

**Fall Prevention Coalition – Los Angeles (FPC-LA) Strategic Planning Committee  
Executive Summary  
Needs Assessment – Phase 1: Key Informant Interviews**

**Goal:** Key Informant Interviews are the first step in the FPC-LA needs assessment process; the results will inform the process and content of the next needs assessment steps. Ultimately, the entire needs assessment will guide the FPC-LA strategic planning process and final FPC-LA strategic and operational plan.

**Methods:** To obtain information about opportunities, barriers, and challenges regarding fall prevention efforts in the Greater Los Angeles area, FPC-LA members identified key stakeholders and types of agencies for the key informant interviews. The FPC-LA Strategic Planning Committee and FPC-LA staff members developed the key informant interview. Interviews were completed during the first 2 weeks of March 2010, either by telephone interview via another Coalition member, or by forwarding the interviewee a link and asking them to complete an online form posted on Survey Monkey. Results were compiled and categorized by FPC-LA staff members. FPC-LA Strategic Planning Committee members reviewed the results to 1) identify priority fall prevention needs, 2) create recommendations and activity ideas for other committees, 3) generate ideas for Phase II (short online survey), and 4) report the results to FPC-LA members.

The potential key informant interviewee types who were identified by the FPC-LA Coalition are as follows: senior service providers/facilities (e.g., senior center staff, ADHCs); primary care physicians; fire department (EMS, public safety); public health clinics and nurses; hospital rehabilitation programs (e.g., OT, PT, discharge planners, case managers, transitional care); home health agencies (HHA) and in-home supportive services (IHSS); architects (new housing accessibility and fall prevention such as zero step entry); contractors, builders, local handyman program; community colleges, OASIS, emeriti programs, Osher Lifelong learning; churches and health ministries.

**Responses:** Of these categories, staff from the fire department, geriatric centers, and churches/health ministries did not initially complete key informant interviews. At the time of the Strategic Planning Committee meeting on April 2, 2010, members decided to follow-up with individuals representing these missing categories. After the Committee meeting, an LA City fire department representative who is a member of FPC-LA completed the online survey. A total of 29 interviews were completed, 12 of which were by FPC-LA Coalition members.

**Results:** Common themes arose from the results. Highlights from responses include:

- I. Interviewees identified the following as underserved groups
  - a. Seniors who are isolated, homebound, live alone, independently, unaware of services, lack access to services
  - b. Low income seniors
  - c. Cultural minorities and seniors who do not speak English as first language

- II. Organizations that conduct fall risk and/or home assessments
  - a. 64% of those interviewed provide some form of home safety assessment
  - b. Utilize social workers, care managers, nurses, PTs and OTs to assess
  - c. Most assessments involve home safety alone
  - d. 6 of 17 organizations indicated conducting medical, vision, and/or gait and balance assessment in addition to home safety
- III. Referrals and challenges when referring clients
  - a. 68% of organizations interviewed make referrals to reduce fall risk and/or promote home safety
  - b. Most common referrals to: home modifications, MSSP/case management
  - c. Common challenges: Lack of client awareness, lack of willingness to follow up, lack of funding / cost to seniors
  - d. Need for systemized and standardized assessments and referrals
  - e. Frame as 'living independently' vs. 'reducing your risk of falls'
- IV. Information distribution about fall prevention and home safety
  - a. 80% of organizations interviewed distribute such information
  - b. Most common forms: literature, checklists, fact sheets
  - c. Second most common: speakers, presentations, workshops
  - d. Sources of data on fall incidence / costs: FPCE, Google, medical/health journals and websites, interviewees' place of work.
  - e. Interested in receiving information about: outdoor falls, physical activity, and referral networks
- V. Barriers experienced by interviewees when addressing falls and home safety
  - a. Senior reluctant to accept help, trust others, follow up; due to stigma
  - b. Lack of funding, high costs, not covered by health insurance

**Discussion/Activity Recommendations:** Themes were identified within the open-ended responses from Question 15 which asks what kinds of activities would improve fall prevention in the Los Angeles area and for the senior clients at the interviewee's organization (in general rank order):

- Consumer education / raising public awareness
- Information, resources, and referrals
- Assessment – home environment, medication review, walkability
- Home modification programs
- Exercise programs
- Service provider training
- Health fairs

Based on discussion of the interviewee responses and identified themes, additional activity ideas proposed by the Strategic Planning Committee include to:

- Create talking points for providers and talking points for consumers;
- Develop training for physicians (e.g., general practitioners, geriatricians, internists, chronic disease specialists, public health nurses) and service providers (home delivered meals, pharmacies, churches, case managers, senior center, social workers, ADHC, IHSS) to increase awareness, assessments, and referrals;

- Develop consumer education for seniors and caregivers to increase awareness, change attitudes, and create a willingness to follow through on referrals;
- Initiate corporate partnerships with pharmacies (CVS, Mini Pharmacy, Save-on, etc.) where literature and posters can be placed and referrals and information can be directly given by pharmacists and technicians (especially when a client is taking 4+ medications);
- Write articles in small local papers which are more likely to be read by seniors in their language in their communities;
- Develop a social networking program with ambassadors (with different cultures and languages) through phone calls and ‘visit a neighbor drop ins’ for risk assessment and awareness;
- Identify opportunities for collaboration with public service agencies (i.e., public health nurses, fire department) that can maximize outreach to low-income and high-risk older adult populations;
- Explore ways to increase access to fall prevention exercise programs; and
- Explore ways to increase physician and service provider use of simple, low-cost fall-risk assessment.

These ideas provide support for current FPC-LA activities and offer new activity ideas which will be forwarded to the other FPC-LA committees.

**Next Steps:** The next phase of the needs assessment will be a short online survey to gather details about fall prevention-related services and programs which currently exist in the Los Angeles area. This will identify possible partners and highlight opportunities for future FPC-LA activities.