



Unintentional Falls

Clark County and Washington State 1997-1999 through 2004-2006

Why it Matters

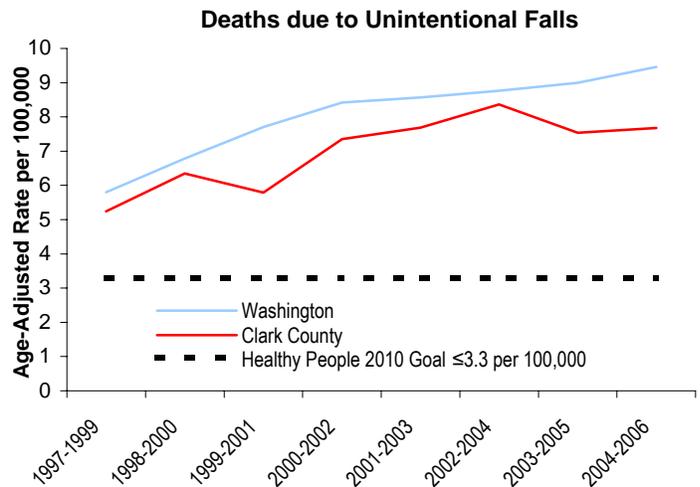
Fall-related injuries and deaths occur at all ages but are significantly more frequent among adults ages 65 and older. While this age group made up 11 percent of the state population in 2005, it accounted for 68 percent of all fall-related hospitalizations. One of every three people age 65 and older living in the community falls each year.¹

Among those 65 and older who fall, 20 to 30 percent suffer moderate to severe injuries such as bruises, hip fractures, or head traumas.² Falls can result in disability, loss of independence, early admission to nursing homes, and death. Among older adults, falls are the most common cause of injuries and hospital admissions for trauma, and the leading cause of injury-related death.³

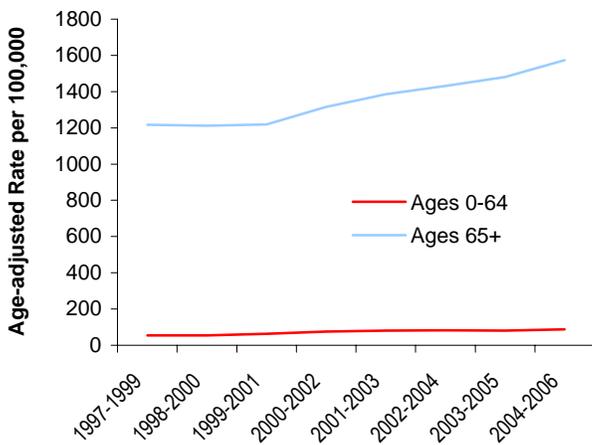
Healthcare costs associated with fall-related injuries exceeded \$19 billion nationally in 2000, more than the cost for treating motor vehicle crash injuries or other injuries.⁴ Only 22 percent of Washington residents ages 65 and older who were hospitalized for falls in 2005 were able to return home to live independently.³ Prevention of falls can preserve independence for these adults.

Status

- Clark County's death rate due to unintentional falls is similar to Washington state's. In 2004-2006, the County rate was 7.7 deaths per 100,000.⁵
- Clark County has had an average of 20 deaths and 715 hospitalizations due to falls each year since 1997. However, these numbers are increasing. In 2006, there were 29 deaths and 998 fall-related hospitalizations in Clark County.^{5,6}
- Statewide, deaths to falls have also increased. Since 1990, the death rate among older adults in Washington has increased much faster than in the U.S.¹
- Neither Clark County nor Washington state meet the Healthy People 2010 goal of no more than 3.3 deaths due to falls per 100,000 people per year. In fact, both are significantly higher (i.e., worse) and moving away from, not toward, the goal.⁷



**Hospitalization for Unintentional Falls
by Age, Clark County**



What We Can Do¹

Interventions using multiple strategies and focusing on those who have already fallen have been shown to be most effective in reducing subsequent falls (rather than focus on the general population). The most effective fall prevention program strategy will:

- Offer risk assessments by clinicians who check walking gait, balance and neurological function; and review medications for side effects and interactions such as lightheadedness that contribute to falls.
- Address chronic conditions that are risk factors for falls, such as cognitive impairment, vision problems, or osteoporosis.
- Offer programs promoting exercise or physical therapy to improve walking, balance and strength among older adults.
- Address environmental hazards such as inadequate lighting, slippery or uneven surfaces, lack of handrails on stairs, inappropriate chair or cabinet heights, and tripping hazards such as throw rugs and furniture.

Please see reverse side for technical notes and sources.

For further information, please call Health Assessment and Evaluation at (360) 397-8495. Updated July, 2008



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Clark County ADA Office, Voice (360) 397-2000
Relay (800) 833-6384, E-mail ADA@clark.wa.gov

Age-Adjusted Death Rates

Year	Rate*	Clark County		Rate*	Washington State	
		95% CI**	Number		95% CI**	Number
1997-1999	5.2	(3.7, 7.2)	40	5.8	(5.4, 6.2)	902
1998-2000	6.4	(4.7, 8.4)	51	6.8	(6.4, 7.2)	1,082
1999-2001	5.8	(4.3, 7.7)	47	7.7	(7.3, 8.1)	1,260
2000-2002	7.4	(5.6, 9.4)	62	8.4	(8.0, 8.9)	1,412
2001-2003	7.7	(6.0, 9.8)	67	8.6	(8.1, 9.0)	1,477
2002-2004	8.4	(6.6, 10.5)	77	8.8	(8.3, 9.21)	1,548
2003-2005	7.5	(5.9, 9.5)	72	9.0	(8.6, 9.5)	1,629
2004-2006	7.7	(6.0, 9.7)	76	9.5	(9.0, 9.9)	1,762

Hospitalization Rates, Clark County

	Age 0 to 64			Age 65+		
	Rate*	95% CI**	Number	Rate*	95% CI**	Number
1997-1999	54.7	(49.9, 59.7)	485	1,217.0	(1147.8, 1289.3)	1,154
1998-2000	54.2	(49.5, 59.2)	495	1,211.5	(1143.2, 1283.0)	1,171
1999-2001	63.3	(58.3, 68.6)	593	1,218.9	(1150.6, 1289.6)	1,199
2000-2002	75.0	(69.6, 80.6)	720	1,315.8	(1245.8, 1388.7)	1,322
2001-2003	80.5	(75.0, 86.3)	793	1,385.3	(1314.5, 1459.1)	1,430
2002-2004	83.1	(77.6, 88.9)	841	1,430.5	(1359.6, 1504.2)	1,524
2003-2005	81.5	(76.1, 87.2)	845	1,480.0	(1408.9, 1553.7)	1,625
2004-2006	87.0	(81.5, 92.8)	926	1,574.0	(1501.8, 1648.8)	1,784

*Rate per 100,000 population adjusted using the 2000 U.S. Standard Population.

** If two confidence intervals overlap, there is generally no significant difference between these rates.

Technical Notes

The age-adjusted death rate is defined as the number of deaths per 100,000 standard population after removing the effects of age on mortality. Deaths coded using ICD-10 codes W00-W19 and ICD-9 (pre-1999) codes E880-E888.

Sources

(1) The Health of Washington State, Chapter 6.4.1 Falls Among Older Adults, Washington Department of Health, December 2007. (2) Stevens JA. Fatalities and injuries from falls among older adults — United States, 1993–2003 and 2001–2005. MMWR 2006;55(45). (3) Washington Comprehensive Hospital Abstract Reporting System (CHARS), 2005 (4) Centers for Disease Control and Prevention, 2006. See <http://www.cdc.gov/ncipc/factsheets/adultfalls.htm> (5) Vital Registration System, Annual Statistics Files, Deaths 1990-2007. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. Found in: Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. VistaPHw (Version 7.3.0.4) [Computer software for public health assessment]. Copyright 2001-2003. Seattle, WA. (6) Hospitalization Discharge Data: Washington State Department of Health, Office of Hospital and Patient Data Systems. Found in: Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. VistaPHw (Version 7.3.0.4) [Computer software for public health assessment]. Copyright 1980-2006. Seattle, WA. (7) U.S. Department of Health and Human Services. Healthy People 2010: With Understanding and Improving Health and Objectives for Improving Health. Goal 15-27. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000. Mid-course correction published January 2005. More information available at www.healthypeople.gov.



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