For the purpose of this section, an “older adult” is defined as an individual aged 65 years and older, unless otherwise specified.

**HOW DOES THIS AFFECT THE UNITED STATES?**
- From 1999-2014, the rate of deaths due to falls among older adults in the United States increased by 100 percent, from 29 deaths per 100,000 to 58 deaths per 100,000. The number of deaths increased from 10,097 to 27,044.¹
- In 2013, falls among older adults accounted for nearly 2.5 million ED visits, resulting in over 1.7 million treat and release visits and 657,843 hospitalizations.¹
- By 2030, more than 20 percent of U.S. residents are projected to be aged 65 and over, due to the baby boom cohort, compared with 13 percent in 2010 and 9.8 percent in 1970. ‘Baby Boomers’ or those born between mid-1946 and mid-1964 represent a unique increase in birth rate due to the size of this cohort as well as the length of time for which these higher levels of fertility were sustained.²
- In 2013, falls among older adults cost the U. S. an estimated $34 billion in direct medical costs.³

**HOW DOES THIS AFFECT MARYLAND?**
- From 2000-2014, the rate of deaths due to falls among older adults in Maryland increased by over 164 percent from 22 fatal falls per 100,000 to 58 fatal falls per 100,000. The number of deaths increased from 133 to 476.¹
- In 2014, the 476 deaths in older adults represent 83 percent of the total fatal falls among persons of all ages.¹
- In 2014, there were 22,212 hospitalizations for fall injuries among all ages in Maryland. Of those, 15,549 were among older adults, representing 70 percent of the total.⁴
- In 2014, there were 132,106 ED visits for fall injuries among all ages in Maryland. Of those, 32,886 were among older adults representing close to 25 percent of the total.⁴
- In 2014, older adults generated over $253 million in fall-related hospitalizations cost.⁴
- In 2014, among older adults, fall-related ED visit charges were over $20 million.⁴

**HOW DO WE ADDRESS THIS PROBLEM?**
- The CDC provides resources about effective strategies in primary care settings including their STEADI toolkit, that:
  - Assess and address known risk factors, such as severely low blood pressure and visual and/or foot problems;
  - Discuss effective medication management, home hazard modification, and exercise programs that address strength, gait, and balance;
  - Assess calcium and Vitamin D consumption (via food and/or supplements) and screen older adults for osteoporosis.⁵
Falls In Older Adults

• The Federal Affordable Care Act includes fall risk screening during free annual wellness visits. The ability of health care providers to screen for fall risk will be important for providing this service.⁶

• As of 2014, thirteen states had enacted laws to address falls in older adults: CA, CT, FL, HI, IL, MA, ME, MN, NJ, NM, OR, TX, and WA. These laws establish commissions, coalitions, and/or programs to identify and/or implement fall prevention strategies.⁷

• The Maryland Department of Health and Mental Hygiene (DHMH) annually participates with other states to promote National Falls Prevention Awareness Day, and has implemented Tai Ji Quan: Moving for Better Balance and Stepping On Programs throughout the state.

• The MD DHMH has obtained the governor’s proclamation for Falls Prevention Awareness Week (FPAW) yearly since 2010. These activities have raised awareness about falls prevention, reaching an average of 1,000 Marylanders during the FPAW, every year since 2010.⁸

ADDITIONAL RESOURCES

• Fall Prevention Center of Excellence: http://stopfalls.org/
• Johns Hopkins Center for Injury Research and Policy: www.jhsph.edu/InjuryCenter
• Maryland Department of Health and Mental Hygiene: http://phpa.dhmh.maryland.gov/ohpetup/Pages/eip_falls.aspx
• Department of Aging MAP (Maryland Access Point): https://www.marylandaccesspoint.info/consumer/index.php?mobile=false
• National Center for Injury Prevention and Control, CDC: http://www.cdc.gov/homeandrecreationalsafety/falls/index.html
• National Council on Aging: https://www.ncoa.org/healthy-aging/falls-prevention/
• Partnership for a Safer Maryland: www.safermaryland.org
• Evidence-based Fall Prevention Programs:
  o A Matter of Balance: http://www.mainehealth.org/mob
  o Stepping On: http://www.steppingon.com
  o Tai Ji Quan: Moving for Better Balance: http://www.tjqmbb.org

REFERENCES

4. Unpublished data retrieved by the Maryland Core VIPP Program from the Health Services Cost Review Commission (HSCRC) datasets, July 2014