With support from The Eisner Foundation, the Fall Prevention Center of Excellence at the University of Southern California created Home Safety Adaptations for the Elderly (Home SAFE). Home SAFE’s mission is to make home safety a more integral component of successful aging and preventive health in Los Angeles (LA) County by increasing activities and awareness among consumers, professionals, organizations, and communities. Home SAFE focuses on four areas of home safety: fall prevention: elimination of hazards such as throw rugs and clutter in pathways; home modification: changes in the home environment to improve safety such as grab bars and better lighting; fire protection measures such as smoke alarms and escape plans; and carbon monoxide (CO) and lead poisoning prevention measures such as carbon monoxide alarms, clean furnace and air filters.

This report highlights key findings from focus groups of older persons and a needs assessment of LA County organizations and professionals to understand their home safety awareness, service delivery challenges, current activities and recommendations for change. Its purpose is to provide LA County-specific home safety information that may be used to develop and support home safety programs, funding, and outreach. For the full report, visit www.stopfalls.org/HomeSAFE.

### Demographic Profile Of Los Angeles County Home Safety Issues

- LA County includes 88 cities and nearly 10 million residents, more than 1 million of whom are age 65 and over
- The County’s population 65 years and older is projected to double by 2030, reaching 2.2 million, or 19% of the total LA County population
- Almost half a million older persons in LA County have a disability and live in housing with barriers and hazards that can compromise their health, lead to unnecessary accidents, costly hospital stays, and relocation to more institutional settings
- Of the elderly population, 66% are homeowners, and one-third renters
- Nearly half (42%) of LA County’s housing stock is multi-unit structures
- The majority (78%) of LA County’s housing stock was built before 1980; almost half (48%) before 1960

### Older Adult Focus Groups

To represent LA County’s diverse cultural populations, four focus groups were held with a total of 63 older adults who speak the following as their primary language: English, Spanish, Chinese, and Korean.
Key Findings

Participants reported the following challenges to living at home safely:

- Difficulty *climbing stairs*, especially those lacking handrails/railings
- *Forgetting to turn off* the stove/oven
- Unsteadiness when *dressing*
- Difficulty *reaching* cabinets that are too high and objects placed too low
- *Faucet knobs hard to manipulate* due to arthritis and weakness
- *Adjusting water temperatures* and the danger of burns
- The need for regular *fire drills and escape plans*
- Confusion about *carbon monoxide alarms* – what they do, where to get them
- Unsure of how to make home safety changes and *who to trust* for services
- *Language challenges* when communicating with providers
- *Landlords uncooperative* with requests for changes

“Before the handrails were installed on the steps outside, I fell – I missed the last step and fell. After they were installed I haven’t fallen.”

Participants reported the following activities to increase their home safety:

To prevent falls and make the home more supportive:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>Engage in regular physical activity</td>
</tr>
<tr>
<td>70%</td>
<td>Have their vision checked annually</td>
</tr>
<tr>
<td>46%</td>
<td>Review their medications periodically with a health professional</td>
</tr>
<tr>
<td>20%</td>
<td>Have had a home assessment conducted by a professional</td>
</tr>
<tr>
<td>9%</td>
<td>Have reviewed their home with a home safety checklist</td>
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</tbody>
</table>

*Almost half (46%)* have used night lights and installed grab bars.

Participants mentioned the helpfulness of using shower chairs/benches, moving furniture to more easily use their walkers, and putting telephones in the bathroom in case of a fall.

To prepare for and prevent fires:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>78%</td>
<td>Have installed smoke alarms</td>
</tr>
<tr>
<td>59%</td>
<td>Test smoke alarms</td>
</tr>
<tr>
<td>17%</td>
<td>Have created a fire escape plan</td>
</tr>
</tbody>
</table>
To avoid carbon monoxide poisoning:

- **56%** have gas appliances and heating systems inspected every year.
- **30%** have their furnace inspected every year.
- **21%** have installed carbon monoxide alarms.

To find home safety programs and services:

Most participants indicated using the [yellow pages or getting referrals](#) from friends and family to find home safety service providers.

Participants felt social workers, family, neighbors, facility managers, programs referred by a friend, the gas company, and the fire department are [trustworthy sources](#) of home safety services and information.

“I had a heart attack and fell in the bathroom. I live alone; I stood up and had to get to my bedroom. Now I have telephones in both my bathrooms.”

**Recommendations to Address Challenges to Living at Home Safely: Lessons from Consumers**

- Home assessments that address safety issues inside and **outside of the home** (e.g., stairs with railings, easy to open exterior doors).
- Education on the importance of assessing the home and ways to do it (e.g., with a home safety checklist, obtain a referral for an occupational therapist).
- Strategies to address memory problems (e.g., turning off stove, oven, water).
- Tips on how to address unsteadiness while dressing (e.g., place or chair to sit down) and strategies to safely reach objects (e.g., keep frequently used items within reach, use a reacher).
- **Ways to avoid burns** (e.g., turn down water heaters to 120 degrees or lower, install anti-scald devices in faucets or automatic temperature control valves, install lever faucet handles that are easier to use for persons with weak and/or arthritic hands).
- Instruction on how to create a fire escape plan, or refer to the local fire department for guidance.
- Education on placement and type of smoke alarms, especially to avoid overly sensitive ones that beep too easily (e.g., in small kitchens) and result in older adults turning them off or not having them at all.
- Information on carbon monoxide and its dangers as well as carbon monoxide alarms (e.g., where to get them, how they differ from smoke alarms, where to put them, the role of the gas company).
• Information on how to deal with lead paint, given the age of housing in LA County.
• Service provider partnerships with the gas company and fire department as older adults find them highly trustworthy.
• Information on inexpensive and affordable home safety activities/products (e.g., hand held shower heads, night lights, anti-skid strips) and how to find safety products locally (e.g., durable medical equipment suppliers, pharmacies).
• Guidance on hiring strategies and what to look for in a home safety provider.
• Identification of bilingual resources and providers to address the difficulties experienced by older adults who do not speak English.
• Education of landlords on their legal responsibilities (e.g., Fair Housing Amendments Act) and how to work with renters on home safety requests.
• Education of senior housing residents on home safety strategies and products that may not be provided for them by management (in the focus groups, senior housing residents expressed that their home safety needs are “taken care of by management”).

“I moved the stove to clean behind it and broke a gas line. Gas started coming out and I called the gas company and they came right out. They told me to get out of the house and they turned the gas off behind the house.”

Data Collection and Methods

Home SAFE developed an online survey which was sent to 375 agencies across LA County including senior centers, mayoral offices, hospitals and rehabilitation centers, home health agencies, In-Home Supportive Services offices, and Rebuilding Together affiliates. The final response rate was 15% with 57 respondents, including 28 senior centers, 3 mayoral offices, 5 hospitals and rehabilitation centers, 10 home health agencies, 4 In-Home Supportive Services offices, 2 Rebuilding Together affiliates, 2 first responders, 2 Department of Public Health representatives and 1 Area Agency on Aging representative. Three community/senior centers responded on behalf of their mayoral offices. Eight respondents were Home SAFE Advisory Committee members.

Key Findings

Most common home safety hazards respondents encounter among older adults:
• Fall risks: loose rugs, extension cords on floor, wet bathroom tiles, no handrails, no grab bars, clutter, and inadequate lighting,
• Fire risks: hoarding and/or clutter, leaving stove on or forgetting food cooking on stove, using stoves to heat home or heaters that overheat; and faulty wiring and too many cords in one outlet,
• Carbon monoxide poisoning risks: lack of carbon monoxide detectors; old or unmaintained appliances that use pilot lights, water heaters, and heating equipment; leaving on a gas stove.
Most common consequences of home safety hazards among older adults:

- **91%** Falls
- **84%** Bone fractures
- **77%** Hospitalization
- **77%** Minor injuries
- **77%** Need for in-home care
- **68%** Reduced activity
- **65%** Loss of mobility
- **61%** Reduced quality of life, including depression

Home safety efforts indicated as most critical to address home safety for older adults in LA County:

1. Home modifications
2. Elimination of hazards in the home
3. Home safety assessments
4. Fall prevention (e.g., balance/exercise classes, balance assessments, vision screening)

"Many seniors are unable or unwilling to pay for home modifications...often they don’t have money, but sometimes they don’t realize the seriousness of their situation."

Recommendations To Promote Home Safety For Older Adults: Lessons from Agencies, Healthcare and Senior Service Providers

- **Create easily accessible information** for consumers about existing home safety services and programs, how to access them and information about how to fix a problem.
  - Provide written information at community and senior centers, libraries, pharmacies, clinics, doctor offices, hospitals, grocery stores
  - Offer presentations and seminars for older people and their caregivers, families
- Offer programs to promote **cooperation** of older adults who need home safety services to raise awareness, reduce mistrust, and increase willingness to change (e.g., removing clutter and area rugs).
- Conduct **outreach** to isolated, frail older adults.
- Provide **translated written and illustrated materials** to address language/communication barriers.
- Secure more **funding** to help older adults address their home safety needs – many simple and helpful modifications such as installing grab bars are beyond individuals’ means and “unless they have a sufficient lump [of money] saved up, their home won’t be modified.”
- Train **more skilled professionals, especially home assessment and modification** providers and **case/care managers** to conduct home visits and assessments.
• Ensure better **follow-up** on recommendations and home safety issues identified in assessments.
• Develop **more affordable senior housing** that includes supportive features for older adult needs.
• Increase **coordination** of services and foster **collaboration between agencies**.
• Create a **centralized data base** for senior topics and senior services by area.
• **Educate medical providers** so they incorporate home safety assessments and referrals to available community resources into their practice.
• Make **physicians/hospitals accountable** for considering home environment in treatment plans.
• Encourage **medical group reimbursement** for low-cost items (e.g., grab bar, shower chair).
• Offer a special **certification** for senior service providers that address older adult safety issues.
• Develop a **standardized** safety checklist for use by all home health agencies.

“We encounter far too many clients who need assistance in cleaning up their homes or property, but since they are frail they cannot do the physical work necessary to make their home safer, and do not have anyone to help them.”

**Implications for LA County Communities**

Results from the focus groups and needs assessment reinforce the importance of home safety. In a time of shrinking budgets, preserving existing home safety services is imperative. Home safety assessment and modification programs can identify hazards before they result in unnecessary accidents that could lead to injuries, hospitalization and institutionalization. For example, the LA County Department of Public Health estimates that 363,000 adults age 65 and over fall each year with the average cost in 2007 of a falls-related hospitalization at $50,000. Home safety can play a significant role in reducing falls and associated health care costs as well as improving quality of life. The survey results indicate that funding, services, qualified providers, and home assessments are important to help address the home safety needs of older adults in LA County. However, in a time of limited resources, low cost efforts that use existing resources and raise awareness of providers, older people and family members about home safety strategies are also essential. Each effort to educate, refer, assess, repair, prevent injury and promote safety supports the shared goal of increasing home safety awareness and activities for older adults in LA County.

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1. U.S. Census. Los Angeles County, California, 2010
3. Los Angeles County Health Survey, 2007
5. U.S. Census. Los Angeles County, California, 2005-2009 American Community Survey
6. U.S. Census. Los Angeles County, California, 2000