



## STEPPING ON

The Stepping On program offers older people information, strategies and exercises to reduce falls and increase self-confidence in situations where they are at risk of falling.

**Program Approved by** the U.S. Administration on Aging and the Centers for Disease Control and Prevention.

### **Website:**

The Wisconsin Institute for Healthy Aging (WIHA) provides training and technical support and issues the licenses for operation of Stepping On North America. WIHA's website is under construction. Contact Karen Beck at [Karen.beck@wihealthyaging.org](mailto:Karen.beck@wihealthyaging.org) or (608) 243-5690.

### **Year Program First Implemented in Community Settings:** 2006

Currently offered in 6 states: California, Nevada, New York, Montana, Utah, and Wisconsin

### **Program Synopsis:**

- General description of program:
  - Classes are highly participative. Mutual support and success build participants' confidence in managing their health behaviors to reduce the risk of falls and maintain active and fulfilling lives. The program content covers: falls and risk; strength and balance exercises; safe footwear and walking; vision and falls; home and community safety; medication review and management; bone health; and coping after a fall.
- Goals:
  - The program uses adult group learning principles plus individualized follow-up to build participants' self-confidence in making decisions and behavioral change in situations where they are at risk of falling. The program challenges older persons to appraise their fall risk realistically and provides a forum for gaining and applying knowledge about safety practices. The program's goal is to facilitate older persons' taking control to choose, adopt and follow-through with safety strategies in everyday life.
- Reasoning behind the program design and elements:
  - Falls are the leading cause of accidental injury or death of individuals age 65 and older. One out of three people 65 and over falls every year. Ten percent of these falls are serious enough to require hospitalization. Falls are also a leading cause of loss of independent living.
- Target population:
  - Community-residing, cognitively intact, older individuals who are at risk of falling, have a fear of falling, or who have fallen one or more times in a year.
- Essential program components and activities:
  - Workshops are led by a trained professional with experience working with adults, and by a trained peer who is an older adult with strong interest in falls prevention.
  - The program utilizes adult learning principles in group sessions with an emphasis on story-telling, sharing of mastery experiences, and use of the "prevention framework" to explore barriers and options to adoption of safety strategies. Active participation is essential.
  - Leaders encourage participants to practice and advance balance and strength exercises during sessions and at home.
  - Leaders invite guest experts from the community to present on the topics of exercise (physical therapist), medication management (pharmacist or other medication expert), vision and falls (low-vision specialist, optometrist or ophthalmologist, occupational therapist or other vision expert), and community safety (police, firefighter or other community mobility expert).
  - Through prepared handouts, participants complete self-assessments in such areas as home hazards, safe footwear, Vitamin D intake, medication review, and safe use of public transportation.
  - A display highlights items useful in the prevention of falls, i.e. objects to improve lighting, reduce slippery surfaces, aid in safe mobility, reduce home hazards, assist with medication management and improve safety of footwear; local community resources.

- Follow-up home visit or phone call to assist with follow-through of fall prevention strategies and activities learned in the workshop and reinforce fall prevention activities. This also provides an opportunity to assist with home adaptations and modifications and referral to support services, if requested.
- Three month booster session to review achievements, review key points of the program, reinforce skills participants have put into practice and provide further information on topics as requested by participants.
- **Length/Timeframe of program:**
  - Seven week Falls Prevention workshop of two hours' duration each week.
  - A home visit or follow-up phone call by the program leader, to facilitate follow-through with preventive strategies and to assist with home adaptations, as required.
  - Three-month booster session (2 hours in length).
- **Recommended class size:**
  - 8-12
- **Desired outcomes:**
  - Participants will increase their knowledge of factors that can contribute to falls, identify how they can prevent falls by changing their behavior and/or their surroundings, and adopt safety strategies to reduce their risk of falling.
  - Overall reduction of falls by older persons.
- **Measures and evaluation activities**  
 Required: Fidelity check of new leaders
  - Optional measures include: Self-evaluation by participants and leaders at Sessions 3 and 6; and questionnaires at beginning of workshop and six-months after last session to evaluate adoption of safety strategies, and change in number of falls, falls behavioral risk, and mobility efficacy.

### **Health Outcomes and Evidence Supporting Health Outcomes**

- An evaluation of the program was published in the September 2004 issue of the Journal of American Geriatrics Society. At the end of the study, Dr. Clemson found those completing Stepping On experienced a 31% reduction of falls. This demonstration concluded that the program was effective in preventing falls in community-residing older adults.

### **Program Costs**

1. To lead a workshop, organizations must send potential workshop leader to a 3-day training, and purchase a license.
2. Costs or in-kind donations for workshops may be needed for: space; healthy snacks; leader time; participant transportation; peer leader stipend; exercise manual and hand-outs; leader manual; and ankle weights. Invited experts participate as volunteers.
3. Contact WIHA for more information regarding costs for training, licensing, and conducting the program.

### **Resource Requirements**

#### **Space Requirements:**

- Room large enough to perform the exercises; table, chairs for each participant.
- Availability of stairs, ramps, curbs, uneven surfaces, etc. for participants to practice community mobility safety.

#### **Equipment/Supplies:**

- Ankle weights (enough to loan each participant one set to take home and extras to use in class)
- Display board and table with various display items
- Leader Manual
- Exercise manuals, handouts and nametags for each participant
- Healthy snacks
- DVD player
- Flipchart for some sessions

## Training Requirements

- **Stepping On Leader Qualifications**
  - Professional (RN, NP, LPN, PA, OT, PT, PTA, COTA, Social Worker, Fitness Expert, Health Educator) with professional training related to older adults, who has
  - Facilitated CDSMP or another group program based on adult-learning or self-efficacy principles, and
  - Worked with older adults in a professional setting.
  - Completed 3-day training, conducted by Wisconsin Institute for Healthy Aging, its licensees or Master Trainers.
- **Stepping On Peer Leader Qualifications**
  - Older adult who has experience with falls or falls prevention, and/or
  - Participated in or facilitated a CDSMP, Stepping On, or another group program based on adult-learning of self-efficacy principles, and has
  - Strong desire to lead by example and be able to participate in doing the strength and balance exercises that are part of the program.

## References

Clemson, L., & Swann-Williams, M. (2006). *Staying power: Tips and tools to keep you on your feet*. Balmain: Limelight Press, available now through Sydney University Press.

Research and development of this program was conducted by professional geriatrics practitioners and researchers at the University of Sydney, Australia, and accepted for peer-reviewed publication in the Sept. 2004 issue of the *Journal of the American Geriatrics Society*. The study was a 14-month randomized trial involving 310 elders aged 70 and older, who had a fall in the previous 12 months, or were concerned about falling. At the end of the study, those completing the Stepping On program experienced a 31% reduction in falls. The authors commented that these results showed that 'cognitive behavioral learning in a small group environment can reduce falls.'

<http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2004.52411.x/full>

The program is the work of Dr. Lindy Clemson, an occupational therapist from Australia. It was brought to the US and adapted for implementation in North America by Dr. Jane E. Mahoney, a geriatrician at the University of Wisconsin and Executive Director of the Wisconsin Institute for Healthy Aging.

Clemson, L., & Swann, M. (2007). *Stepping On - Building Confidence and Reducing Falls: An Effective Educational Program for Seniors*. Freiberg Press, Inc., 2nd Edition.