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Issue Brief: Funding for Older Adult Falls Prevention

The nation is spending **\$50 billion annually** on direct medical costs arising from falls among older adults. This Issue Brief outlines the problem and presents research on significant returns on investment and reductions attained through evidence-based falls prevention programs. The National Council on Aging (NCOA) calls for **at least \$7.1 million for older adult falls prevention.**

One of the greatest financial challenges facing our nation is the rising cost of health care services. **Significant progress can be made in decreasing these health costs by reducing injurious falls among older Americans.**

FACTS

Falls are Widespread and Often Fatal:

- Each year, one in four Americans aged 65 and over falls. Nearly a quarter fell 3 or more times in the past year.
- Every 19 minutes, an older adult dies from a fall; every 11 seconds an older adult is treated in an emergency room for a fall-related injury.
- Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over.
- In 2016, over 3 million nonfatal fall injuries among older adults were treated in emergency departments with nearly 870,000 of these hospitalized.
- Serious injuries such as broken bones and head injuries occur in one in five falls. More than 95% of hip fractures are caused by falls, and up to 20% of hip fracture patients die within one year. 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.
- Falls are the leading cause of injury death among seniors.
- In 2016, over 29,000 older adults died from falls. The rate of death from falls increased 31% since 2007.
- With the continued growth in the older adult population, we can expect 49 million falls and 12 million fall injuries in 2030.

Falls are Expensive:

- The annual direct medical cost for fall injuries is \$50 billion, 75% of which is paid for Medicare and Medicaid.
- A February 2014 study published in the *Journal of Trauma and Acute Care Surgery* found that falls among older adults presaged a high risk of subsequent hospital readmissions.
- On average, the hospitalization cost for a fall injury is over \$30,000.
- Most fractures among older adults are caused by falls. They are the most common and most costly type of nonfatal injuries, accounting for 61% of the cost of nonfatal fall injuries, or \$18.8 billion.
- The average cost of a fall-related hip fracture injury in 2006 was \$37,000. Each year, there are over 300,000 hip fractures. One in four of those suffering a hip fracture will stay in a nursing home for at least a year.

Falls are Preventable:

Evidence-based fall prevention programs offer cost-effective interventions by reducing or eliminating risk factors, offering treatments that promote behavior change, and leveraging community networks to link clinical treatment and community services. Randomized controlled trials of several community-based programs have clearly demonstrated a reduction in falls: When compared with controls, the Tai Chi: Moving for Better Balance intervention reduced falls by 55%; the Stepping On program reduced falls by 30%; and the Otago Exercise Program reduced falls by 35%.

Falls Prevention is Cost-Effective:

- A 2013 CMS *Evaluation of Community-based Wellness and Prevention Programs* analysis found that participation in the Matter of Balance (MOB) falls prevention program was associated with a **\$938 decrease in total medical costs per year**. This finding was driven by a \$517 reduction in unplanned hospitalization costs, a \$234 reduction in skilled nursing facility costs, and an \$81 reduction in home health costs.

- A *Journal of Safety Research* report from the Centers for Disease Control and Prevention (CDC) found:
 - *The Stepping On Program* had an average cost per participant of \$211.38, an average expected benefit of \$345.75, and a **return on investment (ROI) of 64%** for each dollar invested.
 - *The Otago Exercise Program* had an average cost per participant of \$339.15, an average expected benefit of \$768.33 for participants over age 80, and an **ROI of 127%** for each dollar invested.
 - *The Tai Chi: Moving for Better Balance Program* had an average cost per participant of \$104.02, an average expected benefit of \$633.90, and an **ROI of 509%** for each dollar invested.

ACL Activity

- The Administration for Community Living (ACL) is leveraging 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 identify and ameliorate risks and reduce emergency room, hospital and rehab visits.
- The first PPHF allocation of \$5 million was made in FY14, and additional \$5 million allocations were made in FY15 - FY18.
- FY19 funding would continue the effort to improve access to evidence-based falls prevention nationwide. To date, 39 grants have been awarded to public and private nonprofit entities in 21 states, and 8 grants have been awarded to tribal organizations.

CDC Activity

- The falls prevention investment at the CDC National Center for Injury Prevention and Control dates back to the Safety of Seniors Act of 2008, whose lead sponsors were Sens. Mikulski (D-MD) and Enzi (R-WY) and Reps. Pallone (D-NJ) and Hall (R-TX).
- The FY18 appropriation was \$2.05 million.
- CDC scientists are key to integrating public health strategies into the clinical space by applying evidence-based fall prevention within the healthcare realm. Tools and resources from CDC's STEADI Initiative are used by providers to imbed fall prevention as an integral part of clinical practice, which includes referring patients to community-based fall prevention programs such as those supported by ACL grants.

FY19 Request

Over the past several years, the Falls Free® Coalition, comprised of 70 national organizations and professional associations, has collaborated to address this growing public health issue. In addition to the national coalition, 43 states are coalescing 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 the lives of millions of older Americans. Additional investment in the dissemination of sustainable evidence-based interventions is desperately needed.

The Falls Free® Coalition urges Congress to:

- **Allocate at least \$5 million for older adult falls prevention funding from the PPHF to ACL.** We can no longer afford to spend over \$37 billion annually to treat the results of falls when evidence-based programs have been designed to prevent them. Sufficient federal investments have not been made to make these important, cost-effective programs available to older Americans at risk.
- **Ensure the appropriation for CDC is at least \$2.05 million.** As the incidence and cost of falls continues to rise exponentially, the federal government should be making 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 evidence-based fall prevention.