national council on aging

The National Prevention Resource Center: Get the Facts on Return on Investment of Evidence-Based Fall Prevention Programs

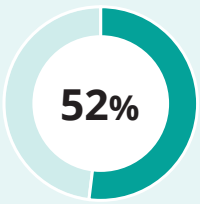
Evidence-based falls prevention programs are clinically effective and fiscally sound. With returns on investment as high as $38 per $1 invested, they represent one of the most efficient public health interventions to promote independence, reduce costs, and support aging well for all.

Why It Matters

- Falls are the leading cause of fatal and non-fatal injuries among adults 65+.
- Over 36 million falls occur annually, costing $80 billion in medical expenses, mostly covered by Medicare.
- Preventing falls saves lives, preserves independence, and reduces federal and state health care spending.

Key Findings

Health & Well-Being



- Average reduction in falls of 52%
- Average reduction in injurious falls of 56%
- Decrease in fear of falling and fall related anxiety
- Improvement in loneliness

Healthcare Use

- ER visits due to falls down 18%
- Hospitalizations due to falls down 26%
- Outpatient visits due to falls down 16%

Cost Savings to Medicare, Medicaid, and Older Adults

- Savings per participant: $1,500 – $6,300
- Total savings: $420 million – $1.76 billion
- Program cost: $45 million
- Return on Investment: $8 – $38 saved per $1 invested

Implications

- Medicare pays 67% of fall costs; Medicaid adds 4% → savings translate directly into federal/state budget relief
- Programs advance federal priorities: Aging in place and preventive care

Recommendations to Scale Programs:

1. Expand federal funding for evidence-based fall prevention programs.
2. Integrate fall prevention incentives into federally supported health plans through reimbursement codes or supplemental benefits requirements.
3. Engage private sector stakeholders such as private health plans and healthcare providers.
4. Increase dissemination of virtual and toolkit (self-paced) models to reach rural communities and populations with limited access to transportation.
5. Improve data infrastructure to capture healthcare utilization costs, enabling more robust ROI evidence.
6. Invest in standardized cost tracking across grantees to support comparable ROI measurement nationwide and build the evidence infrastructure needed to scale effective falls prevention programs.

The Study

- Evidence from the National Council on Aging (NCOA) ROI Assessment (2014–2024)
- Data Source: Healthy Aging Programs Integrated Database (HAPID)
- Sample: 275,000+ older adults in ACL-funded evidence-based programs (2014–2024)
- Programs Evaluated: Fall prevention programs such as A Matter of Balance, Tai Ji Quan, Otago, Stepping On, etc.
- Methods: Longitudinal regression models measuring health, psychosocial, and healthcare utilization outcomes, monetized with national cost estimates.

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