Community-based programs that help older adults improve their health and strengthen their economic security enable seniors to maintain their independence and remain in their own homes and communities. Investments in these initiatives save taxpayers’ dollars by reducing expenditures for mandatory programs such as Medicare and Medicaid. **NCOA priority programs for FY 2020 investments include:** (1) Older Americans Act programs; (2) Falls Prevention; (3) Chronic Disease Self-Management Education; (4) the Senior Community Service Employment Program; and (5) the Medicare State Health Insurance Assistance Program.

**Older Americans Act (OAA) programs** – The OAA helps seniors preserve and improve their health and economic security through a wide range of services and programs, including: supportive services, home-delivered and congregate nutrition, senior center support, health promotion and disease prevention, benefits access, family caregiver support, job training and placement, and elder rights protections. OAA investments save Medicare and Medicaid dollars by reducing hospital and emergency room visits and premature nursing home placement, averting malnutrition, and controlling chronic health conditions. OAA funding over the past decade has been cut or kept static, resulting in growing waiting lists and preventing local communities from keeping up with inflation and the rapidly increasing numbers and diversity of older adults. **A 23% funding increase is needed to simply restore the service capacity that has been lost since FY 2010, and a 12% increase for FY20 would be an important first step.** House appropriators have approved increases for most OAA programs for FY20, but Title III-D health promotion and disease prevention is level funded.

**Falls Prevention** – Falls among Americans over age 65 are widespread, very expensive, and often preventable. Each year, over one in four Americans aged 65 and over falls. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. Over 3 million nonfatal fall injuries were treated in emergency departments resulting in nearly 870,000 hospitalizations. One out of every five falls results in serious injuries such as broken bones and traumatic brain injuries. The nation is spending $50 billion on fall injuries annually, 75% of which is paid for by Medicare and Medicaid.

Evidence-based falls prevention programs offer cost-effective interventions by reducing or eliminating risk factors, offering treatments that promote behavior change and self-efficacy, and leveraging community networks to link clinical treatment and community services. These programs have been shown to reduce the incidence of falls by as much as 55%, and produce a return on investment of as much as 509%. Prevention and Public Health (PPHF) allocations to the Administration for Community Living (ACL) have remained at $5 million since FY14, and currently support grants in 30 states. House appropriators have approved level funding. **An increased investment to $10 million would expand access to an additional 10 to 12 states to embed these cost-effective programs into community organizations’ efforts to reduce the incidence of this preventable health concern among older adults.**

The Centers for Disease Control (CDC) National Center for Injury Prevention and Control (NCIPC) falls prevention efforts are focused on evaluating and promoting evidence-based clinical approaches. Recently, CDC has sought to improve patient care by expanding efforts to educate all members of the health care team, including pharmacists,
and evaluate the impact of clinical tools and interventions on the medical cost burden of falls. House appropriators have approved increasing funding to $3.1 million, an increase of $1 million. An increase to $4.1 million would allow NCIPC to partner with health systems, Medicare Advantage programs, and other health entities to incorporate Stopping Elderly Accidents, Deaths, and Injuries (STEADI) into outpatient care and discharge planning, resulting in reducing the incidence of falls and fostering replication of these practices.

**Chronic Disease Self-Management Education (CDSME)** – Older Americans are disproportionately affected by chronic conditions, which account for nearly 90% of all health expenditures. About 80% of older adults have at least one chronic disease and two-thirds have two or more. Data show that as an individual’s number of chronic conditions increases, there is a corresponding escalation in unfavorable outcomes including poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice -- all of which lead to higher health costs and ultimately increased Medicare and Medicaid spending. CDSME is a low-cost, evidence-based disease management intervention that utilizes state-of-the-art techniques to help those with chronic diseases take personal responsibility in managing their conditions, thereby improving health status, and reducing their need for more costly medical care. In repeated studies, CDSME has shown to be effective at helping people with all types of chronic conditions adopt healthy behaviors, improve health status and reduce use of hospital stays and emergency room visits.

PPHF allocations to ACL have remained at $8 million since FY16, and currently support grants to 29 grantees in 24 states. House appropriators have approved level funding of $8 million. **An increase investment of $16 million would expand access to evidence-based, cost-effective chronic disease management programs to a greater number of states and older adults in need across the country.**

**Senior Community Service Employment Program (SCSEP)** – SCSEP is the only federal job training program focused exclusively on helping older Americans return to the workforce, prioritizing services to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment. Each year, almost 60,000 older workers from every state and nearly all U.S. counties develop new skills and add relevant work experiences through SCSEP community training assignments at aging and other local programs. Yet this only represents less than one percent of the low-income seniors with incomes less than $15,613 who are eligible for the program. SCSEP represents a strong return on investment as those who secure unsubsidized employment earn more in their first year than the annual SCSEP training costs and 7 in 10 remain on the job more than one year after leaving the program. **House appropriators approved funding the program at its authorized level of $463.8 million for FY20, which is a 16% increase. Providing resources at the level approved in the last reauthorization, approved with bipartisan support, is a crucial investment in the service capacity of SCSEP.**

**State Health Insurance Assistance Program (SHIP)** – A total of 54 SHIP grantees oversee a network of more than 3,300 local SHIPs and over 15,000 counselors to provide local, in depth Medicare assistance and counseling to beneficiaries and their families. SHIPs advise, educate, and empower individuals to navigate the increasingly complex Medicare program and help beneficiaries make choices among a vast array of options to best meet their needs, saving money for both the program and people with Medicare. House appropriators have approved a 12% increase. Each day, about 10,000 baby boomers become Medicare eligible, and one-on-one assistance provided by SHIPs has tripled since 2005. If the SHIP investment had simply kept pace with inflation and the increasing number of Medicare beneficiaries since FY 2011, funding would be over $70 million. Additional investments are needed to meet these increasing demands.

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