Development and Dissemination of STEADI, A CDC Fall Prevention Tool Kit

Heidi Ehrenreich, PhD, MPH
National Center for Injury Prevention and Control, CDC • vza7@cdc.gov
APHA 140th Annual Meeting
Tuesday, October 30, 2012

The STEADI Tool Kit is a broad, evidence-based resource based on the American and British Geriatrics Societies’ (AGS/BGS) clinical guideline with input from healthcare providers. The STEADI Tool Kit is designed to help healthcare providers incorporate fall risk assessment and individualized interventions into their clinical practice. It also provides tools for linking clinical care with community fall prevention programs. In the winter of 2012, the STEADI Tool Kit will be available for order at: www.cdc.gov/injury/STEADI.

STEADI Tool Kit Development

Several sources of information were used to develop the STEADI Tool Kit in a step-by-step process over an 18-month period.

1. **Literature review**: A review of the literature showed that healthcare providers tended not to ask their patients about falls or conduct meaningful gait and balance assessments. Yet providers expressed interest in learning about fall risk assessments and how to manage fall risk.

2. **Conceptual models**: Two conceptual models informed STEADI’s approach to fall prevention: the “Chronic Disease Care Model” in recognizing falls as a chronic condition and the “Transtheoretical Stages of Change Model” for staging patients’ readiness to engage in fall prevention interventions, as well as processes to move patients from one stage of readiness to the next.

3. **In-depth interviews**: The CDC conducted 18 structured 90-minute interviews with a random sample of healthcare providers working predominantly with older adults. The purpose of these interviews was to understand their perceptions and behaviors relating to falls, fall risk assessments, and fall prevention strategies. The results suggested a need for
standardized materials on fall risk assessments and greater awareness of the American and British Geriatrics Societies’ clinical practice guideline.

4. **Focus groups:** The CDC conducted six focus groups with healthcare providers (i.e., primary care physicians, geriatricians, registered nurses, nurse practitioners, physician assistants) to review drafts of the STEADI Tool Kit materials. Materials were revised based on this feedback.

**Dissemination**

In 2011 CDC launched the State Fall Prevention Program. In this 5-year program, CDC is funding State Health Department Injury Programs in Colorado, New York, and Oregon to integrate the STEADI clinical intervention with three evidence-based community fall prevention programs.

The STEADI Tool Kit is being disseminated via a “Clinician Engagement and Education” (CEE) Session, a version of academic detailing that incorporates principles of quality improvement. The CEE Session is a 60-90 minute interactive event for the practice staff. It is guided by Everett Roger’s diffusion of innovations, and presents the STEADI Tool Kit as a new standard of care.

As shown in the Figure, each state health department identifies and introduces the STEADI Tool Kit to an Ambassador. The Ambassador in turn identifies and trains a Champion from a selected clinical site. The Champion conducts a CEE Session during a lunch meeting with colleagues, who can include physicians, physician assistants, nurse practitioners, registered nurses and office staff. As a group, CEE Session participants at the clinical site decide on the best way to implement the STEADI Tool Kit by adopting systems changes for fall risk screening, risk assessment and care management.

![Clinician Engagement & Education Session](image)

Figure. CDC implements STEADI through a Clinician Engagement and Education Session.