



Quick Facts

- **Unintentional falls** are the **3rd most common** cause of injury-related death in Montana, after firearms and motor vehicle crashes¹
- **1 out of 4** Montanans aged 45+ report falling in the past year³
- Falling once **doubles** your chances of falling again⁴

The Burden of Falls Among Adults in Montana

Background

Injuries consistently rank among the top causes of morbidity and mortality in the United States and are among the top ten causes of death across all age groups in Montana. Montana is ranked 7th in the nation for age-adjusted death rate due to injury over the last 10 years.^{1,2}

Falls are one of the most common mechanisms of injury and can result in permanent disability or death. Many people who fall, even if they are not injured, become afraid of falling. This fear may cause a person to cut down on their everyday activities. When a person is less active, they become weaker, which increases their chances of falling.

Methods

This report utilized data from 2020 Montana hospital admissions, the 2020 Montana Trauma Registry, and the 2020 Behavioral Risk Factor Surveillance System (BRFSS). The Montana Trauma Registry (MTR) contains data extracted from hospital medical records and EMS run reports across the state. BRFSS is a random digit dialed telephone survey of non-institutionalized adults (age 18+). The survey asks respondents whether they fell at least once in the last 12 months and if any fall caused an injury that limited the respondent's regular activities or caused them to seek care from a doctor.

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Findings

Montana consistently has a higher death rate due to falls among people aged 65+ compared to the rest of the nation. However, from year to year, there has been no significant change in the fall-related rate of death in Montana (Figure 1).¹

In 2020, over a quarter of Montana adults aged 45+ years reported falling at least once in the last 12 months. Though men and women aged 45+ were just as likely to report a fall, women were slightly more likely to be hospitalized for a fall (56%) than men (44%).^{3,5}

All adults are at risk of falling, but those who reported a disability or those who lived in a rural region had a higher prevalence of falling than the general population (Table 1).

Figure 1. Fall-related Death Rates Among Adults 65+, Montana and US, 2015-2019

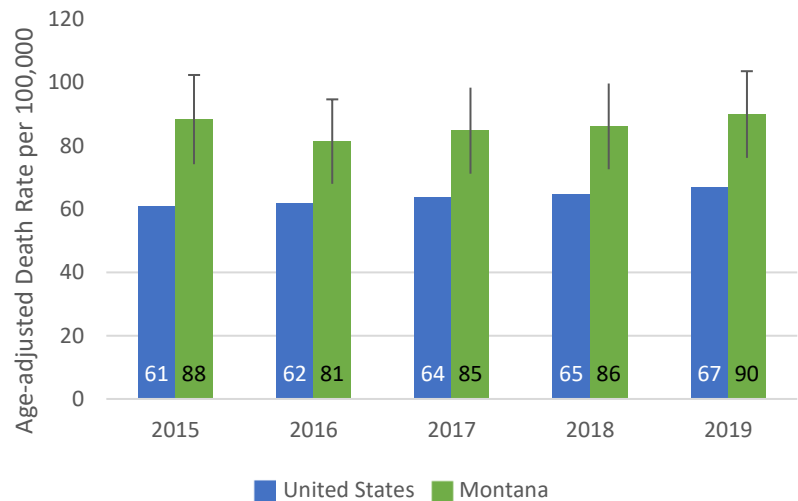


Table 1. Prevalence of Falls by Selected Demographic Groups, Montana, BRFSS 2020

Group	% (95 CI)
All Adults*	28.9 (27.3-30.6)
Sex	
Male	27.9 (25.6-30.3)
Female	29.9 (27.5-32.2)
Age	
45-54	27.3 (23.8-30.9)
55-64	28.4 (25.4-31.4)
65+	30.1 (27.8-32.4)
Race/Ethnicity	
White, non-Hispanic	29.1 (27.4-30.8)
AI/AN	35.8 (26.6-45.0)
Disability Status	
Not Disabled	22.1 (20.3-23.9)
Disabled	42.4 (39.3-45.5)
Urban/Rural†	
Small Metro	31.4 (28.8-34.1)
Micropolitan	29.6 (26.9-32.2)
Rural	39.0 (36.0-42.0)

*Age 45+ years

† Urban/Rural is based on county population sizes (Rural < 10,000, Micropolitan 10,000 to 50,000, Small Metropolitan 50,000 to 250,000)

Bold indicates groups with higher fall prevalence compared to all Montana adults

Table 2. Chronic Conditions Among Adults* Reporting At Least One Fall in the Last 12 Months, Montana, BRFSS 2020

Condition	% (95% CI)
Arthritis	49.9 (46.6-53.3)
Depression	28.6 (25.5-31.6)
Diabetes	18.8 (16.2-21.4)
Cardiovascular Disease	16.6 (14.1-19.0)
Current Asthma	13.1 (10.8-15.4)
Chronic Obstructive Pulmonary Disease (COPD)	12.5 (10.4-14.7)
Cancer (not including skin cancer)	12.3 (10.2-14.4)
Heart Attack	8.7 (6.8-10.5)
Coronary Artery Disease	7.2 (5.4-8.9)
Stroke	7.2 (5.4-8.9)
Kidney Disease	5.2 (3.7-6.6)

*Age 45+ years

Among Montanans who experienced a fall in the last year, half reported having arthritis and over a quarter reported having depression (Table 2).

Fall injuries may occur across all age groups, but injuries severe enough to require hospitalization occur more frequently among older age groups. Men and women were hospitalized for nonfatal fall-related injuries at similar rates for ages 45-74 years. For older age groups (75+ years) women were hospitalized at significantly higher rates than men (Figure 2).

Figure 2. Nonfatal Fall-related Hospitalizations for Adults by Age and Sex, Montana, 2020

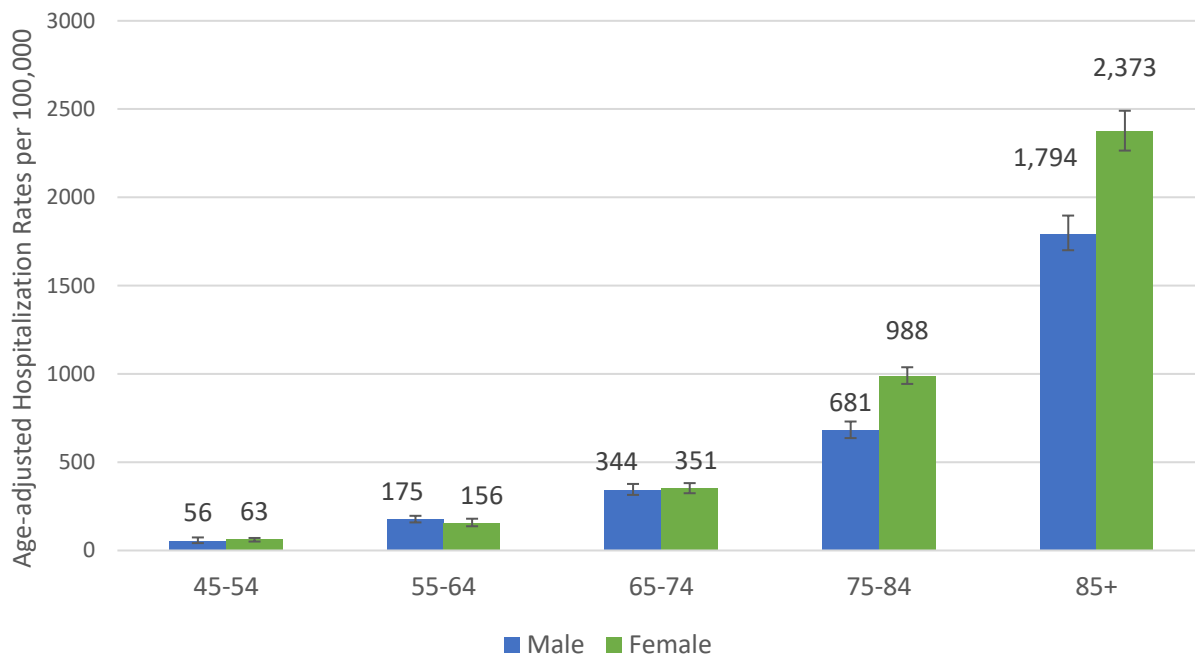




Table 3. Top Ten Traumatic Injury Diagnoses Among Adults* Who Fell, Montana Trauma Registry, 2020

Rank	Type of Injury
1	Hip Fracture
2	Traumatic Brain Injury
3	Superficial Head Injury
4	Chest Fracture
5	Open Head Wound
6	Lower Leg and Ankle Fracture
7	Shoulder and Upper Arm Fracture
8	Lumbar Spine Fracture
9	Superficial Shoulder and Upper Arm Injury
10	Upper Leg and Thigh Fracture

*Age 55+ years

- In 2020, there were 4,839 trauma encounters documented in the MTR, of which 2,624 (54%) were related to unintentional fall injuries.⁶
- Adults aged 55+ years accounted for 82% of unintentional fall injuries reported in the MTR.⁶
- 32% of unintentional fall-related traumas involved a hip fracture, and 22% involved a traumatic brain injury. Other common injuries incurred after a fall are seen in Table 3.

Falls do not need to be from a height to cause injury. The most common type of fall, representing 48% of falls in the MTR, are falls that occur on the same level due to slipping, tripping, and stumbling on ground level.⁶

Falls Prevention

Falling is *not* a normal part of aging. Falls can often be prevented.

Some things that can be done to keep yourself from falling include:

- **Talk to your doctor** to evaluate your risk for falling and review your medications to see if any might make you dizzy or sleepy. Some medications, such as anticoagulants, may put you at a higher risk for injury.
- **Do strength and balance exercises** that make your legs stronger and improve your balance.
- **Have your eyes checked** by an eye doctor at least once a year and be sure to update your eyeglasses as needed.
- **Make your home safer.** Be aware of and remove tripping hazards. Make sure your home has adequate light by adding more or brighter light bulbs. Consider adding grab bars inside and outside your tub or shower and next to the toilet.



Programs

The Montana Department of Public Health and Human Services (DPHHS) Falls Prevention Program is dedicated to reducing falls and fall related injuries among older Montana adults. The Falls Prevention Program currently supports two evidence-based falls prevention programs: Stepping On and Stay Active & Independent for Life (SAIL).

- **Stepping On:** 7-week falls prevention workshop designed to reduce the fear of falling by focusing on practical home modifications, reviewing medications, discussing vision health, using safe footwear, and practicing strength and balance exercises.
- **Stay Active & Independent for Life (SAIL):** 12-week community-based strength and balance fitness class designed for older adults (aged 65+). All the exercises can be done seated or standing to accommodate all fitness levels. Participants will receive a falls prevention guide. In addition, Fitness Checks are conducted to track general mobility, arm strength, and leg strength.

References

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