Stand Up To Falling
Facilitator Guide

Target Audience: Older adults, age 65+; middle-aged adults; grandchildren living with grandparents; formal and informal caregivers for people at risk of falling; health professionals; participants and staff at senior centers and independent senior living apartments; chambers of commerce
Note: FCS Extension and the UK Healthcare Level 1 Trauma Center started a partnership in 2016 to help prevent falls in Kentucky. This means that every patient at the University of Kentucky and university affiliated hospitals who is at risk of falling (admitted because they had fallen or because they are over the age of 65) will be provided a fall prevention education packet upon discharge. In this packet are resources for the FCS Stand Up to Falling program and a list of all extension offices so that patients can call Extension for more information/programs on fall prevention. If you are interested in connecting in a similar way with your local hospital, contact Amanda Rist, RN, UK Injury Prevention/Outreach Coordinator at amanda.rist@uky.edu or (859)323-1116.

Optimal Group Size: Can be adapted to any size group.

Estimated Program Time: 30-60 minutes.
Note: Based on your audience and window of time, decide how you are going to teach this program. The whole program, without taking time for discussion or activity, can be completed in approximately 30 minutes. To include discussion and opportunity for activity (exercise examples, review of the home modification or medication worksheets or the age simulation), you should allow at least 60 minutes. You can also breakdown each key into four, 15 minute mini-programs, or even four longer programs.

Purpose:
After the age of 65, common age-related physical changes and medical conditions, including the medications taken to treat illness and disease, increase a person’s risk of falling. While not all falls are serious, falls continue to remain the leading cause of injury and injury-related death among older adults in the United States. Some people let falls or the fear of falling rule their life. They stop being physically and socially active, they isolate themselves or they become more dependent and less confident. Knowing the risks and being familiar with fall-prevention measures can help prevent falls and fall-related injuries.

While this program introduces the seriousness and consequences of falls, the highlight of the program is its focus on four preventable risk factors as identified by the CDC: lack of exercise, unsafe home environments, vision problems, and medication usage. When these factors are properly addressed, people can lower their chance of falling and even prevent a fall from occurring. Even though Kentucky works toward being a “falls-free” state, it is understood that not all falls can be prevented. Therefore this program also highlights the proper technique for getting up from a fall. Lastly, this program provides a brief introduction to an FCS-supported national fall prevention intervention program, A Matter of Balance. A Matter of Balance is an 8-week program that emphasizes strategies to help reduce the fear of falling and increase activity levels. For more information on A Matter of Balance, contact Senior Extension Specialist, Nicole Peritore at nicole.peritore@uky.edu
Program Objectives:
Participants will:
1) Recognize the consequences of falling: death, disability, dependence, fear, isolation, and decreased confidence.
2) Learn four preventable risk factors of falling: lack of exercise, unsafe home environments, vision problems, and medication usage.
3) Learn how to address each risk factor to lower chances of falling and to prevent falls from occurring.
4) Describe the proper measures to follow if a fall has occurred.
5) Learn about the program, A Matter of Balance, and be encouraged to participate.

Plan for the Program:
This program addresses ways to reduce the risk of falling. The tools to present, evaluate and report on this program include:
1. PowerPoint™ presentation + script
2. Seven publications that can be used at handouts and take-home activity.
   - FCS 7-198 Stand Up To Falling — How to Prevent Falls
   - FCS 7-189 Stand Up To Falling — Physical Activity and Exercise
   - FCS 7-190 Stand Up To Falling — Medication
   - FCS 7-191 Stand Up To Falling — Home Safety
   - FCS 7-192 Stand Up To Falling — Vision Impairment
   - FCS 7-193 Stand Up To Falling — A Matter of Balance
   - FCS 7-206 Stand Up To Falling — What to do When You Fall
3. One post session evaluation (to be returned to Amy Hosier at 315 Funkhouser Building, University of Kentucky; Lexington KY 40506-0054 or emailed to amy.hosier@uky.edu)
4. One Six-month follow-up evaluation to be mailed/distributed to participants
5. Example Impact Statement/success story
6. Roster/sign-in template
7. Logic Model
8. Activity options (exercises, worksheets attached to publications, or RAAD — an age/disability simulation)
9. Information Releases:
10. Radio Consumer Tips/Public Service Announcement (PSA)
11. Suggestions for Community Collaborators to invite a speakers and/or co-presenters (see list below)

Materials and Supplies Needed to Support a 60-mintue Program:
- PowerPoint™ Presentation and script
- Laptop/Projector
- Pens/Pencils
- Sign-in Roster
- Handouts (one per participant)
  - PowerPoint™ Handout
  - Fall Prevention Publications
  - FCS 7-198 Stand Up to Falling—How to Prevent Falls
Post-session evaluation (see evaluation procedures below)

Activity options:
1. Practice sample exercises from Physical Activity and Exercise publication
2. Review Medication Log from Medication publication
3. Review Home Modification Checklist from Home Safety publication
4. Conduct a vision impairment exercise to demonstrate how vision impairment/not taking care of your eyes can increase the risk of falling. Vision impairment goggles can be checked out, ordered online or you can make your own following some simple directions, provided below.
5. Conduct a mini age/disability simulation to give participants a sense of how mobility and/or sensory decline can contribute to both personal and home safety issues, which increases fall risk

Note: Age simulation/disability kits and equipment can be checked-out at the following Region/District offices. The instructions for the simulation, Raising Awareness about Disabilities (RAAD), can be found http://www2.ca.uky.edu/hes/internal/Initiatives/03-initiative/programs.htm.
Note: You will have to abbreviate this program to fit into your timeframe.

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<tr>
<th>Western Region:</th>
<th>UK Research and Education Center at Princeton (270)365-7541</th>
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<tr>
<td></td>
<td>1205 Hopkinsville Street, PO Box 469, Princeton, KY 42445</td>
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<tr>
<td>Central Region:</td>
<td>UK School of Human Environmental Sciences (859)257-1763</td>
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<tr>
<td></td>
<td>102 Erikson Hall, University of KY, Lexington, KY 40506-0050</td>
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<tr>
<td>Eastern Region:</td>
<td>Robinson Center for Appalachian Resource Sustainability (606)666-2438</td>
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<td>130 Robinson Road, Jackson, KY 41339</td>
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If you are uncomfortable with presenting any of these risk factors or think it would be helpful to have an expert in the field highlight more information on a particular risk factor, you are encouraged to partner with a community professional. See the following list of suggested collaborators. Note: when bringing in a speaker, it is important that they still highlight content related to this program as the evaluation tool is set up to evaluate the effectiveness of this information.

Possible community partners to contact and suggested topics to address:

- **A Matter of Balance**
  - Nicole Peritore
  - Senior Health Specialist
  - (859)257-3802
  - Nicole.peritore@uky.edu
  - OR
  - Kentucky Department for Independent Living (DAIL)
  - (502)564-6930
  - http://chfs.ky.gov/dail/

  - Discuss **A Matter of Balance** program.
  - Discuss importance of physical activity and types of exercises geared toward preventing falls.
  - Discuss ways to reduce the fear of falling.
Certified Aging-in-Place Specialist (CAPS)
- CAPS near you can be located at: www.nahb.org/directory.aspx?directoryID=188
- Home safety/modification to help prevent falls

National Association of Home Builders’ Remodelers (Universal Design)
- To find a certified remodeler: http://www.nahb.org/page.aspx/category/sectionID=433
- Home safety/modification to help prevent falls

Optometrist or Ophthalmologist
- Common vision impairments of old age
- Vision impairment prevention
- Ways to safely adapt the environment to accommodate vision impairment

Pharmacist
- Common medications used by older adults and side effects
- Risks of multiple medication usage
- Importance of medication log and communicating with pharmacists and physicians

Physician (General Medicine or Family Practitioner)
- Typical age-related decline that can increase fall risk
- Typical diseases that increase fall risk
- Health measures to help prevent falls
- Medications and falls

Physical or Occupational Therapist
- Typical age-related decline that can increase fall risk
- Importance of physical activity and types of exercises geared toward preventing falls
- Assistive technology/adaptive equipment to decrease fall risk
- Proper technique to fall and/or get up from fall

Before the Session Begins:
- Study all program resources, including procedure, PowerPoint™ presentation with facilitator script, activities, participant handouts and the evaluation.
- Slides 16, 18, 35 have been left blank for you to insert and discuss local resources that can help address these risk factors. These slides supplement the sections on vision, home environment and exercise. Before the program begins, either add to these slides or delete them if you choose not to do this.
- Practice presenting the PowerPoint™. Become comfortable with coordinating the slides and facilitator script. Make notes to yourself in places where there is opportunity for good group discussion or specific details that you want to emphasize.
- Locate and prepare all materials and supplies in advance of the program.
- Set up the meeting room.
- If inviting a community partner, schedule a time to talk with the collaborator about your program. Coordinate the date, resources and plan for presentation. For evaluation purposes, please be sure that the partner discusses content related to the presentation slides/script.
**Program Procedure:**

- Take attendance, including contact information for 6-month follow-up evaluation
- Distribute all handouts.
- Start the PowerPoint™ presentation, beginning with the title slide (Slide 1). Introduce yourself to the audience and thank everyone for coming.
- Follow the facilitator script located in the notes section of the slides.
- Distribute the evaluation and follow the evaluation procedure (below).

**Evaluation Procedure:**

- Research has found that there are three kinds of people interested in fall prevention programs: those who care for people at risk of falling (caregivers), those who are risk of falling and policy makers. As a result, we have created two evaluations that we think will be used most in Extension — one for caregivers and one for individuals at risk. The evaluations address program satisfaction, acquired knowledge, behavior intention and demographics. It also helps us collect information on fall and fear of falling history.
- **At the end of your program,** distribute the appropriate evaluation to your audience and allow 5-10 minutes for participants to fill out the post-program questions.
- If you broke down the risk factors into multiple programs, provide the evaluation after presenting the last of the risk factors.
- **Return all evaluations to Amy Hosier,** Extension Family Life Specialist at amy.hosier@uky.edu or 315 Funkhouser Building University of Kentucky Lexington, KY 40506-0054. Amy Hosier and Amanda Rist, UK Injury Prevention/Outreach Coordinator, will work with the Kentucky Safe Aging Coalition to analyze the data. Final reports/numbers will be sent directly back to you in the county.
- **Distribute a six-month follow-up evaluation.** The best way to demonstrate program effectiveness is to look at follow-up data. Therefore, a 6-month follow up evaluation has been created and you are highly encouraged to use your program roster and distribute/collect post evaluations. All participants are instructed to return the evaluations to their local extension agent. Once collected, each agent should forward the evaluations to Amy Hosier. Results will be analyzed and compared and a final report will be sent to the counties.

**Example Impact Statement/Success Story:**

______________County (Name of County) presented Stand Up to Falling to ___ participants (#). In the last 12 months, ___ (# or %) reported that they or someone to whom they provided care had fallen or has a fear of falling ___ (# or %).

After the program, ___ participants (# or % who strongly agreed or agreed with this statement) reported that they increased their understanding of how to prevent falls and ___ participants (# or % of participants who answered “yes” to this question) reported intentions to take steps aimed at reducing the risk of falling.

More specifically, as a result of this program, participants report intentions to address vision health ___ (# or %); medication management ___ (# or %); exercise/physical activity ___ (# or %); home safety ___ (# or %); opportunities to participate in other fall prevention programs in the community such as A Matter of Balance ___ (# or %).
Falls are common and costly. But proven community-based fall prevention programs demonstrate positive change in both knowledge and behavior (National Council on Aging, 2016). Fall prevention programs have the potential to save an estimated $18-21,000 in health care costs per person, in cases involving a fatality or hospitalization. With _____ (#) total individuals participating in Stand Up To Falling, __________County (Name of County) potentially saved _____$(multiply # of participants by $18-21,000) in Medicaid claims.

[Use participant open-ended statements regarding the three most important things they learned from the program to summarize the success of the program.]

6-Month Follow Up Evaluation Summary:
In a six-month follow-up survey, _____ (# or %) of participants reported that they still believed that the program increased their understanding of how to prevent falls and _____ (# or %) made it a priority to reduce the risk of falling. For example, _____ (# or %) took action to protect their vision; _____ (# or %) took action to manage their medications; _____ (# or %) took action to be physically active; _____ (# or %) took action to make their home safer and _____ (# or %) took participated in other fall prevention programs in the community, such as A Matter of Balance.

_____ (# or %) participants reported falling or a fear of falling _____ (# or %).

[Use participant open-ended statements regarding the three things they have done since participating in the program to summarize the success of the program.]

Vision-impairment Goggle Instructions:
While you can order vision-impairment glasses from the Internet, it is also easy to make your own. Supplies you will need to purchase:
• Clear and yellow-lens safety goggles (supercenters, hardware stores, office supply stores)
• Modge Podge® or Vaseline®
• Electrical tape or black paint

Instructions for vision impairment glasses (refer to photos):
1. Age-Related Macular Degeneration: Smear the Vaseline® or Modge Podge® in a small circle only in the center of one or both of the lenses.
2. Diabetic Retinopathy: Using black paint or black electrical tape, paint or tape “floaters” all over both lenses to simulate floating objects in the visual field.
3. Glaucoma: Use black electrical tape or paint to darken the edges of one or both lenses (top/bottom/side-to-side), creating a tunnel through which the participant will look.
4. Cataracts: Smear Vaseline® OR a thin layer of Modge Podge® across one or both lenses so that, when the participant looks through the glasses, the visual field appears blurry.
5. Yellowing of the lens: Purchase yellow-lens safety goggles or lightly coat lens with yellow paint.
1. Age-Related Macular Degeneration
2. Diabetic Retinopathy
3. Glaucoma
4. Cataract
5. Yellowing of the Lens

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Extension Specialist for Family Life

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