

Written Testimony of Jennifer Raymond

“Lessons from the Field:

How Sports Medicine Can Improve Health Outcomes for Seniors”

Wednesday, June 25, 2025, 3:30 p.m.

Chairman Scott, Ranking Member Gillibrand, and members of the Committee, thank you for the opportunity to speak before you today. My name is Jennifer Raymond, and I am honored to serve as the Chief Strategy Officer for AgeSpan, an Area Agency on Aging located in Lawrence, Massachusetts. We are one of 614 AAAs across the country, helping our older adults stay independent. On behalf of these agencies, as well as the older adults and family caregivers they serve, I want to first thank you for your ongoing efforts to meet the needs of our aging population through the Older Americans Act.

And thank you for your attention on the importance of physical wellness for older adults. The consequences of physical inactivity among older adults are catastrophic. They include a decline in overall function, increased risk for chronic diseases, increased frailty and a heightened risk for depression and cognitive decline. Despite these consequences, more than 1 in 4 older Americans are physically inactive¹. The reasons for inactivity are many and varied: a fear of injury, lack of confidence in their ability to exercise safely, and even a lack of motivation to begin exercise.

Across Massachusetts and throughout this country, Area Agencies on Aging (AAAs) and their partners offer effective physical activity programs that both promote exercise and help individuals overcome the motivational and behavioral barriers that contribute to inactivity. For example, May C. from Quincy, who was able to safely abandon her walker after improving her balance through an evidence-based program called A Matter of Balance. And Maria A, who, despite her frailty, now participates in virtual physical activity classes, from the comfort of her own home thanks to our AAA’s digital access program.

One of the most important benefits of increased physical activity for older adults relates to the prevention of falls. Falls can be detrimental to a senior’s life. They can result in hip fractures, head trauma, other serious injury, and even death. They often reduce mobility, take away a senior’s ability to live independently and can make people afraid to leave their home, increasing loneliness and isolation.

Every year in this country, more than 14 million Americans 65 or older (or 1 out of every 4) suffer a fall². In 2021, emergency room departments reported 3 million visits due to older adult

¹ Watson KB, Carlson SA, Gunn JP, et al. Physical Inactivity Among Adults Aged 50 and Older-United States, 2014. MMWR Morbidity and Mortality Weekly Report 2016;65:954-958. DOI:<http://dx.doi.org/10.15585/mmwr.mm6536a3>.

² Kakara R, Bergen G, Burns E, Stevens M. [Nonfatal and Fatal Falls Among Adults Aged ≥65 Years—United States, 2020–2021](#). MMWR Morbidity and Mortality Weekly Report. 2023;72:938–943. DOI: 10.15585/mmwr.mm7235a1.

falls³. The total health care costs for these falls are over \$80 billion per year⁴. Of these costs, 67% is paid for by Medicare, 4% by Medicaid, and 29% by older adults and their families⁵.

Today, many AAAs partner with family health centers, primary care providers, and managed care to reduce falls risks. First, our health care partners screen and identify older adults at risk for falls. Then, they refer those individuals to networks of AAAs for falls intervention. This might include a physical activity program, assistance with home modifications to address falls hazards, and even the provision of medically tailored meals to make them more ready for physical activity. These referrals allow us to take a more holistic approach to addressing the needs of the individual and create a shared care plan to improve outcomes.

There is much we can do to support older adults in their desire to age in place, stay physically active, and avoid falls. To further these goals, we must:

1. Support robust funding for community-based physical activity and falls prevention through the Older Americans Act, specifically Titles IIID Evidence-Based Health Promotion and Disease Prevention and Title IIIB Supportive Services.
2. Educate health care providers about falls prevention through tools like the STEADI program, which assists providers in integrating falls prevention to their clinical practices.
3. Encourage prescription for physical activity and falls prevention by health care providers and allowing for appropriate reimbursement for effective interventions offered in the community.
4. Continue investment in research related to physical activity and falls prevention for all older adults, including those with physical frailty, those with disability, and those with cognitive decline.

If we are serious about a healthy America, we cannot ignore the impact of physical inactivity and falls among older adults. Area Agencies on Aging stand ready to partner with health care, older adults, and family caregivers to address this challenge. Investments today will not only allow older adults to thrive independently but will also help stem the costs for our health care system for years to come.

Thank you again for the opportunity to speak with you today and for your support on this issue. I look forward to your questions and working together to support our country's older adults.

³ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#) [online]. Accessed March 11, 2024.

⁴ Haddad YK, Miller GF, Kakara R, et al. Healthcare spending for non-fatal falls among older adults, USA Injury Prevention 2024;30:272-276.

⁵ Haddad YK, Miller GF, Kakara R, et al. Healthcare spending for non-fatal falls among older adults, USA Injury Prevention 2024;30:272-276.