Alaska Commission on Aging

Health Promotion, Disease Prevention for Older Alaskans
DHSS Division of Senior & Disabilities Services
Senior Community-Based Grants Component
Recommended FY2014 Budget Increment: \$300,000
(\$150,000 included in the Governor's FY14 Budget)

Recommendation: The Alaska Commission on Aging (ACoA) recommends an increment of \$300,000 for the Health Promotion, Disease Prevention for Older Alaskans (HPDP), a senior grant program administered by the Division of Senior and Disabilities Services (SDS), to provide targeted multi-year grants for evidence-based senior fall prevention interventions targeting seniors to reduce the increasing number of older Alaskans at risk for falls and associated high health care costs. Older Alaskans experience more hospitalizations as a result of falls than any other type of injury. The Centers for Disease Control (2007) estimates one-third of senior nursing home admissions are attributed to falls.

In FY2011, HPDP baseline funding was a total of \$123,682 (\$105,130 federal/\$18,552 State GF), an amount that has remained flat since program inception. **The Governor's budget includes an increment in the amount of \$150,000 for the HPDP program targeting senior fall prevention.** The ACoA appreciates this increment and recommends an additional \$150,000 for a total of \$300,000 increment for the SDS HPDP senior grant program to address the increased rates of senior falls and associated health care costs by utilizing evidence-based senior fall interventions.

The consequences of a senior fall can change lives and devastate families. Falls place a high burden on older Alaskans, their families, and the State. Senior falls frequently result in the elderly person spending considerable time in a hospital and nursing home for rehabilitation. They often lose their independence and can incur costs of care that grow exponentially by the day. Falls are not a normal part of aging. They are preventable. Evidence-based programs already exist to reduce risk among older adults. Access to proven approaches is imperative to a senior's functioning, quality of life, and reducing fall-related health care costs.

Problem Statement: Falls are the #1 cause of non-fatal hospitalized injuries for Alaskans age 65+ and the #1 cause of fatal injury for Alaskans age 75 years and older, making falls a serious public health problem impacting seniors. Older individuals are more vulnerable to falls due to medical conditions and inaccessible living environments. Fear of falling has been shown to cause older adults to limit their activities, which leads to decreased mobility and an increased risk of falling. Persons with Alzheimer's disease and related dementia (ADRD) are twice as likely to fall due to a loss of depth perception associated with dementia.

The number of seniors who experience falls requiring hospitalization is increasing, along with associated medical and personal costs. Annually, one in three Alaskans age 65+ experiences a fall, with 10%-20% of those incidents resulting in severe injuries involving hip fractures, head traumas and lacerations. From 2005 to 2009, the Alaska Trauma Registry reported 3,356 cases of fall-related injury hospitalizations among Alaskans age 65+, representing a 24% increase in such hospitalizations compared to the preceding 5-year time period (2,698 cases were reported from 2000 to 2004).

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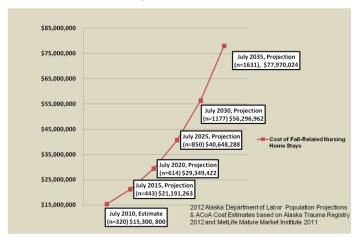
Falls are expensive. Seniors who experience falls are at increased risk for hospitalization, nursing home placement and brain injury. Alaska's median cost for fall-related hospitalization is \$28,350 per incident. Total hospital charges for senior falls amounted to \$96 million from 2005 to 2009 (State of Alaska Epidemiology Bulletin 2012). The Centers for Disease Control (2007) estimates one-third of senior home admissions are due to falls with 25% of seniors with fall-related hip fractures requiring at least one year of nursing home care — an estimate that impacts 320 older Alaskans at a cost exceeding \$15 million for nursing home recovery.

Falls are the most common reason for senior injuries. Those who fall are two to three times more likely to fall again. Research shows that using a combination of evidence-based interventions addressing multiple risk factors is effective in reducing the fear of falling and number of senior falls. Investment in prevention can reduce medical costs and pain/disability incurred from senior falls.

Proposal: Fall prevention strategies are critical for aging in place and reducing Medicare/Medicaid costs. This increment would target funding to the HPDP Program to award competitive grants to providers who provide evidence-based senior fall prevention interventions targeting seniors to reduce the number of falls, fall-related health problems and fall-related senior deaths.

- Promote public awareness about senior falls emphasizing risk factors and strategies to prevent them.
- Increase availability of evidence-based falls prevention senior exercise programs at senior centers, adult day centers, and other senior places to improve balance, strength and mobility. Research shows that exercise alone can reduce fall risk from 31%-68% among older adults.
- Strengthen medication management education targeting seniors.
- Increase availability of "white cane" training and low-vision clinics for seniors.
- Enhance home hazard reduction programs that include home safety assessments and assistance for seniors so that they can find resources to make appropriate accessibility improvements.
- Encourage health providers to recognize senior fall risks and screen seniors for falls (balance, vision, & hearing impairments).
- Encourage health providers to regularly review all senior prescription and over-the-counter drugs to identify medication complications that can lead to falls.
- Incorporate evidence-based senior falls prevention intervention as part of hospital discharge programs.

Projected Cost of Senior Hip Fractures Resulting in Nursing Home Admissions



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