Every 19 minutes, an older adult dies from a fall; every 11 seconds an older adult is treated in an emergency department for a fall-related injury.

Issue Brief: Funding for Older Adult Falls Prevention

The nation is spending over $34 billion annually on direct medical costs arising from falls among older adults. This Issue Brief outlines the problem, presents research on significant returns on investment and reductions in falls among prevention interventions. NCOA calls for providing $10 million for older adult falls prevention from the Prevention and Public Health Fund (PPHF) in FY 2017.

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:
- Each year, one in three Americans aged 65 and over falls.
- 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.
- In 2014, 2.8 million nonfatal fall injuries among older adults were treated in emergency departments with more than 812,000 of these hospitalized.
- Falls are the most common cause of traumatic brain injuries, which account for 46% of fatal falls and 8% percent of nonfatal fall-related hospitalizations of seniors.

Falls are Often Fatal:
- Falls are the leading cause of injury death among older adults. Death rates have risen sharply over the past decade.
- In 2014, about 27,000 older adults died from falls. Up to 20% of hip fracture patients die within one year.

Falls are Expensive:
- In 2013, $34 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 $14,306 and $21,270 in 2013. If we cannot stem the rate of increase in falls, it is projected that the cost in 2020 would be $67.7 billion, including Medicare costs estimated at about $52 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.
- On average, the hospitalization cost for a fall injury is over $35,000.
- 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 258,000 hip fractures and the rate for women is almost twice times the rate for men. One in four of those suffering a hip fracture will stay in a nursing home for at least a year, with most of these costs paid by Medicaid.

Falls are Preventable:
Evidence-based fall prevention programs offer promising directions for simple, cost-effective interventions by reducing or 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-based falls prevention 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%.
Falls Prevention is Cost-Effective:

A Journal of Safety Research Special Report from the Centers for Disease Control (CDC) titled: “A cost-benefit analysis of three older adult fall prevention interventions” found that:

- **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 a return on investment (ROI) of **127%** for each dollar invested for this group.
- **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.
- **The Stepping On Program** had an average cost per participant of $211.38, an average expected benefit of $345.75, and an ROI of **64%** for each dollar invested.

In the November 2013 Center for Medicare and Medicaid Services (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. MOB participation 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 SNF costs, and an $81 reduction in HH costs.

**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 and FY16.
- FY17 funding would continue the effort to improve access to evidence-based falls prevention nationwide. To date, 17 grants have been awarded to public and private nonprofit entities in 16 states, and 4 grants have been awarded to tribal organizations.

**CDC Activity**

- The CDC National Center for Injury Prevention and Control (NCIPC) has historically been the lead federal agency for older adult falls prevention, 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).
- The FY16 appropriation was $2.05 million.
- FY17 funding would be used for STEADI (Stopping Elderly Accidents, Deaths and Injuries) Step Two, which would improve patient care by expanding efforts to educate all members of the health care team, including pharmacists; assess healthcare providers’ fall prevention screening, and follow-up; and evaluate the impact of STEADI on the medical cost burden of falls.

**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 populations and increasing costs associated with older adult falls. However, the lack of resources needed to make evidence-based falls prevention programs more accessible 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 **$10 million for older adult falls prevention funding from the PPHF for FY17**, consistent with FY12-14 Senate Appropriations Committee proposals. We can no longer afford to spend over $34 billion 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.