

April 19, 2004, New York City

City Hall Testimony re: Int.58, the Grab Bar Bill

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I am very pleased to have the opportunity to talk with you about the Grab Bar bill before you today that has the potential to reduce staggering human and financial costs to older adults themselves, their caregivers, and to NYC collectively. For more than 25 years, I have worked as a clinician and educator in the field of aging, rehabilitation and health promotion. For the last 15 years, fall prevention has become a critical component of my teaching and research. In fact, each year, I place 35-45 occupational therapy students in community agencies that serve the elderly, where they conduct health promotion workshops, the most popular one being fall prevention. As an advisor to the National Safety Council, through their “Alliance to Prevent Falls as We Age” Committee, I played a role in defining fall risks and assisted in the development of strategies to prevent falls.

Why is fall prevention of critical importance? According to the Centers for Disease Control, falls in the home and community caused or led to 11,600 deaths in 2001 alone (CDC, 2003). We know that one-third of adults over age 65 fall each year, and of those who fall, 50% do so repeatedly. For those 75 and over, the fall rate each year increases to 40% or more, depending on which literature you read on the topic. Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip, forearm, leg, and hand fractures or head trauma that reduce mobility and independence, requiring costly health care services, such as emergency room treatment, hospitalization, a variety of home care services and/or institutionalization. In 2001, for example, more than 1.6 million older adults in the U.S. were treated in emergency departments for fall-related injuries and nearly 388,000 were hospitalized (CDC, 2003). Most patients with hip fractures are hospitalized for about one week (Popovich, 2001). Up to 25% of community-dwelling older adults who sustain hip fractures remain institutionalized for at least a year (Magaziner, 2000). Of fall-related deaths, 41% take place in the home, according to the National Center for Health Statistics.

The problem will only get worse if we close our eyes to the needs of older adults, who will be us in the not too distant future. From 2000 to 2040, the number of people age 65 or older in the U.S. is projected to increase from 34.8 million to 77.2 million. For people over age 85, the growth rate is even faster (U.S. Bureau of the Census, 1998). Given our aging population, the number of hip fractures is expected to exceed 500,000 per year (Cummings, 1990).

New York City has a disproportionate number of older adults who are at the poverty rate—double the national average, 20% vs. 10% (CSCS, 2003). As the population ages, older New Yorkers will require more public health services, and research shows that 80% of the elderly want to “age in place” in their own homes. Families (80%) assist their older relatives to stay at home, creating a loss in workforce productivity that according to a report by MetLife costs private industry \$29 billion a year in lost revenues from care giving responsibilities (CSCS, 2003). As New Yorkers age, so will their adult care giving family members, who become more vulnerable to stress related illnesses and injuries, such as those sustained from lifting and transferring their relatives on and off toilets and in and out of bathtubs.

I’ve just painted a dismal picture for you. But, there is some good news! There is evidence-based research to indicate that many falls are preventable. In recent research that I conducted with a colleague (Miller and Pantel, 2003), the majority of older adults in the study reported lack of confidence in being able to get in and out of the bathtub without falling. Fear of falling in the home is both a cause and consequence of falls. This is not surprising. Slippery surfaces in the home have been identified as a major risk factor for falls, and several intervention studies, conducted in our country, in England, Australia, and in Scandinavia include recommendations to install grab bars in the bathroom, as well as using bathtub and shower safety treads in order to reduce fall risk (Cumming, Thomas, et al., 1999; McMurdo, Millar, et al., 2000; Rodriguez, Baughman, et al., 1995; Stevens, Holman, Bennett, and deKlerk, 2001; van Haastregt, Diederiks, et al., 2000).

The National Safety Council, the National Council on Aging, and the Centers for Disease Control consistently describe the importance of prevention strategies, such as home safety modifications, if we are going to meet the objectives for the nation of reducing falls, serious injuries and their costly complications. The list of modifications always includes installation

of grab bars. Advocacy for the elderly and action on a community-wide basis are essential if we are going to maximize safe functioning for our older adults. The U.S. Health Department, according to the extensive report, "Healthy People 2010," stated that no progress was made toward targeted objectives in the area of reducing unintentional injuries, e.g., hip fractures and fall-related deaths. Passing this bill will be a very important step in that direction.

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