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CDC Home

Search

National Center for Injury Prevention and Control

Facts

Data

Publications

Funding

Search

Contact Us

OLDER ADULT FALLS

- [Preventing Falls Among Older Adults](#)
- [Brochures and Posters](#)
- [Figures and Maps](#)

Fact Sheets

- [Falls Among Older Adults: An Overview](#)
- **Costs of Falls Among Older Adults**
- [Hip Fractures Among Older Adults](#)
- [Falls in Nursing Homes](#)
- [CDC Fall Prevention Activities](#)

Unintentional Injury

- [Overview](#)

Costs of Falls Among Older Adults

How big is the problem?

- More than one third of adults 65 and older fall each year (Hornbrook et al. 1994; Hausdorff et al. 2001).
- Of those who fall, 20% to 30% suffer moderate to severe injuries that make it hard to get around or live alone and increase the chance of early death (Alexander et al. 1992).
- Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes (Alexander et al. 1992).



How do we calculate costs?

The costs of fall-related injuries are often shown in terms of direct costs.

- Direct costs are what patients and insurance companies pay for the treatment of fall-related injuries. These costs include fees for hospital and nursing home care, doctors and other professional services, rehabilitation, community-based services, use of medical equipment, prescription drugs, changes made to the home, and insurance processing (Englander et al. 1996).
- Direct costs do not account for the long-term effects of these injuries, such as disability, dependence on others, lost time from work and household duties, or reduced quality of life.

How costly are fall-related injuries among older adults?

- A study of people 72 and older found that the average health care cost of a fall injury was \$19,440 (including hospital, nursing home, emergency room, and home health care, but not doctors' services) (Rizzo et al. 1998).
- The total direct cost of all fall injuries for people 65 and older in 2000 was slightly more than \$19 billion: \$0.2 billion (\$179 million) for fatal falls, and \$19 billion for nonfatal falls (Stevens et al. 2006).
- By 2020, the annual direct and indirect cost of fall injuries is expected to reach \$43.8 billion (in current dollars) (Englander et al. 1996).

How do these costs break down?

Age and sex

- The costs of fall injuries tend to increase with age (Stevens et al. 2006).
- In 2000, the costs of both fatal and nonfatal falls were higher for women than for men (Stevens et al. 2006).
- Medical costs for women, who made up 58% of older adults in 2000, were two to three times higher than for men (Stevens et al. 2006).

Type of injury and treatment setting

- In 2000, nearly two thirds of the costs for nonfatal fall injuries were for those needing hospitalization. One fifth of costs were for injuries treated in emergency rooms (Stevens et al. 2006).
- Fractures were both the most common and most costly type of nonfatal injuries. Just over one third of nonfatal injuries were fractures, but they made up 61% of costs—or \$12 billion (Stevens et al. 2006).
- Hip fractures are the most frequent broken bones from falls. In the United States, 44% of direct health care costs for hip fractures are for hospitalization (Barrett-Connor 1995).
- Traumatic brain injuries and injuries to the hips, legs, and feet were the most common and costly fatal fall injuries in 2000. They made up 78% of fatalities and 79% of costs (Stevens et al. 2006).
- Injuries to internal organs caused 28% of deaths and accounted for 29% of costs from fatal falls (Stevens et al. 2000).

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