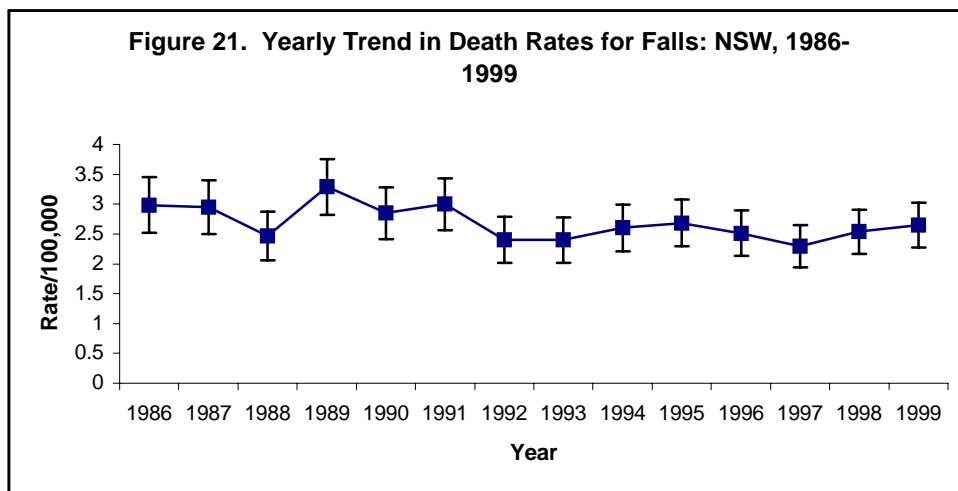


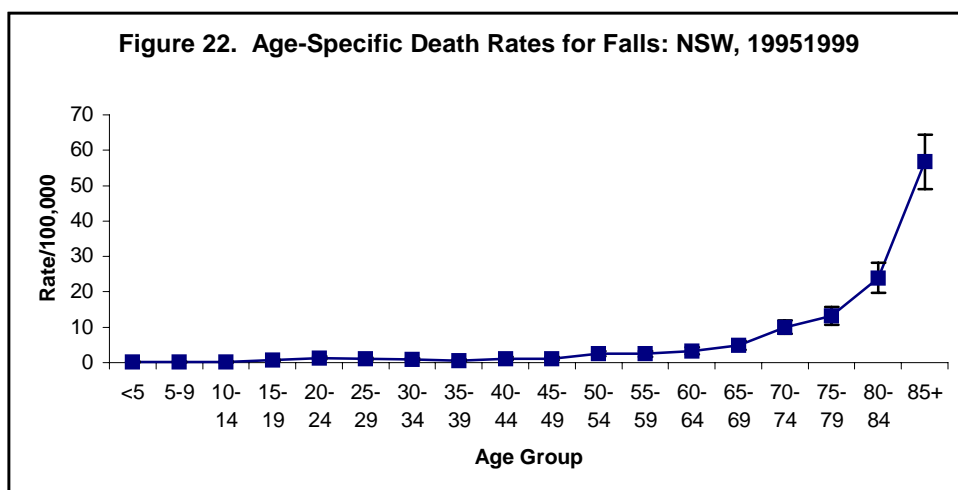
7.0 FALLS

7.1 Deaths due to Falls:

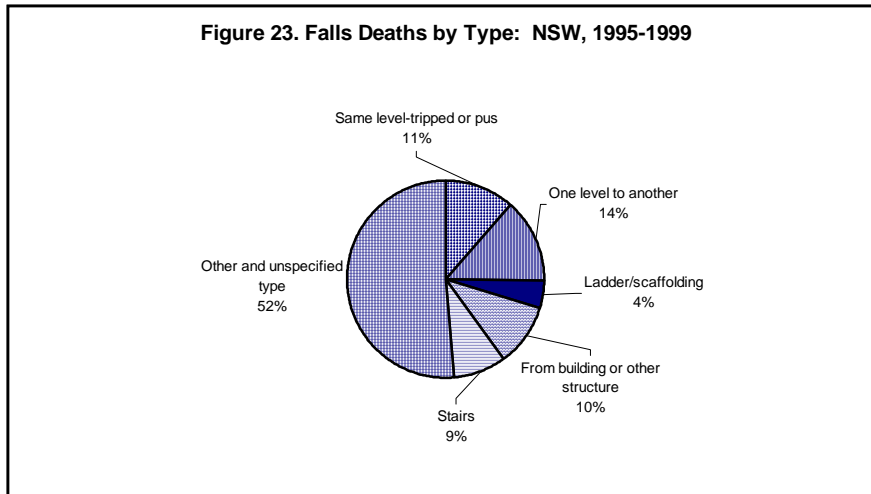
The falls death rate showed a statistically significant decrease between 1989 and 1997, but showed signs of increasing again from 1997 to 1999 (Figure 21). Between 1995 and 1999, 901 people died from falls, at a rate of 2.5 people /100,000 and 60 percent were male (Table 4).



Of the 901 falls deaths in NSW between 1995 and 1999, approximately 60 percent of these cases were 70 years of age and older. Figure 22 illustrates the age-specific death rates for all falls.



People 70 years and older were at greatest risk of dying from a fall-related injury between 1995 and 1999. Males were 1.2 times more likely than females to die as the result of a fall. The following chart shows the percentage of deaths for various types of falls.



Falling from one level to another (14%) or on the same level after tripping (11%) were the most common types of fall between 1995 and 1999, when circumstances surrounding the fall were known. In 52 percent of the deaths, the circumstances causing the fall were either another type of cause or an unspecified cause. Unspecified types of falls accounted for 45 percent of all falls, limiting the value of this analysis of the mechanism of fall injury.

Table 15. Number of Falls Deaths and Death Rates/100,000* by Type of Fall: NSW, 1995-1999

Injury Mechanism	Total Number	Rate /100,000	Number of Males	Male Rate /100,000	Number of Females	Female Rate /100,000
Other and unspecified type	463	1.2	218	1.5	245	1.1
One level to another	126	0.4	86	0.6	40	0.2
Same level-tripped or pushed	103	0.3	69	0.5	34	0.2
From building or other structure	91	0.3	79	0.5	12	0.1
Stairs	78	0.2	51	0.3	27	0.1
Ladder/scaffolding	40	0.1	38	0.2	2	0.0

*Death rates have been age-adjusted using the 1991 Australian census population

Table 15 shows the number of falls deaths and death rates by the type/circumstance of fall for all persons, males and females from 1995 to 1999. Deaths due to falls were more common in males than females for all types of falls. In particular, males accounted for almost all of the deaths caused by falling off a ladder or scaffolding and for the greater majority of falls from a building or other structure.

Table 16 shows falls deaths by age group and type of fall in NSW for 1995-1999. Three types of falls were ranked highest among all age groups- one level to another, from a building or other structure and other and unspecified type of fall. Deaths due to falls were very uncommon for children under 15 years of age. For 15 to 34 year olds, most falls were from one level to another, but for 25 to 34 year olds, falling from buildings or other structures accounted for nearly the same proportion of deaths in this age group. For over 45's, the largest group of falls were classified as other and unspecified, especially for those involving people over 65 years of age, where more than half of cases were classified as other and unspecified.

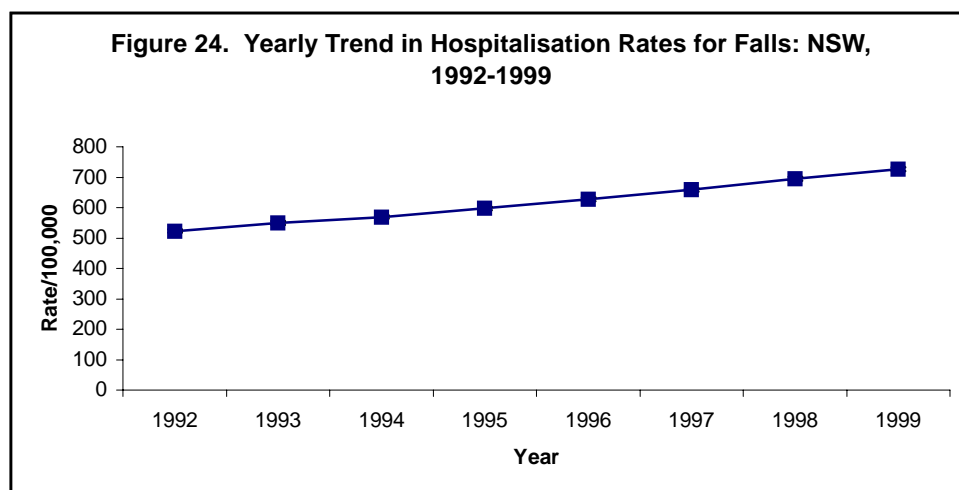
Table 16. Falls Deaths by Age Group and Type Of Fall: NSW, 1995-1999

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	One level to another #	From building or other structure #	One level to another #	One level to another #	One level to another 24	One level to another 21	From building/ other structure 11	Other and unspecified 24	Other and unspecified 28	Other and unspecified 394	Other and unspecified 463
2	From building or other structure #		Other and unspecified #	From building or other structure #	From building/other structure 13	From building/ other structure 18	Other and unspecified 8	From building/ other structure 15	Same level-tripped/ pushed 13	Same level-tripped/ pushed 68	One level to another 126
3					Same level-tripped/ pushed #	Other and unspecified 5	Stairs 8	Stairs 9	From building/ other structure 10	Stairs 51	Same level-tripped/ pushed 103
4					Other and unspecified #	Same level-tripped/ pushed #	Same level-tripped/ pushed 7	Same level-tripped/ pushed 9	One level to another 10	One level to another 50	From building/ other structure 91
5					Ladder/ scaffolding #	Ladder/ scaffolding #	One level to another 6	One level to another 9	Stairs 9	Ladder/ scaffolding 22	Stairs 78
6						Stairs #	Ladder/ scaffolding #	Ladder/ scaffolding 6	Ladder/ scaffolding 8	From building/ other structure 19	Ladder/ scaffolding 40

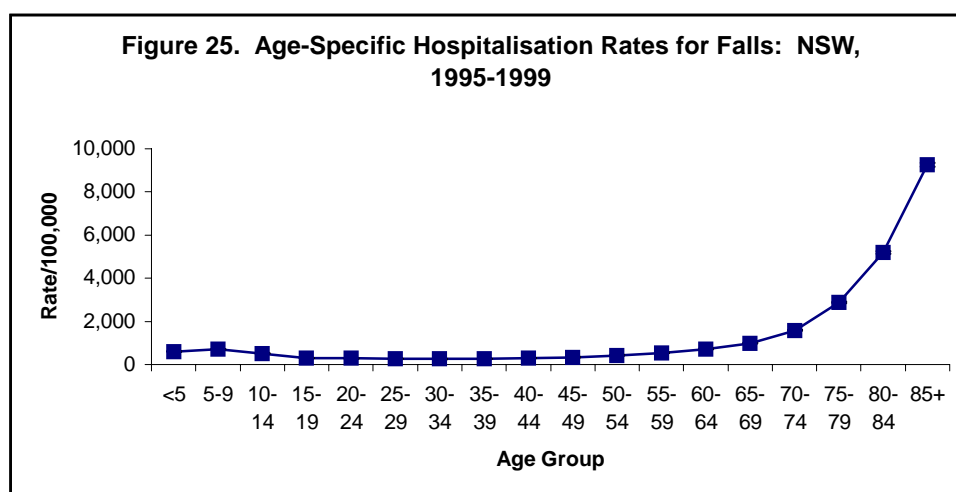
Cell size less than five cases

7.2 Hospitalisations due to Falls:

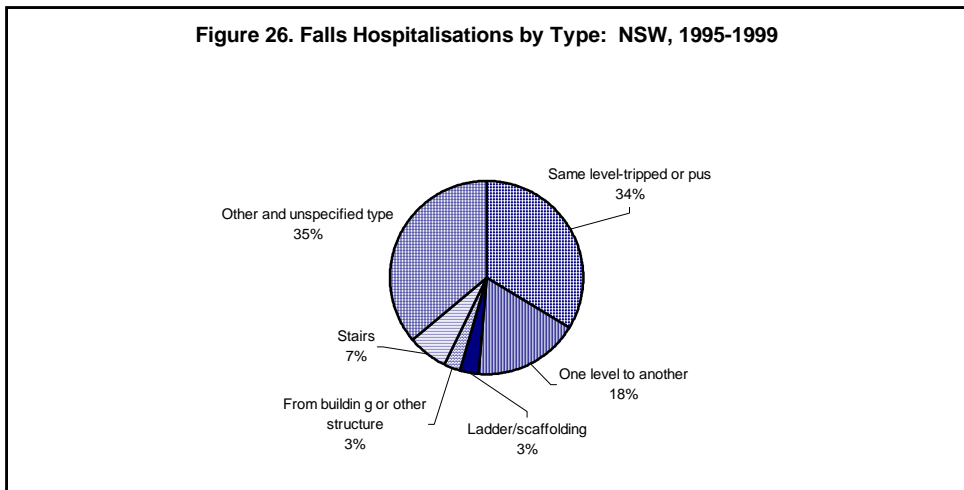
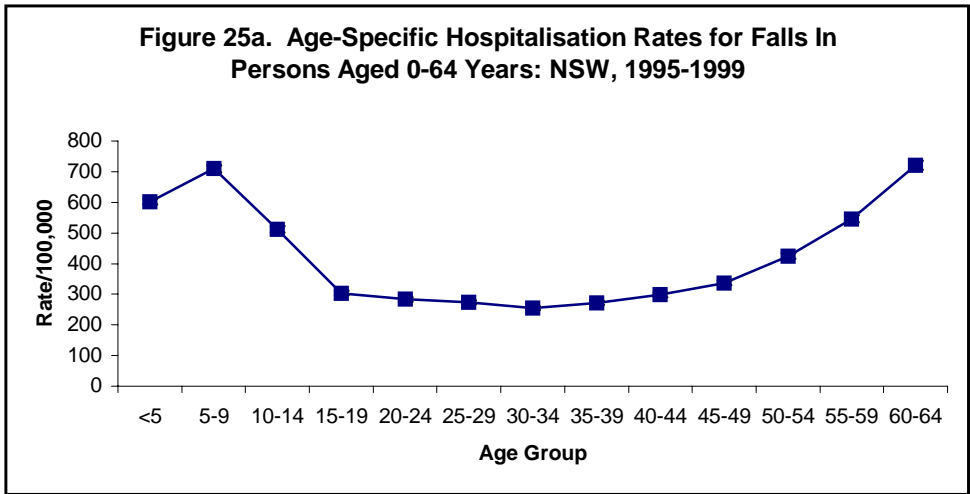
The falls hospitalisation rate showed a steady and statistically significant increase between 1992 and 1999 (Figure 24). Between 1995 and 1999, 224,141 people were hospitalised for falls injuries, at a rate of 661.7 people /100,000 and 56 percent were female (Table 6).



Of the 224,141 falls hospitalisations in NSW between 1995 and 1999, approximately 50 percent of these cases were 65 years of age and older. Figure 25 illustrates the age-specific hospitalisation rates for all falls.



People 70 years and older were at greatest risk of being hospitalised for a fall-related injury between 1995 and 1999. Males and females were hospitalised for falls at equivalent rates. As the fall hospitalisation rates for over 70 year olds were so markedly higher than those for younger age groups, the figure was redrawn to display only the 0 to 64 age groups. As seen in Figure 25a, children under the age of 15 were hospitalised at more than double the rate of people aged 15 to 50 years. The falls hospitalisation rates began to increase again after 50 to 55 years of age, but the rates never reached those seen for under ten year olds.



The following chart shows the percentage of hospitalisations for various types of falls.

Falls on the same level after tripping or being pushed (34%) were the most common type of fall resulting in hospitalisation followed by 18 percent who fell from one level to another. More than one-third of all falls hospitalisation cases were classified as either another type of fall or as unspecified. Further analysis showed that 33 percent of all falls hospitalisation cases were coded as unspecified falls.

Table 17. Number of Falls Hospitalisations and Hospitalisation Death Rates/100,000* by Type of Fall: NSW, 1995-1999

Injury Mechanism	Total Number	Rate /100,000	Number of Males	Male Rate /100,000	Number of Females	Female Rate /100,000
Other and unspecified type	80,908	232.0	31,662	210.3	49,246	239.4
Same level-tripped or pushed	75,500	220.1	28,592	190.2	46,908	235.4
One level to another	39,794	124.2	21,233	139.1	18,561	107.0
Stairs	14,739	43.9	5,896	38.4	8,843	48.0
Ladder/scaffolding	6,663	20.2	5,471	34.1	1,192	6.9
From building or other structure	6,537	21.2	5,085	32.9	1,452	9.5

* Hospitalisation rates have been age-adjusted using the 1991 Australian census population

Table 17 shows the number of falls hospitalisations and hospitalisation rates by the type/circumstance of fall for all persons, males and females from 1995 to 1999. Both males and females were hospitalised most often for falls caused by tripping on the same level. Females accounted for 62 percent of this type of hospitalised fall. Females also accounted for nearly 60 percent of falls involving stairs. In contrast, males accounted for around five times the number of falls from ladders or scaffolding or from buildings compared to females.

Table 18 shows falls hospitalisations by age group and type of fall in NSW for 1995-1999. Three types of falls were ranked highest among all age groups- one level to another, same level after tripping or being pushed and other and unspecified type of fall. Children under nine years of age clearly were hospitalised most often after a fall from one level to another. For all age groups from fifteen years of age onwards, the most common falls hospitalisations were for same level trip or pushed or other and unspecified in fairly similar proportions. For 10 to 14 year olds, hospitalisations for falls were mainly for same level tripped or pushed, falls from on level to another or other and unspecified in roughly equal proportions.

Table 18. Falls Hospitalisations by Age Group and Type Of Fall: NSW, 1995-1999

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	Total
1	One level to another 975	One level to another 6,233	One level to another 9,004	Same level-tripped or pushed 3,744	Same level-tripped or pushed 4,971	Same level-tripped or pushed 4,269	Other and unspecified 4,553	Other and unspecified 5,057	Same level-tripped or pushed 6,144	Other and unspecified 49,530	Other and unspecified 80,908
2	Other and unspecified 307	Other and unspecified 1,951	Same level-tripped or pushed 2,723	One level to another 3,462	Other and unspecified 3,853	Other and unspecified 3,986	Same level-tripped or pushed 4,027	Same level-tripped or pushed 4,621	Other and unspecified 5,941	Same level-tripped or pushed 43,153	Same level-tripped or pushed 75,500
3	Stairs 199	Same level-tripped or pushed 1,753	Other and unspecified 2,676	Other and unspecified 3,054	One level to another 1,919	One level to another 1,656	One level to another 1,767	One level to another 1,868	One level to another 1,871	One level to another 11,039	One level to another 39,794
4	Same level-tripped or pushed 95	From building or other structure 835	From building or other structure 784	From building or other structure 481	From building or other structure 985	Stairs 1,118	Stairs 1,354	Stairs 1,508	Stairs 1,537	Stairs 6,686	Stairs 14,739
5	From building or other structure 18	Stairs 718	Stairs 358	Stairs 340	Stairs 921	From building or other structure 1,010	Ladder/scaffolding 1,129	Ladder/scaffolding 1,403	Ladder/scaffolding 1,256	Ladder/scaffolding 1,656	Ladder/scaffolding 6,663
6		Ladder/scaffolding 82	Ladder/scaffolding 83	Ladder/scaffolding 47	Ladder/scaffolding 321	Ladder/scaffolding 684	From building or other structure 842	From building or other structure 682	From building or other structure 410	From building or other structure 490	From building or other structure 6,537

Cell size less than five cases

7.3 Summary

Death rates for falls show some indication of increasing since 1997, but hospitalisations have definitely been increasing steadily since 1992. Overwhelmingly, falls deaths and hospitalisations involve people over the age of 65 to 70 years. A comparatively much smaller peak in death rates is shown by 20 to 39 year olds probably due to workplace injury. Hospitalisation rates for falls were also elevated for children under 15 years of age, although the rates were much lower than for over 65 year olds. For people over 15 years of age, falls from a building or other structure accounted for a larger proportion of fall-related deaths than hospitalisations, whereas falls on the same level caused a considerably higher proportion of hospitalisations. These differences most likely reflect severity of injury from these causes. For under 15 year olds, deaths due to falls were relatively uncommon but significant numbers of children were hospitalised for falls. For under ten year olds, this was mainly due to falls from one level to another, whereas 10 to 14 year olds hospitalised falls mainly occurred due to falls on the same level, beubg pushed and falls from one level to another.

Unlike some other types of injury, females were more likely to be hospitalised for some types of falls, especially falls on the same level and falls on stairs. This was not so, however for fall-related deaths where males were more likely to be involved for all fall types. The analysis of fall-related injury is considerably hampered by coding problems since for around half of fall-related deaths and over one-third of hospitalisations the type of fall was unspecified. This is a problem that needs further attention.