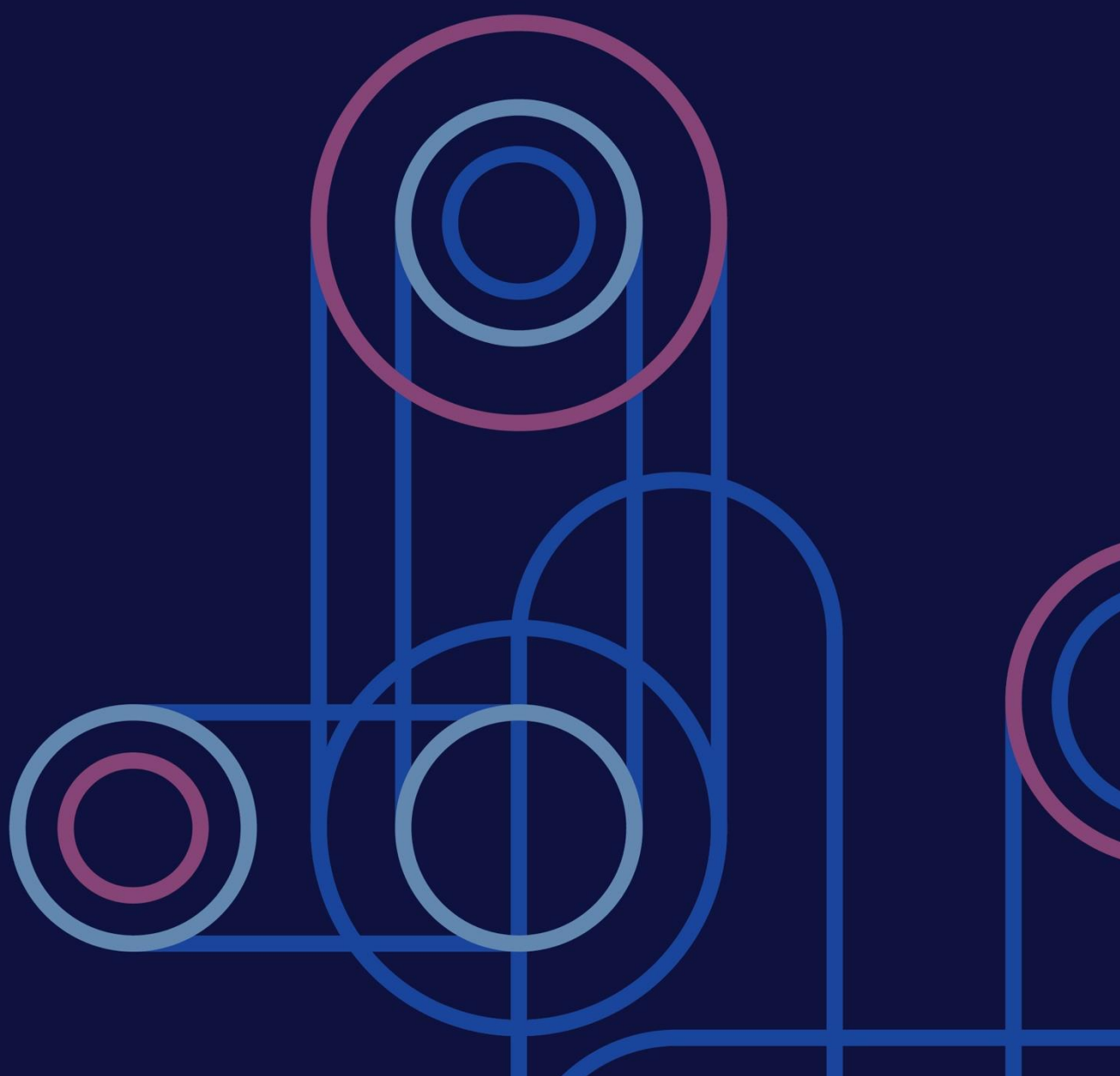


CASE STUDY

Stay Home Safe: a multisector collaboration to prevent falls among older adults by addressing housing as a social determinant of health

2025

An abstract graphic composed of concentric circles and intersecting lines in shades of blue and purple, located in the bottom right quadrant of the page.

Basic information	
WHO Region	AMRO
City or Country	Detroit, United States of America
Timeline	2021-ongoing
Type of intervention	Infrastructure; health service
Primary level of implementation	City
Primary sectors involved	Health; housing; water and sanitation; emergency management
Primary health outcomes or challenges	Injuries; equity; age-friendly design

Case description

Stay Home Safe (SHS) is a multisector initiative in Detroit and Wayne County, Michigan (USA) designed to prevent falls among older adults by addressing hazards in the home environment. The partnership brings together Henry Ford Health and Habitat for Humanity Detroit. SHS aligns with state and municipal strategies on housing and health and operates under applicable federal, state, and local regulations.

In its pilot phase (previously titled Return Home Safe), the programme focused on patients aged 55 and over who had recently been discharged from hospital or the emergency department, had fall risk, lived in owner-occupied housing in eastern Wayne County, met low-income criteria, and consented to services. Henry Ford Health's Mobile Integrated Health (MIH) paramedic team conducted in-home visits, assessed safety, and initiated referrals directly to Habitat Detroit in the electronic medical record system through an automatic, closed-loop mechanism. Habitat's construction team surveyed dwellings and carried out priority modifications—such as installing grab bars and handrails, repairing uneven flooring, improving lighting, adding raised toilet seats, and placing combination smoke/CO detectors. Program data collected by Habitat flows back to Henry Ford Health for outcome analysis, enabling evaluation using clinical records rather than solely self-report.

In its initial phase (Nov 2021–Sep 2023), the programme served 111 older adults, completing a range of targeted home repairs at an average direct cost of USD 580 per participant. Recorded installations included 354 grab bars, 335 combo smoke/CO



Stay Home Safe participant using
programme-installed grab bars.
Detroit, USA: 2023. © Habitat for
Humanity Detroit / Britney Haywood

detectors, 203 motion lights, 102 handrails, 96 raised toilet seats, 94 fire extinguishers, and 63 non-slip flooring interventions, among additional tailored fixes.

Measured results indicate clinically and statistically significant improvements. Comparing participants' utilisation 90 days pre-intervention versus 90 days post-intervention, emergency department visits for falls declined from 12.6% (14/111) to 2.7% (3/111) ($p = 0.005$). Hospital admissions for falls fell from 6.3% (7/111) to 1.8% (2/111) over the same windows. Patient-reported outcomes mirrored these changes, with 95% agreeing the programme reduced fear of falling at home. Total hospital charges for fall-related care decreased by USD 260,044 across the cohort between pre- and post-periods.

Key enablers for the program included diverse grant funding (e.g., Michigan Health Endowment Fund; Blue Cross Blue Shield of Michigan Foundation; Health Alliance Plan), strong governance within Henry Ford Health (including a Social Determinants of Health Council), and an MIH model that positioned health workers to identify hazards during home visits. Integration was reinforced by the automated referral and data-return workflow, improving efficiency and enabling rigorous evaluation. Barriers included lower-than-expected referral volumes due to staffing shortages and some patient hesitancy, and limited initial budgets, which restricted interventions to minor repairs and resulted in a small pilot sample ($N = 111$).

Habitat Detroit has since obtained USD 2.7 million in additional grant funding to re-launch and scale the programme – now titled Stay Home Safe – due to the pilot's success in reducing emergency department visits for falls. Current funders include US Department of Housing and Urban Development; Michigan Health Endowment Fund; HAP CareSource; and National Council on Aging. Future directions include geographic expansion with Habitat for Humanity of Oakland County, higher-cost accessibility modifications (notably ramps), expanded eligibility criteria for participants (e.g., removing recent discharge and owner-occupied requirements), additional referral sources from Henry Ford Health, and an Occupational Therapist component to clinically recommend repairs. This work will continue to build an evidence base to support sustainable financing – specifically, inclusion of medically necessary home safety repairs as a covered insurance benefit.

Strategic Highlight

SHS illustrates how targeted partnerships can operationalise integrated action across health and housing systems. The model is anchored in role clarity: the health system identifies risk, triggers referrals, and conducts health outcomes analysis; the housing partner diagnoses the built-environment hazards and executes repairs. This division of labour, formalised by an automatic, closed-loop referral and bidirectional data flow, converts screening into timely, accountable service delivery and measurable outcomes.

Mechanistically, the partnership advances several of the means of implementation for urban health, including governance (through an explicit internal mandate and institutional structure to tackle the social determinants of health), financing (by blending philanthropic and payer-related grants), data and evidence (by linking clinical electronic medical records to intervention data), and participation (by embedding patient feedback in quality-improvement cycles). These mechanisms create a coherent pathway from identification to intervention to evaluation, minimising administrative loss and enabling adaptive refinements.

From a transferability perspective, SHS demonstrates that integrated fall-prevention can be embedded in routine clinical operations. The essential ingredients are: (1) a referral protocol that routes directly to a competent housing actor; (2) minimal, high-yield repairs guided by standard risk factors; (3) outcome measurement using health records; and (4) an iterative funding strategy that begins with grants and progresses toward insurer coverage. These features show how partnerships can help cities and health systems unlock value beyond any single sector's remit.

Finally, SHS underscores the equity gains achievable through partnership models: the pilot cohort was entirely low-income and largely comprised people of colour, in many cases living with disability, indicating that integrated mechanisms can channel resources to groups facing compounded risks. As municipalities and payers pursue ageing-in-place and cost-containment, SHS offers a tested architecture for integration that can be adapted to local governance and provider ecosystems.

Further Information

- [Stay Home Safe](#)
- [Habitat for Humanity Detroit Return Home Safe](#)