KinKeeper

RESEARCH WHITE PAPER

ELDER FALLS AND SAFER HOMES

Preventing Falls Without Taking Over

What the evidence says about movement, health, medicines, home design, and a family role that protects independence.

EVIDENCE CUTOFF

July 15, 2026

COMPANION COURSE

Fall Prevention & Safer Home Playbook

WELLBEING PRIVACY MONEY IDENTITY

Educational guidance. This paper does not assess an individual's fall risk or replace professional advice.

EXECUTIVE BRIEF

A safer home supports independence. It is not the whole answer.

Falls are common, serious, and often shaped by more than one factor. A dim hallway may matter. So may a new medicine, a change in vision, weaker leg strength, dizziness on standing, hurried movement, or a walking aid that no longer fits. The useful question is not, 'Who was careless?' It is, 'What changed, and which part can we improve?'[5][7][9]

The strongest evidence in community-dwelling older adults supports exercise interventions for people at increased risk, most often using gait, balance, functional, and strength work. Multifactorial programs can also help, but their value depends on the person and the risks found. That is why a room-by-room checklist is useful but incomplete: visible hazards are one layer in a broader system.[5][6][8]

The practical takeaway

Notice falls, near misses, and new changes. Improve the simplest useful factor. Share the pattern with the right person. The older adult should stay part of every decision.

THREE LAYERS OF A DURABLE RESPONSE

01

Movement

Ask what strength, balance, gait, or functional activity is appropriate for the individual.

02

Health

Share falls, dizziness, vision changes, medicine effects, and new unsteadiness with the right clinician.

03

Environment

Make ordinary routes clearer, brighter, easier to reach, and properly supported.

Sources: USPSTF [5]; AHRQ evidence review [6]; CDC STEADI [7]; NIA [9].

WHY THIS MATTERS

The scale is national. The response is personal.

CDC reports that more than 14 million adults age 65 and older - about one in four - report falling each year. About 37% of those who report a fall also report an injury that requires medical treatment or restricts activity for at least a day. The age-adjusted fall death rate rose 21% from 2018 to 2024.[1]

14M+

ADULTS REPORTING A FALL

Annual U.S. estimate for adults age 65 and older.[1]

3M

EMERGENCY VISITS

Approximate annual older-adult fall-related visits.[2]

$80B

NONFATAL FALL SPENDING

Modeled 2020 U.S. healthcare spending; estimate has uncertainty.[15]

Age is not an explanation

Population risk rises with age, but 'age' does not identify why one person fell. A useful response looks for modifiable factors without treating the person as incapable.

WHAT FAMILIES SHOULD PROTECT

- Honesty: make it safe to mention a fall or near miss before a pattern becomes a crisis.
- Movement: do not answer fear with blanket inactivity; ask what activity is appropriate.
- Choice: agree on one practical change together instead of redesigning a life from the outside.
- Follow-through: visible home fixes and health concerns should reach the qualified person who can address them.

Sources: CDC falls data [1]; CDC facts [2]; NCHS [3]; healthcare spending study [15].

READ THE NUMBERS CAREFULLY

Different systems count different parts of the problem

This paper keeps survey estimates, medical utilization, mortality, and modeled spending separate. They describe different years, populations, and outcomes.

01

Self-reported falls

BRFSS asks community-dwelling adults about falls. Estimates can be affected by recall, nonresponse, and who is not included.[1][4]

02

Medical care

Emergency-department and hospitalization counts capture treated events, not every fall or every injury.[2]

03

Deaths

NCHS mortality data identify falls recorded as the underlying cause of death. Rates are population measures.[1][3]

04

Spending

The $80 billion figure is a modeled estimate for nonfatal falls in 2020, with a wide confidence interval and acknowledged confounding.[15]

Definition used here

A fall is treated as an unplanned descent to the floor, ground, or a lower level. A near miss is not a formal surveillance category in this paper; it is a practical signal that someone caught themselves or almost went down.

A claim we do not make

No checklist, product, course, or family routine can guarantee that a fall will not happen. The goal is to reduce avoidable risk and make a response easier.

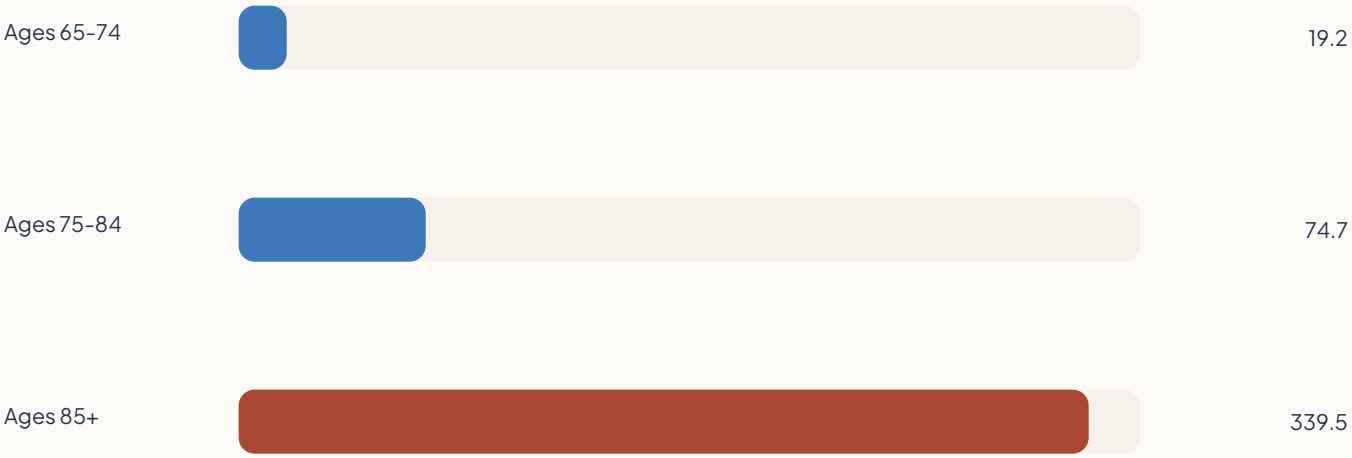
Sources: CDC data [1]; CDC facts [2]; NCHS [3]; MMWR [4]; Haddad et al. [15].

THE REPORTED SCALE

Falls are common; serious outcomes are not evenly distributed

Annual fall estimates describe millions of people. Mortality rates rise sharply across older age groups, but that gradient should guide attention - not become a shortcut for judging one person's ability.[1][3]

UNINTENTIONAL FALL DEATHS PER 100,000, UNITED STATES, 2023



What the trend does say

Final 2023 data show the rate at ages 85 and older was about 18 times the rate at ages 65-74. Current CDC data also show the overall age-adjusted rate increased between 2018 and 2024.[1][3]

ANNUAL OUTCOMES ARE SEPARATE ESTIMATES

14M+	3M	1M
report a fall	emergency visits	hospitalizations

Sources: CDC older-adult falls data [1]; CDC facts [2]; NCHS Data Brief 532 [3].

A SYSTEMS PROBLEM

A fall often begins where several small factors meet

The same rug may be harmless for years and become relevant when light, vision, balance, urgency, footwear, or medicine effects change. Looking across categories is more useful than looking for a single culprit.[5][7][9]

Body and movement

Strength, gait, balance, feet, pain, and how a person moves through ordinary tasks.

Health and senses

Vision, hearing, postural blood pressure, chronic conditions, cognition, and sleep.

Medicines and substances

Dizziness, sleepiness, confusion, interactions, and alcohol-related effects.

Home and routine

Lighting, surfaces, stairs, support, reaching, clutter, pets, weather, and rushing.

The case for a near-miss conversation

A near miss can reveal the same overlap before an injury. Ask what happened immediately before it: the route, the task, the light, the symptom, the footwear, and whether anything had recently changed.

Clinical boundary

An online paper can help someone notice a pattern. It cannot determine an individual's cause or prescribe an exercise, medicine change, walking aid, or home modification.

Sources: USPSTF [5]; CDC STEADI [7]; NIA falls guidance [9].

02

What the evidence supports

The clearest finding is not a gadget or a perfect checklist. It is a layered response, with appropriately chosen exercise at the center for people at increased risk.

Sources: USPSTF 2024 recommendation [5]; AHRQ evidence update [6].

THE STRONGEST INTERVENTION SIGNAL

Movement is prevention, when it fits the person

The USPSTF recommends exercise interventions for community-dwelling adults age 65 and older who are at increased risk for falls. Across the trials it reviewed, exercise most often included gait, balance, and functional training; strength and resistance work was also common.[5]

37 trials

The AHRQ review included 16,117 participants in exercise trials. Exercise had the most consistent evidence across several fall outcomes.[6]

COMMON COMPONENTS IN THE EVIDENCE

Gait and function

Practice that relates to standing, walking, turning, and daily movement.

Balance

Activities that challenge and improve postural control at an appropriate level.

Strength

Resistance work that supports legs and other muscles used in daily tasks.

Endurance and flexibility

Included in some multicomponent programs alongside balance and strength.

The safe next question

Ask a health professional what type and level of activity fits the person's health, current function, and fall history. Do not start the hardest balance routine found online.

Sources: USPSTF recommendation [5]; AHRQ systematic evidence update [6]; HHS activity guidelines [11].

MATCH THE RESPONSE TO THE FACTOR

Health, senses, and medicines belong in the same conversation

A multifactorial assessment can consider gait, balance, vision, postural blood pressure, medicines, the environment, cognition, and psychological health. The USPSTF recommends individualizing whether to offer this broader approach rather than treating it as an automatic package for everyone.[5]

1

Share a fall or near miss

Tell a clinician about falls, repeated near misses, new unsteadiness, or fear that is changing daily activity.[2][9]

2

Describe the change

Note when it began, what the person was doing, dizziness or weakness, and whether the pattern is repeating.

3

Bring the medicine list

Include prescriptions, over-the-counter medicines, and supplements. Ask about side effects or interactions.[9][12]

4

Do not change medicine alone

Do not stop, skip, add, or change a dose because of this paper. Contact the prescriber or pharmacist.[12]

5

Keep vision current

Regular eye care and useful lighting can make hazards and changes in level easier to see.[10][13]

6

Fit support to the person

A cane, walker, footwear, or therapy plan should be appropriate, correctly fitted, and used as directed.[9]

Why this is not a DIY diagnosis

Dizziness, weakness, vision change, pain, and unsteadiness have many possible explanations. A list of risk factors is not a conclusion about one person's health.

Sources: CDC facts [2]; USPSTF [5]; NIA falls [9]; NIA medicines [12]; CDC vision [13].

ENVIRONMENT

Design the ordinary route, not an imaginary perfect home

Start with what happens every day: getting out of bed, reaching the bathroom, using the stairs, carrying laundry, making coffee, and entering the home. The best first changes often make those routines easier without changing what the home feels like.[8][9]

Walking paths

Clear cords, loose objects, and narrow detours. Secure or remove loose rugs.

Light

Put switches or controls within reach. Light the nighttime route before standing.

Stairs and entries

Keep steps clear. Address loose rails, uneven surfaces, and poor visibility.

Bathroom

Use purpose-built support and nonslip surfaces; do not assume a towel rack can hold body weight.

Kitchen and storage

Move everyday items within comfortable reach. Do not use a dining chair as a ladder.

Weather and outdoors

Treat ice and wet surfaces as a route problem; use help or a different plan when needed.

Know when the fix needs a professional

Grab bars, handrails, electrical work, ramps, walking aids, and structural changes should be selected and installed for the person, surface, and intended use.

Sources: CDC Check for Safety [8]; NIA falls guidance [9]; NIA six tips [10]; CDC vision [13].

CONFIDENCE AND DISCLOSURE

Fear can narrow a life before the next fall happens

When fear leads someone to stop ordinary activity, strength and confidence can decline. The answer is not to dismiss the fear or to prescribe movement from a distance. It is to make the concern safe to share and ask what support is appropriate.[2][9]

A USEFUL NEAR-MISS REVIEW

1. **What happened?**
   Describe the route, movement, and task without blame.

2. **What was different?**
   Light, footwear, a pet, a load, urgency, illness, fatigue, or a new symptom.

3. **Has it happened before?**
   A repeating pattern deserves attention even when no one is injured.

4. **What matters, and what change fits?**
   Start with the routine the person wants to keep doing, then choose one acceptable improvement.

A standing family rule

Thank the person for mentioning the event. Disclosure is a protective behavior, not an admission that someone can no longer make decisions.

Sources: CDC facts about falls [2]; NIA falls and fractures guidance [9].

03

Put the evidence into practice

A household does not need a perfect plan. It needs a repeatable way to notice a change, improve the simplest useful factor, and share the concern with the right person.

Framework companion: KinKeeper Fall Prevention & Safer Home Playbook [16].

A THREE-MOVE HOUSEHOLD FRAMEWORK

Notice. Improve. Share.

The method is intentionally simple. It can begin with a room, a near miss, a new symptom, or a change in confidence. It does not replace clinical screening or a qualified home assessment.[7][16]

01

Notice

Look for the visible hazard and the new change. Ask what happened, where, and what felt different.

IN THE MOMENT

Do not write off a near miss as clumsiness.

02

Improve

Make the simplest useful change first: clear, light, move, secure, repair, or ask what activity fits.

ONE CHANGE

Do not redesign the whole home without agreement.

03

Share

Bring in the right person for a fall, repeating pattern, symptom, medicine effect, or qualified installation.

RIGHT PERSON

Do not quietly work around a new health change.

Why the order matters

Notice before assuming. Improve before restricting. Share before a pattern becomes harder to explain or a repair becomes unsafe to improvise.

Sources: CDC STEADI [7]; NIA falls guidance [9]; KinKeeper companion course [16].

BEFORE A FALL

Build a five-fix plan around real routines

Choose a short list the person is willing to make. Some actions can happen today; others need a clinician, pharmacist, physical or occupational therapist, electrician, installer, or another qualified professional.

1. **Open one daily path**

   Clear the route used most often. Move cords, objects, or furniture that force an awkward detour.

2. **Light the nighttime route**

   Put light controls within reach and illuminate the path before standing.

3. **Fix one support problem**

   Address a loose rail, uneven step, slippery surface, or need for purpose-built bathroom support.

4. **Move one daily item**

   Put frequently used objects within comfortable reach so the routine does not require climbing or twisting.

5. **Write the share plan**

   Name who to call about a fall, repeated near miss, new unsteadiness, dizziness, medicine effect, or vision change.

Keep one emergency option within reach

A charged phone, personal alert, or agreed daily contact can help someone call for assistance after a fall. It is a response layer, not a guarantee against injury.[9]

Sources: CDC home checklist [8]; NIA falls and post-fall guidance [9]; KinKeeper course [16].

CONNECTION WITHOUT CONTROL

Start with curiosity, not a verdict

A worried family member can accidentally make a safety conversation feel like a loss of independence. Begin with the event, the older adult's priorities, and one change they are willing to try.

INSTEAD OF	TRY
You cannot keep living like this.	I'm glad you told me. Can we look at what happened?
I'm removing all the rugs today.	Which route feels hardest, and what change would help?
You need to stop using the stairs.	What matters most about using them, and who should assess the concern?
I'll call your doctor and handle it.	Would you like me to join you when you call?
Why didn't you tell me sooner?	Thank you for telling me now. Let's choose the next step together.

The family role

Make it easier to share, help with follow-through, and preserve the person's voice. Safety and autonomy are not opposing goals when decisions are made together.

Synthesis based on CDC/NIA prevention guidance [7][9] and KinKeeper course framing [16].

MAKE THE PATH EASIER

Good systems connect screening to something a person can use

Clinics, senior-serving organizations, libraries, housing groups, and community programs can reduce the burden on individuals by joining education to accessible assessment, activity, and home-safety resources.

01

Ask clearly

Normalize questions about falls, near misses, unsteadiness, and fear. Do not wait for a fracture to start the conversation.

02

Assess modifiable factors

Use an evidence-based clinical process for people at risk, including gait, balance, medicines, vision, blood pressure, feet, and environment.[5][7]

03

Make referrals usable

Connect people to appropriate exercise, physical or occupational therapy, pharmacy review, eye care, and qualified home support.

04

Measure follow-through

A handout is not an outcome. Track whether the person reached the service and whether the plan fit their priorities.

Access is part of effectiveness

The USPSTF notes that recommended interventions must be available, accessible, and delivered equitably for people to benefit.[5]

Sources: USPSTF [5]; AHRQ [6]; CDC STEADI [7]; CDC interventions [14].

RESPONSE

Slow down, check for injury, and get the right help

A fall can be startling. NIA advises staying calm, pausing before trying to stand, deciding whether there may be an injury, and getting help when the person is hurt or cannot rise safely.[9]

1

Pause and assess

Remain still for a moment. Check for pain or injury before trying to move or stand.[9]

2

Call for help when needed

If the person is hurt or cannot get up safely, use a phone or alert and call 911 for emergency help.[9]

3

Treat a head impact seriously

CDC advises that an older adult who hits their head should see a doctor right away, especially because head injuries can be serious.[2]

4

Tell a clinician

Report the fall even when there was no pain. It may reveal a health, medicine, vision, or mobility issue worth addressing.[9]

5

Review the circumstances

After immediate needs are handled, record the route, task, symptoms, footwear, light, and recent changes.

This page is general education, not first-aid training. Call 911 for an emergency. Do not attempt to lift someone if doing so could injure either person.

Sources: CDC facts about falls [2]; NIA falls and fractures guidance [9].

COMPANION COURSE

Walk through the home before the next rushed moment

KinKeeper's free Fall Prevention & Safer Home Playbook turns the paper into a visual, room-by-room practice course. Learners choose five changes while keeping progress private in their browser.[16]

Chapters 1-2	**Near misses and living paths** Notice a pattern and make the main route easier to use.
Chapters 3-4	**Bathrooms, stairs, and entries** Choose purpose-built support and identify work that needs a qualified person.
Chapters 5-6	**Night routes and reaching** Bring light and everyday items within comfortable reach.
Chapters 7-8	**Body changes and medicines** Share new unsteadiness, vision change, dizziness, or medicine effects.
Chapters 9-10	**Conversation and plan** Start with curiosity and build a five-fix safer-home plan.

KinKeeper
The Fall Prevention & Safer Home Playbook

Free. About 15-20 minutes. No sign-up required.

kinkeeper.com/playbooks/fall-prevention-safer-home/

Companion: KinKeeper Fall Prevention & Safer Home Playbook [16].

METHODOLOGY

How this paper was researched

1

Evidence window

Sources were reviewed through July 15, 2026. The newest final national mortality data available were for 2024 overall and 2023 by detailed age group.

2

Source selection

Federal public-health guidance, national surveillance, the USPSTF recommendation, and its AHRQ evidence synthesis were prioritized. KinKeeper material was used only for the companion framework and course mapping.

3

Data treatment

Self-report, medical utilization, mortality, and spending estimates were not combined. Years and populations remain close to each statistic.

4

Clinical boundary

The paper summarizes population evidence. It does not assess an individual, prescribe activity, recommend a medicine change, or specify a home installation.

LIMITATIONS

- Self-reported falls can be undercounted or misremembered, and the main national survey excludes long-term-care residents.
- Trial populations, intervention content, supervision, duration, and baseline risk vary substantially.
- Evidence is most consistent for exercise. The effect of environmental or medication-review interventions alone is less certain in broad populations.
- Risk rises with age at the population level, but the category '65+' includes people with widely different health, homes, goals, and function.
- No educational resource can prevent every fall or guarantee that assistance will arrive after one.

Next scheduled review

October 15, 2026, or earlier if CDC surveillance, USPSTF or STEADI guidance, or the KinKeeper companion course materially changes.

Method sources: CDC [1][2][4][7]; USPSTF [5]; AHRQ [6].

FREE INTERACTIVE COURSE

Build a safer-home plan in about 15-20 minutes

The Fall Prevention & Safer Home Playbook uses a visual room-by-room tour to help older adults and families find easy-to-miss hazards and choose five practical changes. It is education and planning - not a clinical risk score.

FREE INTERACTIVE COURSE

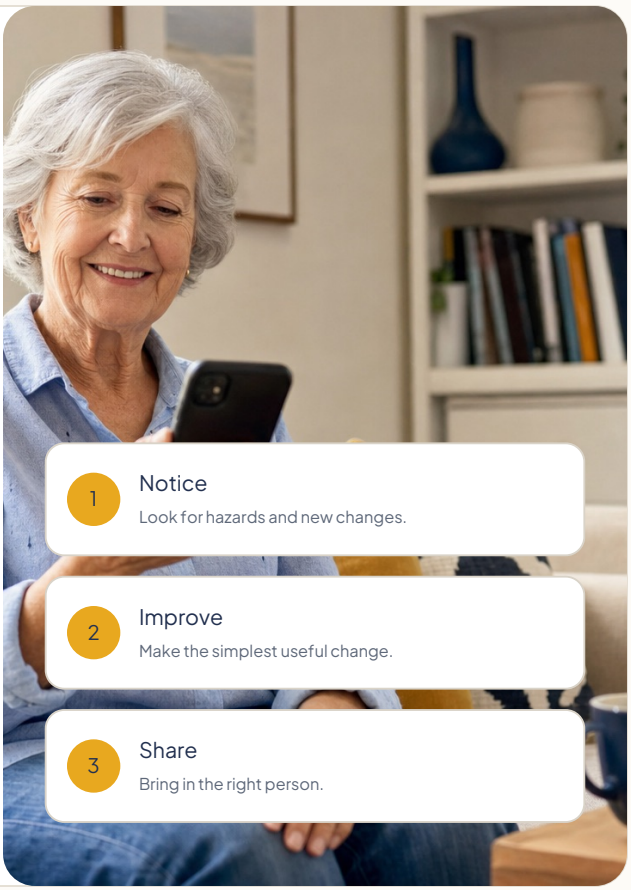
The Fall Prevention & Safer Home Playbook

Notice near misses, improve ordinary routes, and share health or installation concerns with the right person.

- 15-20 minutes
- 10 chapters
- No sign-up
- Private by default

Open the free course

kinkeeper.com/playbooks/fall-prevention-safer-home/



Room by room

Practice with living areas, bathrooms, stairs, bedrooms, and kitchens.

Choice stays central

The older adult remains part of the plan and chooses the five priority fixes.

Easy to share

Families can take it together; organizations can embed the responsive course.

REFERENCES

Sources 1 of 2

[1] Centers for Disease Control and Prevention. *Older Adult Falls Data*. February 26, 2026. https://www.cdc.gov/falls/data-research/index.html. Accessed July 15, 2026. Current national surveillance summary: more than 14 million older adults report a fall each year; final 2024 mortality trend.

[2] Centers for Disease Control and Prevention. *Facts About Falls*. January 27, 2026. https://www.cdc.gov/falls/data-research/facts-stats/. Accessed July 15, 2026. Emergency-department visits, hospitalizations, repeat-fall risk, disclosure, injury, and head-injury guidance.

[3] National Center for Health Statistics. *Unintentional Fall Deaths in Adults Age 65 and Older: United States, 2023*. June 2025. https://www.cdc.gov/nchs/products/databriefs/db532.htm. Accessed July 15, 2026. Final 2023 mortality rates by age, sex, race and Hispanic origin, and state.

[4] CDC Morbidity and Mortality Weekly Report. *Nonfatal and Fatal Falls Among Adults Aged 65 Years and Older - United States, 2020-2021*. September 1, 2023. https://www.cdc.gov/mmwr/volumes/72/wr/mm7235a1.htm. Accessed July 15, 2026. National nonfatal fall prevalence, mortality, variation, limitations, and STEADI implications.

[5] U.S. Preventive Services Task Force. *Falls Prevention in Community-Dwelling Older Adults: Interventions*. June 4, 2024. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/falls-prevention-community-dwelling-older-adults-interventions. Accessed July 15, 2026. Exercise recommendation and individualized use of multifactorial interventions for adults at increased risk.

[6] Agency for Healthcare Research and Quality. *Interventions to Prevent Falls in Older Adults: An Evidence Update for the U.S. Preventive Services Task Force*. June 2024. https://www.ncbi.nlm.nih.gov/books/NBK604238/. Accessed July 15, 2026. Systematic review of 83 randomized trials; exercise had the most consistent evidence across fall outcomes.

[7] Centers for Disease Control and Prevention. *STEADI - Older Adult Fall Prevention*. Updated 2025. https://www.cdc.gov/steadi/index.html. Accessed July 15, 2026. Clinical framework and resources for screening, assessing modifiable factors, and intervening.

[8] Centers for Disease Control and Prevention. *Check for Safety: A Home Fall Prevention Checklist for Older Adults*. 2017. https://www.cdc.gov/steadi/pdf/steadi-brochure-checkforsafety-508.pdf. Accessed July 15, 2026. Room-by-room home hazards and practical fixes for stairs, floors, kitchens, bathrooms, and bedrooms.

REFERENCES

Sources 2 of 2

[9] National Institute on Aging. *Falls and Fractures in Older Adults: Causes and Prevention*. Reviewed September 12, 2022. https://www.nia.nih.gov/health/falls-and-falls-prevention/falls-and-fractures-older-adults-causes-and-prevention. Accessed July 15, 2026. Risk factors, activity, home safety, medicines, vision, footwear, assistive devices, and what to do after a fall.

[10] National Institute on Aging. *Six Tips To Help Prevent Falls*. June 5, 2025. https://www.nia.nih.gov/health/infographics/six-tips-help-prevent-falls. Accessed July 15, 2026. Concise public guidance on medicine effects, home changes, standing slowly, strength and balance, vision and hearing, and walking aids.

[11] U.S. Department of Health and Human Services. *Physical Activity Guidelines for Americans, Second Edition*. 2018. https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf. Accessed July 15, 2026. National physical-activity guidance, including multicomponent activity and balance training for older adults.

[12] National Institute on Aging. *Taking Medicines Safely as You Age*. Reviewed September 2022. https://www.nia.nih.gov/health/medicines-and-medication-management/taking-medicines-safely-you-age. Accessed July 15, 2026. Medication lists, side effects, polypharmacy, and the instruction not to stop prescription medicines without clinician guidance.

[13] Centers for Disease Control and Prevention. *About Vision Impairment and Falls Among Older Adults*. May 15, 2024. https://www.cdc.gov/vision-health/prevention/older-adult-falls.html. Accessed July 15, 2026. Vision-related fall risk, eye care, lighting, footwear, exercise, and medication-side-effect considerations.

[14] Centers for Disease Control and Prevention. *Falls Interventions*. Updated 2025. https://www.cdc.gov/falls/interventions/index.html. Accessed July 15, 2026. Evidence-based intervention resources for community organizations, public-health practitioners, and clinicians.

[15] Haddad YK, Miller GF, Kakara R, et al.. *Healthcare spending for non-fatal falls among older adults, USA*. 2024. https://stacks.cdc.gov/view/cdc/164641/cdc_164641_DS1.pdf. Accessed July 15, 2026. Estimated 2020 U.S. healthcare spending attributable to nonfatal falls among community-dwelling older adults.

[16] KinKeeper. *The Fall Prevention and Safer Home Playbook*. July 2026. https://www.kinkeeper.com/playbooks/fall-prevention-safer-home/. Accessed July 15, 2026. Companion educational course and the Notice, Improve, Share practice framework.

KinKeeper

KinKeeper helps families coordinate daily Wellbeing check-ins and protection across Privacy, Money, and Identity. The Kin Circle receives outcomes, summaries, and alerts while the person at the center keeps their independence.

Two 15 Foundry, LLC dba KinKeeper | kinkeeper.com | Research edition 1.0