Chairman Susan M. Collins Senate Special Committee on Aging United States Senate 413 Dirksen Senate Office Building Washington, DC 20510 Ranking Member Robert P. Casey, Jr. Senate Special Committee on Aging United States Senate 393 Russell Senate Office Building Washington, DC 20510

Dear Chairman Collins and Ranking Member Casey:

The Bipartisan Policy Center (BPC) has worked extensively over the last few years to highlight the deep connection between safe, affordable housing and positive health outcomes. BPC formed the Senior Health and Housing Task Force in 2015 to develop policy recommendations on how to better integrate health and housing to improve the wellbeing of our nation's growing older adult population. The undersigned organizations and aging experts urge the Special Committee on Aging to hold a hearing on a critical issue highlighted in BPC's work: falls prevention.

Falls are the leading cause of injuries and injury-related deaths for those 65 and older, resulting in nearly 30,000 deaths, 3 million emergency department visits, and over 800,000 hospitalizations annually. Between 2007 and 2016, age-adjusted death rates among persons aged 65 years and older increased by over 150 percent in Maine and 30 percent in Pennsylvania. Total medical costs for falls are more than \$50 billion annually, of which the Medicare program accounts for \$31 billion (as comparison, cancer costs Medicare \$36 billion annually). Falls threaten the independence of older adults and can lead to social isolation and further deterioration in their health.

However, as indicated in BPC's report *Healthy Aging Begins at Home*, most falls are preventable through implementation of home modifications, clinical interventions, and community-based programs.⁴ For example, most falls occur in and around the home and are preventable with the following home modifications: no-step entries; single-floor living, eliminating the need to use stairs; switches and outlets accessible at any height; extra-wide hallways and doors to accommodate walkers and wheelchairs; improved lighting; and lever-style door and faucet handles. Clinical interventions, such as medication management and vitamin D supplementation, and community prevention programs, such as Tai Chi and A Matter of Balance, have all been shown to reduce the risk of falls.

These interventions also have benefits beyond preventing falls: They can improve the ability of older adults to safely carry out tasks, make caregiving easier, and increase socialization.

BPC's report raised the need to better target and coordinate federal resources to support home assessments, modifications, and repairs for older adults. It also emphasized the need to utilize quality metrics and Medicare payment policy to incentivize health care providers to prevent falls and more broadly support evidence-based, community falls prevention programs.

The federal government currently lacks a comprehensive plan to support individuals, families, and their communities in preventing older adult falls and facilitate healthy aging. There needs to be a sense of urgency to ensure that falls prevention is a top public health priority. Importantly, there have been a handful of small victories at the federal level that point to greater recognition of the pressing need to support falls prevention, including: new flexibility in Medicare Advantage plans, the previous introduction of the Senior Home Modification Assistance Initiative Act, and HHS's study of home modification best practices. But, much more is necessary.

We believe a Special Committee on Aging hearing on falls prevention can help grow visibility around this critical issue and explore how the federal government can further support falls prevention efforts. Members of both parties in Congress and the Trump administration can find common ground in supporting evidence-based policies that prevent costly, debilitating falls. Thank you for your consideration of this request.

Sincerely,

American Occupational Therapy Association American Physical Therapy Association **Bipartisan Policy Center Action** Donna Bainbridge, PT, EdD, AT-Ret, CIFT; University of Montana Elizabeth Peterson, PhD, OTR/L, FAOTA; University of Illinois at Chicago Greg Hartley, PT, DPT; Academy of Geriatric Physical Therapy HomesRenewed Coalition Jennifer Vincenzo, PT, MPH, PhD; University of Arkansas Medical Sciences Jon Pynoos, PhD; University of Southern California Joyce Maring, EdD, DP; George Washington University Meals on Wheels America Mindy Renfro, PT, DPT, PhD; Touro University Nevada Montana Falls Free Coalition National Center for Healthy Housing **National Council on Aging** National Safety Council Nevada Goes Falls Free Coalition New Mexico Adult Falls Prevention Coalition Northwest Rehabilitation Associates **Rebuilding Together** RL Mace Universal Design Institute Rossetti Enterprises Inc. Safe States Alliance

_

The Hartford Center for Mature Market Excellence

¹ Centers for Disease Control and Prevention, "Important Facts about Falls," 2017. Available at: https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html. Centers for Disease Control and Prevention, "Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016," 2018. Available at: https://www.cdc.gov/mmwr/volumes/67/wr/mm6718a1.htm.

² Ibid.

³ Centers for Disease Control and Prevention, "Costs of Falls Among Older Adults," 2016. Available at: https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html. E. Burns, J.A. Stevens, and R. Lee, "The Direct Costs of Fatal and Non-Fatal Falls Among Older Adults — United States," *Journal of Safety Research* 58: 99-103, 2016.

⁴ Bipartisan Policy Center, *Healthy Aging Begins at Home*, 2016. Available at: https://bipartisanpolicy.org/library/recommendations-for-healthy-aging/.