UCLA CENTER FOR HEALTH POLICY RESEARCH

Health Policy Brief

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More than Half a Million Older Californians Fell Repeatedly in the Past Year

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"Falls are the leading injury-related cause of death and of medical care use among Californians ages 65 and over."

SUMMARY: Falls are the leading injury-related cause of death and of medical care use among Californians ages 65 and over. In 2012, there were 1,819 deaths due to falls among older Californians. More than 72,000 hospitalizations were caused by fall injuries among older adults during that year, along with more than 185,000 emergency department (ED) visits.[1] The medical costs alone of falls in the state have been estimated to be over $2 billion annually.[2] Those who have fallen more than once are at the highest risk of injury and further falls. Data from the 2011-12 California Health Interview Survey show that 12.6 percent of older Californians, or 556,000 individuals, had fallen more than once during the past year. Fewer than half of those experiencing multiple falls discussed how to reduce their risk with a health professional. This policy brief details the characteristics of older Californians who have repeated falls, their health care use, and the actions they can take to reduce the risk of future falls. It also provides policy suggestions for reducing the risk of falls among older Californians and decreasing the costs to the medical care system.

Rates of Repeated Falls Rise with Age, Chronic Illness, Disability, and Poor Mental Health

The proportion of older Californians falling multiple times during the year increases with age. Among those ages 65-74, 10.6 percent reported multiple falls in the past year, compared to 13.8 percent of those 75-84 and 19.3 percent of those ages 85 and over (Exhibit 1). Multiple falls also occurred more often than average among those with chronic conditions and disabilities, and they were most common among older adults who were legally blind, with almost one-third (30.8 percent) reporting multiple falls. Multiple falls were also more common than average among older adults who had had a stroke, a quarter of whom (24.6 percent) reported multiple falls during the past year. Individuals with heart disease and diabetes also had higher rates of falling. These are all conditions that can affect vision, gait and balance, and muscle strength, which are all documented risk factors for falls. Older adults with a physical or emotional disability also more frequently reported multiple falls compared to the average older Californian. Chronic conditions and disabilities can make it more difficult for older adults to safely navigate their physical environment, increasing the risk of falls.

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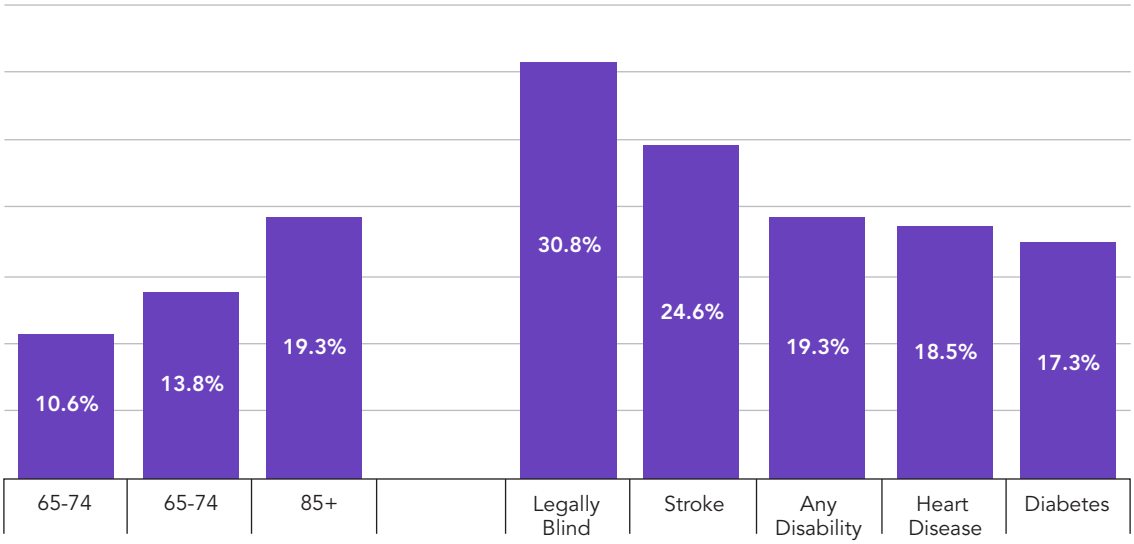
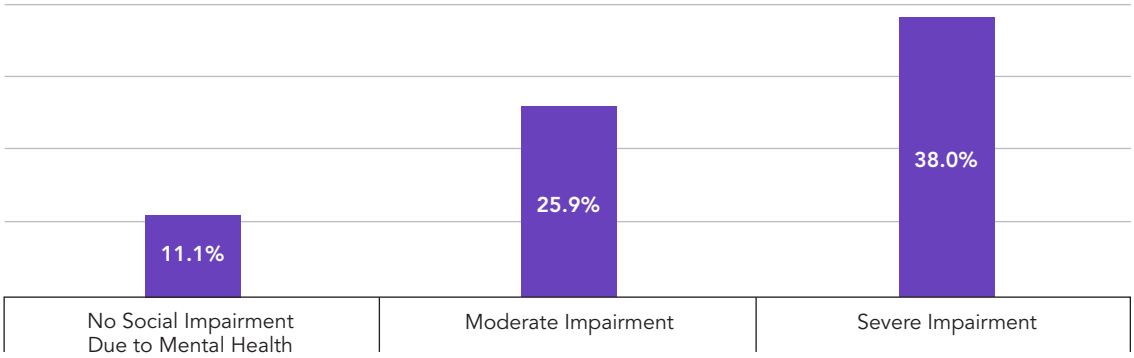
Exhibit 1 **Percent with Multiple Falls in Past Year, Older Californians of Different Ages & Conditions, 2011-12**

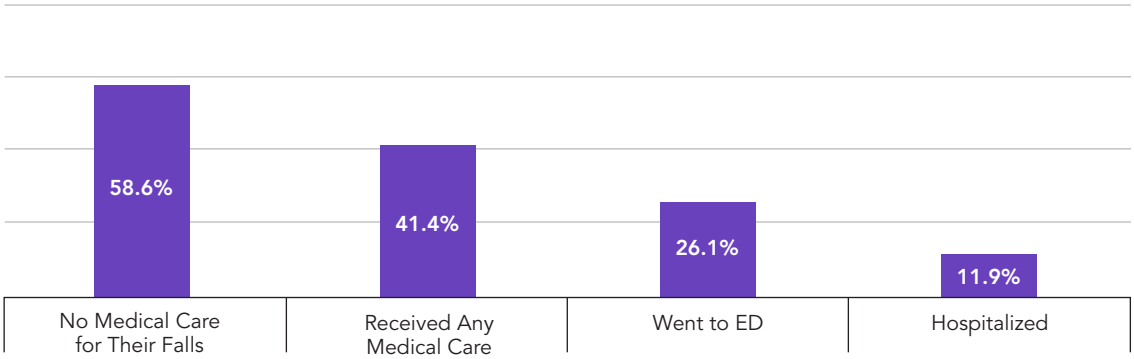


Falls are also strongly associated with social life impairments due to older adults' emotions, an indicator of mental health problems. Self-reports of multiple falls were less common than average among those without a mental health issue, but more frequent among those with moderate or severe impairments (11 percent, 26 percent, and 38 percent, respectively; Exhibit 2). Research shows that depressive symptoms — which are associated with slower walking, cognitive impairment, and fear of falling — and antidepressant medications themselves can both be risks for falling.[3]

Exhibit 2 **Percent with Multiple Falls in Past Year, Older Californians with Various Mental Health Levels, 2011-12**



Medical Care Use by Older Californians with Multiple Falls in Past Year, 2011-12 **Exhibit 3**



Multiple Falls Lead to Medical Care Less than Half the Time, and Discussions to Reduce Further Falls Are Limited

Among older Californians reporting multiple falls, the majority (58.6 percent) reported that they had not sought medical care for their falls (Exhibit 3). The other two-fifths (41.4 percent) sought medical care. Of all those with multiple falls in the past year, just over one-quarter (26.1 percent) sought care in an emergency department. The most serious falls can result in hospitalization, which was reported by 11.9 percent of those with multiple falls. One study estimates the average cost of a hospitalization due to falling at $27,000.[4] This demonstrates the potentially serious implications of falls among older adults, including serious injury that necessitates medical care and results in high medical costs.

There are a number of evidence-based interventions that can reduce the risk of falls among older adults. The time when older adults seek medical care specifically for their falls is a particularly opportune time to discuss fall-prevention strategies with them. However, of those seeking care, just under three-fifths (57.8 percent) reported talking with a health professional about how to avoid falls (Exhibit 4). The proportion talking with a health professional was similar across all levels of medical care received; 59.5 percent of those seeking care in an ED and 64.6

"Approximately 40% of elders who sought care for a fall said they did not discuss how to avoid future falls with their provider."

Percent of Older Californians with Multiple Falls Who Talked with a Health Professional About How to Avoid Falls, by Type of Care Received for Falls, 2011-12 **Exhibit 4**

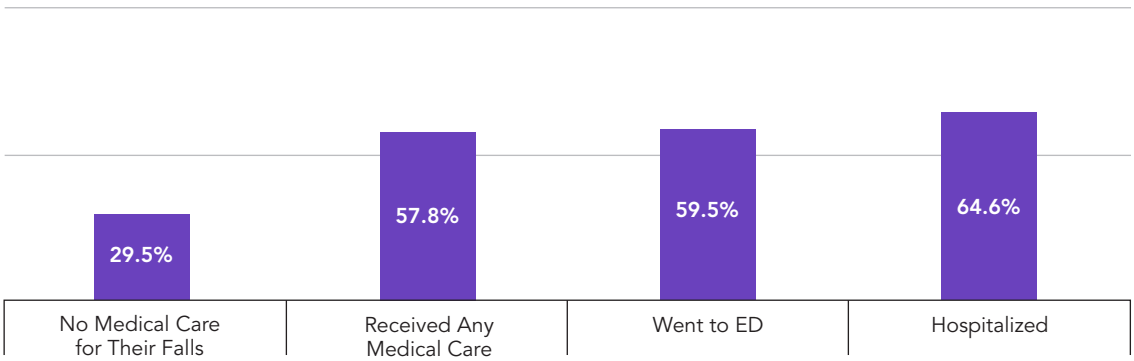
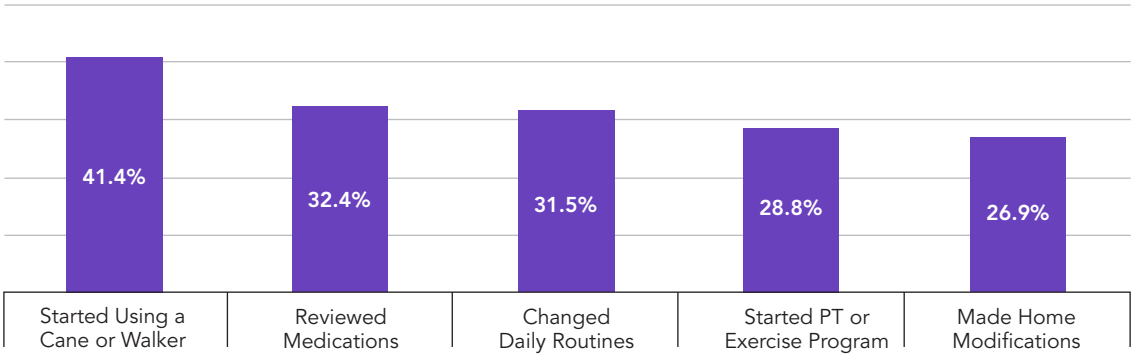


Exhibit 5

Actions Taken to Reduce Falls, Older Californians with Multiple Falls, 2011-2012



"There is good evidence that interventions addressing multiple risk factors are able to reduce the number of future falls."

percent of those receiving care in a hospital reported those conversations. Research shows that advice from a medical professional is more likely to be followed by the older adult than advice from some other source. This makes it particularly important for health care personnel to take the time to provide assessments and recommendations to older patients for reducing fall risks.

For those with multiple falls who reported that they did not seek medical care specifically for their falls, fewer than one-third (29.4 percent) reported talking with a health professional at any time about how to reduce their falls. Yet older adults routinely seek medical care for a wide variety of issues, with more than 90 percent of older Californians who did not seek medical care for their falls reporting one or more doctor visits in the past year for other reasons. Routine screening by providers for falls among their older patients could greatly increase the percentage of older adults who have fallen and also discussed fall-prevention strategies with their providers.

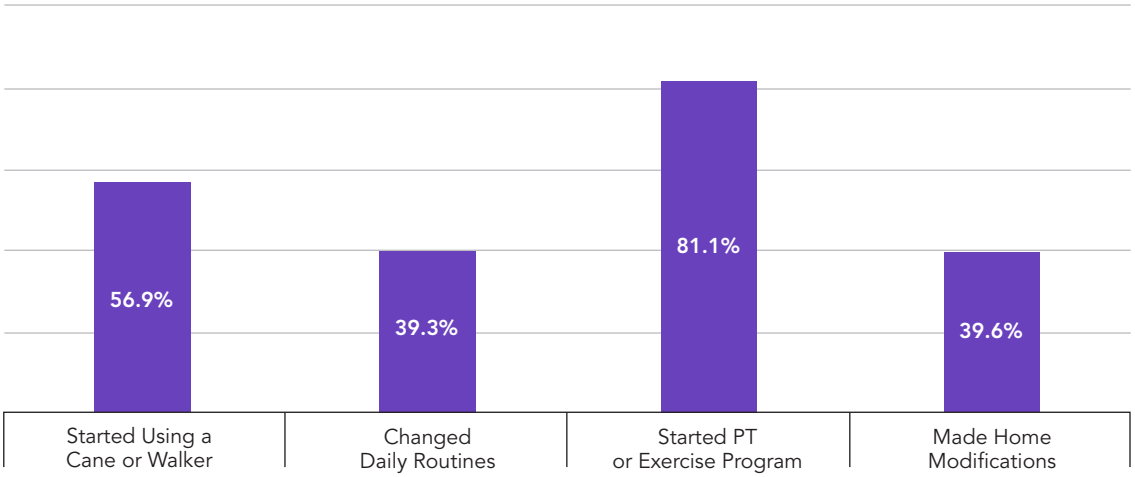
These patterns are similar to those seen in national data, which show that about half of Medicare beneficiaries who had one or more falls talked to a health care provider about their fall(s), and that 61 percent of them had received advice about how to avoid falls.[5] These data suggest that many older Californians who are at risk for continued falling are not receiving timely advice on how to prevent further falls.

What Older Adults Can Do to Reduce Their Fall Risk

There is good evidence that interventions addressing multiple risk factors are able to reduce the number of future falls, especially when they target high-risk individuals.[6] Key elements of multifactor fall prevention include evaluating medications to identify those that can cause dizziness; improving gait, balance, and strength through physical therapy and/or exercise programs; using an assistive device (e.g., a cane) to further support balance; making home modifications, such as reducing slip and trip risks, since most falls occur inside the person's home; and modifying high-risk daily routines, such as wearing inappropriate footwear[7] or walking on uneven pavement.

Older Californians with multiple falls reported taking a variety of actions to reduce their chances of future falls (Exhibit 5). The most common action was to start using a cane or walker (41.4 percent), while the least common was to make modifications to their homes (26.9 percent). Home modifications can include adding grab bars, improving lighting, and removing trip hazards like throw rugs.

Among Actions Taken, Percent Who Started Due to Health Professional's Advice **Exhibit 6**



Three-quarters of California older adults with multiple falls reported engaging in at least one of these five activities to reduce fall risk, and 52.7 percent reported engaging in two or more of these activities. This suggests a high level of interest among those with multiple falls in taking action to reduce their risk of further falls.

The fall-prevention measures that older adults with multiple falls take are sometimes highly dependent on professional advice, as in the case of starting a physical therapy (PT) or exercise program, where 81.1 percent of those who took that action did so because a health professional had recommended it (Exhibit 6). Those starting to use a cane or walker did so because of health professional advice just over half the time (56.9 percent). Most of those who changed daily routines or made home modifications did so without the recommendation of a health professional.

Policies to Reduce Falls Among Older Californians

Healthy People 2020, the national health promotion and disease prevention program, includes goals for reducing both fall-related deaths and emergency department use.[8] The most effective way to prevent fall deaths and reduce medical care use is to reduce fall risks among those older adults who are most likely to fall. Falling more than once is one of the best indicators that an older adult is at heightened risk of future falls.

Data from the 2011-12 California Health Interview Survey show that more than half a million older Californians fell multiple times during the past year. A large proportion of those who repeatedly fell sought medical care as a result (41.4 percent), and even those who did not seek medical care for falls were likely to see a doctor during the year for other reasons. Yet even among older Californians with multiple falls who sought medical care specifically for their falls, only three in five reported receiving any information from their providers about reducing their risk of falls. Public policy should encourage health care providers to screen all older patients for fall risks, especially those who have had a recent fall, and make evidence-based recommendations based on the findings.

"The fall-prevention measures that older adults with multiple falls take are sometimes highly dependent upon professional advice."

"Health plans could reduce total spending by investing in fall-prevention activities among their enrollees."

Health care providers offering the relatively new annual wellness visits that are reimbursed by Medicare should include fall risk assessments and recommendations. The Centers for Disease Control and Prevention (CDC) and others have tool kits[9] for providers based on the American Geriatrics Society's clinical guidelines offering ready-made fall screening and referral information. As noted earlier, even among older Californians who seek medical care because of multiple falls, about two-fifths reported receiving no advice on reducing their risk of falling. A Medicare benefit for counseling those with falls would incentivize providers to be more aggressive in falls assessment and counseling.[10] If such a benefit existed, one estimate is that Medicare would save more money than the cost of the benefit due to reduced fall-related medical care costs.[11] This suggests that health plans that are paid a fixed amount per Medicare enrollee could also reduce total spending by investing in fall-prevention activities among their enrollees. Similarly, Medi-Cal could offer financial incentives to provide these services to low-income older Californians.

Because fall prevention can require collaborative efforts among a variety of providers, the state's new Coordinated Care Initiative could be one vehicle for offering incentives to encourage providers of high-risk older adults to screen and intervene with older adults who have multiple falls.

Higher levels of awareness among the older population of both the risks of falls and the measures they can take to prevent them can also pay off in reduced fall risks. There are a number of examples of how community-wide efforts to reduce fall risks and improve both provider and elder knowledge about falls can reduce the rate of falling in the community.[12]

In California, the Department of Public Health and Department of Aging collaborate to provide evidence-based programming that includes fall-prevention efforts statewide (see *www.cahealthierliving.org/*). These are important activities that can be built upon. The U.S. DHHS Administration for Community Living (ACL) made several grant awards in 2014 from the Prevention Fund component of the Affordable Care Act (ACA) to support new evidence-based programming in fall prevention.[13] Projects like these need sustainable funding beyond the ACL's two-year awards in order to establish the infrastructure and collaborative relationships needed to make a difference in the lives of older adults at risk for falls. The infrastructure for integrating fall prevention into the fabric of communities and organizations has already been started by "Falls Free" coalitions in California and nationally.[14] However, without a commitment to ongoing funding for health promotion and disease prevention for older adults outside of traditional disease-centric reimbursement models, we are unlikely to see much progress in reducing falls among older Californians.

This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data give a detailed picture of the health and health care needs of California's large and diverse population. Learn more at: ***www.chis.ucla.edu***

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Endnotes

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