

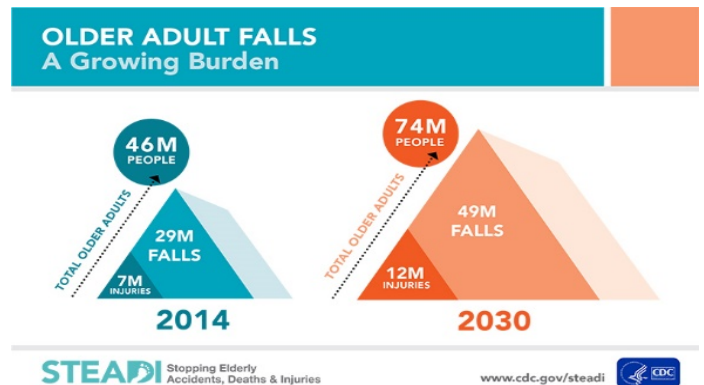


National Council on Aging

Address a Significant Public Health Issue: Fund Evidence-based Falls Prevention Programs

THE PROBLEM: Every 11 seconds an older adult is injured by a fall. Every 19 minutes an older adult dies from a fall. Falls are the number one cause of injury and death from injury among older adults. **Falls are common, costly, and often preventable.** They impair physical functioning and quality of life, and often result in physical decline, depression, and social isolation. Since the older adult population is projected to increase by 55% between 2015 and 2030, projected fall rates and health care spending will also soar.

THE COSTS: Serious injuries occur in one in five falls. More than 95% of hip fractures are caused by falls. Falls are the most common cause of traumatic brain injuries (TBIs), resulting in nearly 80% of TBI-related emergency department visits, hospitalizations, and deaths in adults aged 65 and older. The annual direct medical **cost for fall injuries is \$50 billion**, up from \$38 billion in 2013. Falls account for about 6% of Medicare expenses and 8% of Medicaid expenses, or \$29 billion in Medicare spending and \$8.7 billion in Medicaid spending. The cost of treating falls is projected to increase to over \$101 billion by 2030.



THE SOLUTION: Allocate at least **\$10 million** for older adult falls prevention funding to ACL, with a **CDS appropriation of at least \$4 million**. Evidence-based fall prevention programs offer cost-effective interventions that reduce falls and/or reduce or eliminate risk factors, promote behavior change, and leverage community networks to link clinical treatment and community services. The potential for reducing falls and averting the associated direct medical costs is striking. **The CDC estimates that between 9,562 and 45,164 medically treated falls could be prevented annually.** The associated annual Medicare savings range from \$94 million to \$442 million.

EVIDENCE-BASED COMMUNITY FALLS PREVENTION PROGRAMS: SAVING LIVES, SAVING DOLLARS



A Matter of Balance

8-session workshop to reduce fear of falling and increase activity among older adults in the community

- 97% of participants feel more comfortable talking about their fear of falling
- 99% of participants plan to continue exercising
- \$938 savings in unplanned medical costs per Medicare beneficiary



Otago Exercise Program

Individual program of muscle strengthening and balance exercises prescribed by a physical therapist for frail older adults living at home (aged 80+)

- 35% reduction in falls rate
- \$429 net benefit per participant*
- 127% ROI**



Stepping On

7-week program that offers older adults living in the community proven strategies to reduce falls and increase self-confidence

- 30% reduction in falls rate
- \$134 net benefit per participant
- 64% ROI



Tai Chi: Moving for Better Balance***

Balance and gait training program of controlled movements for older adults and people with balance disorders

- 55% reduction in falls rate
- \$530 net benefit per participant
- 509% ROI

FUNDING HISTORY: Over the past several years, the Falls Free[®] Coalition, comprised of over 70 national organizations and professional associations, has collaborated to address this growing public health issue. In addition to the national coalition, 43 states have coalesced around the issue due to their aging populations and increasing costs associated with older adult falls. However, the lack of resources needed to make evidence-based falls prevention programs more accessible in communities and available for primary care referral to augment clinical care has created major barriers to addressing the problem. Preventable falls and related injuries are increasing costs to Medicare, Medicaid, and families, and contributing to a significant decline in the quality of life for millions of older Americans. Additional investment to implement and sustain evidence-based community programs is needed.

Administration for Community Living Activity

- The Administration for Community Living (ACL) has leveraged the CDC investment in provider training and program translation to improve access to evidence-based programs in local communities to prevent falls among older adults. These much-needed funds will expand access for seniors to attend programs that will reduce falls and fall risk factors, including fear of falling, and reduce emergency room, hospital and rehabilitation visits.
- The first Prevention and Public Health Fund (PPHF) allocation of \$5 million was made in FY14 and has not increased since then. Since FY14, 48 grants have been awarded to public agencies, private nonprofit entities and tribal organizations in 30 states. These efforts have resulted in over 88,000 older adults participating in an evidence-based falls prevention program.
- FY20 funding would continue the effort to increase access to evidence-based falls prevention nationwide.

Centers for Disease Control and Prevention Activity

- The falls prevention investment at the Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control dates back to the bipartisan, bicameral Safety of Seniors Act of 2008..
- The FY19 appropriation was \$2.05 million.
- CDC scientists are key to integrating public health strategies into clinical settings by applying evidence-based fall prevention within the healthcare realm. Tools and resources from CDC's STEADI Initiative are used by providers to embed fall prevention as an integral part of clinical practice by screening patients at risk for a fall, identifying modifiable risk factors, and referring to clinical and community-based interventions proven to reduce falls, including community-based fall prevention programs such as those supported by ACL grants.

The Falls Free[®] Coalition urges Congress to:

1. **Allocate at least \$10 million for older adult falls prevention funding to ACL.** We can no longer afford to spend over \$50B annually to treat the results of falls when evidence-based programs have been designed to prevent them. Sufficient federal investments must be made to make these cost-effective programs available to older Americans at risk.
2. **Ensure the appropriation for CDC is at least \$4 million.** As the incidence and cost of falls continue to rise, the federal government should make additional investments to expand the engagement of providers in both clinical and community settings to ensure all members of older adults' health care teams have the tools and resources to provide access to clinical and community programs and strategies.



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