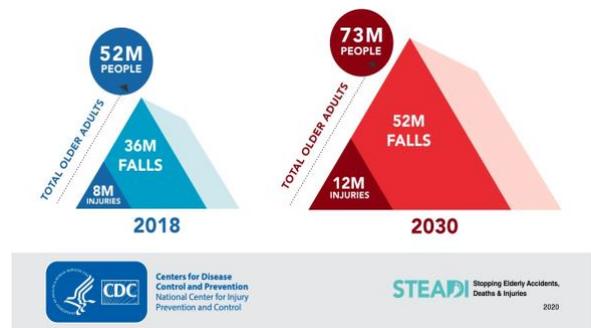


# Address a Significant Public Health Issue: Fund Evidence-based Falls Prevention Programs

**THE PROBLEM:** Each year, more than 1 in 4 adults age 65 and older fall, resulting in 3 million admissions to the emergency department for fall injuries, with over 950,000 older adults hospitalized due to a fall injury. 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% by 2060, 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. Falls account for about \$29 billion in Medicare spending and \$9 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 CDC 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 implementing just one evidence-based program could prevent between 25,000 and 120,000 falls and avert upwards of \$423 million in medical costs. Implementing more than one program could result in an even greater cost savings.



## Evidence-based Community Falls Prevention Programs: Saving Lives, Saving Dollars



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



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\*\*



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



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

- 55% fewer falls & 75% fewer injurious falls
- 67% fewer falls for people with Parkinson's disease
- \$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, 69 grants have been awarded to public agencies, private nonprofit entities and tribal organizations in 31 states. These efforts have resulted in over 127,000 older adults participating in an evidence-based falls prevention program.

### CENTERS FOR DISEASE CONTROL AND PREVENTION ACTIVITY

- The Centers for Disease Control and Prevention's (CDC) falls prevention work dates back to the bipartisan, bicameral Safety of Seniors Act of 2008. The appropriation has remained at about \$2 million since first awarded in 2010.
- With these funds, CDC reports on the latest fall risk and protective factors; conducts research to develop, implement and evaluate the most effective clinical approaches to fall prevention; and develops and disseminates clinical tools and resources to help healthcare providers conduct fall prevention. The CDC's Stopping Elderly Accidents Deaths and Injuries or STEADI tools and resources have encouraged providers across the US to screen, assess, and intervene to reduce their older patient's fall risk by recommending clinical and community-based interventions, including 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 \$50 billion 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 widely available to older Americans at risk across the nation.
2. **Ensure the appropriation for CDC is at least \$4 million.** CDC is working with healthcare systems and providers to encourage them to screen, assess and intervene to reduce fall risk among their older patients. They are also working to educate Americans on how they can take simple steps to prevent injuries as they age. Additional investments would 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.