Summary Results

During 2005–2009, the ATR captured 3,356 cases of fall-related injury hospitalizations among persons aged ≥65 years; 2,029 (60%) were due to injuries in the home; 1,571 (47%) were due to a slip, trip, or stumble; 493 (24%) were due to a fall from one level to another; 1,302 (39%) were due to injuries classified as minor or moderate; 1,349 (42%) were due to injuries categorized as having an unspecified or unknown cause; 210 (6%) were suspected or proven to have been associated with alcohol; 20 (1%) were due to injuries among persons aged 15–24 years; 467 (14%) were due to a slip, trip, or stumble; 329 (10%) were diagnosed with multiple fractures; 247 (7%) were due to injuries among persons aged ≥65 years in Alaska; and 104 (3%) were skull fractures.

Discussion

The findings from this report indicate that during 2005–2009, Alaska’s fall-related injury hospitalizations among persons aged ≥65 years increased by nearly 25% compared to 2000–2004. Rates were highest among females, AI/AN people, and residents of the Northern region. Most hospitalization-associated falls occurred in the home, and nearly half of all falls were due to a slip, trip, or stumble. Over half of the hospitalizations were classified as serious or severe, and 5% of hospitalized persons died during their hospital stay.

The serious consequences of falls among older adults (e.g., TBI and hip fractures) can lead to loss of independence and early placement in assisted living facilities. These serious health consequences—coupled with the high socioeconomic costs associated with falls—underscore the need for implementing evidence-based prevention strategies. Such strategies focus on addressing modifiable fall risk factors pertaining to physical health, medications, and home hazards.