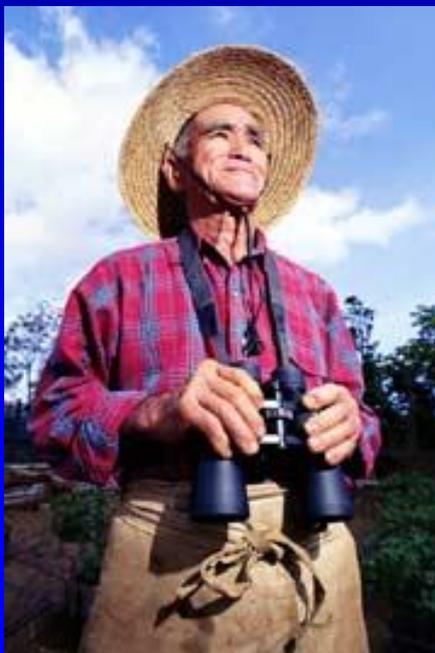


Stepping On An Evidence-Based Falls Prevention Program

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Every 12 seconds in the United States an adult aged 65 or older has to visit an emergency room or is hospitalized because of a fall

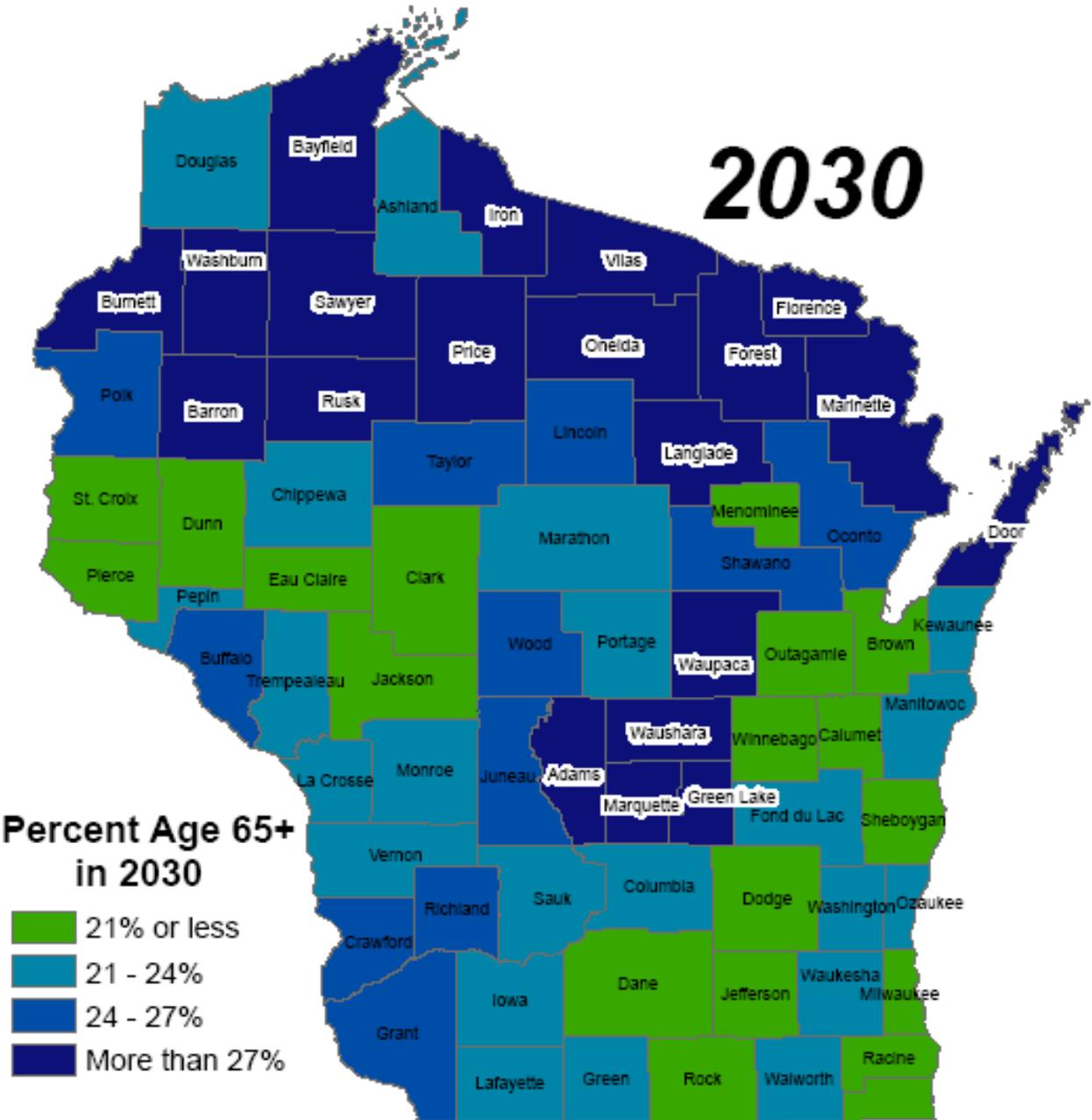


Burden of falls in Wisconsin

- The total charges associated with hospital visits for falls in Wisconsin in 2014 were around \$732 million.
- Two-thirds of people hospitalized for a fall injury need to go to a nursing home afterwards for short- or long-term stay.
- Wisconsin has the second highest death rate from falls in the nation.
- Death rate has increased since 2000.
- Fall-related emergency department visits have also increased.
- This is in part due to the aging of the population.

Wisconsin's Graying Counties

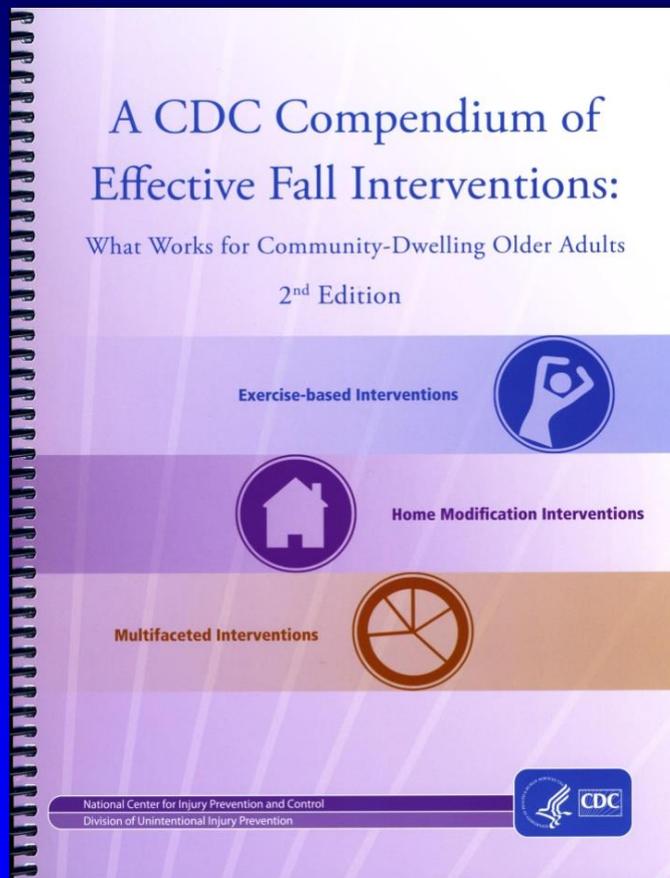
2030



Percent Age 65+
in 2030

- 21% or less
- 21 - 24%
- 24 - 27%
- More than 27%

We have proven programs to reduce falls, but very few get implemented



- We know what doesn't work to reduce falls
 - Simple falls risk screen does not work
- Need to utilize proven programs
- CDC has published a compendium of falls programs that work.
- Over 20 interventions tested in RCTs & shown to reduce falls
- Only 3 are widely in practice

www.cdc.gov/HomeandRecreationalSafety/Falls/pubs.html

Stepping On: falls prevention program

- Small-group seven week program for older adults with a history of falls who are cognitively intact
- Developed and tested in Australia in 2004: 31% reduction in falls
- Can be offered in any group setting by trained health professional facilitator



Stepping On in Wisconsin



- Working with Kenosha County ADRC, we brought Stepping On from Australia to 5 Wisconsin Counties in 2005.
- Results showed no reduction in falls.
- Was that due to changes we made to the program?



“Stepping On” Dissemination Research Study

- CDC grant: Sept 2007 – 2011
- Purpose
 - Prepare package for national dissemination
 - Examine specific research questions related to Stepping On implementation

Dissemination Research Study

- Step 1: Delphi Consensus re Key Elements
- Step 2: Implement and Evaluate Feasibility/Fidelity



- Step 3: Test intervention in different settings to see where it could best be implemented

Step 1

Delphi Consensus to Determine Key Elements

- With broad implementation, not clear what is essential and what can be changed
- **Objective:** obtain expert consensus about key features that should be maintained to ensure successful outcomes
- Led to understanding of elements that need to be present for effective program

Step 2

Implement, Evaluate, Modify

Objective: Ensure that key elements are present with translation

Process:

- Implemented program
- Monitored fidelity
- Identified lapses
- Conducted Root Cause Analysis to find causes
- Identified and implemented solutions
 - This changed the leader training manual, prerequisites to training, program manual, how we identified participants

Step 3

Test intervention

- Compare different delivery models
 - Retirement community, senior center, parish nurse
- Compare different backgrounds of leaders
 - RN versus social worker
- Led to site implementation guide, training manual for leaders, criteria for who could be a leader

Research findings resulted in:

- New Program Manual and formal training program
- Developed fidelity tool, started fidelity monitoring
- Wisconsin Institute for Healthy Aging was founded to disseminate evidence-based prevention programs to Wisconsin residents
- It began disseminating Stepping On across Wisconsin

Where is Stepping On now?

- Program is in 66 Wi Counties
 - 13,600 participants in Stepping On from 2008 to present
- WIHA has trained 23 other states



wiha

Wisconsin Institute
for Healthy Aging



Stepping On: Wisconsin Implementation

- Wisconsin implementation: 2008-2013
- Over 3,000 older adults with baseline falls data
 - Mean age 78.1
 - Estimated baseline falls rate = 0.57/6 months
 - 73.6% women
 - 50% live alone
 - 40% high school degree or less
- **Results:**
 - 50% reduction in falls in first 6 months after program compared to 6 months before
 - 48% reduction in second 6 months after program
- **Subsequent study in 174 Stepping On participants (2013):**
 - 70% reduction in ED visits for falls in the first 6 months after program compared to 6 months before. (*Ford, JPHMP, 2016*)

From Stepping On to Stepping Online

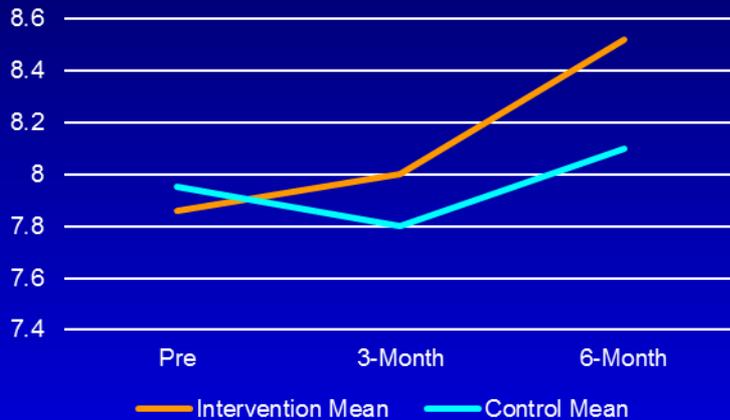
- After Stepping On, older adults wanted to continue balance and strength exercises but needed reinforcement and encouragement
- They also wanted to continue to learn about how to prevent falls

Stepping Online

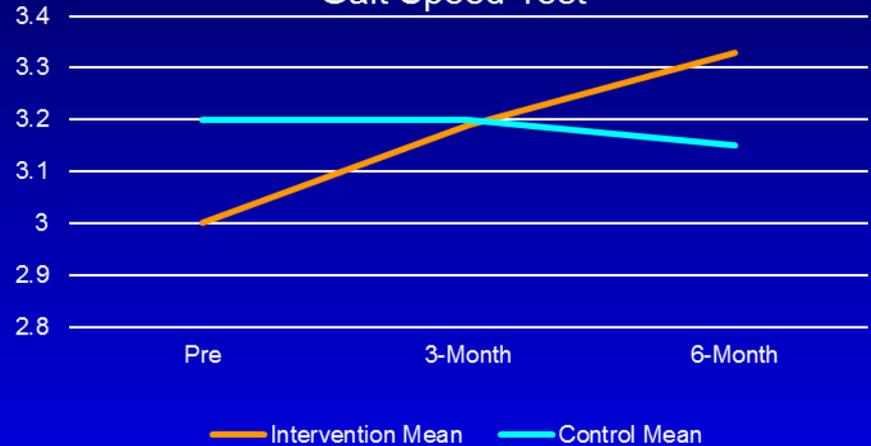
- Pilot randomized trial of 6 months of online program for “graduates” of Stepping On
 - New balance and strength exercises demonstrated by avatars
 - Brief videos by guest experts
 - Stepping On leaders and participants
 - Falls prevention tips
- 21 in intervention, 21 in control
- Evaluations at baseline, 3 and 6 months

Results – Stepping Online may help after the workshop ends

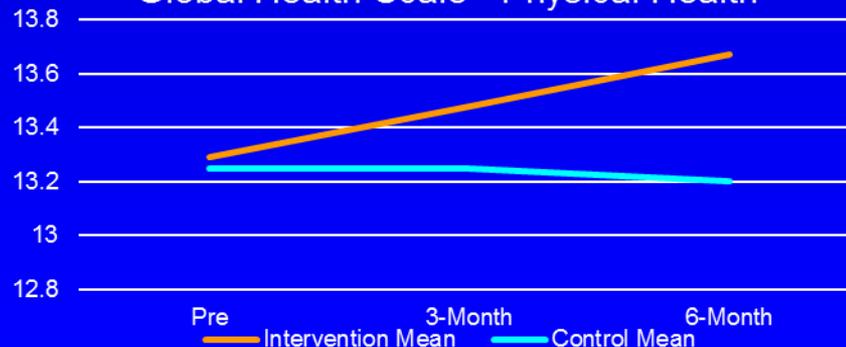
Short Physical Performance Battery



Gait Speed Test



Global Health Scale - Physical Health



Stepping On today

- Implementing Stepping On in Milwaukee



Stepping On to Pisando Fuerte

- Hispanics are the fastest growing ethnic group in the U.S. population.
- The age-adjusted incidence of hip fractures is increasing in Hispanic compared to non-Hispanic populations.
- There are no community-based falls interventions that are culturally adapted for Hispanic seniors.
- To be effective, behavior change interventions must be culturally adapted to the population.

Stepping On to Pisando Fuerte: a linguistic and cultural translation

- Preliminary results
 - Program needed a number of adaptations
- After adaptation
 - Hispanic seniors enjoyed it; attendance was high
 - Seniors made similar beneficial changes to prevent falls as in non-Hispanic population.

Summary: Stepping On by the numbers

- Less than 1/3 of 1% of people at risk for falls in Wisconsin have been served to date.
- In 2015 and 2016, the Wisconsin State Legislature invested \$200,000 per year and 3,689 people took Stepping On.
- This translates to 286 falls prevented, avoiding \$218,400 in ED charges, and \$2.5 million in hospital charges.
- Serving all older adults at risk is the goal.

Considerations for policymakers

- There is some funding in the Older American's Act for health promotion programs, but it is not enough to spread it to all who could benefit.
- One barrier is insufficient compensation for volunteers to receive training and lead classes.
- Additional considerations apply to be able to successfully spread programs in minority communities