

PROGRAM DESCRIPTION

Healthy Steps for Older Adults (HSA), a program for adults ages 50 years and older and adults of any age with a disability, provides screening, assessment, and education to reduce the incidence of falls. The 4-hour intervention is offered to interested individuals at senior centers and allied sites. First, participants complete a screening questionnaire regarding their current level of physical activity and factors that may impede their activity. Next, participants complete a series of three fall risk assessments: the “timed up and go” (TUG), the chair stand, and the one-legged stand. Based on their performance on the assessments, participants receive an age- and gender-adjusted score indicating their risk for falling.

Following the screening and assessment, participants attend a 2.5-hour workshop educating them about various aspects of fall prevention, including home safety modifications, safe footwear, nutrition for bone health, exercise, medication management, and communication with their physician about fall prevention. As part of the workshop, certified instructors discuss the results of the screening questionnaire and physical assessments with participants, then give suggestions for an appropriate exercise program for each fitness level. For example, for a participant with a physical assessment score indicating a low risk for falls, the instructor may suggest a walking program; for a participant at moderate or high risk for falls, a balance and strengthening class, a home physical therapy program, or an aquatics program may be more appropriate. Each participant also receives a 64-page document, *A Guide for Preventing Falls*.

After obtaining signed permission from each participant, HSA staff notify each participant’s physician about his or her risk for falls. The notification conveys that screening was done and describes the older adult’s fall risk and any other reported risk factors for falls (e.g., taking over four medications, not exercising regularly, having poor eyesight). The physician is encouraged to keep the fall risk assessment on file in the patient’s chart and use it to discuss a prevention plan with the patient the next time he or she visits the office. Each participant is contacted 4 weeks after the program to determine if he or she has adopted any new behaviors to reduce the risk of falling. Participants in the study reviewed for this summary were older adults ages 50 years and older.

DESCRIPTIVE INFORMATION

Areas of Interest	Health and wellness
Outcomes	<p>Review Date: May 2015</p> <ul style="list-style-type: none"> ▶ Incidence of falls ▶ Frequency of self-reported hospital and emergency department (ED) use ▶ Costs associated with hospital and ED use
Ages	<ul style="list-style-type: none"> ▶ 50–60 (Older adult) ▶ 61–74 (Older adult) ▶ 75–84 (Older adult) ▶ 85+ (Older adult)

Genders	<ul style="list-style-type: none"> ▶ Female ▶ Male
Races/Ethnicities	<ul style="list-style-type: none"> ▶ Black or African American ▶ Hispanic or Latino ▶ White
Settings	<ul style="list-style-type: none"> ▶ Church ▶ Community-based organization ▶ Senior center ▶ Other community settings
Geographic Locations	<ul style="list-style-type: none"> ▶ Urban ▶ Suburban ▶ Rural and/or frontier
Funding	Partially/fully funded by National Institutes of Health
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the developer.
Implementation History	Since the Pennsylvania Department of Aging (PDA) developed HSOA in 2005, the program has been implemented in 42 of the 67 counties in the State. It has been offered at an estimated 326 senior community centers, 50 senior apartment complexes, several independent community and/or religious organizations, YMCAs, a hospital, and 2 universities. Approximately 35,000 older adults have received the intervention.
Adaptations	Some program materials (i.e., participant guide, consent and release form, registration form, referral form, workshop evaluation form) have been translated into Spanish.

QUALITY OF RESEARCH

Review Date: May 2015

Documents Reviewed

The documents below were reviewed for Quality of Research. The research point of contact can provide information regarding the studies reviewed and the availability of additional materials, including those from more recent studies that may have been conducted.

Study 1

Albert, S. M., King, J., Boudreau, R., Prasad, T., Lin, C. J., & Newman, A. B. (2014). Primary prevention of falls: Effectiveness of a statewide program. *American Journal of Public Health, 104*(5), e77–e84. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/24625164>

Albert, S. M., Raviotta, J., & Lin, R. J. (2015). Cost effectiveness of a statewide falls prevention program: Healthy Steps for Older Adults, Pennsylvania. Manuscript submitted for publication.

Supplementary Materials

Albert, S. M., Edelstein, O., King, J., Flatt, J., Lin, C. J., Boudreau, R., & Newman, A. B. (2015). Assessing the quality of a non-randomized pragmatic trial for primary prevention of falls among older adults. *Prevention Science*, 16(2), 31–40. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/24488533>

Albert, S. M., King, J., & Keene, R. M. (2015). Assessment of an interactive voice response system for identifying falls in a statewide sample of older adults. *Preventive Medicine*, 71, 31–36. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/25514548>

Albert, S., & Shelton, L. (2015). Healthy Steps for Older Adults: A statewide approach to preventing falls. *Today's Geriatric Medicine*, 8(1), 24–27.

Edelstein, O., Pater, K., Sharma, R., & Albert, S. M. (2014). Influence of urban residence on use of psychotropic medications in Pennsylvania USA: Cross-sectional comparison of older adults attending senior centers. *Drugs & Aging*, 31(2), 141–148. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/24357135>

Stahl, S. T., & Albert, S. M. (2015). Gender differences in physical activity patterns among older adults who fall. *Preventive Medicine*, 71, 94–100. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/25535677>

Outcomes

Outcome 1: Incidence of falls

Description of Measures	<p>Incidence of falls was measured two ways: (1) fall-months (i.e., months in which participants reported a fall) per 100 person-months of follow-up and (2) fall-months per 100 person-months of follow-up adjusted for level of physical activity. (The adjustment for level of physical activity was made because greater physical activity may put an older adult at greater risk for falls.) Information on falls in the past 30 days and physical activity in the past week was collected from participants for up to 12 months of follow-up (with a median of 7.5 months of follow-up).</p> <p>An interactive voice response system was used to elicit information on falls and physical activity during a monthly telephone call. Participants were registered in a Web-based system and were automatically dialed every 30 days beginning 30 days after their baseline interview. A human voice posed questions, which respondents answered by pressing buttons on their telephone. With respect to falls, respondents were asked the following: “Think about the last 30 days. Did you fall in the last 30 days, that is, end up on the floor or ground because you were unable to stop yourself? Press 1 for yes, 2 for no.” When participants reported a fall, the system generated an e-mail message to the research team, which followed up with a telephone interview to collect information about the fall, including when and where it occurred.</p> <p>For information on physical activity, respondents were asked to think about their number of active days in the preceding 7 days. Active days were defined as days when participants “walked, or did exercises, or did a hobby or volunteer work that involved</p>
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	<p>being on your feet for at least 30 minutes.” Respondents pressed the number on their telephone corresponding to their number of active days (e.g., pressing 1 if they had been active on 1 day).</p> <p>Using reports of physical activity, an “active month” equivalent was constructed (e.g., a participant reporting 4 of 7 days of activity in the preceding week would have 16 days of activity in the month and contribute 0.53 months).</p>
Key Findings	<p>The study compared adults ages 50 and older who completed HSOA at various senior center sites with a comparison group of older adults from the same sites who did not complete the program but participated in other center activities. After adjustments were made for sociodemographic characteristics and fall risk factors, such as self-reported balance, falls in the preceding year, and self-reported physical activity, findings included the following:</p> <ul style="list-style-type: none"> ▶ The incidence rate (i.e., number of fall-months per 100 person-months) was lower for the HSOA group than the comparison group over time ($p < .05$). Participation in HSOA was associated with a 17% reduction in this incidence rate. ▶ The incidence rate (i.e., number of fall-months per 100 person-months) adjusted for physical activity was lower for the HSOA group than the comparison group over time ($p < .01$). Participation in HSOA was associated with a 19% reduction in this adjusted incidence rate. ▶ Among participants reporting fair or poor balance, the incidence rate (number of fall-months per 100 person-months) adjusted for physical activity was lower for the HSOA group than the comparison group ($p = .015$). Among participants reporting better balance, differences between the HSOA and comparison group were smaller and nonsignificant but favored the HSOA group.
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating (0.0–4.0 scale)	2.9

Outcome 2: Frequency of self-reported hospital and emergency department (ED) use

Description of Measures	<p>Frequency of self-reported hospital and ED use was assessed with monthly telephone calls using an interactive voice response system. Participants were registered in a Web-based system and were automatically dialed every 30 days beginning 30 days after their baseline interview to complete questions on self-reported falls and hospital and emergency department use over the prior month. A human voice posed questions, which respondents answered by pressing buttons on the telephone (for example, the instructions were “press 1 for yes, 2 for no”).</p> <p>The analysis included all hospital and ED episodes rather than just episodes linked to falls. Data were categorized in the following way: falls = 0, 1, 2+; hospitalizations = 0, 1, 2+; ED visits = 0, 1, 2+.</p>
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Key Findings	The study compared adults ages 50 and older who completed HSOA at various senior center sites with a comparison group of older adults from the same sites who did not complete the program but participated in other center activities. Across the follow-up period, the proportion of participants experiencing one or more hospitalizations (irrespective of ED treatment) was lower among the HSOA group than comparison group (11.3% vs. 14.8%; $p = .04$). In general, a higher proportion of comparison group participants than HSOA participants were in the high-utilization categories. For example, a higher proportion of comparison group participants than HSOA participants had 2+ ED or any hospital episodes over the 12 months (17.6% vs. 14.7%), but this difference was not statistically significant. Also, HSOA participants had fewer hospital visits than comparison group participants when they were matched for number of falls. For example, among participants reporting 2+ falls, a hospitalization was reported by 16.3% of the HSOA group and 24.8% of the comparison group, but this difference was also not statistically significant.
Studies Measuring Outcome	Study 1
Study Designs	Quasi-experimental
Quality of Research Rating (0.0–4.0 scale)	2.8

Outcome 3: Costs associated with hospital and ED use

Description of Measures	<p>Costs associated with hospital and ED use were assessed with monthly telephone calls using an interactive voice response system. Participants were registered in a Web-based system and were automatically dialed every 30 days beginning 30 days after their baseline interview to complete questions on self-reported falls and hospital and emergency department use over the prior month. A human voice posed questions, which respondents answered by pressing buttons on the telephone (for example, the instructions were “press 1 for yes, 2 for no”).</p> <p>The analysis included all hospital and ED episodes rather just episodes linked to falls. For each participant, the total cost, including the cost of the intervention, hospitalizations, and ED visits, was calculated.</p> <p>Data were categorized in the following way: falls = 0, 1, 2+; hospitalizations = 0, 1, 2+; and ED visits = 0, 1, 2+. Costs for hospitalization and ED treatment were calculated using the mean cost of the medical events in Pennsylvania during the study period: \$18,083 for hospitalization and \$1,100 for ED treatment.</p>
Key Findings	The study compared adults ages 50 and older who completed HSOA at various senior center sites with a comparison group of older adults from the same sites who did not complete the program but participated in other center activities. The estimated costs per participant were \$2,928 for the HSOA group and \$3,914 for the comparison condition ($p = .03$), a savings of \$986 on average per person.
Studies Measuring	Study 1

Outcome	
Study Designs	Quasi-experimental
Quality of Research Rating (0.0–4.0 scale)	2.8

Study Populations

The following populations were identified in the studies reviewed for Quality of Research.

Study	Age	Gender	Race/Ethnicity
Study 1	<ul style="list-style-type: none"> ▶ 50–60 (Older adult) ▶ 61–74 (Older adult) ▶ 75–84 (Older adult) ▶ 85+ (Older adult) 	<ul style="list-style-type: none"> ▶ 79% Female ▶ 21% Male 	<ul style="list-style-type: none"> ▶ 88.2% White ▶ 9.6% Black or African American ▶ 2.2% Hispanic or Latino

Quality of Research Ratings by Criteria (0.0–4.0 scale)

Criterion	Ratings		
	Outcome 1	Outcome 2	Outcome 3
Reliability of Measures	2.5	2.5	2.5
Validity of Measures	2.8	2.3	2.3
Intervention Fidelity	3.3	3.0	3.0
Missing Data and Attrition	3.2	3.0	3.0
Potential Confounding Variables	3.0	2.8	2.8
Appropriateness of Analysis	3.3	3.3	3.4
Overall Rating	2.9	2.8	2.8

Study Strengths

The study included an interactive voice response mechanism for obtaining monthly self-reports of falls and hospital/ED use, which minimized problems with event recall. A comparison of a subset of participants showed substantial concordance between falls reported in an interactive voice response assessment and an in-person telephone assessment in the same month. Fidelity was enhanced across all sites by standardized training for HSOA staff in conducting the assessments, providing appropriate physician notifications, and adhering to program guidelines on falls education; monitoring of data entry; and select interviews with participants. Nearly all participants (97%) completing the baseline provided one or more monthly follow-up assessments, with a median of 7.5 months of follow-up and a completion rate of 80%. The study used a quasi-experimental design but compared the groups at baseline and found no differences between them in measures of health or fall risk factors. Further, the study controlled for some confounding variables (e.g., retrospective reports of falls during the previous year). The study had a large sample size and used appropriate analyses.

Study Weaknesses

Although there was concordance between falls reported using the voice response assessment and an in-person telephone assessment, the lack of pilot testing of the new technology raised issues about reliability (e.g., to determine how older adults would use or react to the technology relative to in-person calls). The documents reviewed did not adequately describe how well self-reported falls and health services utilization compare with objective measures, raising issues about the validity of these self-reports. All-cause hospital and ED utilization was used in the analysis rather than utilization linked specifically to falls. The study did not compare the attrited group with those who responded to one or more monthly calls. Potential unexplored confounds could have affected hospital and ED use, including geographic variation in access to services and insurance status (e.g., Medicare, Medicaid, commercial insurance). Costs were calculated using the mean costs of medical events in Pennsylvania during the study period without any adjustments for regional or local differences.

READINESS FOR DISSEMINATION

Review Date: May 2015

Materials Reviewed

The materials below were reviewed for Readiness for Dissemination. The implementation point of contact can provide information regarding implementation of the program and the availability of additional, updated, or new materials.

Albert, S. (2011). *Comparative effectiveness of a statewide program for primary prevention of falls in older adults* [PowerPoint slides]. Pittsburgh, PA: University of Pittsburgh.

Dering Consulting Group. (2013). *HSOA master trainer* [Workbook]. Camp Hill, PA: Author.

Dering Consulting Group. (n.d.). *Healthy Steps for Older Adults master trainer PowerPoint slides*. Available at <http://deringconsulting.com/subpage.php?link=HSOA>

Dering Consulting Group. (n.d.). *Session evaluation: Train the trainer for Healthy Steps for Older Adults*. Camp Hill, PA: Author.

Dering Consulting Group & Pennsylvania Department of Aging. (n.d.). *Healthy Steps for Older Adults: Agenda*.

Dering Consulting Group, Primetime Health, & Pennsylvania Department of Aging. (n.d.). *Certificate of achievement*. Camp Hill, PA: Author.

Healthy Steps for Older Adults. (2012). *Healthy Steps for Older Adults: Registration form*.

Healthy Steps for Older Adults. (2012). *Healthy Steps Program physical skill screening program*.

Healthy Steps for Older Adults. (2012). *HSOA four week follow-up form*.

Healthy Steps for Older Adults. (2012). *The Pennsylvania Healthy Steps Program: Referral form*.

Healthy Steps for Older Adults. (2012). *Workshop evaluation form*.

Healthy Steps for Older Adults. (2013). *Healthy Steps for Older Adults consent and release form*.

Healthy Steps for Older Adults. (2015). *Healthy Steps for Older Adults: Physician detailing packet*.

Healthy Steps for Older Adults. (2015). *HSOA trainer evaluation form*.

Healthy Steps for Older Adults. (n.d.). *Press release template*.

Healthy Steps for Older Adults Train-the-Trainer and Master Trainer [Information sheet]

Healthy Steps Programs Provider Authorization

Independent Drug Information Service, Alosa Foundation, Pennsylvania Department of Aging, & Pharmaceutical Assistance Contract for the Elderly. (2014). *Preventing falls in the elderly: What primary care clinicians can do to reduce injury and death* [Activity booklet]. Boston, MA: Alosa Foundation.

Independent Drug Information Service, Alosa Foundation, Pennsylvania Department of Aging, & Pharmaceutical Assistance Contract for the Elderly. (2014). *Preventing falls in the elderly: What primary care clinicians can do to reduce injury and death* [Charts and graphs booklet]. Boston, MA: Alosa Foundation.

Independent Drug Information Service, Alosa Foundation, & Pharmaceutical Assistance Contract for the Elderly. (2014). *Evaluate gait and mobility using the TUG test*. Boston, MA: Alosa Foundation.

Independent Drug Information Service, Alosa Foundation, & Pharmaceutical Assistance Contract for the Elderly. (2014). *Preventing falls in the elderly: Home safety checklist*. Boston, MA: Alosa Foundation.

Long Term Living Training Institute (LTLTI) Web site with access to the HSOA Training Modules,
<http://www.lttrainingpa.org/>

Pennsylvania Department of Aging. (2006). *Pennsylvania's Healthy Steps for Older Adults: A guide to preventing falls* (2nd ed.). Berkeley, CA: The Regents of the University of California.

Pennsylvania Department of Aging. (2013). *Train-the-trainer: Evaluation comments*.

Pennsylvania Department of Aging. (n.d.). *Email template for recruitment*. Harrisburg, PA: Author.

Pennsylvania Department of Aging. (n.d.). *Working to keep the commonwealth falls free* [Brochure]. Harrisburg, PA: Author.

Pennsylvania Department of Aging, Pharmaceutical Assistance Contract for the Elderly, Independent Drug Information Service, & Alosa Foundation. (2014). *Preventing falls and mobility problems* [Brochure]. Boston, MA: Alosa Foundation.

Pennsylvania Department of Aging & PrimeTime Health. (2013). *Dear doctor letter*.

Pennsylvania Department of Aging & PrimeTime Health. (2013). *Dear doctor letter: Fax cover sheet*.

Pennsylvania Department of Aging & PrimeTime Health. (n.d.). *Pennsylvania's Healthy Steps for Older Adults: Preventing falls* [Flier].

Pennsylvania Department of Aging & PrimeTime Health. (n.d.). *Stay active: Health promotion and education for older adults*. Harrisburg, PA: Pennsylvania Department of Aging Education & Outreach Office.

Program Web site, <http://www.aging.pa.gov/aging-services/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx>

University of California, Berkeley, & Pennsylvania Department of Aging. (2006). *Train-the-trainer for Healthy Steps for Older Adults*. Berkeley, CA: The Regents of the University of California.

University of Pittsburgh, Center for Aging and Population Health Web site,
<http://www.caph.pitt.edu/programs/falls-prevention/>

Readiness for Dissemination Ratings by Criteria (0.0–4.0 scale)

Criterion	Rating
Implementation Materials	3.9
Training and Support	3.8
Quality Assurance	3.7
Overall Rating	3.8

Dissemination Strengths

The participant guide is well-written and presented in a format that is easy to understand and appropriate for older adults. It contains guides and checklists for exercises, diet, home safety, medication safety, and communication with one's physician. For the three physical screening tests that are described, instructions on how to implement the tests, score them, and share results with participants are clearly defined. The train-the-trainer manual identifies the roles and responsibilities of all program implementers and offers guidance on participant recruitment, workshop preparation, and data collection and management. Program fidelity is strengthened through a combination of required online and in-person trainings for implementers as well as an annual field observation. Ongoing support is available by the developer via phone, email, webinars, and unlimited access to training videos. The in-person portion of the training provides a hands-on approach for workshop leaders to demonstrate knowledge of the program and practice administering physical screenings. Training is also available for master trainers once a year. Quality assurance is strengthened through the use of data-driven decisionmaking; implementers are instructed on how to use questionnaires, evaluations, and referral forms to meet the needs of the participants. In addition, implementers enter participant data into a Web-based system, which allows the developer to track program outcomes.

Dissemination Weaknesses

Although the developer supports implementation of the program outside of Pennsylvania, several of the program materials are written specifically for implementers in the State. In addition, it is unclear how the data entry forms will work for sites in other States, as the forms are meant to be submitted to the State of Pennsylvania. It is also unclear whether implementation sites have access to the data entry system to monitor their own data for program improvement.

COSTS

The cost information below was provided by the developer. Although this cost information may have been updated by the developer since the time of review, it may not reflect the current costs or availability of items (including newly developed or discontinued items). The implementation point of contact can provide current information and discuss implementation requirements.

Implementation Materials

Item Description	Cost	Required by Developer
Initial program enrollment (includes 1 year of licensing and site registration, use of Web-based data management system, program monitoring, startup kit of 25 participant guides, unlimited access to online resources such as videos and trainings, participation in webinars, and program updates)	Contact the developer	Yes
Annual site license renewal (includes everything listed above except startup kit of 25 participant guides)	Contact the developer	Yes
Three prerequisite online training modules plus a 2-day, on- or offsite training (includes train-the-trainer manual, participant guide, and all program forms)	For onsite training, the cost is a flat fee for a group of up to 25 people, plus travel expenses; for offsite training (provided in Pennsylvania), the cost is per person for a minimum of 10 people; contact the developer	Yes
Participant guides	Contact the developer; discounts for bulk orders available	Yes
Train-the-trainer manuals	Contact the developer	No
Marketing DVD, <i>Healthy Steps Fall Prevention Program</i>	\$12 each	No
Phone and email guidance and consultation on topics such as individual program implementation, recruitment, marketing, and best practices	Contact the developer	No

Additional Information

If fewer than 10 people register for offsite training, the training may be cancelled with full refunds given.

TRANSLATIONAL WORK

Healthy Steps for Older Adults, which began as a demonstration project developed by the Pennsylvania Department of Aging and Health Research for Action at the University of California, Berkeley, was pilot-tested in three Pennsylvania counties from 2005 to 2006 to address concerns for the State's rise in baby boomers and the resulting potential for an increase in falls. The project resulted in a two-part comprehensive falls prevention program. The first was designed to screen older adults and provide fall prevention education. The second provided opportunities for older adults to improve their strength and balance through participation in an

exercise program called Healthy Steps in Motion. From this project, *A Guide to Preventing Falls* was revised and published in both English and Spanish to promote implementation throughout Pennsylvania.

PDA, in partnership with the Pennsylvania Department of Welfare, has engaged more than 35,000 older adults in Pennsylvania in HSOA since 2005. Now a statewide initiative, HSOA has been nationally recognized with the American Public Health Association Award, the National Health Information Award, the Council of State Government Silver Award, and the National Media Bronze Award. HSOA has also attracted attention from other entities interested in forming partnerships with PDA. For example, through a partnership between PDA's Education and Outreach Office and Pennsylvania's Prescription Assistance Program for older adults, a toolkit and continuing education model were developed to educate physicians on fall prevention. Other States have also expressed interest in implementing the intervention. Given the growing interest in HSOA, plans are underway to expand the HSOA Master Trainer training to sites outside of Pennsylvania.

Since 2009, evaluations of HSOA workshops implemented by Area Agencies on Aging (AAA) and other senior sites throughout Pennsylvania have been conducted annually by Dering Consulting Group. These evaluations show that HSOA participants tend to be mostly White, female, and ages 70–79, with an annual income of less than \$25,000. The 2011, 2012, and 2013 evaluation reports summarize data collected from the State's online databases on the implementation of HSOA workshops conducted in 50 of the 67 counties in Pennsylvania with approximately 19,950 adults ages 50 and older. Data are gathered using the following instruments:

- Registration Questionnaire administered prior to the first workshop to assess participants' demographics, medical risk factors for falls, initial physical activity levels, and quality-of-life issues
- Physical Skills Assessment of three fall risk factors—gait, muscle strength, and balance—conducted by staff and volunteers
- Feedback Survey completed by participants at the conclusion of the HSOA workshop to measure knowledge gains and program satisfaction
- Referral Form completed by HSOA staff to recommend participants for visits to medical providers or other fall prevention services
- Four-Week Follow-Up Interview Form completed by staff, volunteers, or participants to identify changes participants have made in home safety, physical activity, health care visits, nutrition, and referrals after attending the workshop

Across the 3 years of Dering Consulting Group's evaluation, HSOA program participants reported worrying about falling before participating in the HSOA workshop. After the workshop, they reported satisfaction with the information on exercises to prevent falling and regarded becoming more active as a very helpful prevention strategy. Findings also demonstrate that HSOA staff provide referrals for physician visits or medication reviews to program participants who request additional information. At the 4-week follow up interview, HSOA participants reported modifying their home environments to mitigate fall hazards, visiting their doctors to discuss concerns, reviewing their medications with their doctor or pharmacist, eating healthier foods, and stretching and exercising more. Program recruitment is conducted through outreach by senior center staff, referrals from AAA staff and housing facility staff, referrals from health care providers, flyers, newspapers, and a mailed brochure.

Efforts to reach minority groups such as Hispanic/Latino older adults have been implemented by several AAAs in Pennsylvania by recruiting staff to facilitate HSOA workshops in Spanish, offering HSOA to Foster Grandparent Volunteers, and conducting workshops after Sunday services at a local Hispanic/Latino church.

Site With Translational Work	Articles Describing Site's Translational Work, by Category					
	Planning/ Partners	Adoption	Reach/ Recruitment	Implementation	Effectiveness	Maintenance
25 Pennsylvania AAAs serving 4,341 older adults	Article 1	Article 1	Article 1	Article 1	Article 1	—
30 Pennsylvania AAAs serving 3,652 older adults	Article 2	Article 2	Article 2	Article 2	Article 2	—
35 Pennsylvania AAAs serving 2,962 older adults	Article 3	Article 3	Article 3	Article 3	Article 3	—
AAA sites throughout Pennsylvania	Article 4	Article 4	Article 4	Article 4	Article 4	—
Article Number	Article Reference					
1	Dering Consulting Group. (2012, June). Healthy Steps for Older Adults. 2010–2011 Statewide AAA/Senior Center Partnership Final Evaluation Report. Unpublished manuscript.					
2	Dering Consulting Group. (2013, June). Healthy Steps for Older Adults. 2011–2012 Statewide AAA/Senior Center Partnership Final Evaluation Report. Unpublished manuscript.					
3	Dering Consulting Group. (2014, June). Healthy Steps for Older Adults. 2012–2013 Statewide AAA/Senior Center Partnership Final Evaluation Report. Unpublished manuscript.					
4	Healthy Steps for Older Adults Translation & Dissemination. (n.d.). Unpublished manuscript.					

CONTACTS

To learn more about implementation, contact:

Education & Outreach Office, Pennsylvania
Department of Aging
(717) 783-1550
RA-AIPRIMETIMEHEALTH@pa.gov

To learn more about research, contact:

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Graduate School of Public Health, University of
Pittsburgh
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Additional program information can be obtained through the following Web site:

<http://www.aging.pa.gov/aging-services/health-wellness/Pages/Healthy-Steps-for-Older-Adults.aspx>