources/Pages/Falls.aspx
- Center for Excellence for Fall Prevention: www.stopfalls.org
- National Institute on Aging, Age Page: Preventing Falls and Fractures: www.nia.nih.gov/health/publication/falls-and-fractures

References

- 1 Hall SE, Williams JA, Senior JA, Goldswain PR, Criddle RA. Hip fracture outcomes: quality of life and functional status in older adults living in the community. *Australian and New Zealand Journal of Medicine* 2000;30(3):327–32.
- 2 Leibson CL, Toteson ANA, Gabriel SE, Ransom JE, Melton JL III. Mortality, disability, and nursing home use for persons with and without hip fracture: a population-based study. *Journal of the American Geriatrics Society* 2002;50:1644–50.
- 3 Magaziner J, Hawkes W, Hebel JR, Zimmerman SI, Fox KM, Dolan M, et al. Recovery from hip fracture in eight areas of function. *Journal of Gerontology: Medical Sciences* 2000;55A(9):M498–507.
- 4 RAND Report: Evidence report and evidence-based recommendations: fall prevention interventions in the Medicare population. Contract no. 500-98-0281. RAND Corporation Southern California Evidence-based Practice Center; 2003.

Data Sources and Case Definitions

Non-Fatal Hip Fracture Hospitalizations: Agency for Health Care Administration, Hospital Discharge Data; Records with Injury Principal Diagnosis and Primary or Secondary Hip Fracture Diagnosis ICD-9 CM 820