

**Remarks by APTA member and National Falls Free Coalition representative Bonita Lynn Beattie, PT, MPT, MHA, at the “Falls Prevention Briefing” in Washington, DC**

May 7, 2008

Thank you for the opportunity to address you this afternoon to stress the importance of funding the provisions of the recently enacted Safety of Seniors Act to address the growing issue of falls and fall related injuries among older adults.

I am here today representing

- ★ NCOA – the oldest nonprofit aging organization in the country with a national network of more than 14,000 aging organizations and community leaders.
- ★ National Falls Free Coalition of 68 national orgs and professional associations

It was the Falls Free Coalition member organizations that helped create the *National Action Plan* which laid the foundation for The Safety of Seniors Act of 2007 or Public Law 110-202. The awareness campaign, professional education and research demonstration provisions of the bill are supported by the National Action Plan.

I am here today on behalf of a very large constituency of service providers to bring to you a request to fund those three key provisions of the Safety of Seniors Act which I will address individually stressing the opportunity you have to leverage a number of initiatives already in place.

**Public Awareness:**

As shown in several surveys, there remains a general lack of understanding about this growing public health issue among older adults, their family members and even health care providers. One survey found that 69% of older adults did not see falling as a personal threat; another found that more than 60% rated their risk as low.

There is also a lack of understanding about the availability of evidence-based interventions that can reduce falls by reducing an older adult’s risk factors as you heard earlier. The incidence and prevalence of fear of falling is significant among community-dwelling older adults and has the potential to impact function and quality of life. By some estimates, the fear of falling is affecting at least 40% of older adults fearing a loss of independence and affecting quality of life and that fear greater in older adults who are experiencing disruptions of balance and falling, family members are clearly worried.

And they have a right to be concerned. You heard the falls injury and death related statistics earlier. **Older adults deserve better. They deserve access to evidence-based programs, tools and services that can help empower them, their families and providers reduce their risk of falling.**

At NCOA we believe older adults represent a vital, increasingly important community resource of older workers, tax payers, consumers, volunteers and caregivers of other aging family members and grandchildren; over 4.5 million grandparents are now the sole providers for grandchildren.

We need to do all we can to promote awareness and to provide them with evidence-based interventions that can help empower them and their families to reduce their risk from falls and fall related injuries and death that will affect health care costs, social service costs and the quality of life for millions of older adults and their families. Some states have stepped up to the plate with small investments in awareness and behavior change messaging that can be leveraged at the national level.

We encourage Congress to fund the national awareness provision getting the word out **that falls and fall related injuries are not normal consequences of growing old – that there are evidence-based interventions that can help reduce older adults’ risk of falling and can affect the rate of falls and fall related injuries and death.**

### **Provider Education**

The Safety of Seniors Act also includes a provider education provision to train health care and aging service providers to incorporate evidence-based clinical decision making in the assessment and treatment of fall risk and adoption of community programs:

- ★ CT survey demonstrated a general lack of awareness and clinical training among health care providers.
- ★ As noted in the recent national Institute of Medicine report “*the healthcare workforce receives very little geriatric training and is not prepared to address the growing needs of an aging population and that geriatric competence needs to be improved*”.

You heard earlier the clinical intervention evidence is clear on the effectiveness of addressing risk factors. There is a need to provide clinical training in fall prevention interventions in high risk older adults that can be delivered in collaboration with community aging support services.

Coalition member organizations like the American Association of Physical Therapy and the American Academy of Orthopedics Surgeons are providing members with clinical training in fall prevention: Why? As the American Academy of Orthopedics Surgeons representative to the coalition told me that there would not be enough orthopedic surgeons available to care for the expected number of hip fractures associated with an aging population.

The Am Geriatric Society and other professional organizations publish clinical guidelines for providers...But it’s not enough, as evidenced by the IOM Report, more and more health care providers are treating older adults and not trained to effectively address geriatric health promotion issues such as fall risk reduction.

We urge Congress to fund efforts to increase the fall risk assessment and intervention skills of health care providers and promote collaboration with the aging services network.

### **Demonstration and Dissemination**

There is equally strong evidence that community-based fall prevention programs offered through the aging services network can improve balance and reduce falls and that many physical activity programs offered in the community can improve balance and flexibility in older adults.

Examples:

- ★ Tai Chi program in Oregon that showed a reduction in participant falls by 55%; (SLIDE)
- ★ Stepping On now in Wisconsin that showed a fall reduction of nearly 2/3<sup>rds</sup>
- ★ Matter of Balance that is successfully addressing the fear of falling and promoting self-efficacy with fewer falls reported by participants – those participants average age 79 and are eager to reduce their risk of losing their independence. (SLIDE)

A 78 year old Mrs. J, a widow, enrolled in the Matter of Balance class in Maine after relocating to live closer to her daughter. She was able to live in her own home but had slowly stopped doing many of the activities that she had enjoyed because of her fear of falling. When she enrolled, she said she really wasn't sure that she could participate but she needed to have knee replacement surgery and her hope was that this would help to get her in better shape for rehab after surgery. At first, she was very tentative but as the class proceeded, her confidence grew. She talked a friend into coming after the first week and each week, she talked about how she had gained lots more confidence.

She soon began to resume some of her old activities & did the exercises every day and worked very hard at improving her balance. She came to class with such a positive attitude. Her doctor told her what a good job she was doing and how this program was really helping her prepare for her surgery. Her daughter came up to the class leader at the grocery store and said, "Thanks for giving me my Mom back." The Matter of Balance class has given my Mom her old life back. She is able to go outside, go for walks, and resume some of her activities. She is back to her old self, being busy and being involved in life again"

Through the class the participant learned to make some positive changes in her home environment and increased her activity level. Her surgery is scheduled for later this summer and she is very hopeful that her exercise routine and new attitudes about falling from Matter of Balance will help speed her recovery.

- ★ Physical activity programs like Enhanced Fitness are showing improved balance, flexibility and endurance. SLIDE

So in our experience, if given access, older adults are eager to participate and are benefiting from the health impact of community programs that have proven health benefits

So we know there are community programs that work and older adults need & want access to them but national dissemination and quality oversight is very hard work. In select communities across the country there are local and state efforts led by the Administration on Aging and the National Council on Aging in partnership with state aging and public health services working to help disseminate, embed and sustain these evidence-based programs with attention to reaching those at risk and ensuring program fidelity and health outcomes.

But more investment is needed that can leverage the investment of the states to make those programs readily accessible to those at risk older adults who need them through community-based aging service organizations **Seniors and family members need access to these programs that provide education and awareness, group support, behavior change strategies and programming to empower them to address their risk of falling.**

The evidence is clear on what works. There is a need to get clinical training and tools in the hands of providers and evidence-based fall prevention programs in community-based organizations that are serving nearly 10 million older adults so that they have access to interventions that work.

Those evidence-based interventions are particularly strong when the fall prevention intervention includes both health care and community programming components working collaboratively... What we don't know is how to effectively integrate community interventions that link the unique fall prevention contributions of health care and aging.

At the National Council on Aging our work includes bringing community leaders together to use the evidence to design and implement cost effective models in a collaborative integrated approach; an approach that strives to link the health care and the aging services network to maximize reach and impact. One study of great promise to be published in the NE J of Med decreased health care utilization by 12% or an estimated \$21 Million dollar saving by developing a collaborative community intervention.

But more work is needed. The Safety of Seniors Act has provisions for project grants to help more communities design and test those integrated program models for national dissemination. The goal of this work is to empower communities to implement and sustain cost effective comprehensive collaborative interventions that can reduce falls and fall related injuries in older adults.

In summary, we ask for Congress to provide more support for the Safety of Seniors Act by funding the key evidence-based elements of the Safety of Seniors Act including a national awareness campaign, provider education programs, and community demonstrations needed to promote the broader dissemination of evidence-based programming.

As a result older adults, their families and providers will be able to more effectively reduce falls and fall related injuries. Programming investments can leverage state and local investments to help disseminate programs that at risk older adults can access to empower them their families and their provider network to help keep them safe and contributing members of local communities.