

United States Senate Special Committee on Aging

***Preventing Falls, Preserving Independence: Technology, Community Programs,  
and Innovation in Senior Safety***

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Chairman Scott, Ranking Member Gillibrand, and distinguished members of this Committee, thank you for the opportunity to speak before you today. I am honored to represent my colleagues, our partners, and the work we do at the Area Agency on Aging of Pasco-Pinellas in St. Petersburg, Florida. It is a distinct privilege to advocate on behalf of the thousands of seniors and caregivers we serve and to speak on this vital topic that impacts 1 in 4 Americans, age 65 and older, each year<sup>1</sup>.

### **The Reality of Falls**

If I were to ask you what your plans are for your “golden years,” most of us are not making plans to limit our activities because we will have a fear of falling, or worse, making plans on how we are going to care for ourselves after experiencing a fall that results in a serious injury. Unfortunately, the stark reality of falls and their reverberating impacts suggest that maybe we should be making these plans.

More than 14 million Older Adults, age 65 and older, report experiencing a fall each year and falls remain the leading cause of fatal and nonfatal injuries among Older adults<sup>1</sup>. \$80 billion in healthcare costs were estimated to be spent in 2020 on the treatment of non-fatal injuries from a fall among Older Adults with 71% of those costs paid for by Medicare or Medicaid<sup>2</sup>. That cost is expected to rise to \$101 billion by 2030<sup>3</sup>.

Even if an Older Adult never experiences a fall, the fear of falling still exists for a majority of those over the age of 65. A fear of falling can lead to an avoidance of physical activities, functional limitations, and increases in social isolation<sup>4</sup>. This can all compound to reduce an Older Adults' quality of life and thus, impact their ability to live well and independently in the setting that they choose.

## **The Power of the Older Americans Act**

The good news is that, through the Older Americans Act (OAA), Older Adults and communities are not powerless against the growing impacts of falls and the fear of falling. Signed into law during the same month and year as Medicare and Medicaid, and for more than 50 years, the OAA has connected Older Adults and their caregivers to services that help older adults age with health, dignity, and independence in their homes and communities<sup>5</sup>. The OAA represents the national commitment to assisting Older Adults to age at home and is the cornerstone of the nation's non-Medicaid home and community-based services system. Each year, through the OAA, more than 14 million older Americans receive critical support from the nationwide Aging Network, which consists of State Units on Aging, Area Agencies on Aging (AAAs), Title VI Native American Aging Programs and tens of thousands of local service providers<sup>6</sup>. AAAs were formally established in the 1973 OAA as the "on-the-ground" organizations charged with helping vulnerable older adults age well at home. AAAs have since served as the local leaders on aging by planning, developing, funding, and implementing local systems of coordinated aging and other home and community-based services (HCBS) for consumers in their Planning and Service Areas<sup>7</sup>.

The OAA provides community resources for Older Adults to access a wide array of programs and services that address the social determinants of health and that keep Older Americans in their own homes and communities, including:

- information and referral to find help for their challenges with aging or caregiving;
- congregate and home-delivered meals to address hunger, malnutrition, and social isolation;

- the provision of in-home care to support the dignity and autonomy of remaining in one's home;
- home modifications which can also prevent falls;
- transportation;
- adult day care and other supportive services for both seniors and their families;
- the prevention of elder abuse; and
- evidence-based health and wellness programs to promote healthy aging, prevent falls, and manage chronic diseases<sup>6</sup>.

Specifically, through OAA Title IIID Evidence-Based Health Promotion and Disease Prevention programs, the Aging Network has a powerful tool to aid in the prevention of falls through falls prevention programs such as A Matter of Balance. Evidence-based falls prevention programs are simple, cost-effective interventions that offer treatments that promote behavior change and leverage community networks. Studies have shown that participation in these programs can improve confidence, decrease fear of falling, and result in fewer falls and fall-related injuries. Many of these programs also involve medication reviews and provide home hazard assessments to reduce the risk of falls. These programs have been rigorously tested and are typically conducted one or more times per week over several weeks in community settings<sup>8</sup>.

### **Impact of Evidence-Based Falls Prevention Programs**

There are many falls prevention programs that meet the Administration for Community Living's criteria for evidence-based falls prevention programs, and all programs are listed on the [acl.gov](http://acl.gov) website<sup>8</sup>. In Florida, these programs include:

- **A Matter of Balance:** An eight-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels for Older Adults. Participants learn behavior changes related to falls and set realistic goals to increase activity<sup>9</sup>.
- **Bingocize:** A 10-week program that combines a bingo-like game with exercise and health education. The program has been shown to increase Older Adults' functional fitness, health knowledge, and social engagement in a variety of settings<sup>9</sup>.
- **EnhanceFitness:** A low-cost, evidence-based group falls prevention and physical activity program developed specifically for Older Adults. Classes meet three times per week for one hour each session and focus on four key areas: low impact cardiovascular; dynamic/static balance work, strength training and stretching<sup>9</sup>.

The Area Agency on Aging of Pasco-Pinellas, with OAA funds that are contracted through the Florida Department of Elder Affairs, has forged over 61 public/private partnerships to provide the evidence-based falls prevention programs of A Matter of Balance, Bingocize, and Enhance Fitness to over 753 Older Adults over the last year. Because of our partnerships with residential communities, our local hospital systems, local YMCA branch, senior centers, and libraries, we are meeting Older Adults where they are in the community and equipping them with more than just a few tips on how to reduce falls. These programs are proven to empower Older Adults to reduce their fear of falling, increase their coordination and balance, engage in strength training or other

physical activity, and build environmental awareness that is necessary to prevent a fall before it happens or reduce the chance of another fall occurring<sup>10,11,12</sup>.

The benefit of these programs can easily be summed up by Ms. S, an 82-year-old who took A Matter of Balance at the clubhouse in her neighborhood. Ms. S said, “I am more mindful, aware, and confident. I know what to do to avoid a fall and I know what to do if I fall. Who knew an 8-week class about falling would be fun.”

While the work to prevent falls will continue, we must also work to reduce the “long lie” or the time an Older Adult remains on the floor after a fall. Older Americans Act Title IIIB Supportive Services funding, often used for home modifications to increase safety in the home, can also be used by AAAs to provide wearable emergency alert response and fall detection technology that allows for 24/7 monitoring and emergency assistance at the detection of a fall or the press of a button. In West Central Florida, over a quarter of Older Adults live alone and are often far away from family. Beyond dispatching emergency services, this technology keeps remote families informed in real-time. A recent activation in our area allowed a daughter to coordinate directly with paramedics and provide vital medical history after her mother, who lives alone, had fallen. By equipping Older Adults with these devices in our service area, this technology has been able to transform potentially fatal isolation into a connected, responsive network that supports the independence of Older Adults.

Unfortunately, federal funding for OAA Titles IIID and IIIB hasn’t kept up with demand for these proven preventative measures to prevent falls. For OAA Title IIID, there is only \$26 million for all 600+ AAAs around the country to share for evidence-based falls programs and all other evidence-based programs, such as the Chronic Disease Self-

Management Program. These programs are not inexpensive to administer due to the importance of ensuring fidelity to the evidence base, so this current appropriation level is woefully inadequate, yet the value of preventing costly falls makes them well worth the federal investment.

### **National Fiscal Benefits and Policy Implications**

Not only are evidence-based falls prevention programs beneficial to Older Adults, but the programs also demonstrate extraordinary fiscal efficiency. The National Council on Aging (NCOA) notes that avoided falls yield an estimated average savings of \$3,904.13 per program participant totaling over \$1.07 billion in savings across the 275,462 participants who took an evidence-based falls prevention program between 2014-2024. When measured against a \$45 million investment in program delivery, the return on investment ranged from \$8.36 to \$38.04 for every dollar spent on falls prevention programs<sup>13</sup>. The average implementation cost is approximately \$163 per participant and is modest compared to the potential per capita savings of \$1,500 to \$6,300 per participant.

Approximately 67% of fall-related costs are paid for by Medicare, 4% by Medicaid and the remaining 29% paid directly by Older Adults and their families. With the increased concern on federal health care spending, the impact of falls prevention programs on the reduction in hospitalizations, emergency department visits, and long-term care admissions undeniably signal federal and state budget relief. According to data from 2020, the total health care cost of non-fatal Older Adult falls is \$80 billion per year. However, a \$45 million investment in falls prevention programs could save the federal government between \$263 million and \$1.2 billion in Medicare and Medicaid costs

annually. These findings provide compelling evidence that evidence-based falls prevention programs provide participants with substantial health benefits and nationally, significant economic benefits<sup>13</sup>.

## **The Path Forward**

Falls do not have to be an inevitable part of aging. They can be a preventable health event using existing and proven interventions. The reauthorization and adequate funding of the Older Americans Act gives Congress the opportunity to ensure that the more than 600 Area Agencies on Aging that serve every area of the United States can continue to provide evidence-based falls prevention programs and safety technology that is cost-effective and community-focused. Not only will this reduce the risk of falls, but it will increase the overall wellness of Older Adults to live well where they choose to and alleviate fall-related injury costs on an already strained healthcare system.

I thank Chairman Scott, Ranking Member Gillibrand, and the members of this committee for their leadership and support of a reauthorized Older Americans Act to continue to help Older Adults live well. I sincerely thank you for the opportunity to speak today.

<sup>1</sup>Centers for Disease Control and Prevention, [Older Adult Falls Data](#)

<sup>2</sup>Haddad, et al. [Healthcare Spending for Non-Fatal Falls Among Older Adults](#)

<sup>3</sup>Houry, et al. [The CDC Injury Center's Response to the Growing Public Health Problem of Falls Among Older Adults](#)

<sup>4</sup>Schoene, et al. [A Systematic Review on the Influence of Fear of Falling on Quality of Life in Older People](#)

<sup>5</sup>USAgings, [Older Americans Act: Get the Facts](#)

<sup>6</sup>USAgings, [Policy Priorities 2026: Promote the Health, Security and Well-Being of Older Adults](#)

<sup>7</sup>USAgings, [Area Agencies on Aging: Local Leaders in Aging Well at Home](#)

<sup>8</sup>Administration for Community Living, [Evidence-Based Falls Prevention Programs](#)

<sup>9</sup>National Council on Aging, [Evidence-Based Falls Prevention Programs](#)

<sup>10</sup>Bingocize, [About Bingocize](#)

<sup>11</sup>Maine Health, [About A Matter of Balance](#)

<sup>12</sup>Sound Generations in collaboration with the University of Washington Health Promotion Research Center, [About Enhance Fitness](#)

<sup>13</sup>National Council on Aging, [Evidence-Based Programs ROI Assessment Report: Falls Prevention Programs](#)