Prevent Falls | CONNECTICUT COLLABORATION FOR FALL PREVENTION

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Distinguished Chairs and members of the Appropriations Committee, thank you for this opportunity to testify. I am here to voice support for the Connecticut Commission on Aging. I personally have experienced the vital role the Commission provides between where CT policies are today, and where they will need to be if we are to effectively address Connecticut's rapidly aging population.

I am a research scientist in geriatrics at Yale School of Medicine. Since 1990 I have been part of a multidisciplinary team conducting federally funded research efforts to help older adults maintain the ability to function in the least restrictive and most cost effective manner. The issues we have studied include hip fracture rehabilitation; preventing loss of self-care abilities; preventing complications for older adults who are essentially too frail to withstand the demands of hospitalization; and restoring independence in the context of receiving home care. In particular I have been focused on preventing falls. Falling is a common, costly in terms of human suffering and the state spending and we know that many falls can be prevented. This research, conducted here in CT and serving as a model for care across the United States and internationally would not have been benefiting the people of CT if it were not for the Commission on Aging.

The human consequences of falling, here in Connecticut are significant:

Each year 30% of the Medicare population living in the community experiences a fall
Each year 50% of those aged 80+ fall.
Among 90 year old ladies, 50% have broken a hip.
Only ½ of those who break a hip will ever regain their prefracture ability to function.
Most traumatic brain injuries in CT happen among older adults.

The financial consequences of falling are relevant to the CT budget:

Municipal budgets: 20% of 911 calls are due to someone (usually an older adult) falling
Emergency room overcrowding: falls precipitate10% of ED visits by the Medicare population.
Uncompensated health care: The costs of treating falls that happen during hospitalization are now part of hospital uncompensated care.
The costs of long term care: Falling triples the likelihood of needing long term nursing home placement.

We estimate that Medicaid in Connecticut currently spends $119 million dollars a year to provide long-term care services to older adults who have lost the ability to function as a result of fall related injuries.

And the baby boomers have yet to arrive.

I present this data as an example of a huge and expensive problem, for which there is evidence that we can do better. In the research setting we reduced falls by 30. When we tested it in the less controlled setting of the community we decreased the rate of falls by 11% here in the greater Hartford region relative to a matched area along the shoreline where usual care was proceeding. As reported in the New England Journal of Medicine last summer, this reduction translated into savings of $21 million Medicare dollars in 2 years and decreased nursing home use since in CT over ½ of those hospitalized for a fall will be discharged to a nursing home.

Our research has significant ramifications for state policies. However the road between the academic setting and the policy arena is largely an unexplored frontier. Were it not for the guidance I received from The CT Commission on Aging, (particularly Julie Evans Starr) and their statewide network of volunteers, this evidence would never have informed state policymakers.

We all understand the need to objectively evaluate how our resources are currently spent and to use new evidence-based systems to do a better job. Fall prevention is an example of how we can do a better job and save the state money. In our efforts to trim state spending we have to be careful not to be penny wise and pound foolish. This is not the time to cut funding to the Commission that provides the structure for moving evidence into policy.

Thank you again for this opportunity to describe my experience and express my support for the Commission on Aging. I welcome the opportunity to answer any questions or provide further information.