

Office of the Assistant Secretary for Planning and Evaluation: Preventing Costly Falls Among Older Americans

This demonstration, sponsored by the Office of the Assistant Secretary for Planning in conjunction with Bankers Life and Casualty Company and the John Hancock Life Insurance Company, will test whether a comprehensive falls prevention program will reduce the incidence of falls among older Americans and use of subsequent acute health and long-term care services.

Lead Agency:

Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Agency Mission:

The Assistant Secretary for Planning and Evaluation advises the Secretary of the Department of Health and Human Services on policy development in health, disability and aging, human services, and science and data policy, and provides advice and analysis on economic policy. The Office of the Assistant Secretary for Planning and Evaluation (OASPE) leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning and review of regulations. Integral to this role, OASPE conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

Principal Investigator:

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Partner Agencies:

Abt Associates
LifePlans, Inc.
Bankers Life and Casualty Company
John Hancock Life Insurance Company

General Description:

Preventing Costly Falls Among Older Americans

Falls constitute one of the most significant and common causes of injury and disability for the elderly. One in every three people age 65 and older living in the community falls during a year and fall-related injuries cost an estimated \$17 billion annually. Falls are also associated with subsequent admission to a nursing home and use of long-term care services. While there are numerous studies identifying the major risk factors associated with falling (e.g., poor muscle strength/gait and balance, cognitive impairment, polypharmacy, and unsafe physical environment), there is virtually no research demonstrating the *cost-effectiveness* of comprehensive programs designed to reduce the incidence and impact of falls. This project will fill a significant research gap and answer a critical question posed by policymakers: can an *affordable* falls prevention program reduce the incidence of falls in the elderly and lower spending for acute health and long-term care services?

The Office of the Assistant Secretary for Planning and Evaluation (OASPE) contracted with Abt Associates and LifePlans, Inc. in 2003 to design a demonstration to determine the cost-effectiveness of a fall prevention program for older Americans. After further refinement of the intervention, methodological approach and assessment instruments, OASPE began the next phase of the demonstration with LifePlans in 2006—the actual implementation and evaluation of the program. The demonstration uses a classic experimental design where a random sample of older persons receives a full falls-risk assessment and intervention (treatment) and others do not (control). Unlike other falls prevention programs, the demonstration will provide a comprehensive falls risk assessment (both via the telephone and in-person), clinical review of assessment findings, individualized action plan with specific recommendations, and periodic follow-up and case management. One of the unique aspects of the project is the partnership between the federal government and two well-known and established providers of long-term care insurance: Bankers Life and Casualty Company, and the John Hancock Life Insurance Company. Persons age 75 and older who have a long-term care insurance policy with one of the two companies will have the opportunity to participate in the demonstration, with approximately 5,600 persons divided into a treatment group and various control groups. Medicare claims data will be used as part of the demonstration, thereby allowing researchers to determine whether or not the falls prevention program reduces acute health care cost as well as long-term care expenses.