

Special Report

Fall prevention: Rising to the challenge

Falls are the #1 source of injury in older adults. Innovative care solutions can help reduce the risk in this rapidly growing population.

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Introduction

Falls are the leading cause of fatal and nonfatal injuries in Americans age 65 and older.¹

Statistics show that this public health problem is not being adequately addressed by standard interventions. The Centers for Disease Control and Prevention (CDC) estimates that an older American falls every second.² And older adults are dying from fall-related injuries at nearly twice the rate they were 20 years ago.³

By 2030, seven falls every hour will be deadly.²

In addition to robbing Americans of their health, mobility, independence, and even their lives, falls contribute to massive medical spending and caregiver burden.

This report addresses:

- ✓ The growing public health threat of falls among older adults
- ✓ The factors (beyond aging) that contribute to it
- ✓ Why health care in the U.S. isn't doing enough
- ✓ Why accessible, personalized, and innovative fall-prevention strategies are necessary to effectively tackle this problem

Falls and our aging population

Falling is certainly not a new issue, but it's becoming ever more urgent as the number of older adults in the U.S. rapidly increases. Many are calling this population shift the "Gray Tsunami" because of the substantial impact it's set to have on the healthcare system and the economy.

Past and present

According to census data, the number of Americans 65 and over grew about 39% from 1990 to 2020, reaching 55.8 million people (about 17% of the population).⁴

A correlated increase in reported falls was also seen during that time. From 2011 to 2021 alone, related emergency department (ED) visits in older adults increased 20% and fall deaths jumped 60%.⁵

And these numbers continue to head in the wrong direction.



Today, one in four older Americans fall each year, accounting for around 36 million incidents and more than 32,000 deaths.²



Of those who fall, 37% require medical treatment or restrict their activity after the fall.¹

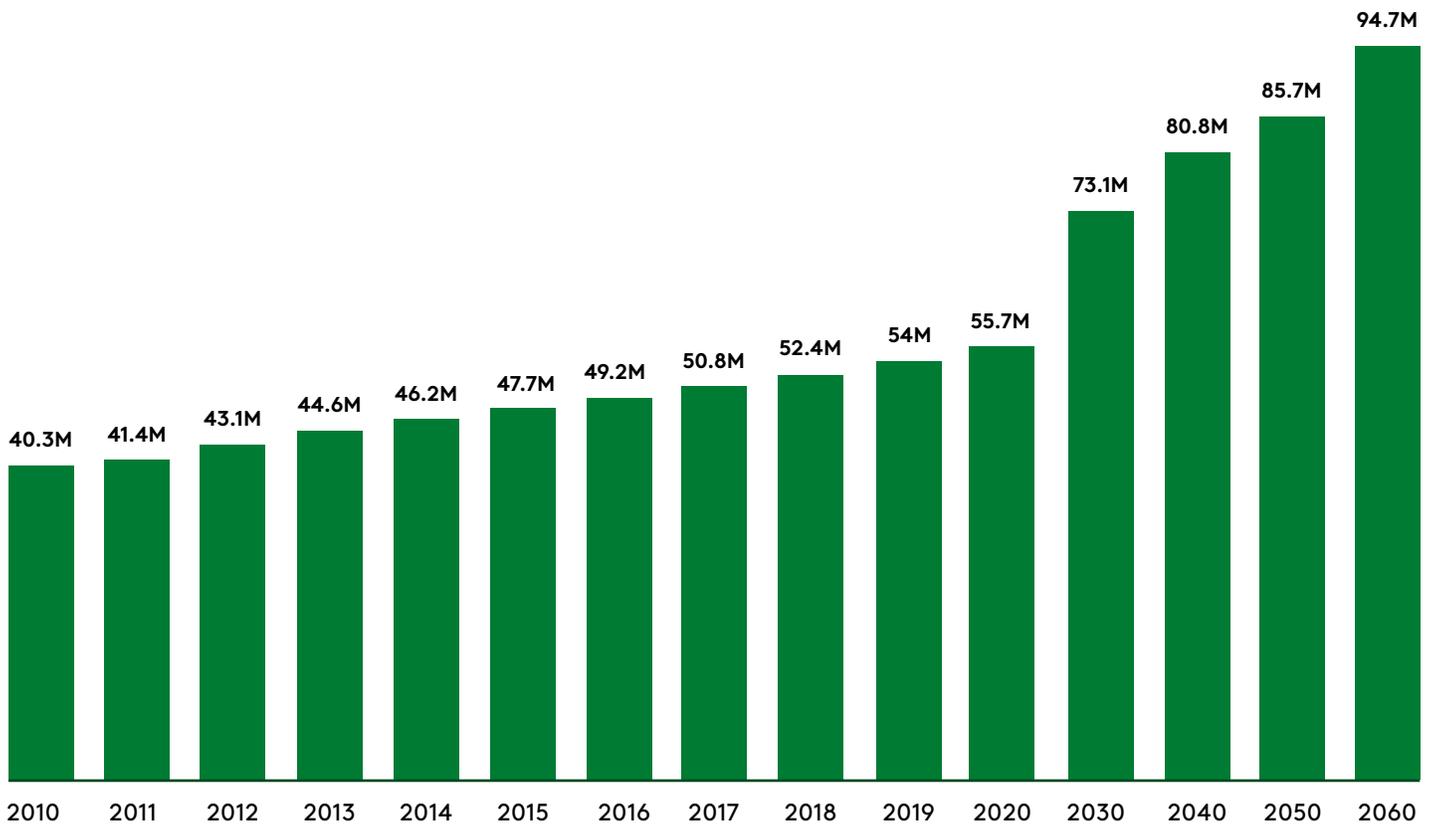


Around 3 million older adults are treated in the ED and more than 800,000 are hospitalized each year for this reason.⁶

A look into the future

The older adult population is expected to increase by approximately 31% from 2020 to 2030 (reaching 73.1 million people) and only keep growing.

In reviewing CDC fall statistics and U.S. Census Bureau projections, researchers predict that ED visits due to falls among older adults could hit 5.7 million by 2030. Fatal falls could hit 100,000 per year. ⁸



U.S. POPULATION AGE ≥ 65 YEARS ⁷



An urgent warning was included with the findings:

Without a stronger focus on fall risk assessment and treatment tailored to a person's functional abilities, the health and economic impact of falls among older adults will only continue to deepen.

Why Americans are falling

Falls are not an inevitable part of aging.² While age-related changes can increase the risk of a fall, steps can be taken to mitigate these factors and keep people safe.

Most of the time, a combination of factors is at play when someone falls. And the more that apply, the greater the risk.⁸

Internal risk factors

- ① Muscle weakness
- ② Vitamin deficiency
- ③ Vision problems
- ④ Hearing loss
- ⑤ Decreased executive functioning
- ⑥ Side effects from medications
- ⑦ Comorbidities, such as low blood pressure, neuropathy, depression, and urinary incontinence

External risk factors

- ① Stairs, especially without banisters
- ② Tripping hazards, such as throw rugs, clutter, and long coats
- ③ Slippery or uneven surfaces
- ④ Poor lighting
- ⑤ Hard-to-reach items
- ⑥ Improper use or size of assistive devices, such as canes
- ⑦ Unsafe footwear (e.g., worn-out shoes, slippers)

With this being well known, why are older adults still falling at the rate they are? Here are a few key reasons:

Inadequate physical activity levels

Sarcopenia—involuntary loss of muscle strength, mass, and function that occurs with age—begins in one's 40s and ramps up between 65 and 80.⁹ Regular exercise can help curb this, but only 15% of older adults meet daily activity recommendations.¹⁰ Some don't move as much as they should for fear of falling.

Insufficient evaluation

Evidence-based guidelines suggest that physicians screen patients age 65 or older for falls every year, but this may be too infrequent.¹¹

Repeat fall rates vary, but the American Geriatrics Society and Health in Aging Foundation say that around two-thirds of older adults who fell during the past year will fall again.¹²

Lack of risk awareness

The first step in preventing a problem is acknowledging the potential for it. Many of us believe falls happen—just to other people.¹³

One study found that while 76% of older adults acknowledge that falling is a concern and preventable, only 63% say they may be susceptible to a fall.¹⁴

Poor self-reporting

Falling just one time doubles the risk of falling in the future.⁶ Targeted prevention strategies can help prevent future falls, but many people don't report these incidents.

In fact, 72% of Medicare patients fail to report fall-related injuries when asked, according to a National Institutes of Health study.¹⁵

Some key reasons for poor self-reporting:

- ✓ Fear that admitting a fall will cause them to lose their independence
- ✓ Belief that falling is a normal part of aging
- ✓ Stigma around aging
- ✓ Hesitancy to worry loved ones

Declining caregiver support

The American Association of Retired Persons (AARP) calls family the “backbone” of long-term caregiving in the United States. While the need for loved ones' help continues to rise as the population ages, their availability can't keep up.

It's estimated that the number of potential caregivers per high-risk older adult will decline more than 42% from 2010 to 2030. Add another 20 years to that timeline and we'll see a more than 57% decline by 2050.¹⁶

Current realities of health care

The siloed nature of health care in the United States today paired with notable access concerns makes securing effective, holistic, consistent care that can prevent falls incredibly difficult—if not impossible—for many.

Let's take a closer look at this critical element.

Today's health care: An unreliable safety net

Unfortunately, many older adults aren't able to take advantage of a complete fall prevention plan because of the following realities of today's health care:

Fragmented approach to care

Nearly one in three older Americans will see at least five different doctors in a given year.¹⁷ Very rarely do all of them communicate with one another, so risk factors can go overlooked.

Missing components of care

Numerous components of care could be missing. For example:

- ✔ A provider in an outpatient environment can't assess the external factors that could directly result in accidental falls, such as home hazards.
- ✔ Symptoms of depression, a condition that increases the risk of a fall, can be different in older adults. Research shows that primary care physicians are unlikely to refer someone to a mental health specialist if they are not showing "classic" signs of depression.¹⁸
- ✔ Even if patients get guidance on exercises they can do to improve balance and strength, they may need lifestyle coaching to make daily movement a habit—something that traditional care typically doesn't account for.

Self-navigation and barriers to care

A healthcare provider may prescribe physical therapy or suggest enrolling in a fall prevention program, such as one run by a local department of health or aging. However, people often have to find these services on their own.

Barriers to care, such as poor health literacy, lack of transportation, cost, distance from care, and wait times, can make following through with recommendations simply too difficult.

Since 2021, the values of Medicare Advantage Star Ratings—a metric used for determining both the quality of care delivered by a health plan and customer satisfaction—have decreased with respect to reducing falls. Medicare patients' ability to get needed appointments and care quickly also declined.¹⁹

Lack of follow-up care

There is usually no long-term follow-up or accountability—vital components of adherence and consistent progress—in single-source-of-care settings.

Research suggests that connecting with the same provider(s) throughout one's care journey leads to better clinical outcomes.²⁰

The high (and growing) cost of falls

Falls of older adults account for around \$50 billion in medical costs each year. Only \$754 million of that is due to fatal injuries, meaning the bulk (more than \$49.2 billion) stems from nonfatal injuries such as a broken arm, concussion, etc.¹

\$8,869

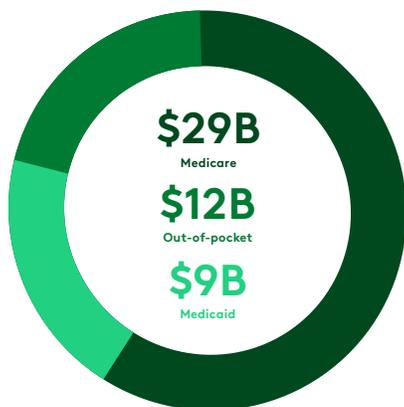
Average medical costs of a nonfatal ED visit after a fall

\$53,899

Average medical costs of a nonfatal fall if a person is hospitalized²¹

Here's who is paying the bill

Medicare is the leading payer of those nonfatal fall-related injury costs, shouldering a price tag of \$29 billion. Private or out-of-pocket payers pay \$12 billion, and Medicaid pays \$9 billion.¹



Compared to 2012, the lifetime medical cost of treating falls is expected to grow by more than \$66 billion by 2030: jumping from \$35B to over \$101B in this time frame.⁸

Direct medical costs for fall-related injuries include, but are not limited to, the following:

- ✓ Professional services (doctors' care, imaging, etc.)
- ✓ Hospital fees
- ✓ Surgery and rehabilitation
- ✓ Nursing care
- ✓ Medical equipment
- ✓ Prescription drugs

Other financial, physical, and emotional costs are also associated with the lasting effects of fall-related injuries. For example:²³

- ✓ Long-term disability/functional losses
- ✓ Increased need for social services
- ✓ Lost independence/a need for more assistance from a caregiver
- ✓ Declining quality of life; depression

The person who falls is affected and family, friends, and society at large are significantly burdened.⁸

The Hinge Health approach

While today's prevention efforts typically focus on preventing severe fall-related injuries, any fall can have serious implications for everything from mobility to social interaction. And any factor that can influence someone's fall risk—big or small—needs to be addressed.²⁴

Research continues to support the need for a more holistic, individualized approach to fall prevention and programs that are easier to connect with.²⁵

Hinge Health's Fall Prevention Program is designed to offer these benefits:

Comprehensive care: A multidisciplinary team of physical therapists, board-certified health coaches, and physicians interacts with each member several times a week to address the multitude of factors that can influence fall risk.

Personalization: Each member is given a unique fall prevention plan based on the results of a balance assessment. Exercise therapy is tailored to the member's ability level—including fully-seated, supported-standing, and unsupported-standing movement—to meet them exactly where they are.

Consistency: Care team members stick with the member throughout the program, helping foster investment, accountability, and satisfaction. Members can easily follow their advice between sessions by accessing exercise playlists.

Equitable access: Delivered via a secure, easy-to-use mobile app, the program removes several top barriers to poor program adherence, including distance and transportation to care. If a member doesn't have a device they can use to connect with us, a tablet is provided.

We ensure member safety

Potential participants are screened using a clinical questionnaire and a thorough video assessment to confirm that it's medically appropriate and safe for them to participate.

We make house calls

Those who need or want to complement our digital program with in-person care can do so (in eligible areas). A physical therapist will come to a member's home, conduct physical and environmental assessments, and deliver therapy to enhance care. Visits can be scheduled at various times of the day (even nights and weekends).

We help with tech hurdles

And if they need some guidance to begin using the digital program with confidence, a Hinge Health team member can give them one-on-one support during an in-person visit.



Learn more at
hingehealth.com



Hinge Health is moving people beyond pain by transforming the way it is treated and prevented. We connect people, digitally and in-person, with expert clinical care. Using advanced technology and AI, a team of clinical experts guides people through personalized care directly from their mobile device. It is proven to reduce pain by 68%, prevent 42% of new opioid prescriptions, and avoid one in two unnecessary surgeries. Available to 18M people, Hinge Health is trusted by leading health plans and employers, including Land O'Lakes, L.L. Bean, Salesforce, Self-Insured Schools of California, Southern Company, State of New Jersey, US Foods, and Verizon.

Contact us to learn more about how we are inspiring people to improve their health through the power of movement.

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