

Senior Safety

Report on the Focus Groups Considering Program Design

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Interwest Applied Research prepared this report for Social Imaginations and other members of the Senior Safety development team including the National Fire Protection Association (NFPA) and Centers for Disease Control and Prevention. Volunteers Representing NFPA conducted eight focus groups in March 1997: five focus groups with older adults and four with staff who work with older adults. Interwest interviewed the representatives from NFPA who conducted the focus groups and summarized the results across groups. This report presents the results.

I. INTRODUCTION

The purpose of this phase of the research is to provide program design information to the Social Imaginations development team. The expectation is that the development team will use the major themes identified in the focus groups to design a program on fire and falls prevention that older adults will want to attend and implement, resulting in changes in both their behavior and their home environment.

Researchers collected some information on program content, but most program content has already been determined based on knowledge about fire and falls prevention. Instead, researchers focused on collecting information on the best ways to deliver the program to older adults, how to ensure older adult participation, potential barriers to program participation and ways to overcome them, and the types of activities that older adults find most engaging and effective.

Interwest developed the questions for the focus groups with assistance from Social Imaginations staff. The questions asked of each group (older adults and service providers to older adults) are similar in that they cover the same five areas. A general overview of the questions and data collection methods is presented below.

A. DATA COLLECTION SITES

The National Fire Protection Association and Social Imaginations selected data collection sites so that they represented urban and rural populations from different geographical areas

around the country. Representatives from NFPA were responsible for organizing and conducting the focus groups, and reporting the results to researchers at Interwest (See Appendix A for a listing of the focus group sites).

B. FOCUS GROUPS

Interwest staff developed the procedures to conduct the focus groups and provided them in writing to the NFPA focus group leaders. (See Appendix B for a copy of focus group procedures). Interwest also developed the outline that focus group leaders used to orally report the results to Interwest researchers (See Appendix C for a copy of focus group report outline).

Older Adults

Representatives from NFPA conducted four focus groups with older adults. The four focus groups included 56 older adults: 37 females and 19 males, and 28 African-Americans and 28 Caucasians. In general, the focus groups tried to determine what older adults thought would be an appropriate program on fire and falls prevention for older adults. The focus group questions were divided into five general areas: program content, program structure and delivery, interest, implementation and activities. A copy of the focus group questions for older adults is in Appendix D.

Providers (People who work with Older Adults)

Representatives from NFPA also conducted four focus groups with providers. The four groups included 22 providers: 14 females and 8 males. The providers represented a wide range of positions, including firefighters, health educators, home-health nurses, senior citizen program staff, Red Cross workers and home economists. In general, this set of focus groups also tried to determine what would be an appropriate fire and falls prevention program for older adults. The focus group questions, although slightly different from those posed to the older adults, were also divided into the same five general areas as the focus group questions for older adults. A copy of the focus group questions for providers is in Appendix E.

II. RESULTS

The results are presented by the five general areas in which questions were asked of focus group members. Under each general area, results from the four focus groups with older adults are presented first followed by the results of the focus groups with providers. The results should give Social Imaginations staff the information they need to begin to develop a program on fire and falls prevention for older adults. The report ends with conclusions from the focus group results.

A. PROGRAM CONTENT

Older Adults

What kind of program for older adults would it take to help them prevent fire and falls in their environments?

Older adults emphasized that a program on fire and falls prevention is very important because they lack basic knowledge on fire and falls safety. The older adults were glad to hear that a

program is being developed, especially on fire prevention because they believe it is the more important of the two topics. Their belief in the relative importance of the two topics, however, may reflect more of a lack of knowledge about falls prevention rather than it being less important.

Although older adults agreed that a fire and falls prevention program is important, they did not know what content should be included in the program. Instead, they suggested that the experts identify what older adults need to know to make their homes safer. The one condition that older adults placed on program content was that they wanted the program to focus on the major points of fire and falls prevention rather than on details.

Providers

What are some of the most important points that should be included in any program for older adults on preventing fire and falls?

Providers also reported that many older adults need a fire and falls prevention program. They indicated that while there are currently some existing fire prevention programs, most communities do not have fire prevention programs directed at older adults and most communities do not have any prevention programs on falls.

The providers did not identify a common theme about what should be included in a fire and falls prevention program. The only specific recommendations about the content of the program came from one focus group. For falls prevention, this focus group thought that the program should include information on the hazards that bathrooms and throw rugs present to older adults. In terms of fire prevention, the focus group suggested the program emphasize the fire hazards associated with cooking and overloading electrical outlets. They stressed that program content should be very practical, i.e., the safety messages should provide simple things that older adults can do to make their environments safer.

Two focus groups suggested that a home-assessment checklist would be the best way to present important safety information. The checklist could include items such as whether the home contains working smoke alarms, fire extinguishers, bath rails, bath benches, etc. Providers thought a home-assessment could be implemented effectively for both active and home-bound older adults. For example, one focus group recommended the program encourage active older adults to conduct their own home-assessment. For home-bound adults, providers suggested that the home-assessment be conducted on-site by a trained home-health professional.

The same two focus groups also thought that an evacuation plan could be part of the program. That is, one activity for the program might be to help the older adults develop an evacuation plan from their home or living space. One of the focus groups also recommended that the program distribute a physical or fitness checklist to active older adults.

One focus group suggested that the program conduct a neighborhood survey so that the program can be geared to meet community needs. This focus group thought that a program tailored to community needs is better than a standardized program. Another focus group suggested that the program should first determine what fire and falls prevention programs are already available to the community, and whether the programs are used. This information could then help guide the type of program that would be most successful in each community.

What do you think are some of the key factors that lead to fire and falls for older adults?

Providers identified items for two key factors that lead to fire and falls injuries for older adults: behavior and environmental factors, and health and aging factors.

The items related to behavior and environment include smoking in bed, poor housekeeping (leaving things lying around to trip over), frayed rugs, combustibles next to heaters/furnaces (e.g., clothes, paper), lack of or inoperative smoke alarms, dirty fireplace/woodstove flues, lack of bathroom safety features (e.g., bathroom rails and benches), overloaded electrical outlets, and unsafe cooking arrangements.

The items associated with health and aging include physical loss (e.g., visual and hearing loss, loss of mobility) and cognitive loss. They suggested that the program recognize the physical and cognitive losses and suggest ways that older adults can guard against them. For example, one way to remember that something is cooking on the stove (to guard against forgetfulness) is to suggest that older adults carry a spoon or other kitchen utensil if they leave the kitchen for a minute.

B. PROGRAM STRUCTURE AND DELIVERY

Older Adults

Think about the programs that you have been involved in. What kind of person should lead or present a program to older adults on falls and fires, e.g., firefighter, senior center leader, church member, retired teacher? Why?

Older adults identified two key characteristics of the person selected to present a fire and falls prevention program. The first characteristic was that the person should be an expert who can speak knowledgeably about safety issues. The second characteristic was that the person must be someone whom older adults trust, especially if the person conducts home-visits. A third characteristic, mentioned less often, was that the person should have good interpersonal skills.

The person that older adults most often mentioned as having safety knowledge and their trust was a firefighter. The other people that older adults would trust included nurses, senior center leaders, peers and teachers. The focus groups suggested that this latter group of people could be trained on fire and falls prevention. Older adults particularly liked the idea of training other older adults to lead the program.² These focus groups felt that other older adults who had experience with fire would add credibility to the program.

In your experience, what are some good ways to learn about fires and falls that might change your behavior, e.g., lectures, videos, activities, discussion? Why?

Older adults believe the program should be interactive and include hands-on demonstrations. They stated that they learn the most from demonstrations that are real-life. For example, one focus group suggested the program demonstrate how the placement of pots and pans on the stove can be potentially hazardous and can lead to fire. The program leader can then show older adults what they can do to change their environment to make it safe. In addition, older adults want the program to be fun and entertaining, even though they realize the topics are very serious.

² One group suggested a trainer-of-trainers model.

Some older adults think videos would be a good way to present some information about fire and falls in an engaging and entertaining way. One focus group suggested the program use a video to introduce a topic, followed by the opportunity for older adults to share their own experiences about the topic.

One focus group recommended that the activities should be different depending upon the population. The program for active older adults should include activities and presentations, and should be brief—about 20-30 minutes. The program could also provide brochures that illustrate potentially hazardous situations in the home and how to correct them. The program for home-bound older adults, on the other hand, should be one-to-one and should be conducted by someone who already visits the home.

Providers

What would be the best way to present this type of program to older adults, e.g., lecture, videos, activities, printed materials, discussion? Why?

The providers also suggested that the program should be different depending upon the type of older adult population: active or home-bound.

For active older adults, the program should be interactive. They reasoned that the more the program involves older adults, the more successful the program will be in changing their behavior. For example, the program leader could lead a discussion and conduct hands-on activities to illustrate key points. Although one focus group thought that lectures could be one part of a program, most groups thought that lectures would be ineffective with this population. Remember, older adults want the program to provide opportunities to interact with other adults, which is difficult to do in a lecture format.

Print materials, such as brochures, could be used with the more active older adult population. However, providers suggested the brochures be brief and illustrate key safety messages, e.g., how to check whether the smoke alarm is operable.

For home-bound older adults, providers think that the program should be one-on-one and administered by people who already visit the home, such as home-aides and Meal on Wheels volunteers.³ They also thought that videos may be useful for this population of older adults.

In general, providers think a video could be useful and effective in some situations, such as with the home-bound population. However, they saw a videotape as an add-on rather than a major piece of the program. In addition, they suggested any video be brief and entertaining.

Providers had one final suggestion: use other older adults to help convey the message. Providers believe that older adults would be more open to hearing safety messages from other older adults, especially people who have had experience with fire or falls.

³ Trust, as reported later, is very important to older adults. They do not want to let just anyone into their homes. A person who is already visiting the home would be the best individual to conduct the program with home-bound older adults.

C. INTEREST

Older Adults

What are some things that would make you want to attend or continue to attend a program on fires and falls, e.g., having other people you know in attendance, time of the day, snack or meal, transportation, personal help that would make a difference in your daily activities?

Older adults identified three themes that would encourage them to attend a fire and falls prevention program: transportation, food, and the time of day the program is conducted. Transportation was mentioned by each focus group. Three focus groups thought providing transportation for older adults to and from the meeting is a very important way to ensure program attendance. One focus group suggested that the program have a phone number that older adults could call if they needed transportation. Another group suggested calling the older adults to remind them that they will be picked up at a specified time. The fourth focus group thought that as long as public transportation was easily accessible, older adults would attend the program. If transportation was not easily accessible, then transportation should be provided.

The second theme identified was food and door prizes. All four focus groups suggested that food would encourage older adults to attend the program: two focus groups thought food was a nice idea, two other groups said it was critical.⁴ One focus group recommended that the program advertise that snacks would be provided. All four focus groups also thought that a door prize would be another good way to draw people to the program.

The third theme identified was the time of day that the program is conducted. Two focus groups recommended conducting a morning program, such as 10:00 a.m. One of these two groups suggested that the program hold two sessions, with a second session in the afternoon for those who could not attend the morning session.

One focus group suggested that the program be scheduled right after an existing program, such as a program at a senior center, so that the fire and falls program could draw from an existing audience.

Would you be willing to come to a follow-up session after the program ended? What do you think should be the purpose of a follow-up session?

The three focus groups that discussed a follow-up session all agreed that it was a very good idea and that older adults would attend. Two groups mentioned that a follow-up session would give older adults an opportunity to ask questions about things they tried to implement from the first session. In addition, two focus groups mentioned that a follow-up session would provide older adults who did not attend the first session another opportunity to learn the information. A third focus group suggested that the follow-up session be a home-visit which would give the program an opportunity to conduct a home-assessment.⁵

In your opinion, what would it take to get other people involved in the program?

⁴ All the focus groups provided some snacks which were completely gone by the end of the session.

⁵ This comment was made by one of the two focus groups which supported the idea of a home-visit.

Older adults identified two themes about how to get people involved in the program. The most common response was that it will take a lot of hard work. Program staff must convince older adults that a fire and falls prevention program is important. One focus group said that a key selling point is if program staff show that they are sincere and committed to helping make a difference in the lives of older adults. They suggested that holding follow-up sessions, having the program fit older adults' schedule, and being responsive to their needs would help program staff convey their sincerity and commitment.

Two focus groups said that program quality and credibility of the program leader are very important to getting people involved in the program. One group emphasized that the quality of the program will sell the program to older adults who will then sell the program to other older adults.

Providers

What are some of the obstacles for older adults that would keep them from attending a program like this?

Providers identified several obstacles or barriers that would prevent older adults from attending a fire and falls prevention program, but also made suggestions on how these obstacles can be overcome. The obstacles and the suggestions for overcoming them are discussed together below.

Transportation. The most common obstacle was transportation. That is, many older adults do not own effective, reliable transportation and do not feel safe with available public transportation. These focus groups suggested that the program provide transportation to and from the program. One focus group suggested providing transportation for those who need it by having them call the program to arrange for transportation. Another focus group thought that older adults would be willing to take a bus as long as the program was on a convenient bus line and they did not have to travel too far to get to the program location. One focus group pointed out that since many older adults are on regularly scheduled medication, they do not like being away from home too long.

Trust. Another common concern was trust. Older adults are concerned about others taking advantage of them. If older adults do not feel they can trust the people involved in the program, they will not attend. The program must address this issue if it is to be successful.

The focus groups suggested several ways to deal with older adults' concern about trust. They suggested that the program should be held at places where older adults already have contacts and already feel comfortable, such as churches and senior centers. In addition, providers thought it would be important that the older adults recognize the person or position of the leader.

Trust is an especially important issue for home-visits. The focus groups suggested that the program contact older adults right before a home-visit and that the person making the home-visit be recognizable—either someone older adults know personally or trust because of the position they are in (e.g., a firefighter).

Adequate Publicity. In order for older adults to attend the program, they must know about it. The focus groups suggested the program distribute information to locations that older adults frequent such as senior centers and churches. They also suggested the program include announcements with older adult longevity checks and make Public Service Announcements.

Time of Day. The time of day when the program is conducted can also be an obstacle for many older adults. Older adults are very reluctant to go out at night because of safety and transportation concerns. Providers suggested that the program be held in the morning, but not too early.

Reluctance To Change. A final obstacle mentioned by more than one focus group was that some older adults will be reluctant to change simply because they are set in their ways. Providers were less clear on how to address this barrier, but nevertheless offered some potential solutions. They recommended the program use statistics on fire and falls injuries for older adults to make the hazards as real as possible. One focus group recommended using other older adults to share their experiences with fire and falls. Another group suggested that the program should play on the fact that older adults have a greater fear of being incapacitated than dying. Finally, one group suggested the program have appropriate expectations: do not expect older adults to make too many major changes to their environment.

D. IMPLEMENTATION

Older Adults

In order to make homes of older adults safer, do you think a home-visit by program staff (to explain and assess home safety) would be accepted as an important part of the program? Would you be willing to let someone (e.g., a home health worker, senior center volunteer, firefighter) from the program visit your home?

One issue that older adults were clearly divided on was home-visits. The focus groups conducted in urban areas were against home-visits. They explained that older adults are very concerned about being taken advantage of and their safety. These two focus groups emphasized that the only way older adults would allow someone from the program into their home is if they already knew the person. For example, older adults would probably allow a nurse, home-aide, or other program person (such as a Meals on Wheels volunteer) to conduct a home-assessment and to make changes in the home.

The focus groups held in the rural areas were much more open to the idea of a home-visit. In fact, they thought home-visits would be an important part of the program. However, even one of these focus groups (which included both rural and urban members) had mixed feelings. This second group, similar to the focus groups conducted in the urban areas, suggested that the program use someone whom the older adults already knew, e.g., senior center volunteer, firefighter, or someone who already had access to the home such as a nurse, home health worker, or other program person. One focus group recommended that all home-visits be scheduled in advance so that the older adults know when and who would visit.

Older adults agreed that the program consider the cost of any needed repairs. Older adults said that “free” is best; however, they thought that most older adults would be willing to make the changes if the cost were nominal. Two focus groups cautioned against program staff going into a home with a checklist and indicating that this and that needed to be repaired. They assume that the person visiting older adults’ home would be sensitive to costs and would be personable as well.

Providers

What parts of this type of program (e.g., support to help older adults change their environment) would be most helpful in motivating older adults to change their behavior?

One focus group suggested that the program be as concrete as possible. For example, a video that shows fire and falls hazards and how they can be overcome could be an effective tool to help older adults change their behavior.

Another focus group thought that the resources provided to seniors was the key to helping older adults make changes. Resources include both the actual equipment, such as smoke alarms, and the assistance to make changes in their environment (e.g., install the smoke detectors).

A third focus group suggested that it is very important for the program to take the time to listen to older adults: they want to be heard. When people are listened to, they are more likely to respond positively. One focus group suggested that the program leader could do some problem solving with common issues identified by the older adults at the session.

E. ACTIVITIES

Older Adults

What would be the best parts of such a program for you? Why?

The older adults identified many things that would be the best part of the program for them, but only one response was made by more than one focus group. Three focus groups mentioned that the activities would be the best parts of the program for them. To these older adults, activities should be interactive so that they feel they are part of the process, and the activities should be fun to keep their interest.

The other responses mentioned by one focus group included the food, assistance to help make changes, and the social aspect of a program (i.e., meeting other older adults).

Providers

What kinds of activities are particularly effective with older adults? What makes these activities particularly effective? What kinds of activities are not effective?

Providers identified three themes that developers should consider. As mentioned previously, the providers thought that the more the program involves older adults in program activities through demonstrations, hands-on activities and active discussions, the more effective the program will be in reaching older adults. They also suggested that the program be brief: older adults did not want to attend long lectures on fire and falls.

Two focus groups suggested that the social aspect of such a program would be a draw to older adults, and that the program may want to enhance this aspect to get more people involved.

Two other focus groups suggested that involving young people in the program is always an effective way to get the attention of older adults. Older adults enjoy working with and interacting with young adults. One focus thought the program might be able to get young people to make some of the changes—installing smoke detectors, for example—in the homes.

III. CONCLUSIONS

Older adults and providers believe that a fire and falls prevention program is very important and that older adults will attend if the program addresses their concerns. The results from the focus groups suggest the following conclusions about implementing such a program. In addition to the conclusions below, other suggestions on program development and implementation can be gleaned from the results section.

Many older adults wanted a brief, one-time program (20-30 minutes) with the possibility of a follow-up session. However, it is unrealistic to think that the program can cover the required material in that amount of time. Nevertheless, the program should err on the side of brevity. The Social Imaginations development team may want to establish a three- or four-session program, with each session being no longer than 60 minutes. In addition, the program should clearly describe each session so that older adults can choose which session(s) to attend.

The structure and delivery of the program must address the needs of two different populations: active older adults and home-bound older adults.

- The program for more active older adults should be interactive with hands-on demonstrations, be entertaining and include print materials that illustrate key safety messages. Avoid long lectures.
- The program for home-bound older adults should be one-to-one, and must be conducted by someone with whom older adults feel comfortable, e.g., firefighter or someone who already visits the home.

A fire and falls prevention program for older adults should focus on the *KEY* safety messages. In other words, focus on the major causes of fire and falls and how they can be prevented, rather than on those causes that seldom occur.

A fire and falls prevention program will serve several purposes. In addition to learning about fire and fall safety, the program will give older adults the opportunity to socialize and interact with each other. The development team should make sure that the program provides time for this purpose.

Social Imaginations staff should strongly consider administering the program through local fire departments. Firefighters are viewed as experts in fire and falls safety and they are trusted by the older adult community. Social Imaginations staff should also consider the possibility of enlisting the help of existing providers of services to older adults, (e.g., home-health aides, Meals on Wheels volunteers, senior citizen program leaders) whenever possible to help implement the program.

In addition, try to enlist other older adults to help implement the program. They add credibility to the program by making the content more real, especially if the older adults have experiences with fire and falls that they are willing to share.

A video could play a role in a fire and falls prevention program, but it should be supplemental, not the major way to convey information. If Social Imaginations decides to include a video in the program, the video should be short, entertaining and illustrate key safety messages.

To encourage attendance, the program should

- provide transportation for older adults who do not have their own transportation or who are unwilling to take a bus.
- provide food—it will facilitate another purpose of the program for older adults, social interaction.
- be conducted in the morning—but not too early.

Make home-visits voluntary and establish procedures so that older adults feel safe and are comfortable with letting someone into their home. The person making the home-visits should be someone who is familiar to the older adults, either through prior contact with the fire and falls program or another older adult program. Provide assistance or the resources for any needed changes or repairs in older adult homes so that the cost is nominal.

In summary, Social Imaginations staff should realize that their greatest challenge may well be to get the necessary information into a format that can be delivered in the amount of time the focus group members believe older adults will be willing to devote to the effort. Certainly, if the sessions are enjoyable and viewed as worthwhile, participants will be more willing to attend. But there are circumstances that even if those conditions are met, older adults may be unwilling to devote large portions of time to a fire and falls prevention safety program. Such circumstances include transportation schedules (if participants are relying on public transportation) and medication schedules (which make the older adults want to be at home to take their medications), among others. Trying to balance these two needs—adequate coverage of safety topics and limited time for the program—will be a difficult task.

Appendix A

Focus Group Site Locations

OLDER ADULTS

- Atlanta, Georgia—Urban
- Cleveland, Ohio—Urban
- Hattiesburg, Mississippi—Rural
- Walnut Ridge, Arkansas—Rural
- Fairbanks, Alaska—Rural and Remote

PROVIDERS: People Who Work With Older Adults

- Cleveland, Ohio—Urban
- Fairbanks, Alaska—Rural and Remote
- Little Rock, Arkansas—Urban and Rural
- Natchez, Mississippi—Rural

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Arkansas

- Joe Coker, Walnut Ridge Fire Department
- Buff Easterly, Arkansas Dept. of Public Health
- Bettye Watts, Arkansas Dept. of Public Health

Atlanta

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- Beryl Davis, Fulton County Health Department
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Cleveland

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Mississippi

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NATIONAL TEAM:

Center for Disease and Injury Prevention Team

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- Don Chastang
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Appendix B

Focus Group Meeting Procedures

SeniorSafety DEVELOPMENT OVERVIEW

Focus Group Meeting Outline

We recommend the following order of events at your focus group meeting. This order assumes participants have some idea why they are at the focus group. If this is not the case, give Interwest a call—800-621-8075 (Dave at ext. 42, or Evelyn at ext. 47) to discuss an alternative outline.

- Self-introductions
- Statement of purpose of the meeting—to provide useful feedback to help guide program staff as they develop a program for older adults on preventing fire and falls. Let participants know they are one of eight groups being convened around the country for this purpose.
- Explanation of the way the meeting will be conducted (discussion on some specific questions followed by general comments that people have on topics that haven't been touched on or that they want to emphasize).
- Move to specific questions noted below.¹ Start by saying, "*Let me ask some questions about the possible structure of the program. You'll want to pull out your blue sheet (a list of the questions) for this part of the discussion.*" Encourage responses from multiple members of the group. Be wary of the person who wants to dominate the meeting: it's your job to get their opinions, not offend them, but not let them talk so much that you never hear from others. When someone offers a new idea, try to subtly gauge whether the rest of the group agrees or disagrees. In making notes about the discussion, keep track of whether this was a comment made by one person, or one that seemed to be agreed to by more people. (More about note taking, below.)
- Then move on to questions under the other headings on the blue sheet. Keep an eye on the clock. If necessary, limit the discussion on one category in order to address questions in remaining categories.
- Take a break midway through your session if you sense that your group needs it, but be vigilant about keeping the break short. It may be better, if you have a 2-hour meeting, to not have a formal break but instead to encourage people to get up for coffee or snacks when they need it. If the ses-

¹ Make sure that each member has a copy of the questions.

sion is planned for longer than that amount of time, however, a formal break should be taken.

- VERY IMPORTANT—After you have completed discussion of all the listed questions, ask participants if they have any comments on topics that have not been covered or anything they want to emphasize.
- Five minutes before your scheduled meeting time ends (or after you have completed all the questions), thank people for their participation. Explain to them how they will receive their compensation, if any.

We STRONGLY encourage you to recruit another person to be your recorder. It is difficult, though not impossible, to both lead the group and take notes. But it is obviously much easier if different people serve in those roles. If you must be the recorder, consider audiotaping the meeting. That will aid you when you go back over your notes after the meeting (*if* you have reminded people to speak up at the meeting).

Try to make name cards with each group member's first name so that you can call people by name when asking them questions or clarifying a response.

Finally, speaking from experience, we can tell you that you should review and amplify your notes within 24 hours after the meeting. It will make your verbal report much easier if you expand your notes immediately after the meeting.

The following questions offer guidance, but you should not hesitate to follow up on interesting comments with questions that aren't listed here. Remember that your purpose is to gather feedback that will help guide program staff as they develop content and activities that will be valuable, fun learning for older adults.

Appendix C

Focus Group Report Outline

SeniorSafety DEVELOPMENT OVERVIEW

Focus Group Verbal Report Outline

Use this outline to structure and prepare your verbal report prior to calling Interwest. Even though you will not write a report, it is *very important* that you take comprehensive notes of focus group responses. This small, but critical, step will help ensure that we give Andy Halper the information he needs to create an effective safety program on fire and falls for older adults.

1. Logistics of your meeting
 - Date, time and place the meeting was held
 - Number in attendance; breakdown by gender, ethnic/racial background of participants. For the focus group with the staff who work with older adults, include information on their experience with older adults and the type of agency for which they work, e.g., Welfare.
2. Comments about *program content*—first set of questions provided by Interwest
 - Responses to listed questions agreed to by multiple people in the group
 - Responses to listed questions offered by just one person, but with no apparent disagreement by the rest of the group
 - Other comments (i.e., not specifically about listed questions)
3. Same as #2 for *program structure/delivery, interest, implementation, and activities*—the other questions from the focus group
4. Summary
 - What you thought the majority of participants emphasized to make older adults more likely to attend *SeniorSafety* and implement its suggestions
 - What you thought the majority of participants saw as issues or potential problems in implementing *SeniorSafety* with older adults
 - Any other advice you would offer to the program developers

Please remember that your verbal report is due to Dr. Dave Leitner, Interwest Applied Research, (800/ 629-2100, ext. 42) within one week after you conduct the focus groups. You will need to arrange a time with Dr. Leitner to give him the report.

Appendix D

Focus Group Questions for Older Adults

SeniorSafety DEVELOPMENT OVERVIEW

FOCUS GROUP QUESTIONS

For Older Adults

Note to Facilitator: Introduce the topic by telling participants that older adults have more injuries from fires and falls than from any other type of injury. Emphasize that up to 90 percent of these injuries can be prevented, even among disabled persons, by learning about safety hazards, changing how we do things, and doing exercises that help strengthen muscles and bones. Ask if anyone has experience with a fall or fire. Ask him/her if they would feel OK to share what happened. Ask another person to share his/her experience.

The following questions offer guidance, but do not hesitate to follow up on interesting comments with questions that aren't listed here. Remember that your purpose is to gather feedback that will help guide program developers to devise content and activities that will be valuable, fun learning for older adults.

Program content—

1. What kind of program for older adults would it take to help them prevent fire and falls in their environments?

Program structure and delivery—

2. Think about the programs that you have been involved in. What kind of person should lead or present a program to older adults on falls and fires, e.g., fire fighter, senior center leader, church member, retired teacher? Why? (What you are looking for here is what *characteristics* people perceive as important in a program leader.)
3. In your experience, what are some good ways to learn about fires and falls that might change your behavior, e.g., lectures, videos, activities, discussion? Why? (Again, what we are looking for are *characteristics*.)

Interest—

4. What are some things that would make you want to attend or continue to attend to a program on fires and falls, e.g., people you know, time of the day, snack or meal, transportation, personal help that would make a difference in your daily activities?
5. Would you be willing to come to a follow-up session after the program ended? What do you think should be the purpose of a follow-up session?
6. In our opinion, what would it take to get other people involved in the program?

Implementation—

7. In order to make homes of older adults safer, do you think a home visit by program staff (to explain and assess home safety) would be accepted as an important part of the

program? Would you be willing to let someone (e.g., a home health worker, senior center volunteer, fire fighter) from the program visit your home?

8. How interested would you be to let someone from the program help with changes to your home to help prevent fire and falls that could be provided at little or no cost? Would you have any concerns about a home visit? If so, how could your concerns be addressed?

Activities—

9. What would be the best parts of such a program for you? Why?

Appendix E

Focus Group Questions for Providers

SeniorSafety DEVELOPMENT OVERVIEW
FOCUS GROUP QUESTIONS
For Staff Who Work with Older Adults

Note to Facilitator: Introduce the topic by telling participants that older adults have more injuries from fires and falls than from any other type of injury. Emphasize that up to 90 percent of these injuries can be prevented, even with disabled persons, by learning about safety hazards, changing how they do things, and doing exercises that help them strengthen their muscles and bones.

The following questions offer guidance, but do not hesitate to follow up on interesting comments with questions that aren't listed here. Remember that your purpose is to gather feedback that will help guide program developers to devise content and activities that will be valuable, fun learning for older adults.

Program content—

1. What are some of the most important points that should be included in any program for older adults on preventing fire and falls?
2. What do you think are some of the key factors (e.g., alcohol consumption) that lead to fire and falls for older adults?

Program structure/delivery—

3. What would be the best way to present this type of program to older adults, e.g., lecture, videos, activities, printed materials, discussion? Why?

Interest—

4. What are some of the obstacles for older adults that would keep them from attending a program like this?
5. How could these barriers be overcome in order to present a program that would be helpful?

Activities—

6. What kinds of activities are particularly effective with older adults? What makes these activities particularly effective? What kinds of activities are not effective?

Implementation—

7. What parts of this type of program (e.g., support to help older adults change their environment) would be most helpful in motivating older adults to change their behavior?