BIPARTISAN POLICY CENTER

Preventing Tragedies and Promoting Safe, Accessible, and Affordable Homes

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U.S. Senate Special Committee on Aging
March 31, 2022

Chairman Casey, Ranking Member Scott, and members of the committee, thank you for the opportunity to appear before the committee. I applaud the committee for hosting this hearing to shine a light on preventable harm to vulnerable Americans in the home setting.

My testimony today is based on my perspective as a physician, former public servant, and currently, chief medical advisor at the Bipartisan Policy Center, where I, along with my colleagues, have spent the last several years concentrating on the intersection between housing and health.

I have concluded based on my experience that housing is health. Of all the drivers of health, none may be more significant than housing, or the lack thereof. After all, each one of us spends as much or more time in the home setting than anywhere else. Significant evidence exists that housing affordability, neighborhood conditions, and conditions within the home impact health.

Background

With respect to affordability, BPC's previous report *Healthy Aging Begins at Home*, led by former HUD Secretaries Henry Cisneros and Senator Mel Martinez and members of Congress, Allyson Schwartz and Vin Weber, noted that over the next 20 years, nearly 40% of individuals over the age of 62 are projected to have financial assets of $25,000 or less, and 20% will have assets of $5,000 or less. For many, this level of savings will be woefully inadequate to cover the expenses of daily living, necessary long-term services and supports which 70% of the elderly will eventually need, or the modifications necessary to make living independently at home safe and secure. This is especially true given that 80% of home modifications are paid for out of pocket.[1]

With respect to safety and accessibility of the home setting, I would like to start out by recognizing that this is an important issue across the lifespan—from childhood to old age—and thus, I appreciate the committee's broad focus today.

[1] Bipartisan Policy Center. *Healthy Aging Begins at Home*, 2016, https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/BPC-Healthy-Aging.pdf.

That being said, I will concentrate my testimony on the older adult population. Most homes in this country, particularly those that are older, are not uniformly healthy, with hazards such as lead, radon, carbon monoxide, and asthma irritants commonplace, particularly in low-income communities. Further, BPC's previous report noted that while virtually all seniors would like to stay in their homes for as long as possible, only 1% of homes today have the five "universal design" features necessary to make them accessible for those with impaired mobility (no-step entries, single-floor living, accessible electrical controls and switches, extra-wide doorways and halls, and lever-style door and faucet handles).[2] This is despite 38% of households 65 and older having at least one person living with a disability.[3] Many home modifications are no-cost, such as removing hazards such as throw rugs and moving furnishings; others are low-cost, such as installing grab bars and improving lighting; and others are more complex and expensive, such as installing ramps or widening doorways.

The reason that home modifications are so important is that they can contribute to reductions of tragic events such as falls. Each year, millions of Americans over the age of 65, more than one out of four, experience a fall, resulting in 3 million emergency department visits and 800,000 hospitalizations. Most of the injuries occur from broken bones, such as hip fractures, and head injuries, such as traumatic brain injuries.[4] All told, 27,000 adults die from falls each year, making it the leading cause of injury-related death in older adults. The estimated medical costs attributable to fatal and nonfatal falls is approximately $50 billion[5]; data suggest that falls cost the Medicare program over $31 billion annually (as a comparison, cancer costs Medicare $36 billion annually). In sum, most falls happen in the home, and most falls are preventable. In spite of this, there are no comprehensive programs or policies currently in place across the federal government to tackle this public health challenge.

In 2016, the first randomized controlled trial examining the benefits of home modifications for reducing fall injury costs was published. Compared to unmodified homes, modified homes showed a reduction in the costs of home fall injuries by 33%. Societal benefits of injuries prevented were estimated to be at least six times the costs of the intervention. The cost-benefit ratio was found to be at least double for older people and increased by 60% for those with a prior history of fall injuries.[6]

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[2] Joint Center for Housing Studies of Harvard University, *Housing America's Older Adults*, http://www.jchs.harvard.edu/sites/default/files/jchs-housing_americas_older_adults_2014_1.pdf.
[3] Wan He & Luke J. Larsen, Older Americans with a Disability: *2008-2012 American Community Survey Reports*, US Department of Health and Human Services and US Department of Commerce, 2013, https://www2.census.gov/library/publications/2014/acs/acs-29.pdf.
[4] "Older Adult Fall Prevention," Centers for Disease Control and Prevention, last reviewed August 6, 2021, https://www.cdc.gov/falls/facts.html.
[5] Curtis S. Florence, Gwen Bergen, Adam Atherly, Elizabeth Burns, Judy Stevens, and Cynthia Drake, "Medical Costs of Fatal and Nonfatal Falls in Older Adults," *J Am Geriatr Soc* 66, no. 4 (2018) 693-698.
[6] Michael D. Keall, Nevil Pierse, Philippa Howden-Chapman, Jagadish Guria, Chris W. Cunningham, and Michael G. Baker, "Cost-Benefit Analysis of Fall Injuries Prevented by a Program of Home Modifications: A Cluster Randomized Controlled Trial," *Injury Prevention* 23, no. 1 (2017): 22-26.

Recommendations

Given these findings, I offer two recommendations to the committee on how the federal government can be a better partner to states, localities, families, and individuals in reducing older adult injuries in the home setting.

1. Home Modifications

The administration should better coordinate federal home modification programs to maximize their impact. Given that multiple departments such as HUD, HHS, USDA, VA, and DOE have a role across the executive branch, the White House should take the lead and create a new interdepartmental home modifications task force. BPC's previous report recommended that Congress authorize a Modification Assistance Initiative that would work on an interagency basis to coordinate federal resources available for home modifications to support aging with options.

In the Fiscal Year 2019 appropriations bill, Congress first authorized Aging-in-Place Home Modification grants designed to enable low-income older adults to remain in their homes through low-cost, high-impact home modifications. In August 2021, HUD announced the program's first funding awards—$30 million in grants to 32 nonprofits and other entities to help low-income seniors stay in their homes through low-cost home modifications that will reduce older adults' risk of falling.[7]

Congress subsequently considered the Senior and Disability Home Modification Assistance Initiative Act, a bill which many of you championed and was subsequently and largely incorporated into the Supporting Older Americans Act, which became law in March 2020. This act required the GAO to conduct a study and issue a report that includes:

- An inventory of federal programs which support evidence-based falls prevention, home assessments, and home modifications for older individuals and individuals with disabilities;
- Statistical data on the number of older individuals and individuals with disabilities served by each federal program described and the approximate amount of federal funding invested in each such program;
- A demographic analysis of individuals served by each and an analysis of duplication and gaps in populations supported by the federal programs;
- What is known about the impact of these federal programs on health status and health outcomes;

[7] "HUD Awards $30 Million To Help Low-Income Elderly Homeowners Age in Place," U.S. Department of Housing and Urban Development, August 6, 2021, https://www.hud.gov/press/press_releases_media_advisories/HUD_No_21_119.

- A review of federal efforts to coordinate federal programs that support evidence-based falls prevention, home assessments, and home modifications for older individuals and individuals with disabilities and any considerations for improving coordination, which may include an indication of the federal agency or department that is best suited to coordinate such federal programs; and
- Information on the extent to which consumer-friendly resources are available through the National Eldercare Locator Service, are accessible to all area agencies on aging, and contain information on evidence-based falls prevention, home assessments, and home modifications for older individuals attempting to live independently and safely in their homes and for the caregivers of such individuals.[8]

Simultaneously, the Administration for Community Living at HHS awarded a grant[9] to the University of Southern California to create and implement a Home Modification Information Network, an online searchable database of home modification tools and resources at homemods.org; develop a new home modification training program to educate members of the Aging network and others on how to better connect older adults to resources and funding; and research and evaluate home modification best practices to serve as the basis for training, consumer education, and a toolkit.

All of these actions align with, or were recommended by, BPC's *Healthy Aging Begins at Home* report, and we are pleased to see recent progress to date. That being said, it will be incumbent upon Congress and the administration to act on the GAO's upcoming findings as well as take stock of the work done to date to ensure that federal home modification initiatives are coordinated and yielding maximum impact. An analysis of these discretionary programs should also be coupled with a review of how public insurance programs such as Medicare and Medicaid are covering home modifications. For example, Medicare Advantage plans can provide social supports such as minor home modifications as supplemental benefits[10]; state Medicaid programs can also cover home modifications through specific home and community-based services (HCBS) waivers.[11] Finally, a new national partnership with states, localities, and private-sector entities offering modification services should also be launched. Ensuring that the National Aging Network is central to these efforts will be critical given their reach to millions of older Americans and their families, homeowners and renters alike.

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[8] "H.R. 4334 – Supporting Older Americans Act of 2020," Congress.Gov, accessed March 28, 2022, https://www.congress.gov/bill/116th-congress/house-bill/4334/text.
[9] "Promoting Aging in Place by Enhancing Access to Home Modifications," Administration for Community Living, accessed March 28, 2022, https://acl.gov/grants/promoting-aging-place-enhancing-access-home-modifications.
[10] Anand Parekh & Katherine Hayes, "Medicare's $31 billion challenge: preventing older adult falls," *The Hill*, May 24, 2017.
[11] "CMCS Informational Bulletin," Centers for Medicare and Medicaid Services, accessed March 28, 2022, https://www.medicaid.gov/federal-policy-guidance/downloads/cib-06-26-2015.pdf.

2. Falls Prevention

The U.S. Department of Health and Human Services should make falls prevention a top departmental priority. A coordinated action plan should be developed to catalyze research, surveillance, implementation of evidence-based programs, and the delivery and financing of proven interventions. The goals of such a plan should be aligned with the Healthy People 2030 goals to 1) reduce fall-related deaths among older adults and 2) reduce the rate of emergency department visits due to falls among older adults.[12] This will require building on existing evidence-based federal falls prevention programs and necessitate strengthened partnership between agencies such as ACL, CDC, NIH, and CMS. The plan should also include a public awareness component and could build upon the CDC's Still Going Strong campaign[13] and the National Council on Aging's National Falls Prevention Resource Center.

In addition to facilitating home modifications by qualified health professionals such as occupational therapists[14], there are a number of key actions that should be taken, many of which will require leadership from CMS.

First, the CDC's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Initiative has established guidelines for healthcare providers who treat older adults at risk of falling, as well as those who have fallen in the past. Central to this is assessing for difficulty with walking, balance, or vision and reviewing medication lists. The CDC estimates that for every 5,000 healthcare providers who adopt the STEADI system, over a five-year period, six million more patients could be screened for falls risk; one million falls could be prevented; and $3.5 billion in medical costs could be saved.[15] Real-world evidence has validated that STEADI fall risk screening and prevention strategies among older adults in the primary care setting can reduce fall-related hospitalizations.[16] CMS should require that the STEADI tool is used by providers conducting an Annual Wellness Visit for Medicare beneficiaries. Individuals at increased risk for falls should be referred to exercise interventions and other multifactorial interventions consistent with the U.S.

[12] "Injury Prevention," Healthy People 2030, accessed March 28, 2022, https://health.gov/healthypeople/objectives-and-data/browse-objectives/injury-prevention.
[13] "Still Going Strong Campaign," Centers for Disease Control and Prevention, accessed March 28, 2022, https://www.cdc.gov/stillgoingstrong/index.html.
[14] Judy A. Stevens & Robin Lee, "The Potential to Reduce Falls and Avert Costs by Clinically Managing Fall Risk," *Am J Prev Med* 55, no. 3 (2018): 290-297.
[15] Grant Baldwin, Matt Breiding, and David Sleet, "Using the Public Health Model to Address Unintentional Injuries and TBI: A Perspective from the Centers for Disease Control and Prevention (CDC), "*NeuroRehabilitation* 39, no. 3 (2016): 345-349.
[16] Yvonne A. Johnston, Gwen Bergen, Michael Bauer, et al. "Implementation of the Stopping Elderly Accidents, Deaths, and Injuries Initiative in Primary Care: An Outcome Evaluation," *The Gerontologist* (2018): doi:10.1093/geront/gny101.

Preventive Services Task Force recommendations on falls prevention in community-dwelling older adults.[17]

Second, CMS should also include the number of falls-related admissions, as opposed to simply the number of patients screened, as a quality measure for alternative payment models and Medicare Advantage plans. This will further incentivize health care entities to focus on falls prevention.

Third, evidence-based community falls prevention programs have the potential to be an important complement to clinical interventions. One program, for example, a Matter of Balance, focuses on reducing fall risk and fear of falling and improving falls self-management. The target audience is adults over the age of 60, who are led by volunteer lay leaders in a structure group intervention that includes problem-solving, skill building, and exercise training over several weeks.[18] An analysis of this program showed that for every 20 program participants, one planned admission for a fall was prevented and overall, participation was associated with a $938 decrease in total medical costs per year.[19] This program has been supported over the last several years through ACL's Falls Prevention program but could be further scaled.

Perhaps most innovative is the CAPABLE model, which is a home-based program that integrates services from an occupational therapist (OT), a registered nurse (RN), and a handy worker who work together with the older adult to change behaviors, learn new skills and exercises, and modify the home to improve function and safety. More than a decade of research has shown that the model decreases hospitalization and nursing home stays saving medical costs and reduces symptoms of depression.[20] It is listed as an evidence-based falls prevention program by the National Council on Aging.[21]

Both Medicare and Medicaid should identify ways to scale these evidence-based programs either through new or existing alternative payment models or through the Medicare Advantage program.

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[17] "Falls Prevention in Community-Dwelling Older Adults," U.S. Preventive Services Task Force, accessed March 28, 2022, https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/falls-prevention-in-older-adults-interventions.
[18] "Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs," accessed March 28, 2022, https://www.o3a.org/files/2019/06/CHART-Highest-Tier-EBPs-January-2019.pdf.
[19] Centers for Medicare and Medicaid Services, Report to Congress, https://innovation.cms.gov/Files/reports/CommunityWellnessRTC.pdf.
[20] "Community Aging in Place-Advancing Better Living for Elders (CAPABLE)," Johns Hopkins School of Nursing, https://nursing.jhu.edu/faculty_research/research/projects/capable/.
[21] "Evidence-Based Falls Prevention Programs," NCOA, last modified January 1, 2021, https://www.ncoa.org/article/evidence-based-falls-prevention-programs.

Conclusion

Thank you for your leadership in addressing these issues. With the share of elderly Americans continuing to grow in this country, it will be more important than ever to strengthen public-private partnerships to prevent home-related injuries. This will be especially important for the Americans who are very elderly, frail, low-income, and residents of older housing stock. Please let me know if I, or the Bipartisan Policy Center, can be of further assistance.