



Every 29 minutes, an older adult dies from a fall; every 15 seconds an older adult is treated in an ED for a fall-related injury

Issue Brief: Funding for Elder Falls Prevention

Currently, the nation spends more than **\$30 billion annually** on direct medical costs arising from elder falls. This Issue Brief outlines the problem, current research and activities, and calls for **providing \$10 million for elder falls prevention from the Prevention and Public Health Fund (PPHF) in FY 2015, as the Senate Appropriations Committee recommended in each of the past three years.**

CDC reports the death rate from falls among older adults has risen sharply over the past decade. Each year, one in three Americans aged 65 and over falls. In 2012, over 2.4 million nonfatal fall injuries among older adults were treated in emergency departments with more than 722,000 of these hospitalized. Falls are the most common cause of traumatic brain injuries, which account for 50% of fatal falls and 8% percent of nonfatal fall-related hospitalizations of seniors.

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 if we can reduce injurious falls among older Americans.**

Facts About Falls

- ***Widespread:*** Falls are the **leading** cause of both fatal and nonfatal injuries for those 65 and over, and as baby boomers join the ranks of 65+, the number of injuries and deaths are escalating. The chances of falling and of being seriously injured in a fall increase with age.
- ***Often Fatal:*** Over the past 10 years, death rates due to falls have risen sharply. Among older adults, falls are the leading cause of injury death. Currently, over **21,700 older adults die** from falls each year. Up to 20% of hip fracture patients die within one year.
- ***Very Expensive:*** **In 2011, \$36.4 billion in direct medical costs was spent** treating older adults for the effects of falls, with 78% of these costs reimbursed by Medicare. Medicare costs in the first year after a fall averaged between \$12,150 and \$18,009. If we cannot stem the rate of increase in falls, it is projected that **the cost in 2020 would be \$61.6 billion, including Medicare costs estimated at about \$48 billion.**
 - A February 2014 study published in the *Journal of Trauma and Acute Care Surgery* found that ground level falls among older adults presaged a high risk of subsequent hospital readmissions.
 - In a study of people age 72 and older, the average health care cost of a fall injury totaled \$19,440.
 - 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 \$17 billion.
 - The average cost of a fall related hip fracture injury in 2006 was \$37,000. In 2010, there were 258,000 hip fractures and the rate for women was almost three times the rate for men. One in four of those suffering a hip fracture will need to stay in a nursing home for at least a year, with most of these significant costs typically paid by Medicaid.
- ***Often Preventable:*** Evidence-based fall prevention programs offer promising directions for simple, cost-effective interventions through eliminating known risk factors, offering treatments that promote behavior change, and leveraging community networks to link clinical treatment and social services. These programs include comprehensive clinical assessments, physical therapy and community exercise programs. Integrated models linking the clinical intervention with community programs and services are being piloted and show promise. 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% when delivered to adults 80 years of age and older.
- ***Prevention is Cost Effective:*** In the November 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 total medical cost savings, and cost savings in the unplanned inpatient, skilled nursing facility (SNF), and home health (HH) settings. The MOB program was associated with a **\$938 annual decrease in medical costs per participant**. This finding was driven by a \$517 reduction in unplanned hospitalization costs, a \$234 reduction in SNF costs, and an \$81 reduction in HH costs.

In an unpublished CDC study, costs and benefits of delivering three evidence-based falls prevention programs were calculated. Expected savings from averting direct medical costs were estimated based on the published cost of a fall injury, taking into account the probability of falling and a subsequent injury. All interventions showed a positive return on investment or anticipated savings that result from implementing falls prevention programs. The program Tai Chi: Moving for Better Balance demonstrated that **for every \$1 invested in the program there is a \$1.60 saved in direct medical costs**.

CDC and ACL Activity on Seniors Falls Prevention

CDC has historically been the lead federal agency for injury prevention and control. Its national injury control program is carried out through the National Center for Injury Prevention and Control (NCIPC). Authorized by 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), \$1.9 million was appropriated in FY14 for NCIPC to continue to assist state and local health agencies to adopt tested models of dissemination linking health assessment and referral to evidence-based falls prevention programs.

For FY14, the Administration for Community Living (ACL) will receive \$5 million from the PPHF to leverage the CDC investment in provider training and program translation to improve access to evidence-based programs in local communities to prevent elder falls. These much-needed funds will expand the help available to seniors to attend programs that will reduce hospital and emergency room visits, and identify and ameliorate risks.

Increased funding is requested for FY15 to address key objectives developed by a national fall prevention expert panel:

- Disseminate fall prevention tools to support the use of effective community programs.
- Test and disseminate fall prevention tools to support physician, assessment, treatment and referral.
- Better integrate health care, aging service, and state/local health department activities in the delivery of fall prevention services in collaboration with the aging network.
- Develop and promote public education programs to raise awareness about falls and what individuals, families, professionals, non-profit organizations, and the private sector can do to reduce them.

Budget 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 population and increasing costs associated with elder falls. But the lack of resources needed to make evidence-based programs more accessible 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 Senate Appropriations Committee agreed in each of the past three years to allocate \$10 million for elder falls prevention in the PPHF – \$3 million for CDC and \$7 million for ACL. The final FY14 appropriation package included \$5 million for ACL.

The Falls Free® Coalition urges Congress to **allocate \$10 million for elder falls prevention funding from the PPHF for FY15, consistent with the Senate Appropriations Committee proposals in each of the last three years**. We can no longer afford to spend over \$30 billion to treat the results of falls when evidence-based programs have been designed to prevent them, but sufficient federal investments have not been made to make these important, cost effective programs available to older Americans at risk.

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