Public Health Association of Australia:
Policy-at-a-glance – Fall Injury Prevention in Older People Policy

Key message: PHAA will –

1. Advocate for injury prevention to remain a national health priority among Federal, State and Territory Governments.
2. Lobby for increased funding to support population health interventions.
3. Advocate for investment in a systematic, multifaceted approach in fall-related injury to promote independent living for older people and decrease the resultant future costs and health service demands.
4. Ensure that researchers, educators, policy makers, clinicians and community workers work collaboratively to translate evidence based findings into practice to actively address fall-related injury in older people.
5. Lobby for resourcing to implement the ACSQHC Falls Best Practice Guidelines.

Summary: In 2003, it was projected that if appropriate action is not taken the cost of fall related injury in Australia by 2051 will increase almost three fold to $1,375 million per year. Fall-related injury is both predictable and preventable. Effective action requires a nationally coordinated response, with activity in a wide range of health care settings and community-based and population-focussed initiatives.

Audience: Federal, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA's Injury Prevention Special Interest Group (SIG).

Date policy adopted: September 2015

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Fall Injury Prevention in Older People Policy

The Public Health Association of Australia notes that:

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

- Australia's population is aging. [2] In 2014, 15% of the Australian population was 65 years and over, and by 2031 this will increase to 19% .[3] The increase in those aged 85+ yearswill be even greater. [3]
- Risk factors for falls include age, gender, race, gait and balance, strength, vision, dizziness/vertigo, cardiovascular disease, dementia, depressions, medications, footwear and home environment. [26]
- The risk of falling and fall injury increases with age:
  - More than one in three community dwelling people aged 65 years and over falling annually [4;8;9]
  - Over 92,150 fall injuries involving people 65 years and older resulted in hospitalisation in 2010-2011.
  - The annual cost of fall-related acute care in Australian hospitals for older people was estimated to exceed $600 million.
- Although a smaller percentage of the Aboriginal and Torres Strait Islander population is older, increasing numbers of Indigenous people are experiencing a longer life span [10 23] There is a need to focus on issues of falls and fall injury in Indigenous people aged 45 years and over
- There is strong evidence that the risk of a fall can be reduced and fall injury can be minimised or prevented. Exercise that challenges balance and strengthens muscles has been found to reduce fall risk.[11] Examples include: high level balance exercise in group or home settings [11-14] Other evidence-based interventions for reducing fall risk include: [11-13]

  - Occupational therapy interventions for high risk populations*[1]
  - Expedited cataract surgery *
  - Withdrawal of psychoactive medications *
  - Cardiovascular assessment and intervention for unexplained people with falls *
  - Intensive multidisciplinary assessment of high risk populations *
  - Comprehensive geriatric assessment in residential care facilities
  - Targeted interventions in hospitals including education of patients and carers
  - Hip protectors for at-risk populations (in-home and in facilities)[14]
  - In-home assessments and home modifications for those at-risk [14]

- The Australian Commission on Safety and Quality in Health Care (ACSQHC) Falls Best Practice guidelines, 2009 provide the evidence base for fall injury prevention in the

[1] * Indicates strategies relating to community populations

settings of hospitals, community care and residential aged care. Although an implementation plan is yet to be developed for the guidelines across all settings, preventing falls and harm from falls is an agreed national standard for the accreditation of health care organsiations.

- Older people have the right to independence and freedom from preventable injury including access to multidisciplinary health care and necessary social services.[15]

The Public Health Association of Australia affirms the following principles:

1. Without a nationally coordinated response, the incidence and cost of fall-related injury will continue to rise exponentially in Australia, particularly as the 'baby-boomer' generation reach retirement age.

   Because the fall-related injuries can result in lengthy periods of hospitalisation, the financial cost is high. In 2003, it was projected that if appropriate action is not taken the cost of fall 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).[16]

   The national rate of hospitalised falls increased by 1.8% over the period 1999–2009.[4] This suggests that the cost of such care will continue to increase substantially unless the rate of falls rapidly declines.

2. People who do not sustain physical damage may still be fearful of further falls, which reduces confidence for mobility and socialisation – further increasing risk of falling.[19] After experiencing a fall injury that results in hospitalisation, older people may be less able to live independently and consequently may require transition to residential aged care.[12;20]

3. Whilst the rate of hospitalisations for hip fracture appears to be declining, hip fracture remains the most common fall-related injury (about 17,000 cases per year).The resultant injury burden is significant in terms of deaths, hospital and medical care and loss of independent living capacity.[19]

4. Fall-related injury is both predictable and preventable. Reducing fall injuries in older people has been identified as a high priority for health promotion action at national, state and territory levels. Effective action requires activity in a wide range of health care settings and community-based and population-focussed initiatives. [12]

5. While the evidence base for fall injury prevention has rapidly increased over the last decade, further investigation is required to develop effective strategies for older people with cognitive decline, to investigate the role of incidental physical activity, older people living in residential care facilities, persons for whom English is a second language, and those living in remote areas.[22] Although the prescription of vitamin D for residents in care facilities may reduce the number of falls. [25]

6. Further investigation is also required to test the effectiveness of fall prevention programs in the Indigenous population, taking into consideration the range of different cultural and environmental conditions and community priorities across diverse Aboriginal and Torres Strait Islander communities.

The Public Health Association of Australia believes that the following steps should be undertaken:

1. There is need for a nationally resourced approach to implement ACSQHC Falls Best Practice Guidelines so that the following benefits associated with falls and fall injury prevention targeted to older people can be achieved:
    a. In the community: promoting health and wellbeing, reducing fear of falling, prolonged independence, continued community participation.
    b. For health services: safer delivery of health care, savings in health care, improved productivity, reduced demands on aged and acute care services.

2. That the AIHW National Injury Surveillance Unit (NISU) be funded to undertake a study to explore issues around fall-related injury in the older Indigenous population.

3. Strengthening of partnerships to build collaborative strategies across disciplines in the health sector, other sectors and the general community to actively address the prevention of fall-related injury among older people.

4. An evidence-based approach should be adopted when developing appropriate strategies that aim to reduce fall-related injury and encourage healthy active ageing in older people to generate a low risk population.

5. Acknowledge the role local government provides in developing and maintaining safe local environments, providing local physical activity programs for older people, and ensuring accessibility.

6. Promotion of best practice (including collaborative approaches) building and infrastructure design standards that removes fall hazards so that, designers, builders and architects take account of the needs of older people when designing, building or upgrading. This is to both support environments that encourage physical activity such as walking, and an environment that allows older people to feel safe undertaking both planned and incidental activity.

The Public Health Association of Australia resolves to undertake the following actions:

The Board and Branches, with advice from the Injury Prevention Special Interest Group, will:

1. Advocate for injury prevention to remain a national health priority to prevent falls, reduce fall risk, minimise fall related injury and its effects in older people through updated policy documents that have a resourced implementation strategy.

2. Lobby for increased funding to support population health interventions building capacity for increased access to evidence based interventions for fall prevention.

3. Advocate for investment in a systematic, multifaceted approach to minimise fall-related injury utilising evidence based approaches to promote independent living for older people and to reduce the resultant future costs and health service demands.

4. Endorse approaches so that researchers, educators and policy makers work collaboratively to base research on knowledge and unmet needs, and to translate evidence based findings into practice to prevent or minimise fall-related injury in older people.

5. Lobby for resourcing to implement and fund the ACSQHC Falls Best Practice Guidelines in the different settings.

ADOPTED 1991, REVISED AND RE-ENDORSED IN 2002, 2005, 2008, 2012 and 2015

First adopted at the 1991 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2015 policy review process.

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