

FALL INJURY PREVENTION IN OLDER PEOPLE POLICY

The World Health Organisation definition of a fall is used in this policy: *A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.*¹

The Public Health Association of Australia recognises that:

1. The high prevalence of falls¹ and fall-related injuries in people aged 65 years and over is an issue of serious and growing concern. As the Australian population ages, demographic changes have resulted in significant increases in fall-related injury in this age group. By 2014, 15% of Australians will be older than 65 years.
2. By 2042 the projected age expectancy will be 83.9 years for men and 88.5 years for women.²
3. Good health practices established early in life, especially good nutrition and physical activity patterns, are the basis for prevention against fall injury in later years.
4. Older people have the right to independence and freedom from preventable injury.²
5. A coordinated long term, multifactorial, multi-strategic approach at the population level is needed to manage the impact of fall-related injury in older people.
6. The National Falls Prevention Plan for Older People (2004) provides a framework for policy, action and research.²
7. A comprehensive approach to Falls Injury Prevention for Older People needs to be developed and implemented in context with existing (and future) government initiatives, including the National Falls Prevention for Older People Initiative, National Strategy for an Ageing Australia and state and local government initiatives.
8. A comprehensive approach to Falls Injury Prevention for Older People will address each of three settings:
 - residential aged care
 - acute care

- community

The Public Health Association of Australia notes that:

9. While not all falls result in injury or death, the burden of illness from those that do is significant.
10. Falls injuries are the leading cause of injury-related death³ and are a leading cause of injury-related hospitalisation in those aged 65 years and older.⁴ Many of these injuries are severe: less than half of older people hospitalised for a fracture or other serious injury following a fall are able to return home.⁵ The remainder require long term care, that requires substantial resources by aged care facilities.⁶
11. Population (epidemiological) studies show that hip fractures are the most serious fall-related injury in older people with 15% dying in hospital and a third not surviving beyond one year afterwards.¹¹
12. Effective interventions are available to prevent falls and include increased physical activity and hip protectors.¹¹
13. Strategies targeted at fall prevention include regulation, education, environmental change and population or community-based coordinated programs.¹¹
14. Approximately 30% of people over 65 years and living in the community fall each year; the number is higher in institutions. One fifth of incidents require medical attention.¹¹
15. Even falls which do not result in injury serious enough to require medical treatment can have a negative impact on the person's quality of life: a fall can cause an older person to lose confidence, become fearful of falling and reduce their activity levels. In time this limits their mobility, and increases their likelihood of falling again.^{7,8}
16. Because the injuries, which result from falls can also result in lengthy periods of hospitalisation, the financial cost is high. It is projected that if appropriate action is not taken the cost of falls related injury in Australia by 2051 will increase almost three fold to \$1,375 million per year, with an additional 1.17 million bed days per year (the equivalent of 3,300 additional beds being allocated to fall related injury treatment). Further, an additional 4,530 nursing home places will be required as a direct result of that inaction.^{2,4}
17. Fall-related injury is both predictable and preventable. Reducing falls injuries in older people has been identified as a high priority for health promotion action at national, state and territory levels.^{10,11}
18. While the evidence base for falls prevention has increased, further research is required to address risk factors in key settings, eg safe use of medication, development of strategies for older people with dementia, incidental physical activity.

The Public Health Association of Australia believes that:

19. Benefits can be achieved from effective programs in falls prevention for older people for the individual (eg health and wellbeing, fear of falling, prolonged independence, continued community participation) and for the community and health services (eg savings in health care, improved productivity, reduced demands on aged and acute care services).
20. Partnership building and collaboration between disciplines within the health sector and between health, other sectors and the general community that aim to actively address the prevention of fall-related injury among older people should be encouraged.
21. An evidence-based approach should be adopted when developing appropriate strategies that aim to reduce fall-related injury in older people.
22. Evidence is available that suggests population-based investments can provide health outcomes (eg improving balance, and incidental physical activity).
23. Designers, builders and architects should be required to take account of the needs of older people, in line with best practice for managing the risk of fall injury, when designing, building or upgrading residential facilities.

The Public Health Association of Australia resolves that:

12. The Board and Branches, with advice from the Injury Prevention Special Interest Group, will:
 - Ensure that injury remains a national health priority among Federal, State and Territory Governments particularly regarding activities that are needed to prevent fall injury and to minimise the effects of fall-related injury in older people;
 - Encourage falls prevention and related issues (eg physical activity for older people, access, safety in community) be addressed at local government jurisdictions;
 - Promote the adoption of evidence-based fall injury prevention strategies;
 - Endorse investment in a systematic, multifaceted approach to decrease future costs and health service demands that occur following fall-related injury; and
 - Encourage collaboration between health sector disciplines - researchers, educators and policy makers - that actively develop and disseminate evidence based findings to address the prevention of fall-related injury in older people.

References:

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ADOPTED 1991, REVISED AND RE-ENDORSED IN 2002, 2005 AND 2008

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