

FALLS FREE™
COALITION
ADVOCACY WORK
GROUP

Advisory Group

Home Safety Council
National Council on Aging
National Safety Council
State and Territorial Injury Prevention Directors Association
American Occupational Therapy Association
American Physical Therapy Association

Supporting Organizations

Alliance for Retired Americans
Alzheimer's Foundation of America
American Association of Homes and Services for the Aging
American Geriatrics Society
American Society on Aging
Association for Gerontology and Human Development in HBCUs
Easter Seals
Fall Prevention Center of Excellence
National Association of Area Agencies on Aging
National Association for Continence
National Association of Chronic Disease Directors
National Association for Home Care and Hospice
National Association of County and City Health Officials
National Association of Hearing Officials
National Association of Professional Geriatric Care Managers
National Association of RSVP Directors
National Association of State Units on Aging
National Committee to Preserve Social Security and Medicare
National Fire Protection Association
National Osteoporosis Foundation
The National Consumer Voice for Quality Long-Term Care
Rebuilding Together
Society for Advancement of Violence and Injury Research
Society for Public Health Education
Visiting Nurse Associations of America

Contact:
1250 Eye Street, N.W.
Suite 1000
Washington, D.C. 20005-5963

Mortality Rate Up 39% for Senior Falls

**Falls Free Coalition Advocacy Work Group Requests Congress
Fully Support CDC's Falls Prevention Programming in FY2010
February 13, 2009**

The Falls Free Coalition Advocacy Work Group requests that Congress provide \$20.7 million in FY2010 funding for the Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control (NCIPC) to address the very costly, but often preventable problem of falls among older adults.

Clearly, the intention of the last Congress was to address the problem of falls in older adults. Congress took a major step forward in preventing older adult falls with passage of the *Safety of Seniors Act of 2007* (S.845 and P.L. 110-202) which authorized increased research, education, and demonstration projects. However, the enactment of the *Safety of Seniors Act of 2007* was after House and Senate mark-ups of the FY2009 Labor-HHS-Education Appropriations bills. Further evidence of support included the passage of S. Res. 674 and the introduction of H. Res. 1478 for the first *National Falls Prevention Awareness Day* in September 2008. For the good intentions of Congress to bear fruit, an appropriation of \$20.7 million is needed for FY2010.

If Congress wants to contain rising health care expenses, then reducing older adult falls is a good investment. One of the greatest financial challenges facing the U.S. Government, its citizens, and their employers is the rising cost of health care services needed by older Americans. CDC reports that \$80.2 billion is spent annually for medical treatment of injuries, of which fully \$19.2 billion is for treating older adults injured by falls. *That's almost one-quarter of all health care expenses for injuries each year spent on older adult falls!*

CDC funding in this area is severely inadequate to address the scale of human suffering and the impact of falls on our health care system. Additional funding would enable CDC to undertake meaningful research, evaluation of demonstrations, public education, professional education, and policy analysis. At present, CDC can only afford **\$1 million per year to address a problem costing \$19.2 billion a year.** The benefits of increased funding to CDC's budget would be enormous, vastly improving the quality of life for those 65 and older and greatly reducing health care costs for falls and related disabilities. Increased funding for CDC's falls prevention efforts is supported by a broad-based coalition of private, nonprofit organizations and a growing number of state falls prevention coalitions that are dedicated to improving the safety and health of older Americans.

Background

Preventing Older Adult Falls and Reducing Health Care Expenses Related to Falls is Critical

Members of Congress witnessed first hand last year the critical impact falls had on several colleagues. No doubt, we have all seen the debilitating effect of falls on older adult family members. Major benefits are possible if we reduce the frequency and severity of falls among older adults because they are:

- **Widespread** – Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. Each year, one in three older Americans falls and about 30% of those who fall require medical treatment. In 2005, approximately **1.8 million older adults were treated** in emergency departments for nonfatal injuries from falls, more than 433,000 of these patients were hospitalized, and nearly 16,000 died. CDC reports the mortality rate from falls among older Americans increased 39% between 1999 and 2005.

- **Very Expensive** – CDC reports that **\$19.2 billion annually is spent on treating older adults for the effects of falls**: \$12 billion for hospitalization, \$4 billion for emergency department visits, and \$3 billion for outpatient care. **Most of these expenses are paid for by CMS through Medicare**. If we cannot stem this rate of increase, it is projected that the direct treatment costs will reach \$54.9 billion annually in 2020, at which time the cost to Medicare would be \$32.4 billion.
- **Often Fatal** - Each year, approximately **16,000 older adults die** from falls. As an example, 95% of all hip fractures among older adults result from falls. The average hospital stay for a hip fracture is one week and 25% of those suffering a hip fracture will then need to stay in a nursing home for at least a year. Within one year, up to 20% of hip fracture patients will die. Clearly, the cost-benefit ratio for reducing falls among older adults represents a wise investment of public funds.
- **Often Preventable** --Results of pilot 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, exercise programs to improve balance and strength, management of medications, correction of vision, and reduction of home hazards.

CDC Activity in Falls Prevention among Older Americans

CDC is the lead federal agency for injury prevention and control. Its national injury control program is carried out through the NCIPC. Funds are utilized by NCIPC for intramural and extramural research and in assisting state and local health agencies in implementing injury prevention programs. Ultimately, success in reducing the number and severity of older adult falls will be reached through partnerships with federal, state, and local agencies along with the cooperation of many non-governmental organizations.

If the CDC NCIPC falls prevention program is fully supported, the next steps would be to:

1. Develop additional program demonstrations to test and replicate the most cost effective interventions to reduce the risk of falls;
2. Undertake additional extramural research into the causes of falls; and
3. Develop more public education programs to raise awareness about falls and what individuals, family members, professionals, non-profit organizations, and the private sector can do to reduce them.

Contacts for Additional Information:

Patricia H. Adkins
Home Safety Council
(202) 330-4905
patricia.adkins@homesafetycouncil.org

William O'Connell
National Safety Council
(202) 974-2466
oconnell@nsc.org

Howard Bedlin
National Council on Aging
(202) 479-6685
howard.bedlin@ncoa.org

Amber Williams
State and Territorial Injury Prevention Directors Association
(770) 690-9000
amber.williams@stipda.org