

Healthy Aging Grants

Reducing falls. Managing chronic conditions. Reducing costs.

Today, one in four Wisconsinites is 60 or older; by 2040, it will be one in three. The demand for services, health care and long-term care is growing. But what if we could reduce that demand by improving the health and well-being of people as they age?

Healthy Aging Grants can do just that!

Research has demonstrated that people — at any age — can learn and carry out effective strategies to reduce their falls risk, better manage chronic health problems, increase physical activity and improve overall physical and mental wellness.

To that end, the Wisconsin Institute for Healthy Aging (WIHA) and its community partners support a state budget appropriation to fund the researched and proven strategies that give older people, their families and caregivers the tools to protect their own health and wellness by addressing these key areas:

Preventing Older Adult Falls

Falls are the number one cause of injuries in older adults and are a key driver of emergency department (ED) visits, hospitalizations and nursing home admissions. One in four older adults has a fall each year and, sadly, Wisconsin has the highest rate of deadly falls in the nation.¹ Yet, there is no state investment in falls prevention.

- An estimated \$1 billion is spent annually on falls-related health costs in Wisconsin which includes both Medicaid and out-of-pocket expenses.²
- Falls represent an increasing percentage of 911 calls taxing local EMS and emergency department (ED) capacity. Several Wisconsin fire departments have reported the percentage of fall-related calls to be 30-40%. National data indicates that half of the calls requiring lift-assist resulted in a second lift-assist call within two weeks.³

The good news is that while common, falls are not a normal part of aging. They can be prevented with state investment in evidence-based prevention efforts.



Budget Request:

\$600,000

annual state investment in Healthy Aging Grants to:

Reduce falls in older adults and associated injury-related costs

#1

Wisconsin has the highest death rate due to falls in the country among older adults (CDC)

Manage chronic conditions and increase physical activity to reduce costs and improve wellness

95%

of older adults have at least one chronic condition; 80% have two or more. (CDC)

The Falls Free Wisconsin Center – Launching in 2023, the Falls Free Wisconsin Center along with community partners statewide will provide:

- Virtual falls-risk assessments and interactive tools to reduce risk
- State and local public awareness campaigns to help consumers find and access prevention resources
- Support for local prevention programs and initiatives
- Coordination of Wisconsin's statewide falls prevention coalition
- Support and resources for emergency service and health professionals
- Sustainability and expansion of Stepping On — an evidence based program shown to reduce falls by 31%. To date, over 21,000 people in Wisconsin have participated in the Stepping On program.

State investment in Healthy Aging Grants will ensure the long-term sustainability of the Falls Free Wisconsin Center and expand access to Stepping On and other programs to reach more people, reduce falls and save dollars.

Managing Chronic Conditions & Promoting Physical Activity

Nearly 95% of older adults have at least one chronic condition such as heart disease, diabetes, or arthritis; 80% have two or more.⁵

- 90% of the nation's health care expenditures are for chronic conditions⁶
- The direct costs to the Medicaid system are estimated at \$1.15 billion annually in Wisconsin⁶
- 37% of adults age 65 and older engage in no leisure-time physical activity⁷

WIHA offers physical activity and chronic disease self-management programs — taken by over 20,000 people in Wisconsin — that focus on behavior change and are evidence-based to reduce health care utilization, improve outcomes, and reduce the risk of moderate or severe functional limitations.

State investment in Healthy Aging Grants will sustain the infrastructure needed to support local program providers and ensure that programs are accessible to people throughout the state. Together, we can reduce falls, better manage chronic conditions, increase physical activity and preserve independence — all while reducing the burden and costs to health care and public safety.

1. CDC: <https://www.cdc.gov/falls/data/fall-deaths.html>

2. Based on the CMS figures from 2014 and CMS-based inflation rates.

3. National Council on Aging: Partnering with Fire and Emergency Medical Services to Prevent Falls <https://ncoa.org/article/partnering-with-fire-and-emergency-medical-services-to-prevent-falls>

4. Clemson, Lindy, et al., "The Effectiveness of a Community-Based Program for Reducing the Incidence of Falls in the Elderly: A Randomized Trial," *Journal of American Geriatrics Society*, 52:1487-1494, 2004.

5. National Council on Aging. Chronic Inequities: Measuring Disease Cost Burden Among Older Adults in the U.S. A Health and Retirement Study Analysis. Page 5, Figure 2. April 2022. Found on the internet at <https://ncoa.org/article/the-inequities-in-the-cost-of-chronic-disease-why-it-matters-for-older-adults>

6. CDC: <https://www.cdc.gov/chronicdisease/about/costs/index.htm>

7. National Health Interview Survey (NHIS); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)

About WIHA

The Wisconsin Institute for Healthy Aging — a 501(c)(3) non-profit organization — provides leadership to falls prevention efforts and offers evidence-based health promotion programs through a provider network that includes Aging & Disability Resource Centers, public health agencies, health care and community-based organizations.

To date, over 45,000 people have participated in WIHA programs statewide. But programs would not be available without WIHA engaging new providers, training new facilitators, providing technical assistance, collecting and managing data, and promoting available programs.

Healthy Aging Grants are key to the sustainability of these efforts.



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