

## ***Ontario Stay on Your Feet Ontario (SOYF) Implementation Guide Ontario Neurotrauma Foundation***

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### ***Introduction:***

This guide was developed for health professionals implementing the Stay on Your Feet (SOYF) Program to prevent seniors' falls. The original Australian SOYF has been determined to be an effective evidenced based best practice (Volpe & Lewko, 2006). Subsequently, SOYF was implemented and evaluated in three diverse Ontario communities (Corlett & Warren, 2006).

SOYF is being advanced by the Ontario Neurotrauma Foundation as a prevention best practice. The overall goal of SOYF "is to reduce the number and severity of falls experienced by people over 60 thru multi-component interventions whose success could be measured" (Thompson, 2006). A need was identified for an implementation guide to help in the uptake of the SOYF. Therefore, this implementation guide was developed to promote the effective transfer of policy research into practice.

To facilitate the implementation and evaluation of the SOYF program, a number of stages are involved, including identifying goals, determining best service delivery mechanism, evaluating the program, and disseminating evaluation results to stakeholders. This guide covers the planning to the evaluation stages.

Including the pilot and demonstration phases, the original Australian SOYF has been implemented for 15 years in diverse communities throughout the world. Presently, SOYF is being taken to scale in Ontario. The scale up initiative benefits from lessons learned during an Ontario three site demonstration implementation evaluation (Corlett & Warren, 2006). Program timelines, guidelines, evaluation, and community liaison information are detailed in this guide. The intent is to support and aid individuals working on SOYF sites, including staff and peer educators.

### **Description**

The Stay On Your Feet (SOYF) Program is a multi-strategic, community-wide intervention to decrease the number and severity of falls among seniors. It is portrayed as an 'umbrella' program as it is intended to pull together existing community networks, structures and small programs taking into account the community's strengths, assets and perception of needs. The SOYF Program often creates a 'centre' for seniors' fall prevention.

The overall strategies of the SOYF Program are:

- awareness raising,
- community education,
- policy development,
- home hazard reduction,

- media campaigns, and
- working with health professionals.

Specific aims of the SOYF approach:

- utilize local knowledge
- leadership and expertise
- foster community ownership of the problem and input into solutions
- mix of strategies
- sustainability

Key elements of the SOYF Program;

- Local program flexibility and adaptability to meet the needs of the community
- Development and maintenance of a community group or network with representation from various sectors (private and public), seniors and other key stakeholders – interdisciplinary team with defined roles and responsibilities.
- Recruit, hire or assign a program coordinator/manager to overlook the program and engage the community and partners
- Community and organizational readiness to work together towards seniors falls prevention based on past collaborative ventures or history
- Early discussion and planning of sustainability of program by discussing the host organization's infrastructural capacity, ability to seek in-kind, human and financial resources
- Alignment and sustainability of resources (administrative support, media buys with common messaging, etc.)
- Situational assessment of the community of interest (incidence and nature of seniors falls, needs, current and past programmatic efforts in preventing seniors falls, current community and organizational assets including pre-existing collaborative relationships, etc.)
- Involvement of seniors at all levels of planning, implementation and evaluation of the program
- Comprehensive, coordinated and integrated mix of strategies on health promotion, injury prevention and disease management
- Ongoing planned interactions, outreach and communication
- Ownership and accountability for program and results (e.g. set goals, measure effectiveness, sustainability, etc.)

### **Ontario Context**

Since the SOYF Program was already proven to 'work' (20% reduction in injury) in Australia, the Ontario Neurotrauma Foundation (ONF) strategically chose to replicate this evidence-based seniors' falls prevention program in Ontario and evaluate its effectiveness in Ontario (Thompson, 2006).

Three communities were selected to receive a two-year grant to adapt and implement SOYF in Ontario communities. The communities were: Kingston, Frontenac, Lennox and Addington (KFL&A), Grey Bruce, and Elliot Lake. Each demonstration site developed plans, initiated

activities under the five SOYF strategies (see above) and provided updates and reports on their progress and achievements.

A formal evaluation of the Ontario experience was also conducted to assess the issues and challenges of implementing SOYF in different environments; how challenges were addressed; how the program could be sustained; and learning for other communities and funders (Corlett & Warren, 2006).

### **Implementation Guidelines**

The outstanding feature of SOYF is that it is an umbrella approach and the strategies will vary from community to community. Therefore, this resource is a guideline only. Each community will use its expertise to decide what strategies are best for them. No one strategy is seen as being the solution but tackling the issue on many levels is seen as most likely to prevent falls. SOYF is implemented according to the following five strategies, as a comprehensive, multi-pronged approach to preventing seniors' falls.

1. **Awareness and education:** Using literature, events, theatre, flyers, and other promotional material to promote the prevention message. Awareness building could also include seminars on topics such as safe use of medications, safe shoes, nutrition, and the use of assistive devices.
2. **Skill building:** Exercise programs for both those active in the community and the frail and homebound. Skill building may include training the trainers who can teach leaders on an ongoing basis. This could also include falls risk assessment clinics. Ideally, there would be a multidisciplinary team and opportunities for long term follow up.
3. **Home Safety:** Producing/adapting or utilizing the variety of home safety checklists or booklets. Home safety also includes safety out of doors. Ideally, the intervention includes a home assessment and then provides the assistance needed to make positive changes happen.
4. **Health Care Worker Liaison:** Working with fellow health care workers to provide both education for them and to solicit their help to work on various fall prevention initiatives. Health care workers are needed to donate their expertise to the various initiatives – e.g., planning programs, being guest presenters at events, contributing to implementation and evaluation of initiatives.
5. **Policy** – Policy development includes working with the provincial and national building codes to ensure that homes are designed with safety features for older adults. At the community level, it would be to work with politicians for safe sidewalks, trails and rest stops for walkers. It could also include working with accessibility groups. Another policy would be to work with hospitals and EMS staff to ensure that everyone who presents with a fall, at the very least, gets an information package.

### ***Phase 1 (Roughly 1 1/2 years) Start Up***

The important tasks during this phase are to learn about and promote the issue of seniors' falls through research, collaboration, and engagement with stakeholders:

***Tasks:***

- Define the community (e.g., demographics). A community assessment should already be available, as most communities have undergone emergency preparation plans and these include community profiles, demographics, and resources. However, you have to go further to assess what falls prevention resources exist. Most communities will have a seniors' resource guide that will be helpful. In Ontario, the USCO (United Senior Citizens of Ontario) hold rallies and many personal contacts can be made.
- Define the scope of the issue--Statistics on hospital injuries are available through the Canadian Institute of Health Information (CIHI), SMARTRISK, and the Rapid Risk Factor Surveillance System in Ontario. The work of Elaine Gallagher (University of Victoria) and Vicky Scott (University of British Columbia) provide a valuable base for anyone attempting to start a falls prevention program (See links below).
- Assess, analyze and address levels of community/agency readiness. Many communities will have a coalition and already have agencies and volunteers on board. Otherwise, establishing a coalition is an important first step to bring the players in at the beginning.
- Make a case for the program. A falls prevention program is generally non-controversial—people want to prevent falls. The challenging task is to convince the various stakeholders that the strategies that you want to use are effective.
- Remember: Document your progress! (See links below)

***Start up:***

Recruit a volunteer SOYF advisory group consisting of seven or eight individuals with diverse professional backgrounds who have experience in seniors' health and community development (Corlett & Warren, 2006). Ensure the group is in place to direct the SOYF team.

Ideally, a full time coordinator can optimally deal with the many issues that arise during the implementation of SOYF. A part time coordinator may be appropriate if there are other staff members in the organization who are helping with the initiative.

***Role of Coordinator:***

A major task for the coordinator at this stage of the project is to know what vehicles for the prevention message already exist. For example, SMARTRISK has a seniors falls prevention toolkit and the Ontario Seniors' Secretariat also provides falls prevention resources. The

coordinator should assess the community for the strategies that are already in place and the people who will be most helpful so that the gaps can be filled by SOYF strategies. While assessing the community, the coordinator will also need to know the senior contacts, the names of the groups and the programs available. In many communities the Victorian Order of Nurses (VON) received funding for SMART (Seniors Maintaining Active Roles Together) where they do the SFIC (Senior Fitness Instructor Course) and HSEP (Home Support Exercise Program), an initiative that involves both teaching the teachers and then organizing the classes. The coordinator would also want to know about other exercise groups (YMCA, seniors groups, private gyms) and falls prevention programs. Many communities have agencies in common – Community Care Access Centres (CCAC), Home and Community Support Programs, ParaMed, Red Cross, etc. and they may have made falls prevention a priority in their programs. The Canadian Centre for Activity and Aging (CCAA) initiated the SFIC and the HSEP and they are documented as effective (CCAA, 2006). The coordinator should present these various falls prevention strategies to the advisory group and then together make the most effective choices for the community.

The coordinator should secure an evaluation contract near program start-up. Organize an initial site visits for the evaluators. As SOYF has previously been demonstrated to be effective at reducing falls, a combination of evaluation activities (both process and outcome) may be most useful for the site (Corlett & Warren, 2006). If a program has already been evaluated in another location, it might be wise to use your resources to implement a complementary project or consider evaluating the effectiveness of how your agency set up the training and reached the appropriate audience.

### ***Concrete Suggestions:***

- Raise awareness in the target groups that falls are preventable.
  - Establish a web site.
  - Contact mass media advertisers (e.g., television, radio, local newspaper).
  - Set up street stall during community events and festivals. Ideally, connect with established venues that already attract a crowd. You could put a lot of energy into planning an event alone and then not get good crowds.
  - Contact places that seniors attend, such as pharmacies and venues that host seniors' events.
  - After you have clarified your goal, objectives and strategies, secure the buy-in of local businesses (e.g., hardware stores) to advertise and sell home safety devices. The campaigns of chain stores such as RONA, Home Depot, or Home Hardware generally have to be directed centrally out of their head offices. They plan their campaigns at least a year in advance so the start up would probably just be to make contact.
- Provide an action plan to health workers and service providers within the health region that covers about three years. Include government and non-government agencies. Keep this plan very flexible as many things will change!
- Make the grant budget flexible rather than lock-step.

- There are a number of home safety checklists and guidelines that are available for distribution (see web resources section). See what already exists before designing anything new. However, a SOYF booklet that includes your community's contact information and unique approach may be a useful resource.

The volunteer policy of your agency has a strong influence on the extent to which you can recruit, train, and engage volunteers. If possible, train a targeted number of fall prevention volunteer advisors (preferably over the age of 50, with representation of those over the age of 60). The presence of a volunteer coordinator who is for long term support facilitates volunteerism. Running a program largely based on volunteer labour requires volunteer-based infrastructure (Thomas, personal communication, April 28, 2008). Based on its capacity, your agency can decide whether and to what extent to utilize volunteers, for either short or long term projects.

Depending on the level of volunteer capacity in your agency, your agency may decide to:

- Conduct a live in-service program for volunteer fall prevention advisors with the major components being content, knowledge presentation and public speaking skills.
- Set a target number of people for volunteer fall prevention advisors to reach through talks and expositions at seniors' clubs and other venues.
- Recruit and train seniors to be home safety advisors to reach out to community groups with knowledge of falls prevention strategies and the home safety products available.
- Recruit, train, and instruct seniors to lead nine-week gentle exercise classes. Advertise for these classes and track attendance.
- Conduct workshops on the wise medication use, with staff of community health centres, physiotherapists, community health nurses and occupational therapists playing a major role.
- Remember:  
Give certificates of attendance to workshop and program attendees.  
Ensure all volunteers receive police checks before starting duties.  
Track attendance at workshops.

***Recommended documents to distribute during Phase 1*** (this list is not exhaustive):

- A Home safety checklist,
- A home safety guide
- A planning guide for seniors to prevent falls
- SOYF description booklets
- Medication interaction fact sheet<sup>1</sup>

***Phase 2 (1 year):***

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<sup>1</sup> The Grey Bruce demonstration site created a medication interaction fact sheet "Understanding Potential Interactions with Prescription Drugs" and any agency can have their own printed with their own logo and info simply by contacting the Grey Bruce and their printer. There are five parts to this booklet – interactions with smoking, alcohol, food & drink, non-prescription & OTC medications and herbal & natural remedies.

The important tasks during this phase are to maintain the program and bring on board new initiatives and partners that are deemed appropriate:

- Are there any lessons learned from Phase 1? Implement the changes.
- Increase and maintain recruitment/enrollment in the various SOYF programs.
- Hold “pill-spills” locally, which provided a drop-off location for seniors to dispose of unused/expired medication (e.g., at a pharmacy).
- Hold at least one media event
- Draft a sustainability plan
- Implement evaluation strategies decided in conjunction with the evaluator(s); these strategies may include an annual reach survey; attendance records at various events, and surveys of knowledge, attitudes and behavioural risk.
- Hold at least two focus groups of seniors in order to glean information about SOYF regarding what they liked, what they learned, and what they think can be changed. Ensure good facilitation and construct an interview guide that covers all relevant topics (Tard, Beaudoin, Turcotte, and Ouellet, 1998).
- General practitioners and community health nurses to receive research and educational material, including an information evening organized with governing body of GPs and nurses (Kempton et al., 1998).<sup>2</sup>

***Recommended documents to distribute during Phase 2*** (This list is not exhaustive):

- Patient questionnaire to introduce the topic of falls to patients in the doctor’s waiting room;
- Patient falls risk assessment for doctor to complete.
- Referral pad for community health nurses to refer seniors to gentle exercise classes, podiatrists, optometrists, and other professionals<sup>3</sup>.

Before distributing the above documents to doctors, include a letter introducing SOYF and offer a weekday luncheon for the nursing and admin staff in the local doctors’ offices. These activities can facilitate buy-in from a group that is often difficult to engage due to their busy schedules.

♦ ***Phase 3 (Maintenance of program):***

The important tasks during this phase are to implement your sustainability plan, take the lessons learned to the policy level, and maintain the program on all levels

- Examine evaluation results.
- Write necessary reports.
- Disseminate reports.
- Hold more media events on a periodic basis.
- Solicit long-term support from businesses, public servants, and health care providers.
- Work to integrate SOYF into local policies such as health and safety.

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<sup>2</sup> Note that it can be difficult to get physicians involved as they have so many other priorities.

<sup>3</sup> These tools have previously been designed by SOYF demonstration sites.

- Make evidence-based recommendations for the future of the project.
- Demonstrate the involvement of seniors throughout the development of any proposals and reports.
- Incorporate evaluation results to promote sustainability of the program.

***Recommended documents to consider during Phase 3*** (This list is not exhaustive).

The South Australian Community Health Research Unit's *Developing Reports Guide*<sup>4</sup>

### ***Evaluation Plan Tips***

From the South Australian Community Health Research Unit (2006):

In preparing for an evaluation, it is helpful to have:

1. Clearly defined program goals, objectives and strategies
2. Agreement on:
  - how the evaluation will be used
  - who it is for or who is/are the audience(s)
  - what evaluation questions should be addressed
  - what resources and time do you have for the evaluation

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<sup>4</sup> available at <http://som.flinders.edu.au/FUSA/SACHRU/PEW/writing/steps.htm>

***Web resources:***

Canadian Centre for Activity and Aging (CCAA): <http://www.uwo.ca/actage/>

SMARTRISK: <http://www.smartrisk.ca/>

Ontario Seniors' Secretariat: <http://www.culture.gov.on.ca/seniors/>

Ontario Injury Prevention Resource Centre:  
[http://www.oninjuryresources.ca/rightsidebar/about\\_the\\_canadian\\_falls\\_preve.html](http://www.oninjuryresources.ca/rightsidebar/about_the_canadian_falls_preve.html)

Inventory of Fall Prevention Initiatives in Canada: [http://www.phac-aspc.gc.ca/seniors-aines/pubs/fall\\_prevention\\_initiatives/fpi-on\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/fall_prevention_initiatives/fpi-on_e.htm)

University of Victoria Centre on Aging Research Reports:  
[http://www.coag.uvic.ca/resources\\_research\\_reports.htm](http://www.coag.uvic.ca/resources_research_reports.htm)

Ontario Seniors Secretariat: <http://www.culture.gov.on.ca/seniors/>

Center for the Application of Prevention Technology's sustainability guide at  
[http://captus.samhsa.gov//northeast/PDF/audio\\_conference/sustainability\\_checklist.pdf](http://captus.samhsa.gov//northeast/PDF/audio_conference/sustainability_checklist.pdf)

Center for the Application of Prevention Technology's sustainability worksheet at  
[http://captus.samhsa.gov//northeast/PDF/audio\\_conference/sustainability\\_worksheet.pdf](http://captus.samhsa.gov//northeast/PDF/audio_conference/sustainability_worksheet.pdf)

South Australian Community Health Research Unit: <http://www.sachru.sa.gov.au/>

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