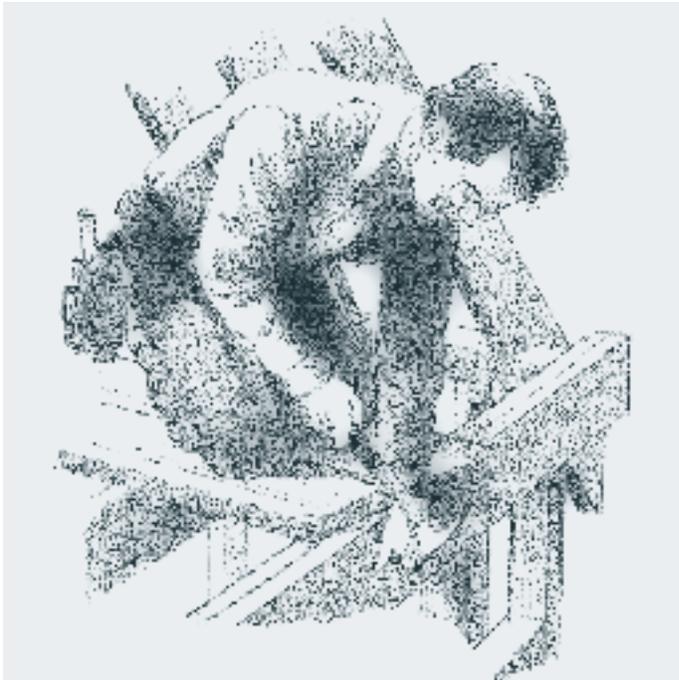


# FALLS

- *Older Georgians were more likely to die from falls than younger people.*
- *Approximately 40% of total unintentional injury-related hospitalizations were from falls, with older Georgians and Hispanic men having the highest rates.*



Falls include tripping and stumbling on the same level; colliding with another person; falling from furniture or playground equipment; or falling from one level to another such as from stairs and steps, ladders, trees, or buildings/structures.

### Deaths from Falls

From 1999 through 2001, 1,166 Georgians died from fall-related injuries, an average of 389 per year. Persons 65 years and older accounted for the majority of fall-related deaths (75%). Men accounted for more fall-related deaths than women up to the age 65 years. Whites accounted for 84% of all fall-related deaths (Table 8).

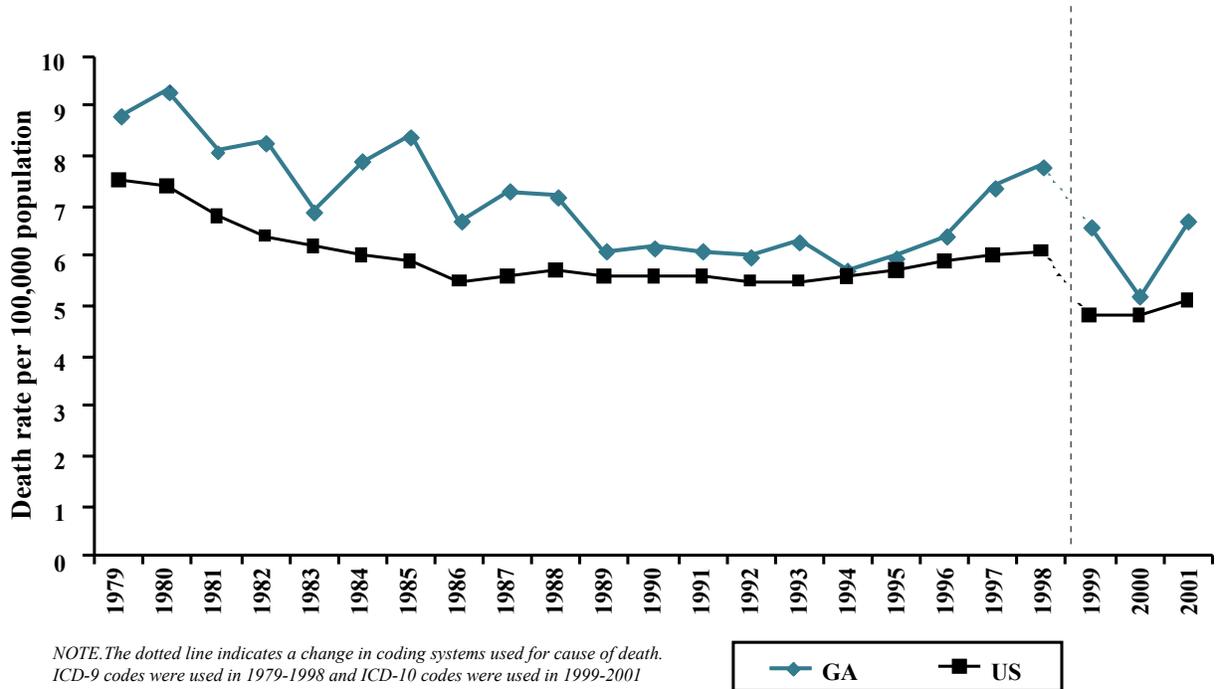
**Table 8. Number of Deaths by Age, Race and Sex: Falls, Georgia, 1999-2001**

Age Group	White		Black		Other		Total	Average per year
	Male	Female	Male	Female	Male	Female		
Under 5	3	0	2	1	0	0	6	2
5-14	0	1	1	0	0	0	2	1
15-24	16	1	2	0	0	0	19	6
25-44	45	12	15	6	1	0	79	26
45-64	99	31	43	9	1	0	183	61
65+	327	450	52	44	4	0	877	292
Total	490	495	115	60	6	0	1166	389

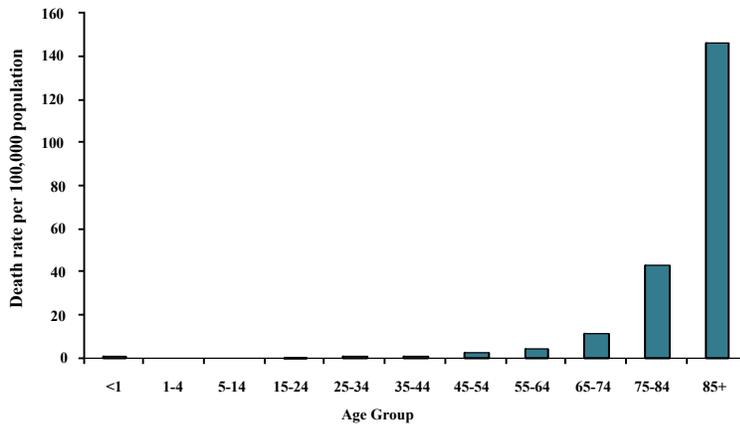
## Profile of Injuries in Georgia

Since 1979, the death rate from falls in Georgia has been consistently higher than the rate for the United States; however, both US and Georgia death rates decreased from 1979 through 1986 with relatively little change since then (Figure 16.) During the period 1999 through 2001, if the death rate for falls in Georgia had been equal to that of the United States, an estimated 115 persons per year would not have died from falls (Table 1).

**Figure 16. Age-Adjusted Death Rates: Falls, Georgia and US, 1979-2001**



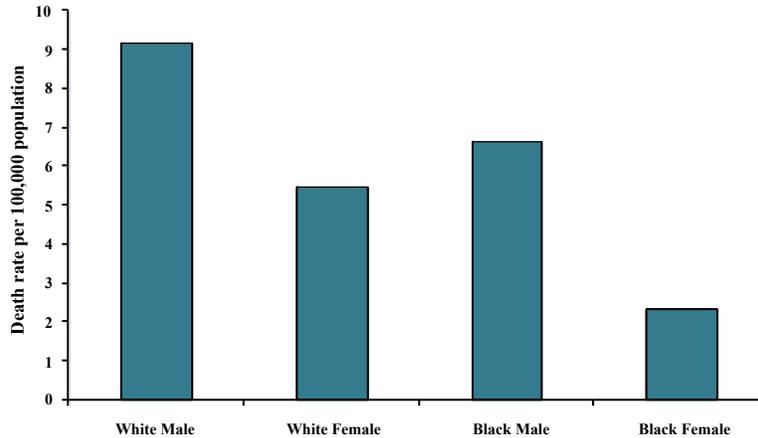
**Figure 17. Age-Specific Death Rates: Falls, Georgia, 1999-2001**



Older Georgians were more likely to die from falls than younger people, with the rate showing a sharp increase for persons 75 years and older (Figure 17).

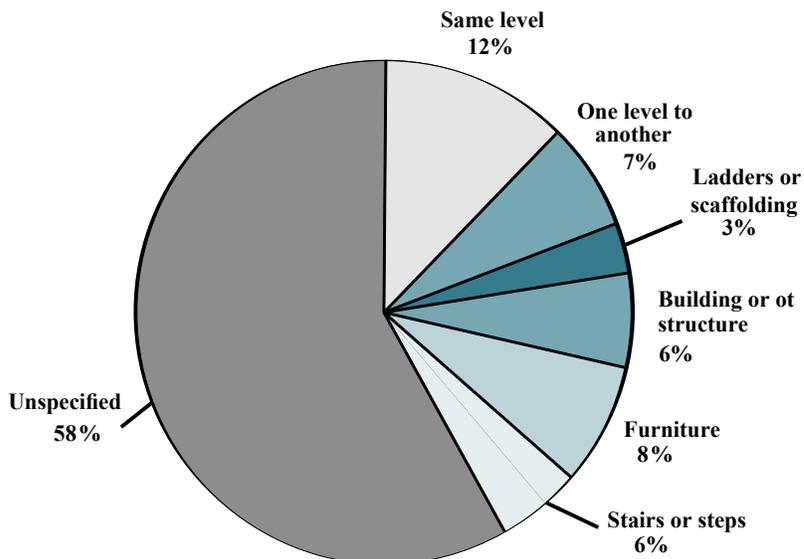
The death rate from falls was almost twice as high for males (8.5 per 100,000) as for females (4.7 per 100,000). Whites were more likely to die from falls (6.9 deaths per 100,000 population) than blacks (4.0 deaths per 100,000 population). White males had the highest death rate from falls (9.2 per 100,000 population) among the race/sex groups (Figure 18).

**Figure 18. Age-Adjusted Death Rates by Race and Sex, Falls, Georgia, 1999-2001**

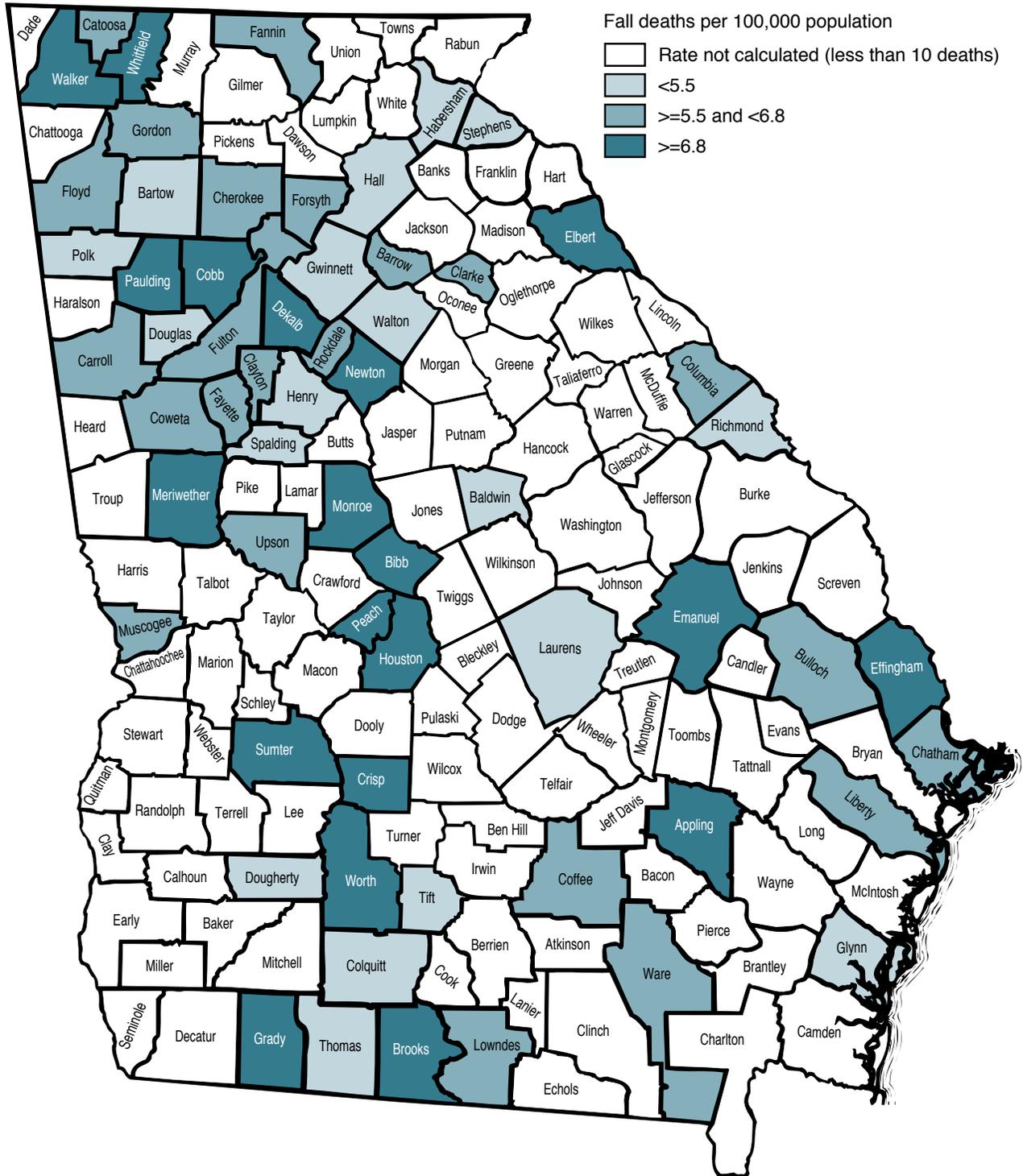


Among fall deaths, location was not recorded on 58% of the death certificates, 12% were falls from the same level, 8% were falls off of furniture, and 7% were falls from one level to another level such as playground equipment or building level (Figure 19).

**Figure 19. Location of Falls, Georgia, 1999-2001**



**Map 5. Age-adjusted Death Rate by County of Residence:  
Falls, Georgia, 1994-2001**



### Hospitalizations from Falls

Falls were the leading cause of hospitalizations among the major injury mechanisms, accounting for 40% of all injury hospitalizations. There were a total 43,024 hospitalizations from falls between 1999 and 2001, an average 14,341 per year, resulting in an average of 77,258 hospitalization days and nearly \$214 million in hospital charges per year. Of those hospitalized for falls, 66% were females, 80% were non-Hispanic whites, and 65% were persons 65 years and older (Table 9).

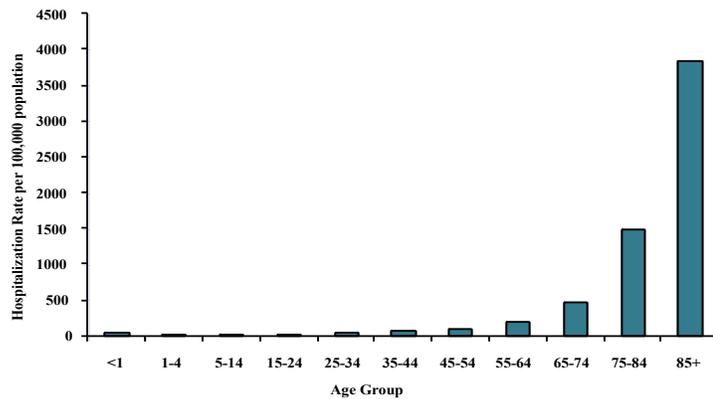
**Table 9. Number of Hospitalizations by Age, Race and Sex: Falls, Georgia, 1999-2001**

Age Group	White		Black		Hispanic		Total*	Average per Year
	Male	Female	Male	Female	Male	Female		
Under 5	185	135	139	83	32	27	645	215
5-14	531	277	213	128	29	12	1,225	408
15-24	504	181	209	86	187	9	1,226	409
25-44	1,969	1,028	798	460	327	49	4,784	1,595
45-64	2,548	2,834	798	697	78	47	7,159	2,386
65+	5,370	18,993	744	2,036	81	273	27,950	9,317
Total	11,107	23,448	2,901	3,490	734	417	43,024	14,341

\*Total includes all other races/ethnicity.

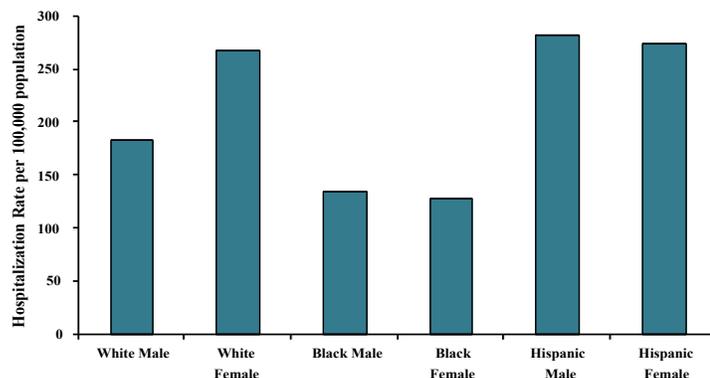
Older Georgians had a much higher risk for fall-related injury hospitalization than younger Georgians. The hospitalization rate for fall-related injuries was highest for those 85 years and older (3,900 per 100,000) (Figure 20).

**Figure 20. Age-Specific Hospitalization Rates: Falls, Georgia, 1999-2001**



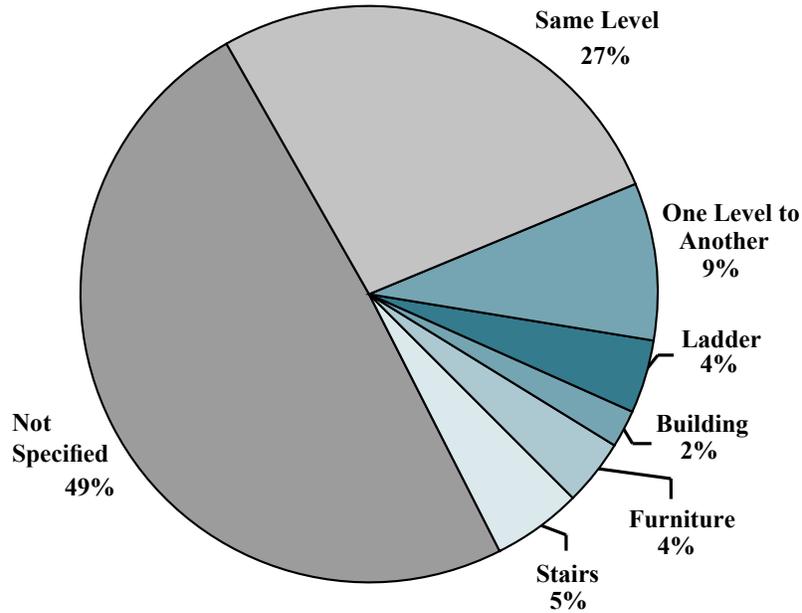
Females had a higher rate of fall-related injury hospitalization (238.9 per 100,000 population) than males (176.8 per 100,000 population). Among the race/ethnic groups, Hispanics (280.1 per 100,000 population) had a significantly higher hospitalization rate than non-Hispanic whites (241.4 per 100,000 population) and non-Hispanic blacks (134.5 per 100,000 population). Hispanic males had the highest fall-related hospitalization rate (282.4 per 100,000 population) among all the race/ethnic/sex groups (Figure 21).

**Figure 21. Age-adjusted Hospitalizations by Race and Sex: Falls, Georgia, 1999-2001**

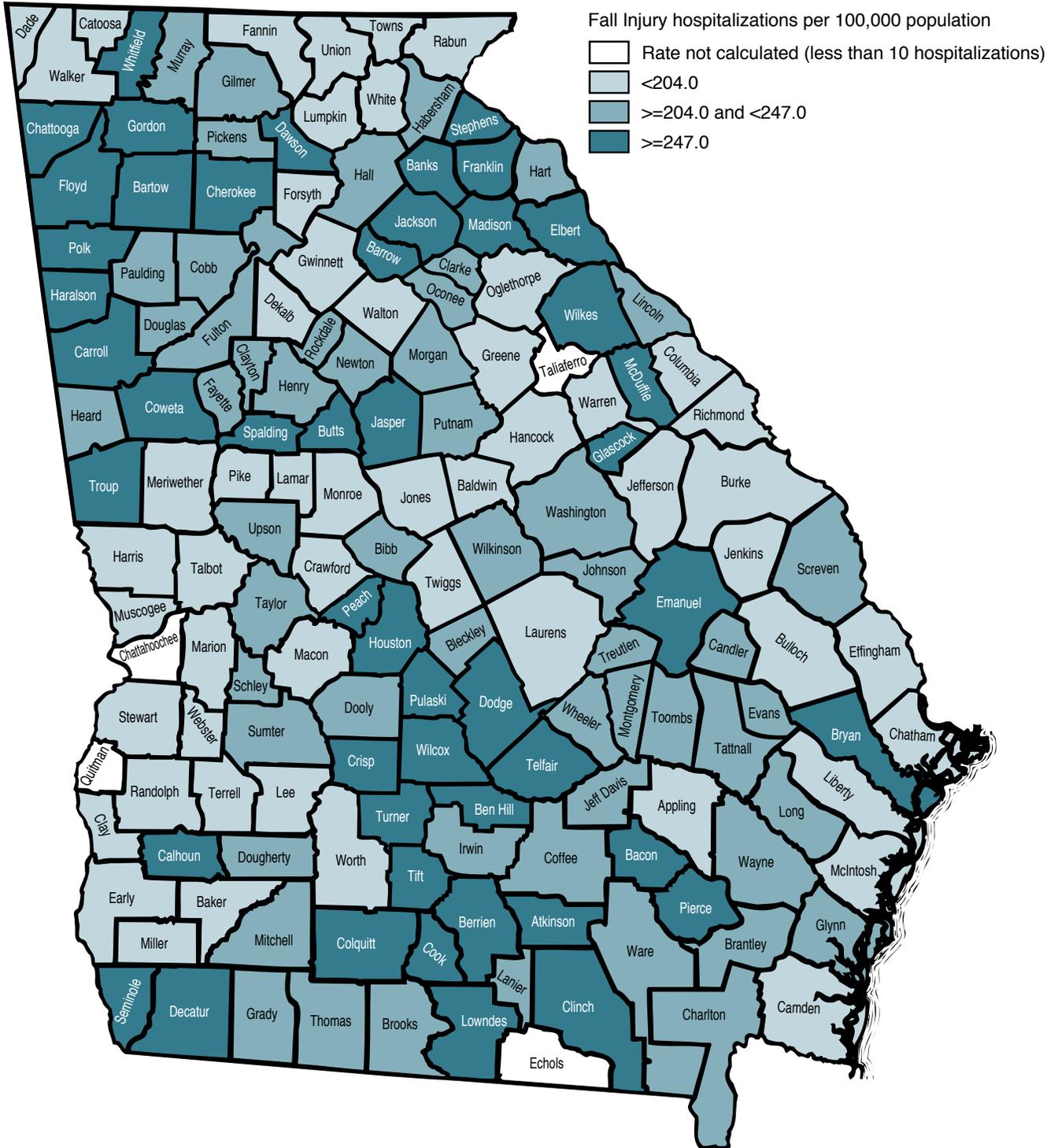


The location of almost half of the falls resulting in hospitalization was not specified; 27% were falls at the same level, and another 9% were falls from one level to another level (Figure 22).

**Figure 22. Location of Falls, Georgia, 1999-2001**



**Map 6. Age-adjusted Hospitalization Rate by County of Residence:  
Falls, Georgia, 1999-2001**



### *Fall Related Prevention Strategies*

In Georgia, 65% of those hospitalized after falls and 75% of those dying from falls were persons 65 years and older. Strength training and regular physical activity programs for the elderly would decrease the number of falls and related mortality and morbidity. Services that assess environmental, medical, and behavioral risk factors for falls in the homes of elderly individuals would provide opportunity to remove or rectify safety hazards in the home. Such measures would include installing improved lighting, installing railings, removing loose rugs, and covering slippery surfaces in order to reduce the likelihood of falls and subsequent death and injury among the elderly. Implementing health care provider review of medicines, and having regular vision checks for the elderly are also recommended prevention measures. For children, safety precautions to prevent falls from furniture, windows, stairs and playgrounds are critical. These include constant supervision of infants on furniture (beds, chairs, changing tables), installing window guards and safety gates for stairs, removing furniture in close proximity to windows, and avoiding the use of baby walkers. Use of age-appropriate playground equipment under adult supervision, use of proper safety equipment when engaged in sports, and adequate safety precautions at construction sites would also serve to reduce the incidence and severity of fall related injuries.



### *Injury Prevention Programs for Fall Related Injuries*

The Injury Prevention Section of the Department of Human Resources, Division of Public Health works with local communities, the Division of Public Health's Child Health Program and Chronic Disease Prevention Branch, and the state's Division of Aging Services to reduce injuries from falls. The Injury Prevention Section has distributed "Remembering When: A Fire and Fall Prevention Program for Older Adults" to fire departments and health departments. The curriculum was developed by the CDC's National Center for Injury Prevention and Control (NCIPC), the National Fire Protection Association (NFPA), the U.S. Consumer Product Safety Commission, and other partners. It uses lesson plans, brochures, fact sheets, game cards, and other educational materials to present 16 life-saving lessons for elderly persons. The Injury Prevention Section has also collaborated with SAFE KIDS to improve playground safety for children. Efforts are being made to increase the number of trained playground inspectors and the number of playgrounds inspected. The Injury Prevention Section continues to seek resources to support fall prevention programs in Georgia.

#### *Falls Prevention Resources*

**CDC: US Fall Prevention Programs for Seniors**

<http://www.cdc.gov/ncipc/falls/default.htm>

**National Osteoporosis Foundation**

[http://www.nof.org/patientinfo/fall\\_prevention.htm](http://www.nof.org/patientinfo/fall_prevention.htm)

**American Academy of Pediatrics**

<http://www.aap.org/family/tippmain.htm>

**National Resource Center on Aging and Injury**

<http://www.nrcai.org/>