The impact of peer-led falls prevention education on community-dwelling older adults: A mixed methods evaluation

Linda Khong
Appendix A

Ethical Approval

A.1 Approval for Phase 1 Study 1: Peer Educators

*(Chapter 4)*

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6 May 2013

Dr Anne-Marie Hill
School of Physiotherapy
The University of Notre Dame Australia
Fremantle Campus

Dear Anne-Marie,

Reference Number: 013061F

Project Title: “Peer-led community falls education program for older adults: gaining the views of volunteer peer educators.”

Your response to the conditions imposed by a sub-committee of the University’s Human Research Ethics Committee, has been reviewed and based on the information provided has been assessed as meeting all the requirements as mentioned in National Statement on Ethical Conduct in Human Research (2007). Therefore, I am pleased to advise that ethical clearance has been granted for this proposed study.

*All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.*

On behalf of the Human Research Ethics Committee, I wish you well with what promises to be a most interesting and valuable study.

Yours sincerely,

Dr Natalie Giles
Executive Officer, Human Research Ethics Committee
Research Office

cc: Prof Peter Harmer, Dean, School of Physiotherapy;
    A/Prof Shane Pahlow, SRC Chair, School of Physiotherapy.
A.2 Approval for Phase 1 Study 2: Community Forum

(Chapter 5)

11 August 2014

Associate Professor Anne-Marie Hill & Ms Linda Khong
School of Physiotherapy
The University of Notre Dame Australia
Fremantle Campus

Dear Anne-Marie and Linda,

Reference Number: 014128F
Project Title: “World Cafe community forum: To examine views and preferences of older people about seeking and receiving falls prevention health-related information.”

Your response to the conditions imposed by a sub-committee of the university’s Human Research Ethics Committee, has been reviewed and based on the information provided has been assessed as meeting all the requirements as mentioned in National Statement on Ethical Conduct in Human Research (2007). Therefore, I am pleased to advise that ethical clearance has been granted for this proposed study.

All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.

On behalf of the Human Research Ethics Committee, I wish you well with your study.

Yours sincerely,

Dr Natalie Giles
Research Ethics Officer
Research Office

CC: Prof Peter Hamer, Dean, School of Physiotherapy;
A/Prof Shane Palmer, SRC Chair, School of Physiotherapy.
A.3 Approval for Phase 1 Study 3: Expert Review
(Chapter 6)

16 June 2014

Associate Professor Anne-Marie Hill & Ms Linda Khong
School of Physiotherapy
The University of Notre Dame Australia
Fremantle Campus

Dear Anne-Marie and Linda,

Reference Number: 014100F

Project Title: “Peer-led community falls education program for older adults: Expert review of the delivery of peer educator presentations.”

Your response to the conditions imposed by a sub-committee of the university’s Human Research Ethics Committee, has been reviewed and based on the information provided has been assessed as meeting all the requirements as mentioned in National Statement on Ethical Conduct in Human Research (2007). Therefore, I am pleased to advise that ethical clearance has been granted for this proposed study.

All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.

On behalf of the Human Research Ethics Committee, I wish you well with your study.

Yours sincerely,

Dr Natalie Giles
Research Ethics Officer
Research Office

cc: Prof Peter Harmer, Dean, School of Physiotherapy; A/Prof Shane Pateman, Acting SRC Chair, School of Physiotherapy.
A.4 Approval for Phase 2 Study 4: Quasi-Experimental Trial
   (Chapter 8)

A.4.1 Control Group trial

14 August 2014

Associate Professor Anne-Marie Hill & Ms Linda Khong
School of Physiotherapy
The University of Notre Dame Australia
Fremantle Campus

Dear Anne-Marie and Linda,

Reference Number: 014134F
Project Title: “To evaluate the effectiveness of peer-led falls prevention education presentations for older adults in the community.”

Your response to the conditions imposed by a sub-committee of the university’s Human Research Ethics Committee, has been reviewed and based on the information provided has been assessed as meeting all the requirements as mentioned in National Statement on Ethical Conduct in Human Research (2007). Therefore, I am pleased to advise that ethical clearance has been granted for this proposed study.

*All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.*

On behalf of the Human Research Ethics Committee, I wish you well with your study.

Yours sincerely,

Dr Natalie Giles
Research Ethics Officer
Research Office

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Prof Peter Homer, Dean, School of Physiotherapy
A/Prof Shane Patman, Acting SRC Chair, School of Physiotherapy.
A.4.2 Intervention Group trial

5 March 2015

Associate Professor Anne-Marie Hill & Ms Linda Khong
School of Physiotherapy
The University of Notre Dame Australia
Fremantle Campus

Dear Anne-Marie and Linda,

Reference Number: 015013F

Project Title: “To evaluate the effectiveness of peer-led falls prevention education presentations for older adults in the community.”

Thank you for submitting the above project for Low Risk ethical review. Your application has been reviewed by a sub-committee of the university’s Human Research Ethics Committee in accordance with the National Statement on Ethical Conduct in Human Research (2014). I am pleased to advise that ethical clearance has been granted with advice for this proposed study.

- Researchers should include a statement that if a potential participant chooses not to participate in the study it doesn’t mean they can’t stay for the presentation.

All research projects are approved subject to standard conditions of approval. Please read the attached document for details of these conditions.

On behalf of the Human Research Ethics Committee, I wish you well with your study.

Yours sincerely,

Dr Natalie Giles
Research Ethics Officer
Research Office
Appendix B

Support from Community Organisation

B.1 Letter of Support for Phase 1 Study 1
(Chapter 4)

Dr Anne-Marie Hill
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959

8 March 2013

Dear Dr Hill

This letter provides authorisation for Dr Anne-Marie Hill from The University of Notre Dame Australia to access volunteers involved in the ICCWA falls prevention education programs. The authorisation includes the research team of Dr Hill, Notre Dame staff member Mrs Jacqui Francis-Coad and the post graduate student Ms Linda Khong.

The approval is granted with the following conditions:
- Participation from individuals is voluntary.
- The research has gained appropriate ethics approvals.
- Individuals contact details are not released to the research team and individuals are not contacted directly by members of the research team
- ICCWA reviews all research documentation.
- Information, research and data are strictly confidential and are supplied on the understanding that they will be held confidentially and not disclosed to third parties without the prior consent of ICCWA.

Authorisation is granted for a period of 12 months from the date of this letter.

For further information please contact me on 0420 7212 or dcostello@iccwa.org.au.

Kind regards,

Deborah Costello
Chief Executive Officer
B.2  Letter of Support for Phase 1 Study 3
(Chapter 6)

A/Professor Anne-Marie Hill
The University of Notre Dame Australia
P.O. Box 1226
Fremantle WA 6959

6 May 2014

Dear A/Professor Anne-Marie Hill,

Re: Peer-led community falls education program for older adults: expert review of the delivery of peer education presentations.

This letter provides authorisation for A/Professor Anne-Marie Hill from The University of Notre Dame Australia to have access to volunteers involved in the ICCWA falls prevention education programs. The authorisation includes the research team of A/Professor Hill and Notre Dame post graduate student Ms Linda Khong. The above mentioned study is a collaboration between ICCWA and Notre Dame University reviewing peer education programs. We are happy to support this proposed study as part of the research project.

The approval is granted with the following conditions:

- Participation from individuals is voluntary.
- The research had gained appropriate ethics approval.
- Individuals contact details are not released to the research team and individuals are not contacted directly by members of the research team. ICCWA will inform and liaise with our volunteer peer educators in relation to the above study on Notre Dame’s behalf.
- ICCWA reviews all research documentation.
- Information, research and data are strictly confidential and are supplied on the understanding that they will be held confidentially and not disclosed to third parties without the prior consent of ICCWA.

Authorisation is granted for a period of 12 months from the date of this letter.

For further information please contact me on 9420 7212 or dcostello@iccwa.org.au.

Kind regards,

Deborah Costello
Chief Executive Officer
B.3 Letter of Support for Phase 2 Study 4
(Chapter 8)

Associate Professor Anne-Marie Hill
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6915
Anne-Marie.Hill@nd.edu.au

1 August 2014

Dear Associate Professor Hill,

Re: Evaluation of the effectiveness of peer-led falls prevention education presentations for older adults in the community.

This letter provides authorisation for A/Professor Anne-Marie Hill from The University of Notre Dame Australia to attend the ICCWA Falls Prevention education presentations to recruit participants for enrolment into the above named study. The authorisation includes the research team of A/Professor Hill and Notre Dame PhD candidate Ms Linda Khong and a research assistant who will help with data collection. The above mentioned study is a collaboration between ICCWA and Notre Dame University reviewing peer education programs. We support this proposed activity as part of the research project.

The approval is granted with the following conditions:

- Participation from individuals is voluntary.
- The research has gained appropriate ethics approval.
- ICCWA will inform and liaise with our community organisations in relation to the above study on Notre Dame's behalf. Organisations may choose not to be involved.
- ICCWA reviews all research documentation.
- Information, research and data are strictly confidential and are supplied on the understanding that they will be held confidentially and not disclosed to third parties without the prior consent of ICCWA.

Authorisation is granted for a period of 12 months from the date of this letter.

For further information please contact me on 9420 7212 mاكinson@icw.org.au.

Kind regards,

[Signature]

Michael Atkinson
Acting Chief Executive Officer
Appendix C

Search Strategy and Summary of Factors Influencing Older Adults’ Engagement and Uptake of Falls Prevention Strategies (Systematic Review)

Table C.1 Search Strategy Conducted for the Systematic Review: Enablers and Barriers

<table>
<thead>
<tr>
<th>Electronic database and search terms used¹</th>
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<tbody>
<tr>
<td><strong>CINAHL search terms:</strong></td>
</tr>
<tr>
<td>S1: (MM &quot;Accidental Falls/ED/PC&quot;)</td>
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<tr>
<td>S2: (MM &quot;Health Promotion&quot;) (barrier* OR facilitate* OR attrit* OR attend* OR engag* OR promot* OR enrol* OR participat* OR motivate*)</td>
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<tr>
<td>S3: S1 AND S2</td>
</tr>
<tr>
<td><strong>Limiters:</strong></td>
</tr>
<tr>
<td>Published Date: 19950101-20160430;</td>
</tr>
<tr>
<td>English Language;</td>
</tr>
<tr>
<td>Publication Type: Meta Analysis, Meta Synthesis, Review, Systematic Review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medline and EMBASE search terms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. expAccidental Falls/pc [Prevention &amp; Control] (4,507)</td>
</tr>
<tr>
<td>2. (barrier* or facilitat* or complet* or attrit* or attend* or engag* or promot* or enrol* or participat* or motivat* or adher* or perspect* or view* or complian* or attitud*).mp. (3,538,507)</td>
</tr>
<tr>
<td>3. 1 and 2 (1,383)</td>
</tr>
<tr>
<td>4. limit 3 to (english language and humans and yr=&quot;1995 -Current&quot;) (1,276)</td>
</tr>
<tr>
<td>5. limit 4 to (meta analysis or &quot;review&quot; or &quot;scientific integrity review&quot; or systematic reviews) (150)</td>
</tr>
</tbody>
</table>

¹ Search was limited to those studies available in the English language
Table C.2  Summary of Studies: Factors Influencing Older Adults’ Engagement and Uptake of Falls Prevention Strategies (Enablers and Barriers) – Expanded Version

<table>
<thead>
<tr>
<th>Author</th>
<th>Design</th>
<th>Aim</th>
<th>Participants</th>
<th>Setting</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>McInnes 2004</td>
<td>Systematic Review (24 studies)</td>
<td>To examine older adults’ views of falls prevention strategies including physical activity To develop guideline and recommendations on falls prevention</td>
<td>50 to 97 years of age Fallers, non-fallers, at risk of falling and healthy</td>
<td>1 residential care 3 hospitals 20 community (mixed setting)</td>
<td>1994-2004, Published studies. Mixed studies Qualitative (n = 10) RCT (n = 3); Cross-sectional (n = 4) Systematic review (n = 1); Narrative review (n = 3); Pre-post (n = 3) Explicit inclusion and exclusion criteria provided; screening assessment information about main study designs provided in detail; described how reliability was established for data synthesis process. Meta-analysis of data not performed. Recommendations were relating to participation in a falls prevention program and did not relate to intention or transition for behaviour change in day-to-day life and activities</td>
</tr>
<tr>
<td>Bunn 2008</td>
<td>Systematic Review (24 studies)</td>
<td>Perceptions of barriers and enablers influencing older adults’ participation and adherence to falls prevention interventions To identify measures that promote acceptance of programs</td>
<td>Aged 55 years and over Range from high risk to healthy active</td>
<td>18 community 1 combined community and residential care 3 residential care 2 hospitals (mixed setting)</td>
<td>Prior to Jan 2005, published and unpublished (includes grey literature) Qualitative (n = 12) RCT (n = 2) Cross-sectional (n = 6) Evaluation (n = 2) Process evaluation (n = 2)</td>
</tr>
<tr>
<td>Author</td>
<td>Design</td>
<td>Aim</td>
<td>Participants</td>
<td>Setting</td>
<td>Comments</td>
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<tr>
<td>McMahon 2011</td>
<td>Literature Review (19 studies)</td>
<td>Perspectives of older adults regarding own falls risk and enablers and barriers to participating in falls prevention programs</td>
<td>Aged 65 years and over 12,691 participants, most women. (details of number of women not published) Includes those identified at risk of falling</td>
<td>Community</td>
<td>2005-2010 Qualitative (n = 11); Quantitative (n = 7) Mixed methods (n = 1) Search keywords provided; flow chart of inclusion/exclusion diagram was provided; process to establish trustworthiness of the study was described. Evaluations of quantitative and qualitative studies was based on authors' published criteria. Enablers and barriers related to participation in falls prevention programs. Did not provide factors for translation to day-to-day living or behaviour change</td>
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<td>Inclusion criteria stated; search strategy described in detail Qualitative studies was rated against seven criteria ranging 3.5-7.0. Authors acknowledged the lack of assessment tools for qualitative studies in systematic reviews Challenges described and study addressed what and how to promote participation in falls prevention amongst older adults; focussed on beliefs and attitudes as basis for examination of actual behaviour in participation</td>
</tr>
<tr>
<td>Author</td>
<td>Design</td>
<td>Aim</td>
<td>Participants</td>
<td>Setting</td>
<td>Comments</td>
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<tr>
<td>McInnes</td>
<td>Qualitative Meta-ethnography</td>
<td>Synthesising a range of qualitative studies with different theoretical or methodological approaches</td>
<td>Aged 60 years and over Fallen and non-fallers</td>
<td>Community Residential care Hospital (fallen outside of hospital) (mixed setting)</td>
<td>Jan 1995-May 2009 Published and unpublished studies Reflected procedural rigour with search strategy; explicit inclusion and exclusion criteria, screening flowchart provided; theoretical framework of meta-ethnography stated; reflected interpretative rigour of findings with inter-rater reliability reported and triangulation</td>
</tr>
<tr>
<td>Elskamp</td>
<td>Qualitative Telephone-structured interviews</td>
<td>Reasons why older adults refuse to participate in falls prevention clinical trials</td>
<td>Aged 65 years and over</td>
<td>Emergency Department. Those who refused to participate in a RCT trial</td>
<td>15 interviews (01 Feb-03 Mar 2011) Number of those who refused to participate in the interviews was not known. Participants’ profiles were not described. Process of data analysis, that is, who and how the data was analysed was not described</td>
</tr>
<tr>
<td>Author</td>
<td>Design</td>
<td>Aim</td>
<td>Participants</td>
<td>Setting</td>
<td>Comments</td>
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<tr>
<td>Dollard 2012</td>
<td>Qualitative Grounded theory via semi-structured interviews</td>
<td>Older adults’ perceived chance of falls and why falls are not relevant to them</td>
<td>Aged 65-86 years Fallers and non-fallers</td>
<td>Community-dwelling</td>
<td>6 females, 3 males Advertisement (n=1), personal invitation (n=6), snowball sampling (n=2) Defined the term ‘fall’ used in study. Recruitment strategy described explicitly. Reasons for refusing to participate not known. Used grounded theory for analysis Reflected reliability with audit trial, triangulation of findings with another investigator</td>
</tr>
<tr>
<td>Shaw 2014</td>
<td>Qualitative Phenomenology via in-depth interviews</td>
<td>Meaning of experience of anticipated falling</td>
<td>Aged 65-94 years</td>
<td>Independent, Community-dwelling</td>
<td>7 females, 2 males Recruitment strategy described. Participants’ profile described Interviews were recorded and transcribed verbatim. Reflective memos were used. Findings were credible and consistent with literature</td>
</tr>
</tbody>
</table>

Note: CASP: Critical Appraisal Skills Program Qualitative Research Checklist; PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses; RCT: Randomised Control Trial
Appendix D

Summary of included Studies:
Providing Falls Prevention Education for Older Adults
(Systematic Review)

Table D.1  Search Strategy Conducted for the Systematic Review: Falls Prevention Education for Older Adults

<table>
<thead>
<tr>
<th>Electronic database and search terms used¹</th>
</tr>
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<tbody>
<tr>
<td><strong>CINAHL search terms</strong></td>
</tr>
<tr>
<td>S1: (MM &quot;Accidental Falls/ED/PC&quot;) (4,507)</td>
</tr>
<tr>
<td>S2: educat* (519,724)</td>
</tr>
<tr>
<td>S3: S1 and S2 (745)</td>
</tr>
<tr>
<td><strong>Limiters:</strong></td>
</tr>
<tr>
<td>Published Date: 19950101-20160430;</td>
</tr>
<tr>
<td>English Language;</td>
</tr>
<tr>
<td>Publication Type: Meta-Analysis, Meta Synthesis, Review, Systematic Review (46)</td>
</tr>
<tr>
<td>Search modes - Boolean/Phrase</td>
</tr>
<tr>
<td><strong>Medline and EMBASE search terms</strong></td>
</tr>
<tr>
<td>1. exp*Accidental Falls/pc [Prevention &amp; Control]</td>
</tr>
<tr>
<td>2. educat*.mp (681,889)</td>
</tr>
<tr>
<td>3. 1 and 2 (550)</td>
</tr>
<tr>
<td>4. limit 3 to (meta analysis or “review” or systematic reviews) (76)</td>
</tr>
<tr>
<td>5. limit 4 to (English language and humans and yr=&quot;1995-current&quot;) (65)</td>
</tr>
</tbody>
</table>

¹ Search was limited to those studies available in the English language
### Table D.2  
Studies Investigating Falls Prevention Education for Older Adults in the Community – Expanded Version

<table>
<thead>
<tr>
<th>Studies</th>
<th>Setting</th>
<th>Attributes and Size of Sample</th>
<th>Intervention*</th>
<th>Outcome Measures</th>
<th>Results</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Ryan 1996<sup>A</sup> | USA Community | Pilot test
- Intervention A: 16
- Intervention B: 14
- Control: 15
- Mean Age: 78 | Nil theoretical framework used
- Intervention A (Group-format)
- Intervention B (One-on-One format)
- Falls prevention program
- Emphasised threat of falling
- Activities to address intrinsic and extrinsic risks
- Cost-effectiveness by demonstration of device | Incidence of falls over 3 months.
- Monthly telephone calls to monitor any changes to reduce falls | Intervention A: 27 changes
- Intervention B: 14 changes
- Control: 22 changes | Inconclusive findings of pilot study due to small sample size reported
Falls prevention messages were standardised, negative (threat-based) and not personally relevant
None of the participants sought medical intervention for falls-related injuries |
| Clemson 2004 | Australia Community | Stratified Randomised
- Intervention: 157
- Female: 74%
- Control: 153
- Female: 74% | Cognitive-behavioural approach
- Adult learning principles
- Group interaction
- Practice
- Falls-related knowledge and strategies (total 15.5 hours)
  - 7 weeks: 2-hour sessions
  - 3<sup>rd</sup> month: Booster 9.5 hour session | Primary outcome:
- Occurrence of falls over 14 month period after intervention
- Secondary outcomes:
  - Mobility Efficacy Scale (MES)
  - Modified Falls-Efficacy Scale (MFES)
  - SF-36 Health survey
  - Physical Activity Scale for the Elderly (PASE)
  - Worry Scale | At follow-up:
- Intervention had significant 31% reduction in falls (relative risk=0.69, 95%CI 0.50-0.96)
- Intervention group significant increase in confidence to avoid a fall during functional tasks compared to control (p=0.042) (MES) | Design and implementation of education intervention such as content and dosage were explicitly stated. Used validated outcome measures. Intervention group showed significant reduction falls compared to the control group |
<table>
<thead>
<tr>
<th>Studies</th>
<th>Setting</th>
<th>Attributes and Size of Sample</th>
<th>Intervention*</th>
<th>Outcome Measures</th>
<th>Results</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Rucker</td>
<td>Canada</td>
<td>Non-RCT</td>
<td>Nil theoretical framework used Falls printed educational material (reduce falls environmental hazards &amp; optimise health e.g. medication review and 10 minutes telephone call at 1 week follow-up Control: Educational material on osteoporosis and telephone follow-up</td>
<td>Completed at baseline and at 3rd month Fear of falls Recurrent falls</td>
<td>Intervention patients (43%) less likely to report increase fear of falls versus control (53%) at 95% CI 0.3 to 1.8, p=0.55. Not significant Intervention patients (17%) likely to present increase recurrent falls versus control (5%) at 95% CI 0.9 to 20.0, p=0.059. Not significant</td>
<td>Generic standardised information following evidence-based falls prevention guidelines. No significant difference between intervention and control group (fear of falls and recurrent falls)</td>
</tr>
<tr>
<td>Lin</td>
<td>Taiwan</td>
<td>RCT</td>
<td>Nil theoretical framework used Fortnightly follow-up for 4 months. 30-40 minutes visit every 2 weeks. Home education- pamphlet (exercises, use of walking aids, environmental improvements) Home Safety assessment and modification Home exercise training</td>
<td>Completed at baseline, 2nd and 4th month follow-up Quality of Life Balance and gait Activities of Daily Living (ADL) Fear of falls Depression</td>
<td>Home education- significant increase in ADL scores (0.9 at 95% CI 0.2-1.7) and in depression level (0.5 at 95% CI 0.1-1.0) but no significant changes in other outcomes Over 6 month period, no significant difference in rate of falls between the 3 groups</td>
<td>Generic standardised falls prevention information provided in education. No significant difference in falls rates between the three groups</td>
</tr>
<tr>
<td>Studies</td>
<td>Setting</td>
<td>Attributes and Size of Sample</td>
<td>Intervention*</td>
<td>Outcome Measures</td>
<td>Results</td>
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<td>Huang 2010^</td>
<td>Taiwan Community</td>
<td>Cluster randomised Control: 47 Male 60% Education (Ed): 29 Male: 89.7% Tai Chi: 31 Male“ 71% Ed and Tai Chi: 56 Male: 41% Mean Age: 71-72</td>
<td>Nil theoretical framework Education-brochure, video, photo Tai Chi Education and Tai Chi</td>
<td>Completed at Pre-Post at 5^th month and after one year Falls risk factors Get up &amp; Go test Fear of Falls</td>
<td>At 5^th month, only Education and Tai Chi groups had significant reduction in number of falls ($x^2=14.5$, p=0.0001) After one year, three interventions had significant reduced falls at odds ratio Ed (0.33), Tai Chi (0.27), Ed &amp; Tai Chi (0.13), had significantly lower risk of falls compared to control group</td>
<td>Significant difference between three intervention groups (Ed, Tai Chi &amp; Ed and Tai Chi) in reduction in falls rates compared to the control group</td>
</tr>
<tr>
<td>Chang 2011</td>
<td>South Korea Community</td>
<td>RCT Control: 8 Male: 1 Female: 7 Intervention: 10 Male:0 Female: 10</td>
<td>Nil theoretical framework used 30-40 minutes exercise education program Telephone monitoring &amp; Self-management</td>
<td>Completed at Pre-Post at 4^th week Falls risk (Tetras interactive balance system to evaluate balance in 8 different postures) Balance tests Berg Balance Scale ABC Efficacy Scale (Fear of Falls)</td>
<td>Generic standardised information following evidence-based exercise and falls prevention guidelines Significant difference in falls risk between intervention group compared to control group</td>
<td></td>
</tr>
<tr>
<td>Studies</td>
<td>Setting</td>
<td>Attributes and Size of Sample</td>
<td>Intervention*</td>
<td>Outcome Measures</td>
<td>Results</td>
<td>Comments</td>
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<tr>
<td>Dapp, 2011</td>
<td>Germany Community</td>
<td>Clustered Randomised Intervention: 878</td>
<td>Health Appraisal Approach</td>
<td>Preventive care index:</td>
<td>Preventive care index:</td>
<td>Individualised checklists but based on medical team-directed goal-setting for each individual; tailored recommendations and feedback; content was mainly health related and not specifically falls-related. Dosage was not stated.</td>
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<tr>
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<td>Intervention Group</td>
<td>Intervention: 74.7% ± 18.4%</td>
<td>Control: 68.3 ± 17.7%</td>
<td>Significant increase 6% (95% CI 4.2 – 7.7%)</td>
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<td>reinforcement:</td>
<td>Significant increase 3% (95% CI 1.7 – 5.0%)</td>
<td></td>
<td>Secondary outcomes: Nil significant differences</td>
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<td>- medical team directed goal-setting</td>
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<td>Intervention-Home visit</td>
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<td>reinforcement:</td>
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<td>- information</td>
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<td>- medical team directed</td>
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<td>- 6th month follow-up home visit</td>
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<td>Control: usual care with trained doctors (from cluster)</td>
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<td></td>
<td>Comparison: usual care with untrained doctors (not involved with intervention/control)</td>
<td></td>
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<tr>
<td>Studies</td>
<td>Setting</td>
<td>Attributes and Size of Sample</td>
<td>Intervention*</td>
<td>Outcome Measures</td>
<td>Results</td>
<td>Comments</td>
</tr>
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<td>---------</td>
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</tr>
<tr>
<td>Hill 2011&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Australia</td>
<td>Randomised prospective cohort</td>
<td>Health Belief Model used to design multimedia (DVD &amp; workbook) education package</td>
<td>Semi-structured interview</td>
<td>629 falls prevention strategies identified</td>
<td>A total of 629 falls prevention strategies were identified by participants. Of this, the 2 intervention groups identified 71% (445) of the falls prevention strategies compared to control group that identified only 29% (184) strategies</td>
</tr>
<tr>
<td></td>
<td>Post-discharge from hospital</td>
<td>Control: 97</td>
<td>Intervention 1: Multimedia package</td>
<td>Explored older adults’ knowledge of falls prevention strategies at point of discharge from hospital</td>
<td>2 intervention groups identified 71% falls prevention strategies compared to control group 29% of strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>Intervention 1: 120</td>
<td>Intervention 2: Multimedia package &amp; individualised tailored education from health professional</td>
<td>Only 4% of falls prevention strategies suggested were evidence-based</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Female: 62%</td>
<td>Control: Usual care</td>
<td></td>
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<td></td>
<td></td>
<td>Mean Age: 79.2</td>
<td></td>
<td></td>
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<tr>
<td>Hill 2013&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Australia</td>
<td>Pilot RCT</td>
<td>Health Belief Model &amp; Adult learning principles</td>
<td>Questionnaire survey Baseline and at 1 month</td>
<td>Intervention group significantly more knowledgeable, confident and motivated. Significant increased self-perceived risk of falls [OR 4.96, 95%CI (2.84, 7.10), p&lt;0.001] and perceived falls injuries [OR 4.76, 95%CI ((2.59, 6.94), p&lt;0.001]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post-discharge from hospital</td>
<td>Control: 24</td>
<td>Intervention: written and video materials &amp; individualised tailored education by trained health professional prior to discharge (2-5 sessions of 15 minutes). Telephone call at 2 weeks follow-up</td>
<td>Evaluated participants’ knowledge, confidence and motivation levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community</td>
<td>Female: 68%</td>
<td>Control: Usual care. Nil education</td>
<td>Level of engagement in falls prevention strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean Age: 78.3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Intervention: 24</td>
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<tr>
<td></td>
<td></td>
<td>Female: 64%</td>
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<td></td>
<td></td>
<td>Mean Age: 78.2</td>
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<tr>
<td>Studies</td>
<td>Setting</td>
<td>Attributes and Size of Sample</td>
<td>Intervention*</td>
<td>Outcome Measures</td>
<td>Results</td>
<td>Comments</td>
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</tr>
<tr>
<td>Kim</td>
<td>Japan Community</td>
<td>RCT</td>
<td>Nil theoretical framework used</td>
<td>Baseline and at 1 year follow-up. Falls rates Functional fitness Falls diaries</td>
<td>Nil significant differences between groups in repeated and injurious falls. The odds ratio for falls was greater in the education (odds ratio 2.78, 95% confidence interval 1.17–6.96)</td>
<td>No significant differences between exercise and education groups in repeated and injurious falls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exercise: 51 Age: 77.83 Education: 52 Age: 77.83</td>
<td>Strength and balance exercise 2x per week for three months Education (60 minutes) once per month for three months (under-nutrition, cognitive function, oral hygiene)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haas</td>
<td>Australia Community</td>
<td>Non-RCT Mixed method evaluation Group CALD:75 Female: 22% Group non-CALD: 41 Female: 27% Home CALD: 6 Female: 83% Home non-CALD: 22 Female: 73%</td>
<td>Information-Motivation-Behavioural Skills model Goal-setting strategy 15-week exercise and education program, run one hour weekly on a group or home-basis</td>
<td>Week 8: Goal-setting with health professional Week 15: Follow-up and review of goal achievement with health professional</td>
<td>Goals set Group CALD 13% Group non-CALD 31% Home CALD 55% Home non-CALD 68%</td>
<td>Didactic approach used in education Reported poor recall of education component by participants and poor uptake of recommendations Recommended goal-setting technique</td>
</tr>
</tbody>
</table>

Note. ADL=Activities of Daily Living; RCT=Randomised Control Trial; Ed= education; Ex= exercise; CALD=Culturally and Linguistically Diverse


A Studies that was part of the systematic review by Gillespie et al. (2012); B Studies that was part of the systematic review by Lee et al. (2014)
Appendix E

ICCWA Falls Prevention Brochure:
Nine steps to Stay on Your Feet

1. Be active
   - Aim for at least 30 minutes of exercise per day
   - Focus on activities that include strength, balance and flexibility
   - Choose activities you enjoy
   - Do you do less than 30 minutes of physical activity a day?

2. Manage your medicines
   - Keep an up to date list of medicines you take
   - Ask questions and learn about your medicines
   - Get your medicines reviewed yearly
   - Are you taking three or more medicines?

3. Manage your health
   - Review your lifestyle to make healthy choices
   - Take control of long-term health conditions
   - Have a regular health check
   - Do you experience dizziness, light headedness, unsteadiness, drowsiness, blurred or double vision?

4. Improve your balance
   - Balance can be improved by being active and managing your medicines
   - Seek medical advice for safe activities to regain balance, strength and confidence
   - Are you unsteady on your feet, do you find it difficult to get up from a chair or do you have trouble walking?

5. Walk tall
   - Do activities that assist with balance, strength and flexibility
   - Walk upright and look ahead
   - Consider appropriate walking aids that are fitted for you
   - Do you shuffle when you walk?
6. Foot care and safe footwear
- See a podiatrist if you have foot pain
- Do foot exercises to improve circulation and keep your feet and toenails healthy
- Safe shoes have a good fit, laces or velcro fasteners, low broad heel with a good grip
- Are your shoes too tight or too loose?

7. Regularly check your eyesight
- Have your vision tested regularly
- Take time to adjust to new lenses and sudden changes of light
- Take extra care when wearing bifocal or multifocal glasses
- Has it been more than 12 months since your eyes were tested or your glasses checked?

8. Eat well for life
- Eat at least three meals a day with plenty of fruits and vegetables and high calcium foods
- Add sunshine to your life to maximise your Vitamin D
- Drink plenty of water – aim for 6 to 8 glasses per day
- Do you skip meals or not eat enough at meal times?

9. Identify, remove and report hazards
- Have good lighting and reduce clutter inside the home
- Maintain pathways to ensure they are even and non-slippery
- If you see a hazard, report it to the most appropriate authority
- Are electrical cords and clutter blocking your walkways?

Have you had a fall in the last year?
Have you answered “yes” to one or more of the questions?
The good news is that there are steps you can **take now to reduce your risk.**

Want to know more?
Contact the Stay On Your Feet WA® team for:
- a free information pack detailing the nine steps to stay on your feet®
- referral information for services and activities in the local area
- organising a free community presentation.

**Phone:** (08) 9420 7212  **Email:** soyfwa@iccwa.org.au  **Web:** www.stayonyourfeet.com.au
Appendix F

Focus Group Interview Guide
(Phase 1 Study 1)
(Chapter 4)

Moderator Guidelines for Warm-up Session
Adapted guideline and template

- We have the discussion scheduled for approximately 1-1.5 hours today. During the group, we want to obtain your views as Peer Educators on the Stay on Your Feet programme.
- My role is to facilitate the session today. You won't offend me, whatever opinions you give. We are interested in hearing your point of view even if it disagrees with others' opinions.
- Everyone's opinion is valid. It is important that we maintain confidentiality and respect others' beliefs and opinions.
- We will be audio-taping this discussion, with your permission, because we don't want to miss any comments. It is important for you to realize that no names will be attached to the report or any publications. You may be assured of complete confidentiality in the report and publications.
- It is my role to keep the discussion focused on the topic we are here to discuss, so I may need to move the conversation along so we can cover all the items and to make sure that we get to hear from everyone here today.
- I would like to introduce you to my colleagues (co-facilitator/note taker).....................
- Before we start the group, there are a few ground rules. I would like to emphasise the need for respect and confidentiality and the importance of hearing everyone's views.
- Also, the digital voice-recorder does not pick up on everything at the same time so if someone is talking, please be mindful to let the person finish talking before continuing the conversation. I would like to remind that one person speak at one time and to speak up for the audio-tape.
- I would also like you to introduce yourselves briefly.

Focus Group Data Collection Template

Date:
Start Time:
Stop Time:
Moderator:
Note Taker:
Observer(s):
Venue:
Number of Participants:

continued...
<table>
<thead>
<tr>
<th>Focus Question Guide</th>
<th>Responses</th>
<th>Key Issues</th>
<th>Review note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro Qt</td>
<td></td>
<td></td>
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<tr>
<td>What do you see your role as Peer Educator?</td>
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<tr>
<td>What skills &amp; strategies do you think are useful to have to be most effective in the Peer Educator role?</td>
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<tr>
<td>What challenges do you face in being a Peer Educator?</td>
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<tr>
<td>What strategies have you used to address any of these challenges?</td>
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<tr>
<td>What part of the training sessions is most useful to you?</td>
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<tr>
<td>What part of the training sessions is least useful to you?</td>
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<tr>
<td>Is there anything that could be included in the training sessions to help you in your role as a Peer Educator?</td>
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<tr>
<td>Transition Qt</td>
<td>Please tell me more</td>
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<tr>
<td>Focus Qt</td>
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<tr>
<td>What do you think about the Speakers' Kit?</td>
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<td>Are there any additional skills or information that could be included in the Speaker's kit that would help you in your role as a Peer Educator?</td>
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<tr>
<td>What do you think about the Session Evaluation form?</td>
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<tr>
<td>What's good to keep in the program?</td>
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<tr>
<td>What suggestions do you have for improving the program?</td>
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<tr>
<td>Summary Qt</td>
<td></td>
<td></td>
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<tr>
<td>Besides, your role, the training resources, evaluation and the program we have discussed, what other aspects of the program would you like to comment on?</td>
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<tr>
<td>Concluding Qt</td>
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</tr>
<tr>
<td>Is there anything else you wish to add or comment?</td>
<td></td>
<td></td>
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<tr>
<td>Summary &amp; Reflections</td>
<td></td>
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</tbody>
</table>
Appendix G

Semi-structured Interview Guide: Follow-up (Phase 1 Study 1)

(Chapter 4)

Participant One: Semi-structured interview question guide

1. When you decided to join the SOVF program, what did you expect the program to be like?
2. As a Peer Educator now, what is your overall impression of the program now?
3. What are your hopes and expectation of the program?
4. How would you describe your overall experience?
5. What do you think or see is the value of a ‘peer educator’ compared to an ‘educator’?
6. What keeps you going as a Peer Educator in the program as compared to the others who have left?
7. There were words like ‘fill a gap’, ‘baby-sitting’, ‘waste of time’ brought up earlier at the focus group session, why do you or others feel there are such feelings when we talked about the program?
8. There are 2 Schools of Thought for peer educator an organization. One is for more structure and the other is flexibility.
9. What would ‘more support’ look like to you?
10. Which would you prefer?

Participant Two: Interview question guide

1. When you decided to join the SOVF program as a Peer Educator, what did you expect the program to be like?
2. As a Peer Educator now, what is your overall impression of the program now?
3. How would you describe your overall experience?
4. What do you think the current aims of the program are?
5. Do you feel these aims are working? Achieving them?
6. What do you think they should be? (That is, in an ideal world, in other words, what is it you want your participants to get out of it?)
7. If you’re in-charge, how would you run it?
8. What would you like to see done?
9. What do you think or see is the value of a ‘peer educator’ compared to an ‘educator’?
10. What keeps you going as a peer educator in the program as compared to the others who have left?
11. There were words like ‘fill a gap’, ‘baby-sitting’, ‘waste of time’ brought up earlier at the focus group session, how does that make you feel?
12. There are 2 schools of thought for peer educator an organisation. One is for more structure and the other is flexibility.
13. Which would you prefer ‘structure’ or ‘flexibility’?
14. What would ‘more organisational support’ look like to you?

Facilitator mid note-taker: Debrief question guide

What was the most important theme(s) or idea(s) to come out?
Any key points from the focus group (itself) worth noting?
How was this different to our expectations? Anything different or unexpected?
How is this focus group similar or different from the other focus group?
Is there anything we should do differently for the next focus group?
Appendix H

World Café Publicity: Flyer (Phase 1 Study 2) (Chapter 5)

Are you over the age of 60?

If you are, join the World Café Community Forum. Have an enjoyable morning while you treat yourself to the simple pleasure of a free cuppa, and share your voice on things that matter to you on falls prevention and health information.

- **when**: Wednesday, 29 October, 2014
- **where**: Level 5, 445 Hay Street, Perth (transport and parking details on reverse)
- **time**: 9:45am to 12:30pm
- **refreshments**: Free morning tea will be served! RSVP for catering.
- **note**: Please bring your reading glasses.

Call Louisa Smith at The University of Notre Dame Australia on **9433 0105** if you are interested in participating in this research or email **worldcafeforum@gmail.com**.

This study has received ethics approval (Ref. 014128) from The University of Notre Dame Australia Human Research Ethics Committee. Conducted as part of the Collaborative Research Network Fund.
How to get to the forum:

where: Level 5, 445 Hay Street, Perth.

by car: Park locally at the many paid carparks.

by public transport: By train travel to Perth Underground Station or Perth Train Station and catch the Red CAT from Wellington Street. Disembark the Red CAT at STOP No. 7 (Victoria Avenue).
Appendix I

World Café Briefing Notes
for Table Facilitators
(Phase 1 Study 2)
(Chapter 5)

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Volunteering as Table Host at World Café Forum

The world café event is planned for the 29th October, 2014. The research team and volunteers will commence at 9.00 am. Most of the people including table hosts and volunteers will not have attended a world café event. Therefore, it is really vital that all briefing notes and information sheets are read through thoroughly. If you are hosting and volunteering it is really important that you are able to stay for the entire morning.

Table hosts are:
- Pam Formby
- Alison Kirkman
- Vivienne Travlos
- Russ Milner
- Erica Davison
- Elissa Button
- Barbara Smith
- Michelle Strother-Hamilton,
- Anthony Walter
- Bhavisha Devchand
- Beth Hands
- Jacqui Francis-Coad

There will be one Research Assistant on that day.
What is a World Café?

The forum will be run in a format called World Café. This is a conversational process to encourage an interactive sharing of views on questions raised regarding health information related to falls prevention.

How will it run?

<table>
<thead>
<tr>
<th>Time</th>
<th>Main Task(s)</th>
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</thead>
<tbody>
<tr>
<td>0945-1030 (45 mins)</td>
<td>• Registration, complete consent and demographic information</td>
</tr>
<tr>
<td>1030-1045 (15 mins)</td>
<td>• Housekeeping</td>
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<tr>
<td></td>
<td>• Overview (to include falls prevention; issues to find out, what to discuss, how forum will run/work, ground rules)</td>
</tr>
<tr>
<td>1045-1200 (1.25 hours)</td>
<td>• World Café Conversation</td>
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<tr>
<td></td>
<td>(5 questions @ 15 minutes each question)</td>
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<tr>
<td>1200-1220 (20 mins)</td>
<td>• Harvest discussion (conversation) by table hosts verbally of each of their question</td>
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<tr>
<td></td>
<td>• Caroline to summarise on whiteboard of each question with verification by participants</td>
</tr>
<tr>
<td>1220-1230 (10 mins)</td>
<td>• Participants to complete evaluation form (qualitative feedback)</td>
</tr>
</tbody>
</table>

- The initial 15 minutes will involve giving the participants an overview of the falls prevention project and what we would like to achieve at the forum.
- In brief, the forum will involve conversations at small tables with about 5 - 8 people for about 15 minutes on a question/topic.
- Each table host/team will be in charge of one question.
- Participants are invited to jot down their thoughts on post-it notes and to discuss with each other and the host for the 15 minutes. All post-it notes are to be placed onto the butcher's paper and easel.
- If participants are finding it difficult to write, you (table host) are able to write responses for them and place onto the paper.
- The main facilitator (Caroline Bulsara) will sound a bell every 15 minutes to indicate that the host moves to the next table.
- The table host asks the same question for the next 15 minutes.
- The round of conversations will take about 1.25 hours.
- A free morning tea and coffee will be served by the ‘meet and greet’ volunteers to participants.
- Regular breaks will occur during table changes.

Pulling it all together

- Information discussed at the tables will be summarised by each table host in an open forum with all participants, drawing attention to the key points on the butcher’s paper and post-it notes.
- Subsequently, the main facilitator will summarise the discussion points to the whole audience and it will also be an opportunity for the participants to verify and/or clarify any points.
- The researchers will use all the views and thoughts of the forum to understand how, why, what, when and by whom falls prevention information could be best presented to older people in an appealing format.
- Why World Café? [https://www.youtube.com/watch?v=YG_6iBcyP7w](https://www.youtube.com/watch?v=YG_6iBcyP7w)
- World Café concepts [https://www.youtube.com/watch?v=YrTXh8NpApY](https://www.youtube.com/watch?v=YrTXh8NpApY)
- For those interested to read up more about World Café concepts, please click for a journal article on [https://db.tt/rw2VcNuX](https://db.tt/rw2VcNuX)

What questions do we ask?

Each host will be responsible for one of the following questions which will be asked at each table as you move around the room:

1) If you or a friend needed information about falls prevention in relation to your health, where do you go, or who would you seek advice from?

2) Is there anything or any situation that might prompt or encourage you to seek information about reducing the risk of having a fall?

3) What does an engaging and convincing falls prevention message look or sound like to you? Can you think about some of the more effective ways of promoting falls prevention? What would those look like? Most effective to least effective way? Why?

Prompts to be used as needed?

- Do you remember receiving information about how you or other older people might reduce their risk of having a fall?
- What form (by flyer format, by doctor?) did this take?
Did the information motivate you to do something different to reduce your risk of having a fall? If yes, what was it about the information that engaged and convinced you? If no, how could this be better delivered or what would have motivated you better to do something different to reduce your risk of having a fall?

4) In an ideal world, who do you prefer to receive falls prevention health-related information from? What qualities of the person do you have in mind? Why?

5) If there was an opportunity for a trained older person similar to you delivering those falls prevention information, what do you think of that idea?

Keep in mind

- Respect that the participants have the wisdom and experience regardless of education or background.
- Listen with sensitivity, seek to understand and look for new insights.
- Remain neutral, do not give any opinion about what people say. They are all valid as there is no right or wrong.
- Do not get into long discussions.
- Make sure everyone has a chance to be heard.

Other things to note

The participants will have been informed that the forum will be photographed, video-taped and audio-recorded as part of our data collection process.

“The visual recording or photographs will mainly focus on the presenters and only use wide shots of the audience with no zoom in on any one participant. If you or anyone attending prefers not to be on the video at all please inform the table host / facilitator and you will be invited to move out of range when any recording at your table will be conducted.”

They will also be informed that all the information gathered for this study will be held in strict confidentiality.
Appendix J

World Café Evaluation Form
(Phase 1 Study 2)
(Chapter 5)

WORLD CAFÉ FORUM EVALUATION FORM

Your opinion and feedback is important to us so we would like to request you complete an evaluation after participating in the forum. All responses are anonymous and confidential.

1. What is your gender? (Please tick ☐ one) ☐Male ☐Female
2. What is your age? ___________ years old
3. How did you hear about the forum? (Please tick ☐ appropriate box)
   ☐Radio   ☐Flyer   ☐E-flyer   ☐Friend / family
   ☐Community board   ☐Other (please state: ______________________)
4. Did the forum meet your expectations? (Please tick ☐ appropriate box)
   ☐Yes   ☐No
   Comments________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

5. Did the forum cover issues/areas that are important to you?
   (Please tick ☐ appropriate box)
   ☐Yes   ☐No
   Comments________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

Please turn over
6. Did you have an opportunity to put forward your opinion, ideas or priorities for research? (Please tick ☐ appropriate box)

☐ Yes  ☐ No

Comments __________________________________________________________

____________________________________________________________________

7. Any other feedback about the community forum?

____________________________________________________________________

____________________________________________________________________

We would like to express our appreciation and thank you for your time and support with this forum.
Appendix K

World Café Community Forum
Conference Poster
(Phase 1 Study 2)
(Chapter 5)

Using a world Café community forum to explore preferences of seniors about seeking and receiving falls prevention health-related information

Bulsara C1, Khong L1, Hill K2, Hill AM1,2
1. The University of Notre Dame (Fremantle) 2. Curtin University

Introduction

Falls in older adults are a major problem in Australia and account for about $648.2 million in hospitalisation costs annually and an estimated one third of community-dwelling older adults over the age of 65 fall each year. Despite strong evidence for effective falls prevention strategies, there is poor translation of these strategies into practice resulting in less than optimal uptake and adherence. The objective of this study was to determine whether the world café would generate authentic and usable data to enable the community and researchers to design falls prevention resources for older people. This approach was believed to be potentially more likely to facilitate behaviour change.

Abstract

Objective: To address the gap in understanding of what is considered as “appealing” falls prevention information for people aged 60 and over. This study completed a community forum using the World Café approach.

Key themes from the forum included empowering oneself and not “being a burden”, education and self-management along with community awareness, and appropriate delivery of information rather than “talking down” to the person.

Results

Emerging key themes were displayed as an explanatory model.

• The collective intelligence of the World Café group generated insights, recommendations and solutions towards falls prevention. “What we want is to stay out of hospital and residential care. What we want is to stay in the community.”
• Narrative, procedural and accessible case-oriented examples and solutions were proposed and harvested.
• Reframing key issues and current practices were crucial to the effective delivery of falls prevention information.

Conclusion

The falls prevention World Café was deemed successful in terms of:

• Creating a mechanism to examine the current status of falls prevention information.
• Enabling participants to discuss ideas informally as to how peer educator falls prevention information could be more successfully delivered in the future.
• Garnering of community opinions.
• Providing positive explanation as to why the uptake for current strategies for community falls prevention are not optimal.

Materials and Methods

• A convenience sample of people aged 60 and over in Perth, Western Australia (n=8) was invited to participate in the Falls Prevention World Café community forum.
• Café table facilitators, each with a key question for consideration, led the table conversations at each round. Each round of conversations lasted approximately 15 minutes, before the facilitator moved to another table to facilitate responses to the same question.
• Following the forum, data from the form of participants’ comments on flip sticky notes and summary sheets along with completed forum evaluation feedback sheets were transcribed and imported into QSR NVivo10.

Acknowledgements: The researchers would like to acknowledge and thank the Falls Prevention Centre Western Australia, the research staff, and all the community members who hosted and assisted the event. Most importantly, the researchers thank the participants and thank the community members participants of the World Café event.

Logos for NOU and Curtin
# Expert Review Questionnaire

(Phase 1 Study 3)  
*(Chapter 6)*

---

**Appendix L**

---

## Expert Review Questionnaire

*Presentation A, B or C?*

**Your Name:**

---

**Instructions:**

1. Please indicate above which Presentation (A, B or C) that you are viewing and rating currently. It will be stated at the start of the video.

2. Listed below are 30 item statements describing adult learning principles regarding delivery of the presentation. Indicate your rating by placing an X in the appropriate box ranging from Strongly Agree to Strongly Disagree that best describes how well you perceive that the presentation adhered to the statement.

3. Further comments and suggestions would be valuable to inform our training package for peer educators later.

---

**Note:** These are one-time only falls prevention education presentations, lasting up to one hour to a group in the community e.g. usually held in the premises of a social club, library, church.

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<table>
<thead>
<tr>
<th>Dimension</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>A. Learners actively participated in the learning process</td>
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1
## Expert Review Questionnaire

**Presentation A, B or C?**

*Your Name:__*

<table>
<thead>
<tr>
<th>7</th>
<th>The peer educator asked an appropriate mix of open-ended questions and closed questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Participants' activities allowed for differences in learning style to surface by presenting visual, auditory, and kinesthetic information.</td>
</tr>
</tbody>
</table>

**Any other comments**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

### B. Learning relates to the relevant prior knowledge of the individual

<table>
<thead>
<tr>
<th>9</th>
<th>Possible consequences of falls were discussed with participants.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>The peer educator encouraged participants to identify their own risk of falls such as difficulties with everyday activities.</td>
</tr>
<tr>
<td>11</td>
<td>The peer educator asked participants to reflect and discuss on their own history of falling.</td>
</tr>
<tr>
<td>12</td>
<td>Participants were asked to weigh up the pros and cons of undertaking falls prevention activities.</td>
</tr>
</tbody>
</table>
### Expert Review Questionnaire

**Presentation A, B or C?**

**Your Name:**

<table>
<thead>
<tr>
<th></th>
<th>13 Positive outcomes of undertaking falls prevention activities were presented.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
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</tbody>
</table>

**Dimension**

<table>
<thead>
<tr>
<th></th>
<th>14 Participants were encouraged to discuss and plan towards an implementation of falls prevention activities.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>15 Participants were asked to rate their motivation to plan and undertake a falls prevention strategy.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
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<td></td>
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</tbody>
</table>

**Any other comments**

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### C. Comfortable and encouraging learning environment

<table>
<thead>
<tr>
<th></th>
<th>16 Participants appeared to be able to convey their thoughts, opinions or emotions without fear or hesitation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>17 Participants were validated by the peer educator when they made a contribution.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>18 Participants appeared to be relaxed in the environment.</th>
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<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
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</tbody>
</table>
### Expert Review Questionnaire

*Presentation A, B or C?*

**Your Name:**

<table>
<thead>
<tr>
<th>19</th>
<th>The physical environment was conducive for learning and interaction (e.g. peer educator’s voice level was audible, background noise was minimal).</th>
</tr>
</thead>
</table>

**Any other comments**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td><strong>D. Peer learning was facilitated by group interaction</strong></td>
<td></td>
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<tr>
<td>20</td>
<td>Participants were encouraged to engage in peer dialogue.</td>
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<tr>
<td>21</td>
<td>The peer educator asked participants to relate their experience with falls.</td>
<td></td>
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<tr>
<td>22</td>
<td>The peer educator asked participants to relate examples of falls strategies that they have used.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>23</td>
<td>Participants shared strategies with the group that they found to have been useful or not.</td>
<td></td>
<td></td>
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</tbody>
</table>

**Any other comments**
### Expert Review Questionnaire

Presentation A, B or C?

Your Name:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E. Peer educator remained cognizant of and tailored information to the age group being taught</strong></td>
<td></td>
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<tr>
<td>24 The peer educator asked participants to identify which points were particularly relevant for them.</td>
<td></td>
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<tr>
<td>25 Participants had sufficient time to complete verbalising their responses.</td>
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<tr>
<td>26 The peer educator repeated key information in a manner that was appropriate to the audience.</td>
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<tr>
<td>27 There was an adequate mix of information provision, participant engagement and opportunity for questions/discussion.</td>
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</tbody>
</table>

Any other comments


## F. Learning requires frequent opportunity for reinforcement and practice

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
| The peer educator discussed, gave out resources and encouraged the participants to review them after the session.  
(For example, handouts, web-links, information where to seek follow-up information) |               |       |           |          |                   |
| 29        |                |       |           |          |                   |
| The peer educator asked the participants to plan their personal response after the presentation.  
(For example, activities that they may intend to undertake at home afterwards e.g. conduct a check of your house, list your meds, make an exercise diary) |               |       |           |          |                   |
| 30        |                |       |           |          |                   |
| The peer educator thanked participants for attending the session. |               |       |           |          |                   |

Any other comments

---

6
Appendix M

Briefing for Experts: Slides
(Phase 1 Study 3)
(Chapter 6)
Introduction

- Research focus: community-dwelling older adults
- This study has been approved by The University of Notre Dame Australia Human Research Ethics Committee, June 2014.
- The video web-links are “unlisted” so only known to you (the experts)
- Videos not intended for public viewing.

Modes of Health Education Delivery

- One to one or group
- Doctor or Allied Health or Lay Person
- Flyer or Talk or Demonstrate
Peer Education

No reviews for peer education in falls prevention in community-dwelling older adults.

Community Peer Educators

Peer Educator
- Over 60 years old
- Volunteers
- Trained specifically for the role to deliver falls prevention message
  Simoni et al, 2011

Education
- Provides training
- 1 hour education presentation
- To Groups

ICCWA
Injury Corridor Council of Western Australia
Methodology

Phase 1 Study 1
Peer educators
Focus Groups
Results

Phase 1 Study 2
Community Forum
Results

Phase 1 Study 3
Experts Delivery
Results

Interpret
Revise

Phase 2 Study 4
Questionnaire

Phase 2 Study 5
Intervention & Evaluation

Aims of Research Study

- Explore: Perceptions of peer educators about their role *(Phase 1 Study 1)*
- Examine: Views & preferences of community-dwelling older adults about falls health-related information *(Phase 1 Study 2)*
- **Evaluate: Delivery of peer-led falls prevention education presentation by experts** *(Phase 1 Study 3)*
- Validity & reliability of measurement instrument: assess outcomes *(Phase 2 Study 4)*
- Modify peer-led training program & evaluate effect *(Phase 2 Study 5)*
Study: Purpose of Expert Review

- Expert Review Questionnaire - Content Validity
- Video-recording of 3 selected peer educator presentations
- Quantitative & Qualitative Feedback from 10 Experts
- Training package for Peer Educators
- Fidelity of Program

Study: Expert Review Procedure

1. Expert Participant Information
2. Complete Consent Form
3. Complete Demographic Form
4. Open and closed-ended Questionnaire
5. Video URL links to 3 presentations
Study: Expert Review Questionnaire

Steps
- Presentation A, B or C?
- Your Name
- 6 Domains
- 30 statements
  - Strongly Agree to Strongly Disagree
  - Comments & suggestions

6 Domains: Expert Review Questionnaire (Adult Learning)

A & B
- Actively participated in learning process
- Relates to relevant prior knowledge of individual

C & D
- Comfortable & encouraging learning environment
- Peer learning facilitated by group interaction

E & F
- Information tailored to age group
- Opportunity for reinforcement and practice

Trompf et al, 2001
Study: Suggestions & Timeframe

Suggestions

- Read & familiarise questionnaire prior to viewing video?
- Two computer screens?
- Hard copy as guide?
- Online completion?

Time-Frame

- 3 sets of questionnaire responses
- Complete by 05 Aug 2014
- Value your comments & feedback to inform our training package later
Appendix N

Participant Questionnaire
(Phase 2 Study 4)
(Chapter 8)

N.1 Participant Questionnaire before presentation

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>For me, taking measures to reduce my risk of falling would be useful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Most people whose opinion I value approve of me taking measures to reduce my risk of falling</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C</td>
<td>I am aware of the measures needed to reduce my risk of falling</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>D</td>
<td>I feel positive about reducing my overall risk of falling</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>E</td>
<td>I am confident that if I wanted to, I could reduce my risk of falling</td>
<td></td>
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</tr>
<tr>
<td>F</td>
<td>In the next month, I intend to take measures to reduce falls or my risk of falling</td>
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<td>G</td>
<td>I have a clear plan of how I will take measures to reduce falls or my risk of falling</td>
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<td></td>
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</tbody>
</table>

2. List up to 3 ways (measures) that you could take in the next month, which will help you avoid falling or the risk of falling:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Participant Questionnaire

Information about you
Your first name: ________________  Your last/family name: ____________
Your mailing address: ____________________________________________

3. What is your gender? (Please tick one)  □ Male  □ Female
4. What is your age? _________ years old
5. In general, would you say your health is: (Please tick one)
   □ Poor  □ Fair  □ Good  □ Very Good
6. How many prescribed medications (by your doctors) are you taking? □ None
   Indicate number: Morning: _____ Noon: _____ Afternoon: _____ Bedtime: _____
7. Do you have any difficulty walking?  □ No  □ Yes
8. Do you use a walking aid when inside the house? (Please tick one most suitable)
   □ Nil  □ Walking stick  □ Walking frame  □ Other_________
9. Do you use a walking aid when outside the house? (Please tick one most suitable)
   □ Nil  □ Walking stick  □ Walking frame  □ Other_________
10. How far can you walk without a rest on level ground? (Please tick only one)
    □ less than 400 metres (less than 1/4 mile)  □ 400 to 800 metres (1/4 to 1/2 mile)
    □ 801 metres to 1.6 km (1/2 to 1 mile)  □ 1.61 km to 3.2 km (1 to 2 miles)
    □ 3.3 km or more (2 or more miles)
12. A fall is an unexpected event which results in a person coming to rest on the ground or
    floor or other lower level. Please tell us your best guess at the number of falls that you
    have had:
    During the last 12 months ________________________________________
13. Have you ever discussed the issue of falls with your doctor or health provider or
    received falls prevention information from them? (Please tick only one)
    □ Yes  □ No  □ Not sure  □ Prefer not to answer

   Thank you for your time in completing this survey
Participant Questionnaire after presentation

We would like to find out what your views on falls prevention are after listening to the talk.

Information about you
Your first name: _______________  Your last/family name: ________

Please note that a fall is seen as an unexpected event which results in a person coming to rest on the ground or floor or other lower level.

1. Whether or not you have had any falls, please share with us the level to which you agree or disagree with the following statements
   (Please tick one option for each question)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. For me, taking measures to reduce my risk of falling would be useful</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>B. Most people whose opinion I value approve of me taking measures to</td>
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<tr>
<td>reduce my risk of falling</td>
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<tr>
<td>C. I am aware of the measures needed to reduce my risk of falling</td>
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</tr>
<tr>
<td>D. I feel positive about reducing my overall risk of falling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. I am confident that if I wanted to, I could reduce my risk of falling</td>
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<tr>
<td>F. In the next month, I intend to take measures to reduce falls or my</td>
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<td>risk of falling</td>
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<tr>
<td>G. I have a clear plan of how I will take measures to reduce falls or</td>
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<tr>
<td>my risk of falling</td>
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</tbody>
</table>
2. List up to 3 ways (measures) that you could take in the next month which will help you avoid falling or risk of falling:

________________________________________________________________________

________________________________________________________________________

As part of the study, we would like you to complete a final questionnaire one month after the talk. For the one-month reminder and follow-up I prefer to be contacted: (Please tick ☐ and complete as many as you wish)

☐ via SMS (my mobile number is: ____________________________ )

☐ via Telephone call (my Telephone number is: __________________________) 

Thank you for your time again in completing the 2nd form
N.3 Participant Questionnaire 1 month after presentation

**Participant Questionnaire**

We would like to find out what your views on falls prevention are after listening to the talk.

**Information about you**

Your first name: _____________  Your last/family name: ________

Please note that a fall is seen as an unexpected event which results in a person coming to rest on the ground or floor or other lower level.

1. Whether or not you have had any falls, please share with us the level to which you agree or disagree with the following statements

(Please tick ☐ one option for each question)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>For me, taking measures to reduce my risk of falling would be useful</td>
<td></td>
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</tr>
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<td>B.</td>
<td>Most people whose opinion I value approve of me taking measures to reduce my risk of falling</td>
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</tr>
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<td>C.</td>
<td>I am aware of the measures needed to reduce my risk of falling</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>D.</td>
<td>I feel positive about reducing my overall risk of falling</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>E.</td>
<td>I am confident that if I wanted to, I could reduce my risk of falling</td>
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<td>F.</td>
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<tr>
<td>G.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Participant Questionnaire

3. List up to 3 ways (measures) that you took in the past month, which helped you avoid falls or risk of falling:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Thank you for your time in completing the questionnaire. We appreciate your help. Please return the questionnaire via the enclosed reply paid envelope back to The University of Notre Dame Australia, School of Physiotherapy or mail to:

Linda Khong
The University of Notre Dame Australia
School of Physiotherapy
Reply Paid 1225
Fremantle, WA 6959
Appendix O

Peer-led Falls Prevention Education Program: Training Workshop
(Chapter 7)

O.1 Facilitator instruction manual

<table>
<thead>
<tr>
<th>Training Workshop for Peer Educators (Module 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESOURCES FOR THE TRAINING WORKSHOP</td>
</tr>
<tr>
<td>Stationery</td>
</tr>
<tr>
<td>❖ Whiteboard</td>
</tr>
<tr>
<td>❖ Butchers’ paper</td>
</tr>
<tr>
<td>❖ Whiteboard markers (several colours)</td>
</tr>
<tr>
<td>❖ Permanent markers (several colours)</td>
</tr>
<tr>
<td>❖ Blu-tack/adhesive for labels</td>
</tr>
<tr>
<td>IT resource</td>
</tr>
<tr>
<td>❖ Laptop with broadband USB stick or Wi-Fi</td>
</tr>
<tr>
<td>❖ Training workshop Facilitator Module PowerPoint slides</td>
</tr>
<tr>
<td>Activity preparation</td>
</tr>
<tr>
<td>❖ Copies of VARK questionnaire</td>
</tr>
<tr>
<td>❖ VARK labels</td>
</tr>
<tr>
<td>❖ Peer Educator’s Guidebook</td>
</tr>
<tr>
<td>❖ 7 Exercise activity sheets (extracted from Guidebook)</td>
</tr>
<tr>
<td>❖ Slips of FAQ questions with responses</td>
</tr>
<tr>
<td>❖ Evaluation forms</td>
</tr>
</tbody>
</table>
## Program Day 2: Presentation Delivery Workshop
26\(^{th}\) February 2015
9:45am - 2:30pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:45am</td>
<td>Registration - coffee available</td>
</tr>
<tr>
<td>10:00am</td>
<td>Welcome, introductions and recap of Day 1 by Anne-Marie</td>
</tr>
<tr>
<td>10:15am</td>
<td>Icebreaker and expectations (30 mins)</td>
</tr>
<tr>
<td>10:45am</td>
<td>Morning tea</td>
</tr>
<tr>
<td>11:00am</td>
<td>Learning Style (45 mins)</td>
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<tr>
<td>11:45am</td>
<td>Adult Learning (30 mins)</td>
</tr>
<tr>
<td>12:15pm</td>
<td>Lunch (30 mins)</td>
</tr>
<tr>
<td>12:45pm</td>
<td>Behaviour Change Technique (30 mins)</td>
</tr>
<tr>
<td>1:15pm</td>
<td>Presentation Skills &amp; Mock Practice (60 mins)</td>
</tr>
<tr>
<td>2:15pm</td>
<td>Evaluation (15 mins)</td>
</tr>
<tr>
<td>2:30pm</td>
<td>End</td>
</tr>
</tbody>
</table>
### Topic 1: ICE BREAKER & EXPECTATIONS

**Learning objectives:**
- To help the volunteers to get to know each other
- To identify what the volunteers want to get out of the training
- To promote a comfortable learning environment
- To develop self-confidence as a peer educator

**Estimated time for lesson:**
30 minutes

**Materials needed:**
- Whiteboard or butchers’ paper
- Markers

**Notes/Prep for facilitator:**
- Prepare white board or butchers’ paper prior to class
- Welcome the volunteers and introduce yourself
- Introduce overview of the day; clarify if needed
- To ask the group what their learning need is (characteristics/skills as an effective peer educator) and desired results today

**Description of Activity**

1. **15 mins**
   - Introductions and provide an overview of the day’s program
   - (includes agenda, scheduled breaks, housekeeping such as restroom, stand up/water anytime if they need one)
   - Ask the group to introduce themselves
   - Ask the group “What do you hope to learn and gain from today?”
   - Share their expectations of the workshop
   - Write them down on butchers’ paper
   - Link objectives to expectations- explain if workshop will meet them or won’t be met

2. **15 mins**
   - Pair up the volunteers to have a one-on-one conversation with each other
   - Get them to introduce each other and get to know their partner with the aid of the statement on the whiteboard or butchers’ paper
   - Get them to discuss and highlight one attribute of their partner that they think will make them a successful peer educator
   - Return to the group and share the attribute of their partner with the group

**Discussion/Facilitation Tip**
- During the course of sharing and discussion- to list the expectations and refer at the end of the workshop. Also to list attributes on the whiteboard or butchers’ paper.
### Topic 2: LEARNING STYLES

**Learning objectives:**
- To identify volunteer’s individual learning preference with the aid of the adapted VARK questionnaire
- To appreciate the different preferences in learning styles within the group
- To distinguish and determine mix of teaching material with Dale’s Cone of Experience

**Estimated time for lesson:**
45 minutes

**Materials needed:**
- Peer Educator’s Guidebook on VARK Learning Style
- Peer Educator Guidebook’s Adapted VARK (Visual, Aural, Read/Write, Kinesthetic) questionnaire
- Wall Labels with Learning Style (Visual, Aural, Read/Write, Kinesthetic, Multimodal)
- PowerPoint slide of Dale’s Cone of Experience

**Notes/Prep for facilitator:**
- Prepare copies of adapted VARK questionnaire and VARK labels
- Explain VARK Learning Style to volunteers
- Explain to volunteers how to use questionnaire and how to calculate preferred style to volunteers
- Explain Dale’s Cone of Experience

**Description of Activity**

1. **15 mins:** Ask each volunteer to complete the VARK questionnaire individually. On completion, they will proceed to analyse and select their preferred learning style

2. **15 mins:** Request each volunteer to stand and indicate their preferred learning style
   - Each individual to share their preferred learning style with the group and how well this reflects their perceived learning style?

3. **15 mins:** Illustrate/Show the Dale’s Cone of Experience via YouTube [https://www.youtube.com/watch?v=p-eSxgRetyk](https://www.youtube.com/watch?v=p-eSxgRetyk) (up to 4 mins)
   - Highlight the various teaching material to enhance learning in this context

**Discussion/Facilitation Tip**
- Remember that most people exhibit all the styles…to some degree. Having a preference for one style does not mean that the other styles are excluded.
- Encourage the volunteers to appreciate the various preferences that may exist in a group
**Topic 2: LEARNING STYLES (continued)**

**Website**
Dale’s Cone of Experience video - [http://www.slideshare.net/day2x/cone-of-experience-24668244](http://www.slideshare.net/day2x/cone-of-experience-24668244)
https://www.youtube.com/watch?v=p_85cnTM8PI
Cone of Experience diagram - [http://pharmacy.me.uky.edu/faculty/resources/files/Step%201Dales%20Cone.pdf](http://pharmacy.me.uky.edu/faculty/resources/files/Step%201Dales%20Cone.pdf)
VARK questionnaire adapted from - [http://vark-learn.com/the-vark-questionnaire/?p=questionnaire](http://vark-learn.com/the-vark-questionnaire/?p=questionnaire)

**Research Article**
Dr Arazi, A Thesis: Exploring learning style preferences and the effectiveness of text-to-speech software with literacy support for university students.
[https://ipac.nd.edu/pac20/ipac.jsp?profile=t&uri=full=3100001~1647823~f6](https://ipac.nd.edu/pac20/ipac.jsp?profile=t&uri=full=3100001~1647823~f6)

**Vark Modalities**

“VARK” stands for Visual, Aural, Read/Write and Kinesthetic sensory modalities that are used for learning information.

**Visual (V)**
A preference for depiction of information in maps, charts, diagrams, symbolic arrows, shapes, patterns that people use to represent what could have been presented in words.

**Aural/Auditory (A)**
A preference for information that is “heard or spoken”. They learn best from lectures, group discussion, radio, talking things through. This category also includes talking out aloud as well as talking to oneself.

**Read/Write (R)**
This is a preference for information displayed as words or text-based information. Any form of reading or writing eg. manuals, reports, handouts

**Kinesthetic (K)**
This is a preference related to experience and practice (simulated or real) eg. demonstrations, videos, case studies.

Note: Many adults will learn best by mainly using one modality, while others have more multimodal approach to learning.

The Vark Questionnaire

How do I learn best? Choose the answer which best explains your preference and tick the box next to it.

1. You are listening to a presentation showing how to make a special graph. From which of the following strategies do you think you would learn the most?:
   □ a. Seeing the diagrams
   □ b. Listening to the presenter
   □ c. Reading the words about what to do
   □ d. Watching the actions of the presenter

2. You have a problem with your heart. In discussing the matter, you would prefer that the doctor:
   □ a. Gave you something to read to explain what was wrong
   □ b. Used a plastic model to show what was wrong
   □ c. Described what was wrong
   □ d. Showed you a diagram of what was wrong

3. When engaged in a learning exercise, you would prefer an instructor who uses:
   □ a. Demonstrations, models or practical sessions
   □ b. Question and answer, talk, group discussion, or guest speakers
   □ c. Handouts, books or readings
   □ d. Diagrams, charts or graphs

4. You are helping someone requiring instructions for a particular destination. You would:
   □ a. Go with them
   □ b. Give them the directions
   □ c. Write down the directions
   □ d. Draw, or show them a map, or give them a map
The VARK Questionnaire Scoring Chart

Use the following table to find the VARK category to which each of your answers corresponds. Circle only one letter that correspond to your answers.

Eg. If you answered (c) for Question 1, circle R in the question 1 row

**Scoring Chart**

<table>
<thead>
<tr>
<th>Question</th>
<th>(a) category</th>
<th>(b) category</th>
<th>(c) category</th>
<th>(d) category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>V</td>
<td>A</td>
<td>R</td>
<td>K</td>
</tr>
<tr>
<td>2</td>
<td>R</td>
<td>K</td>
<td>A</td>
<td>V</td>
</tr>
<tr>
<td>3</td>
<td>K</td>
<td>A</td>
<td>R</td>
<td>V</td>
</tr>
<tr>
<td>4</td>
<td>K</td>
<td>A</td>
<td>R</td>
<td>V</td>
</tr>
</tbody>
</table>

Calculating your scores: Count the number of each of the VARK letters you have circled to get your score for each VARK category.

- Total number of **V**s circled = ________
- Total number of **A**s circled = ________
- Total number of **K**s circled = ________
- Total number of **R**s circled = ________

Adapted from VARK Questionnaire version 7.1.

### Topic 3: ADULT LEARNING

#### Learning objectives:
- To describe the basic concepts and principles of adult learning
- To understand the adult learner better
- To apply basic adult learning principles in your presentations
- Tips on how to make your presentation personal, engaging and appealing to the adult learner. To encourage active learning

#### Estimated time for lesson:
30 minutes

#### Materials needed:
- Laptop with Wi-Fi link
- You-tube link (8.27 min) [https://www.youtube.com/watch?v=v1oPiHUZbFw](https://www.youtube.com/watch?v=v1oPiHUZbFw)
- Butchers’ paper or Whiteboard
- Peer Educator Guidebook’s Section on “Understanding the Adult Learner”

#### Notes/Prep for facilitator:
- After completion of video, discuss Case study Mrs G to illustrate basic concepts of the adult learner (as case study to prompt if needed) 80+ year old DVA war widow, lives alone but active social calendar. Past medical history: 2 knee replacements; cardiac issues causing shortness of breath with activity. 2014 fall with fracture in thigh and recent bilateral carpal tunnel repair in hands,
  - Motivation to learn → falls prevention and stay at home independently
  - A need to learn → minimise her risk of falls
  - Adopts a problem-oriented, goal or task-oriented approach →
    - Strengthening exercises-Manage her home-based exercises & hydrotherapy
  - Incorporates self-directed approach to learning → Learned and recorded her physiotherapy & hydro exercises
  - Brings life experiences and knowledge to learning → Has preferences, integrated her activities to fit in with home exercises
- Think of tips to make your presentation personal, engaging and appealing to the adult learner
<table>
<thead>
<tr>
<th>Topic 3: <strong>ADULT LEARNING (continued)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Activity</strong></td>
</tr>
<tr>
<td>1. <strong>10 mins</strong>: Get the group to watch the You-tube video on “Introduction to Andragogy” (Adult Learning principles) <a href="https://www.youtube.com/watch?v=vLoPhHUZbPW">https://www.youtube.com/watch?v=vLoPhHUZbPW</a></td>
</tr>
<tr>
<td>2. <strong>10 mins</strong>: In view of what they have watched, get the volunteers to reflect and share with each other (in a group or pair) a positive learning experience from their past and discuss why they felt it was effective.</td>
</tr>
<tr>
<td>3. <strong>10 mins</strong>: Get the group to reflect on what they would like to keep in mind when they present to their peers on falls prevention (case study to prompt if needed)</td>
</tr>
<tr>
<td><strong>Discussion/Facilitation Tip</strong></td>
</tr>
<tr>
<td>✦ Highlight the section in their Guidebook</td>
</tr>
<tr>
<td><strong>Website</strong></td>
</tr>
<tr>
<td>- Levels of educational objectives <a href="http://www.basicskillsforliving.ca/PDF/Adult_Ed_techniques.pdf">http://www.basicskillsforliving.ca/PDF/Adult_Ed_techniques.pdf</a></td>
</tr>
<tr>
<td><strong>Useful reading</strong></td>
</tr>
<tr>
<td>- Knowles MS, Holton III EF, Swanson RA. The Adult Learner. The definitive classic in adult education and human resource development. 7 ed. Hoboken: Taylor and Francis; 2012</td>
</tr>
</tbody>
</table>
### Top 4: BEHAVIOUR CHANGE TECHNIQUE (BCT)

**Learning objectives:**
- To describe and identify the behaviour change techniques relevant to this context
- To integrate these relevant behaviour change techniques to the falls prevention presentations

**Estimated time for lesson:**
30 minutes

**Materials needed:**
- Laptop with Wi-Fi link
- You-tube link (1.47 min)
  - [https://www.youtube.com/watch?v=RveeQafbdA0](https://www.youtube.com/watch?v=RveeQafbdA0)
- Butchers’ paper or Whiteboard
- Peer Educator Guidebook’s Section on “Behaviour Change Technique”

**Notes/Prep for facilitator:**
- Prior to training session: Liaise with Speaker about BCT illustrated in Guidebook and discuss which selective points to highlight within time provided
- Clarify which media (PowerPoint?) speaker prefers
- Play song, followed by short video clip
- Invite speaker to share

**Description of Activity**
1. 1 min: Play Elvis Presley “Change of Habit” to signal start of activity
2. 2 mins: Get the group to watch the You-tube video on “Inspiring people to change their behaviour through FUN
   - [https://www.youtube.com/watch?v=RveeQafbdA0](https://www.youtube.com/watch?v=RveeQafbdA0)
3. 20 mins –
   - take a few minutes to read about what beh change is. First 3 paragraphs
   - Speaker to highlight important points of Behaviour Change Technique Taxonomy + Capability/Opportunity/Motivation and discuss application to context. That is “Framing/reframing; Goal-setting; Problem-solving and Action-planning”
4. 7 mins – summarise key points and opportunity for questions

**Discussion/Facilitation Tip**
- Highlight the BCT section in their Guidebook and
- Highlight the list of videos that can help them

**Website or online video**
- Falls Prevention video [https://www.youtube.com/watch?v=d4Zv4OSNCQM](https://www.youtube.com/watch?v=d4Zv4OSNCQM)
- Three myths of behaviour change- what you think you know that you don’t [https://www.youtube.com/watch?v=l5d8GW6GdR0](https://www.youtube.com/watch?v=l5d8GW6GdR0)
Topic 5: **PRESENTATION SKILLS & MOCK PRACTICE**

**Learning objectives:**
- To demonstrate skills in engaging the participants positively
- To deliver an interactive session with the participants
- Be ready to undertake a peer presentation in the community with buddy support

**Estimated time for lesson:**
60 minutes

**Materials needed:**
- Laptop with Wi-Fi link
- In-house training video of role model presentation (Anne-Marie Hill)
- Butchers’ paper or Whiteboard
- Exercise activity sheets (extracted) from the Presentation Guidebook
- Slips of FAQ questions

**Notes/Prep for facilitator:**
- Liaise with ICCWA and existing peer educators about FAQ questions
- Discuss with research team/ICCWA preferred responses
- Explain role play for volunteers: select one of the exercise activity sheets provided (extracted from Guidebook)
- Role play managing one of the FAQ question

**Description of Activity**
1. 5 mins: Play in-house training video of selected portions of role model presentation e.g. overview, etc
2. 10 mins: Anne-Marie to share her experience about new format presentation e.g. Exercise activity 6
3. 15 mins: Volunteers to pair up and select one exercise activity (to role play)
4. 15 mins: Request one member of the group to volunteer to share/role-play in front of the group
5. 15 mins: Another role play practicing management of one FAQ question

**Discussion/Facilitation Tip**
- Guidebook - Highlight resource for peer educators about the tip sheet, checklist and self-reflection provided

**Website or online video**
- A in-house training video of ICCWA role model (Anne-Marie Hill) with a group presenting Falls Prevention
- Presenting & public speaking tips
  [https://www.youtube.com/watch?feature=player_detailpage&v=O5WT2vweFRY](https://www.youtube.com/watch?feature=player_detailpage&v=O5WT2vweFRY)
- Effective presentations skills
  [https://www.youtube.com/playlist?list=PLE493C03289BB9628](https://www.youtube.com/playlist?list=PLE493C03289BB9628)


### Topic 6: EVALUATION & END

**Learning objectives:**
- To encourage self-reflection on the key ideas of the day’s workshop
- To evaluate the outcomes of the workshop
- To seek feedback about the workshop from the participants in terms of learning value

**Estimated time for lesson:**
15 minutes

**Materials needed:**
- Laptop with Wi-Fi link
- Evaluation forms

**Notes/Prep for facilitator:**
- There are various types of evaluation. Reaction evaluation (eg. responses, take home); learning evaluation (eg role play); behaviour evaluation; results evaluation (eg. outcome).

**Description of Activity**
1. **5 mins:** Summarise today’s topics. Highlight resource in Guidebook. Finish training workshop with a one-minute reflection and evaluation. Key ideas and one take-home point
2. **10 mins:** Explain that this is a training workshop and we would like to seek feedback if they found the learning valuable in meeting their needs in preparing to be a peer educator.
   - Request the volunteers to take time to complete a short evaluation and they have the option of remaining anonymous.
   - Hand out the evaluation form.
3. In ending, to thank the volunteers for their time in attending and for providing feedback. Provide contact email, etc.

**Discussion/Facilitation Tip**

**Website or online video**
- [http://adulted.about.com/od/teachers/a/coursedesign.htm](http://adulted.about.com/od/teachers/a/coursedesign.htm)

**Useful reading**
Training Workshop Evaluation
(Program Day 2)

Your feedback is important to ensure we meet your and future volunteers’ learning and educational needs. Therefore, we would appreciate if you could take a few minutes to share your opinion with us. You may choose to remain anonymous.

Please return this evaluation form to the organizer at the end of the workshop. Thank you.

Date: ____________________________  Your Name: ____________________________

1. Given the topic, was this workshop: □ a. Too short  □ b. Right length  □ c. Too long

2. Please rate the following:

   a. Visuals
     □ Excellent  □ Very Good  □ Good  □ Fair  □ Poor
   b. Acoustics
     □ Excellent  □ Very Good  □ Good  □ Fair  □ Poor
   c. Meeting space
     □ Excellent  □ Very Good  □ Good  □ Fair  □ Poor
   d. Handouts
     □ Excellent  □ Very Good  □ Good  □ Fair  □ Poor
   e. The program today
     □ Excellent  □ Very Good  □ Good  □ Fair  □ Poor

3. Were your expectations for today’s workshop met?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. What would you have liked to learn that you didn’t?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. What was the most helpful thing you learned today?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Please share your opinion about any aspect of today’s workshop?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please return this form to the organizer at the end of the workshop. Thank you.
Facilitator presentation slides

Presentation Delivery
Overview
Linda Khong
Associate Professor, Simon Martin MD
Professor Julia M. Reilly
Professor Peter H. Rheault
Institute for Research in Aging

Learning Styles
V - Visual
A - Audio or Aural
R - Read/Write
K - Kinesthetic
VARK Questionnaire

Dale's Cone of Experience

The Cone of Learning

Adult Learning
Concepts of Adult Learners
Your Positive Learning Experience
Falls Prevention Presentation
Behaviour Change

Presentation Skills

Training video
- Anna-Marie to share her experience
- Role Play - exercise activity
- Share
- FAQ - role play

Evaluation

Reflect on Key Ideas
- Take home point?

Resource available: Tip sheet, checklist, self-reflection, references, links
- Three myths of behaviour change: what you think you know that you don’t
- Evaluation
Welcome: Thank you for coming, we hope you will learn and enjoy yourself today. Please feel free to seek clarification if anything is unclear to you. Also, the guidebook is new, we would appreciate you let us know if you spot any typo error, etc.

5 mins: Overview
In the earlier part of the training workshop, you have learned about Injury Control Council of WA’s policies and also of the Content for the Presentation.

Housekeeping- the rest room is outside on your ...... We have scheduled breaks but please feel free to stand up, get a drink or go to the restroom anytime. Please also feel free to ask and clarify if anything is unclear to you.

Now this part of the workshop is to impart components for the Delivery of the presentation (How to impart as a peer educator). We will go through learning styles, adult learning, a morning tea break at 1045 hrs and continue till lunch at 1215 hrs. Then, we continue with Behaviour Change Techniques, Presentation skills and Mock Practice and finishing with a reflection/resource you have in your guidebook. And we request an evaluation feedback from you.
We hope to complete the workshop at 1430 hrs.

This guidebook and session plan is a culmination of a series of events. Anne-Marie is the leader of the falls prevention research project and funding from the Australian Government’s Collaborative Research Networks (CRN) program awarded to The University of Notre Dame Australia. “Healthy People, Healthy Country: Translating evidence into action to improve health and well-being in vulnerable populations”. There was earlier research surveying existing peer educators’ views about the program, an experts’ evaluation of existing presentations and finally, a community forum to seek older adults’ views of falls prevention information since 2 years ago. All these findings are put together into this part of the guidebook.

10 mins: Now I will ask Anne-Marie to give us a background to how this research came about and also a refresher of Tuesday’s session. Recap.
- Define what is a fall?
- Discussed risk factors
- Strategies- (move, improve, remove) balance and strength; vision; footwear; home hazards, mental health
What do you hope to learn and gain from today?

5 mins: expectations
- “What do you hope to learn and gain from today? Share your one expectation of the workshop with us.

(Write down as volunteers share info; link objectives to expectations - explain will be met or not met).
Take this opportunity to highlight that there are follow-up links to each area as we introduce them to you. These added resource is for you to pursue if you wish to find up more as a run up towards getting for your presentation.

10 mins: share one attribute

(Pair up + introduce each other and get to know each other...“someone you have not had a chance to pair up”)

(Discuss and highlight one attribute of your partner that you feel will makes a successful peer educator)

- Share with the group the attribute
Learning Styles

V - Visual
A - Audio or Aural
R - Read/Write
K - Kinesthetic

VARK Questionnaire

15 mins: complete VARK questionnaire (to complete by 1115 hrs)

15 mins: share preferred style (to complete by 1130 hrs)

The VARK modalities
The acronym VARK stands for Visual, Aural, Read/Write and Kinesthetic sensory modalities that are used for learning information.

Visual (V)
A preference for depiction of information in maps, charts, diagrams, symbolic arrows, shapes, patterns that people use to represent what could have been presented in words.

Aural/Auditory (A)
A preference for information that is “heard or spoken”. They learn best from lectures, group discussion, radio, talking things through. This category also includes talking out aloud as well as talking to oneself.

Read/Write (R)
This is a preference for information displayed as words or text-based information. Any form of reading or writing eg. manuals, reports.

Kinesthetic (K)
This is a preference related to experience and practice (simulated or real) eg. demonstrations, videos, case studies.
Dale’s Cone of Experience

5 mins: Play video of Dale’s Cone of Experience
https://www.youtube.com/watch?v=p-eSxgRetvk
Dale’s cone of experience [10 mins (to complete by 1145 hrs)] The Cone of Experience is a:

- visual model that illustrates the range of teaching material that may be used for learning and communication.
- The educator chooses the most suitable teaching material according to the needs and abilities of the learner in a particular situation.
- The best teaching uses a mix of sensory “learning experiences”.

Look at the picture below. The Cone of Experience shows the different ways of learning that make up the adult learning experience.

Direct learning experience is the most effective way of learning (bottom of cone), however, that is not possible most of the time. So getting your peers to reflect and discuss their life experience or examples from audience is another way of teaching/learning method. Or watching a movie. Compared to a one-way lecture.

**Highlight mix of teaching material to be used.** And as you can see how all of you have various preferred learning style.
Adult Learning

Concepts of Adult Learners

Your Positive Learning Experience

Falls Prevention Presentation

10 mins (to complete by 1155 hrs): Watch video- Adult learning [8:27]
https://www.youtube.com/watch?v=vLoPiHUzBEw

10 mins (to complete by 1205 hrs):
In school, your teacher decides what you learn and how you learn. Now as an adult learner, it's different.
Reflect and share with each other a positive learning experience and discuss why you felt it was effective? Maybe you took the time to learn pottery or learn a new language, how was the experience? - what elements contributed to the positiveness?

10 mins (to complete by 1215 hrs- lunch): Reflect what you would like to keep in mind when you present to your peers during falls prevention presentation.

Guidebook page 13-14.
(Case study- If needed as prompt)
• Motivation to learn → falls prevention and stay at home on her own
• Is problem-oriented, goal or task-oriented → Strengthening exercises-Manage her home-based exercises & hydrotherapy
• A need to learn → Learned and recorded her physiotherapy & hydro exercises
• Is self-directing → found alternative hydro location at local pool's ramp instead of using steps
• Brings life experiences and knowledge to learning → integrated her activities to fit in with home exercises
• Readiness to learn
Lunch time to end... 1240 hrs... 1 min: Play Elvis Presley music “Change of Habit”
https://www.youtube.com/watch?v=gijhxdK16O0

2 mins: watch video Inspiring people to change their behaviour through fun” (1:47 min)

3 mins: Behaviour change elements
https://www.youtube.com/watch?v=RveeQafbdA0

Take a few minutes to read BCT on Page 15... Of Guidebook, please.

What do you think is needed to help people change?

Behaviour change can be challenging
- look at smoking cessation-message on cigarette packs- people continue smoking
- Look at exercise- so many questions
- Spouse and medical checks

Credible source: World Researcher on rats in a lab- to talk about falls prevention...credible source??
- Very important to state that you are “trained”. In a forum on falls prevention we held, older people stated they want “trained people” to advise them.
Behaviour Change

Question:

15 mins (to complete by 1315 hrs): Knowledge (analogy of a car)-
- Provide facts (factual knowledge green light means 'go' & red means 'stop')- facts about falls, in Exercise Activity 1-3
- How to do it (procedural knowledge how to drive the car)- steps to prevent falls, play video, share personal stories. Exercise Activity 4-5
- Put it together (metacognition--actually driving on the road)- Personally relevant (risk factors); problem-solve (think of barriers & solutions) and action plan
- Motivation- be positive, share success stories among each other, role-model, emphasise improves well-being, independence

Behaviour change key elements: how can we apply?

But if we provide people with knowledge/capability and the motivation leading to action plan with goal setting, set a positive tone- we can get our audience thinking and self-reflecting
Presentation Skills

Training video
Anne-Marie to share her experience
Role Play- exercise activity
Share
FAQ- role play

How to actually impart @ presentation?

5 mins: Play parts of in-house training video (role model) 36 mins
https://www.youtube.com/watch?v=Y2gFZiT5RRA&feature=youtu.be
- At the start: introduction and overview
- 1.22: Encourage participation and clarification
- 2.30: Exercise activity 1-pictures x 3
- 3.33: Strategy; select section of group instead of whole group
- Repeat someone’s comment so others can ‘hear’
- 11.25: Mistaken belief- it does not happen to me.
- 13.05: discuss consequences of falls
- 14.05: emotional consequence of fall. Lose confidence.
- 14.53: Use peers to influence each other socially and offer feasible solutions. Its acceptable to take action to prevent falls
- 19.34 role modelling. Share personal story. Humour to connect on an emotional level.
- 22.09: Barriers
- 22.58: Repeat and reinforce solutions,
- 28.44: Instructions to complete an action plan checklist
- 33.43: Summarise and thank audience
- 34.08: Evaluate /gauge learning via body language

Encourage to go for more self-learning via sources of resource. The feedback via
questionnaire were....(read out loud)

10 mins: Anne-Marie to share her experience with new-format of presentation

15 mins: Pair up & role play one presentation exercise activity (out of 8 exercise activities in guidebook)- each of ICCWA team, Linda and Anne-Marie to help facilitate/watch each pair

15 mins: 1 or 2 to volunteer/share role play to group about their exercise activity

15 mins: Role play answering one FAQ
Evaluation

Reflect on Key ideas

Take home point?

Resource available- Tip sheet, checklist, self-reflection, references, links
Three myths of behaviour change- what you think you know that you don’t

Evaluation

5 mins: Summarise by Linda and Anne-Marie
- Today, we have gone over how to incorporate adult learning and behaviour change techniques in your presentation. To use a mix of methods to encourage learning.
- Highlight resource in Guidebook. Reflect on key take home points

- AIM OF PEER EDUCATOR PRESENTATION: PAGE 7
- YOUR ROLE AS PEER EDUCATOR: facilitate learning; be a role model; encourage peers to “take action” to change behaviour

10 mins: Evaluation. Inaugural training workshop and seek their feedback if they found the learning valuable in meeting their needs in preparing to be a peer educator?
Video https://www.youtube.com/watch?v=I5d8GW6GdR0

Thank the volunteers for their time in attending and for providing feedback. Email etc ICCWA.
Thank the volunteers for their time in attending and for providing feedback. Email etc ICCWA.

What lies ahead in terms of plans? Ally will brief you. (March/April- your social/church groups etc as trial presentations, with each other as buddy and support from us, etc). Provide feedback. Then, Linda will start to collect feedback (data collection via questionnaire)
Appendix P

Peer-led Falls Prevention Education Program: Guidebook for Peer Educators

(Chapter 7)
Workshop Schedule
Program Day 2:

Presentation Delivery Workshop
26th February 2015
9:45am - 2:30pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:45am</td>
<td>Registration - coffee available</td>
</tr>
<tr>
<td>10:00am</td>
<td>Welcome, introductions and recap of Day 1 by Anne-Marie (15 mins)</td>
</tr>
<tr>
<td>10:15am</td>
<td>Icebreaker and expectations (30 mins)</td>
</tr>
<tr>
<td>10:45am</td>
<td>Morning tea (15 mins)</td>
</tr>
<tr>
<td>11:00am</td>
<td>Learning Style (45 mins)</td>
</tr>
<tr>
<td>11:45am</td>
<td>Adult Learning (30 mins)</td>
</tr>
<tr>
<td>12:15pm</td>
<td>Lunch (30 mins)</td>
</tr>
<tr>
<td>12:45pm</td>
<td>Behaviour Change Technique (30 mins)</td>
</tr>
<tr>
<td>1:15pm</td>
<td>Presentation Skills &amp; Trial (60 mins)</td>
</tr>
<tr>
<td>2:15pm</td>
<td>Evaluation (15 mins)</td>
</tr>
<tr>
<td>2:30pm</td>
<td>End</td>
</tr>
</tbody>
</table>
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Anyone who stops learning is old, whether at twenty or eighty.
Anyone who keeps learning stays young.
- Henry Ford
Foreword

Welcome to the Stay On Your Feet WA* falls prevention team. We are delighted that you have chosen to as a Volunteer Peer Educator.

The Injury Control Council of WA (ICCWA), together with with the University of Notre Dame Australia and Curtin University, are pleased to present the “Guidebook for Stay on Your Feet WA* Community Peer Education”.

Whilst falls are the leading cause of injuries requiring hospitalisation in Australia, falls are preventable.

ICCWA delivers the Stay On Your Feet WA* falls prevention program with the support of the Government of Western Australia. Stay On Your Feet WA* promotes healthy, active ageing in WA to reduce falls among older people.

Volunteer peer educators are recognised as essential members of the Stay On Your Feet WA* falls prevention team. Peer educators play an important role in educating older adults about the simple steps to help prevent slips, trips and falls so that they can Stand Strong and get on with enjoying the fun things in life.

Volunteer peer educators to do more than just present information. They are trained and supported by ICCWA to give falls prevention education that promotes behaviour change among older adults living in the community.

This Guidebook provides practical, evidence-based information and strategies for volunteer peer educators to use when preparing to deliver presentations.

We hope you enjoy being a Volunteer Peer Educator and welcome any feedback you have about our training and support.

Deborah Costello
Injury Control Council of WA
Chief Executive Officer
Background

The Injury Control Council of WA (ICCWA) has delivered the Stay On Your Feet WA* (SOYFWA*) program on behalf of the Department of Health WA since 1999. The early development of SOYFWA* included the implementation of a volunteer peer education program for community dwelling seniors.

At commencement, 32 volunteers were recruited and trained to deliver falls prevention messages by ICCWA in Metro Perth. Within a separate program, 135 regional volunteers were trained by the South West Population Health Unit.

In 2003, the metro program was aided by the development of SOYFWA* speaker's kits and video. Presentation sessions continue in metro Perth in the same format today, with 11 senior volunteers delivering an average of 100 falls prevention presentations annually to over 2500 community members. Each session involves a peer educator presenting a one-off 45 minutes presentation to a group of older adult community members.

Current ICCWA peer educators
This part of the workshop was developed by Linda Khong and her supervisors with significant contribution from Alexandra White (ICCWA):

**Linda Khong** [MmanipTherapy, BappSc (Physio)(Hons), BBusinessAdmin] is the PhD researcher from School of Physiotherapy at The University of Notre Dame Australia for this project. She is a qualified Musculoskeletal and Gerontological-titled physiotherapist with extensive experience working with older people in hospitals, the community, exercise groups, private practice and residential care settings. Email: Linda.Khong1@my.nnd.edu.au

**Associate Professor Anne-Marie Hill** (PhD, BSc(Physio), MSc, Grad Cert Uni Teaching) is the CRN project leader of this research. She is a researcher at the School of Physiotherapy and Exercise Science at Curtin University. She was awarded a National Health and Medical Research Council of Australia early career research fellowship (2012-2015) to investigate the role of education in falls prevention. She has extensive clinical experience (Gerontological physiotherapy) and has combined her educational training and clinical experience to focus on developing patient education for older people and is currently leading falls prevention projects in community, residential care and hospital populations. She also works with clinical staff in Western Australia to assist in translation of falls prevention evidence into practice in WA hospitals.

**Professor Keith Hill** [PhD, Grad Dip Physio (Neuro), BAppSc(Physio)] is the current Head of School of Physiotherapy and Exercise Science at Curtin University. He was previously Director of the Public Health Division at the National Ageing Research Institute (NARI) in Victoria. He has more than 30 years of clinical and research in falls prevention, rehabilitation and physical activity programs for older adults. He has secured more than AUS$14 million in research funds over these years and published more than 170 journal papers.

**Adjunct Professor Richard Berlach** is the immediate past Associate Dean of the School of Education at The University of Notre Dame Australia and also held the position of Pro-Vice Chancellor (Research). He holds qualifications in education, psychology, and theology. Areas in which he has published include self-concept formation, tertiary level teaching styles and strategies, outcomes-based education, curriculum studies, and student-centred learning.

**Alexandra White** [BSc (Health Promotion)] is the Falls Prevention Community Engagement Officer on the Stay On Your Feet WA* program. She has practical experience in delivering health promotion initiatives, particularly to older adults living in the community.

Email: AWhite@iccwa.org.au
Acknowledgements

This workshop manual was only possible with valuable input from the following people:

- Chloe Macri, 3rd year Health Promotion student, Curtin University

- Juliana Summers, Injury Control Council of WA, Falls Prevention Community Engagement Officer. Juliana.Summers@iccwa.org.au

- Ailsa Dinnes, Injury Control Council of WA, Falls Prevention Manager

- Graphic and illustrations by Mario Tobing

- Funding for research provided by Federal Government as part of the Collaborative Research Networks (CRN) program. Notre Dame has been awarded funding (2013-2017) from the Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education (DIICCSRTE) for the research

- Government of Western Australia funding for the Stay on Your Feet WA® Program

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Suggested citation:
Guidebook for Stay On Your Feet® WA community peer educators:
Presentation delivery workshop

Stay On Your Feet® is coordinated by the Injury Control Council of WA and supported by the Department of Health.

For more information on Stay On Your Feet®
visit www.stayonyourfeet.com.au
e-mail: Info@stayonyourfeet.com.au or call 1300 30 35 40.

Guidebook Available from Injury Control Council of WA
About this Workshop
Thank you for attending this workshop.
ICCWA, in collaboration with The University of Notre Dame Australia and Curtin University are currently reviewing the delivery of current peer-led falls prevention presentations to community-dwelling older adults. A new peer-led falls prevention education program has been developed by the project team, incorporating current falls prevention research findings, principles of adult learning and behaviour change techniques.
The intent of the workshop is to impart the knowledge, principles and skills related to the new peer-led falls prevention presentation, program and peer educators. The workshop has been developed in consultation with an education experts and earlier research studies by the research team.
We hope that you will enjoy the workshop and look forward to your participation.

Aim of the workshop
The aim of this workshop is to give you broad knowledge about falls prevention, including current research findings and to assist you to develop skills that will enable you to confidently deliver falls prevention education presentation to your peers.

Who are the target audience for the presentations?
Your target audience will be older adults who attend peer-led falls prevention education presentations run by ICCWA. The audience you speak to will be aged 60 years or older and be living independently in the community. This group may include those active, fit and well older adults through to those with limited mobility and those with a number of health issues.

Aim of the presentation
The aims of the peer-led falls prevention education and presentation are:
- to raise awareness of falls
- provide knowledge about falls prevention strategies
- enhance self-confidence about falls prevention,
- raise the intention and improve engagement and uptake of falls prevention activities amongst peers

Your role as a peer educator is to facilitate learning, be a role model and encourage your peers to plan, to take action, to change their behaviour.
Overview of this Guidebook
This guidebook has been developed to prepare you to undertake your new role as a falls prevention peer educator.

The initial chapters aim to provide you with the background to ICCWA’s peer education and information about adult learning and behaviour change techniques. Following this, the session plan gives you an overview and eight exercises that provide a step-by-step guide for your presentation. The exercises progress through these knowledge concepts:
- Imparting facts/figures of falls knowledge
- Personalise risk of falls
- Steps to prevent falls
- Considering intention/action plan and behaviour change

Questions are raised to generate discussion or self-reflection in the exercise activities. Wherever possible or suitable, answers or appropriate responses are provided for the questions.

Statements and suggestions printed in bold and underlined should be emphasised during the presentation.

Learning objectives
Upon completing this workshop, you will be able to:
- Demonstrate an understanding and knowledge of falls and range of recommended falls prevention strategies
- Cultivate an awareness of available health services related to falls prevention
- Describe the basic concepts and principles of adult learning
- Apply principles of basic adult learning in your falls prevention presentations
- Describe and identify the behaviour change techniques required for presenting the falls prevention
- Integrate the relevant behaviour change techniques to the falls prevention presentations
- Demonstrate skills in engaging with the audience positively
- Deliver an interactive session with the audience
- Be ready to undertake a peer presentation in the community

Abbreviations and symbols

ICCWA Injury Control Council of Western Australia
SOYFWA* Stay On Your Feet WA*

☑️ = answer
⚠️ = attention
Adult Learning

There are many ways in which adults learn new skills and ideas. By having an understanding of theory of learning, you can increase your knowledge and improve the way you present information to other adults.

“VARK” Modalities
VARK stands for Visual, Aural, Read/Write and Kinaesthetic sensory modalities that are used for learning information.

Visual (V)
A preference by a learner for depiction of information in maps, charts, diagrams, symbolic arrows, shapes, patterns that people use to represent what could have been presented in words.

Aural/Auditory (A)
A preference for information that is “heard or spoken”. These people learn best from lectures, group discussion, radio, talking things through. This category also includes talking out aloud as well as talking to oneself.

Read/Write (R)
This is a preference for information displayed as words or text-based information. Any form of reading or writing eg. manuals, reports, information booklet and handouts.

Kinaesthetic (K)
This is a preference related to experience and practice (simulated or real) eg. demonstrations, videos, case studies.

Note: Many adults will learn best by mainly using one modality, while others have more multimodal approach to learning.

Information Source: http://vark-learn.com/introduction-to-vark/the-vark-modalities/
The Cone of Experience

The Cone of Experience is a visual model that illustrates the range of teaching material that may be used for learning and communication. The educator chooses the most suitable teaching material according to the needs and abilities of the learner in a particular situation. The best teaching uses a mix of sensory “learning experiences”. The Cone of Experience is not meant to be used in a top to bottom or vice versa manner but shows us that learning can occur by using practical methods so the learner can remember better.

Look at the picture below. The Cone of Experience shows the different ways of learning that make up the adult learning experience. Methods for adult learning generally involve a more practical relevant teaching method (see the bottom of the cone).

Generally learners remember:

- 10% of what they read
- 20% of what they hear
- 30% of what they see
- 50% of what they see and hear
- 70% of what they say and write
- 90% of what they do

**Figure 1: The Cone of Experience**
*Ref: Dale E. (1969) Audiovisual methods in teaching*
Useful reading / links:


- Dale’s Cone of Experience via You-tube (6:09 mins): https://www.youtube.com/watch?v=p-e5xgRetvk&list=PLkR8EmRT-TGThao8NR5xqi8necZ3Kma&index=9

- Dale’s Cone of Experience video: http://www.slideshare.net/day2x/cone-of-experience-2468244

- Cone of Experience diagram: http://pharmacy.mc.uky.edu/faculty/resources/files/Step%20Dales%20Cone.pdf

- Stages of Learning according to Bloom’s Taxonomy. Basic concepts (4:28 mins): https://www.youtube.com/watch?v=YdXxwBZ7Q

- Video of Bloom’s Taxonomy according to Andy Griffith Show (13:10 mins): https://www.youtube.com/watch?v=Nslha51VBYg
Understanding the Adult Learner

The falls prevention presentation you will give has been designed with the aim of changing behaviour, alerting older people the risk of falls (in a Positive Manner) and encouraging them to take up and adopt falls prevention action. However, to help the audience to engage with the message, the presentation has been designed based on adult learning principles and theory.

Adult learning theory states that an adult learner:
1) Need a reason for learning before they undertake the learning
2) Is usually self-directed in approach
3) Adopts a problem-oriented, goal-oriented or task-oriented approach
4) Brings their life experiences and knowledge to learning
5) Prefers to learn things that they can apply in the current situation
6) Possesses an internal drive and motivation to learn

Useful reading / links:

- You tube video on Andragogy (Adult Learning) (8:27 mins)
  https://www.youtube.com/watch?v=vLoPiHuZbEw


- Knowles MS, Holton III EF, Swanson RA. The Adult Learner. The definitive classic in adult education and human resource development. 7 ed. Hoboken: Taylor and Francis; 2012
<table>
<thead>
<tr>
<th>Adult learning principles</th>
<th>Application to presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learners should actively participate in the learning process</td>
<td>• Provide an overview and state the session and goals of the session</td>
</tr>
<tr>
<td></td>
<td>• Encourage audience to discuss topics raised by others</td>
</tr>
<tr>
<td></td>
<td>• Encourage audience to seek clarification if things are not clear</td>
</tr>
<tr>
<td>Learning should relate to the relevant prior knowledge of the individual</td>
<td>• Ask audience to reflect and discuss on their own or friends / family history of falling</td>
</tr>
<tr>
<td></td>
<td>• Encourage audience to identify their own risk of falls</td>
</tr>
<tr>
<td>A comfortable and encouraging positive learning environment</td>
<td>• Build rapport with audience</td>
</tr>
<tr>
<td></td>
<td>• Positively validate audience when they make a contribution</td>
</tr>
<tr>
<td>Peer learning is facilitated by group interaction</td>
<td>• Encourage audience to engage in peer dialogue during presentation</td>
</tr>
<tr>
<td>Information has been adapted appropriately for the age group of the audience</td>
<td>• Audience can see and hear the presentation</td>
</tr>
<tr>
<td></td>
<td>• Provide opportunity for discussion</td>
</tr>
<tr>
<td></td>
<td>• Be flexible and adaptable, while still delivering key elements of the presentation</td>
</tr>
<tr>
<td>Learning requires frequent opportunity for reinforcement and practice</td>
<td>• Hand out resources</td>
</tr>
<tr>
<td></td>
<td>• Provide information on where to seek follow-up</td>
</tr>
<tr>
<td></td>
<td>• Encourage audience to review information provided</td>
</tr>
<tr>
<td></td>
<td>• Offer to return for follow-up presentation</td>
</tr>
</tbody>
</table>

## Behaviour Change Techniques

Providing your audience with knowledge and information does not automatically result in making them change their behaviour. We all know things we should do but yet we do not! There is an underlying theory that helps to explain how people can be helped to change their behaviour in the area of health. This is called health behaviour change theory.

Why don't adults change their behaviour when they receive health information such as knowledge about preventing falls? For behaviour change to occur, health education is best delivered using the principles of psycho-social learning. These help us to understand how an adult will process new health information but also how they can become motivated to change their behaviour.

By learning about health behaviour change, you as a peer educator will be able to use these techniques to help your peers to take up the information you present to them and hopefully take action.

### Why are you (peer educator) the right person to do this presentation?

<table>
<thead>
<tr>
<th>Behaviour Change Technique</th>
<th>Definition</th>
<th>Reason(s)</th>
<th>How to use technique in presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credible source</td>
<td>Information deemed to come from a credible source in favour of the falls prevention</td>
<td>• You are trained, supported by research team &amp; ICCVA with latest information</td>
<td>• Inform the audience that you are trained in falls prevention at the start of the presentation</td>
</tr>
<tr>
<td>Social comparison (peer)</td>
<td>Draw attention to others’ performance to allow comparison with the person’s own performance</td>
<td>• You are a similar age • You are at a similar stage of life or life experience</td>
<td>• Share similar concerns about falls and challenges in falls prevention • Personal stories in falls prevention that the audience (peers) can relate to and compare</td>
</tr>
<tr>
<td>Verbal persuasion about capability</td>
<td>Tell the person that they can successfully perform the desired behaviour, arguing against self-doubts and asserting that they can and will succeed</td>
<td>• You are seen as a role model • Possess positive mindset • Demonstrate you apply those falls prevention strategies</td>
<td>• While there are challenges but if “I can do it so can you” • Talk about the positive angle to falls prevention</td>
</tr>
</tbody>
</table>

*Behaviour Change Technique Taxonomy (http://www.ucl.ac.uk/healthpsychology/bcttaxonomy)*
**What do I (as peer educator) need to remember to impart during the presentation?**

During presentation, introduce your audience with knowledge about falls, help them see how to apply the knowledge in their life as well as provide them with a positive picture and the motivation to take up falls prevention.

The following table is an overview of the content that may be covered in presentations.

<table>
<thead>
<tr>
<th>Behaviour Change Technique</th>
<th>Definition</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about the health consequences</td>
<td>Provide information (e.g. Written, verbal, visual) about health consequences of falls</td>
<td>• Provide statistics and facts of falls and hospitalisation</td>
</tr>
<tr>
<td>Information about the social and environmental consequences of falls</td>
<td>Provide information about social and environmental consequences of falls</td>
<td>• Provide information regarding the impacts of falls on overall health, wellbeing, independence and autonomy</td>
</tr>
<tr>
<td>Information about emotional consequences of falls Significant consequences of falls</td>
<td>Provide information about emotional consequences of falls Use methods specifically designed to emphasise the consequences of falls with the aim of making them more memorable</td>
<td>• Highlight the possibility that “fear of falling” may occur after fall(s) • Show pictures of health consequences e.g. Hospitalisation and compare to independence</td>
</tr>
</tbody>
</table>
## Costs and benefits of Falls Prevention

<table>
<thead>
<tr>
<th>Behaviour Change Technique</th>
<th>Definition</th>
<th>Content</th>
</tr>
</thead>
</table>
| Framing/reframing          | Suggest another way of viewing preventing falls to change the thoughts and emotions about falls prevention | • Discuss falls prevention also impact on your overall health, wellbeing, independence and autonomy  
• People tend to think “falls happen to others, not to me”. Therefore, personalise the risk of falls to the individual. Highlight the importance of being frank and honest with yourself about your own risk of falling |
| Pros and cons              | Advise the individual to identify and compare reasons for wanting (pros) and not wanting to (cons) change the behaviour | • Discuss, list or compare the reasons why person would wish or not wish to make changes to prevent falls  
Highlight positive nature of falls prevention |
| Focus on past success      | Advise to think about or list previous successes in performing falls prevention behaviours | • Discuss what/which falls prevention strategies (eg. exercise) worked in the past for participants or their family/friends |

## How to prevent falls

<table>
<thead>
<tr>
<th>Behaviour Change Technique</th>
<th>Definition</th>
<th>Content</th>
</tr>
</thead>
</table>
| Instructions on how to perform behaviour | Advise or agree on how to prevent falls | • Show the video demonstrating the steps and strategies on falls prevention  
• Highlight the steps as described in the booklet |
| Demonstration of the behaviour | Provide an observable sample of preventing falls, directly in person or indirectly eg. via pictures for the person to aspire to or imitate | • Demonstration of posture, simple kind of exercise eg. sit-to-stand.  
• Demonstrate sample of recommended footwear or medication (Webster) pack |
## Develop Falls Prevention Action Plan

<table>
<thead>
<tr>
<th>Behaviour Change Technique</th>
<th>Definition</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal-setting</td>
<td>Set or agree a goal defined in terms of falls prevention to be achieved</td>
<td>• Provide specific goal setting eg. “remove mats”</td>
</tr>
<tr>
<td>Problem-solving</td>
<td>Prompt audience to think what factors may influence their behaviour</td>
<td>• Consider potential barriers to achieving the goals and ways to overcome them</td>
</tr>
<tr>
<td>Action-planning</td>
<td>Prompt detailed planning of performance of the behaviour (falls prevention)</td>
<td>• Encourage planning of 3 falls prevention measures for the next month</td>
</tr>
<tr>
<td>Framing/Reframing</td>
<td>Suggest another way of viewing preventing falls to change the thoughts and emotions about falls prevention</td>
<td>• Provide positive emotions regarding these actions, they are “going to be fun or sociable”</td>
</tr>
</tbody>
</table>

### Useful reading/links:
- See also [http://www.behaviourchangewheel.com/](http://www.behaviourchangewheel.com/)
- Falls Prevention video: John Hopkins interview (3:38mins) [https://www.youtube.com/watch?v=d4Zv4Q5NCQM](https://www.youtube.com/watch?v=d4Zv4Q5NCQM)
- TEDx on Three myths of behaviour change- what you think you know that you don’t (18:30 mins) [https://www.youtube.com/watch?v=15d8GW6GdR0](https://www.youtube.com/watch?v=15d8GW6GdR0)
- Presenting & public speaking tips - How to improve skills & confidence (6:10 mins) [https://www.youtube.com/watch?feature=player_detailpage&v=Q5WT2yveFhY](https://www.youtube.com/watch?feature=player_detailpage&v=Q5WT2yveFhY)
- Effective presentations skills-playlist [https://www.youtube.com/playlist?list=PLE493C03289B9628](https://www.youtube.com/playlist?list=PLE493C03289B9628)
<table>
<thead>
<tr>
<th>Time for activity</th>
<th>Exercise activity</th>
<th>Topic</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Arrival</td>
<td></td>
<td>Preparation</td>
<td>Leave a booklet on chair to save</td>
</tr>
<tr>
<td>01 min</td>
<td></td>
<td>Welcome and opening</td>
<td>time later</td>
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<tr>
<td>01 min</td>
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<td>Introduction and presentation overview.</td>
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<tr>
<td>02 mins</td>
<td>1</td>
<td>What is a fall?</td>
<td>Show pictures</td>
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<tr>
<td>05 mins</td>
<td>2</td>
<td>To raise awareness that falls are not</td>
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<td>part of ageing</td>
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<td>05 mins</td>
<td>3</td>
<td>Consequences, costs and benefits of</td>
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<td>falls.</td>
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<td>15 mins</td>
<td>4</td>
<td>Encourage re-think and beliefs about</td>
<td>Play video</td>
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<td>falls; steps to prevent falls</td>
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<tr>
<td>05 mins</td>
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<td>Role modelling about how to prevent</td>
<td>Share personal stories on falls</td>
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<td>prevention only. Show items</td>
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<td>10 mins</td>
<td>6</td>
<td>Making falls prevention personally</td>
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<td></td>
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<td>10 mins</td>
<td>7</td>
<td>Problem-solve and develop an action</td>
<td>Booklet</td>
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<td>plan</td>
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<tr>
<td>05 mins</td>
<td>8</td>
<td>Summarise and conclude presentation</td>
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</table>
Session plan

Welcome and opening (1 minute)

Thank the participants for attending the talk. Thank the organiser/organisation who helped organise the presentation.

Introduction and presentation overview (1 minute)

“My name is __________ and I am a trained falls prevention volunteer with Injury Control Council of WA. I am here to present to you about falls and falls prevention and share some of my experience with you on how to reduce falls and how to stay in good health. (add your personal positive slant)

This presentation will take about 45 minutes, finishing with you leaving with an action checklist for home. Homework! I would like to encourage you to listen, participate and share actively. Please feel free to stop me if you require any clarification at any time by raising your hand.”

REMEMBER:

- Introduce yourself
- Introduce ICCWA
- Thank participants for attending
- Thank organisation that organised presentation
- Inform audience that you are trained!
- Address presentation topic; falls and falls prevention
- Overview of presentation schedule
- “Feel free to ask any questions!”
Exercise 1: What is a fall? (2 minutes)

Resource(s)
Pictures of an older person with a (1) stumble, (2) trip and a (3) slip.

THOUGHTS

This exercise aims to introduce the definition of a fall by comparing and differentiating a stumble, a trip or a slip. To emphasise accuracy of information.

This initial informal group discussion will serve three purposes:

1) To gain the participants' attention on the topic at the start of the presentation

2) To stimulate their thinking process in the area of falls

3) Applying adult learning principle by building on the “Prior experience of the Learner” to arrive to their conclusion of what a fall is.

Show pictures of a stumble, trip and slip

Question: True or False. A fall is a trip, stumble or a slip?

A trip, stumble or a slip may lead to a fall.

Question: Which of the following three pictures is a fall?

If you hit the ground or lower level, it’s becomes a fall!

“A fall is an unexpected event which results in a person coming to rest on the ground or floor or other lower level.”
(1) Stumble

(2) Trip

(3) Slip
Exercise 2: To raise awareness that falls is not part of ageing  
(5 minutes)

True/False Quiz

Statement: Falls only occur in young people or only in older people?

Answer: False. Falls can occur in all people, young and old. However, they are more common in older people over the age of 65.

Statement: Falling is a normal part of ageing?

Answer: False. Falls is not a normal part of ageing. There are things/actions you can do. You will find out and learn how during this session. (Show enthusiasm)

For discussion with the group:

Question: Why is it so easy to fall and more often when one gets older?

Answer:
- As we get older our bodies change
- Balance, strength and flexibility decrease

Question: Why are we more concerned about falls in older people?

Answer:
- Risk of having a fall increases with age
- Falls can lead to loss of independence and mobility
- 1 in 3 people over the age of 65 will have a fall each year
- Injuries – minor to serious fractures
- Hospitalisation
- Poorer quality of life
- Reduction in activity
- Increased fear of falling

Question: What might help prevent an older person from falling?

Answer:
- Activities that incorporate strength, flexibility and balance
- Having medications reviewed regularly
- Wearing safe and appropriate footwear
- Having their eyesight tested on a regular basis and wearing the correct glasses
- Managing chronic health conditions such as diabetes or arthritis
- Removing any hazards inside and outside their home
Exercise 3: Consequences, costs and benefits of falls
(5 minutes)

Objectives
- To raise awareness of the thinking that “falls happen to others, but not to me”
- To reflect on their own or someone they know about the history/experience of falling
- To list and describe the consequences and costs of falls
- To raise the awareness that a lack of self-confidence or fear of falls after a fall can occur
- To raise awareness to inform doctors/GPs regardless of seriousness of fall(s)

Resource(s)
Picture of older person with consequences after a fall and when no falls occur.

Thoughts
Research has shown that older people tend to think that “falls happen to others and not to me”. Hence, this session aims to encourage the audience to feel that the falls information in this presentation is personally relevant by the following means:

1) Participants will be asked to share/think in pairs to reflect, discuss and personalise their experience.

2) Benefits of preventing falls are more than simply not falling. They are health gains and maintenance of independence.

3) Potential consequences after a fall may be injury, bruising and fractures, which can lead to early admission to nursing home.

Behaviour Change Techniques used in this session:
Significance of consequences of falls
Information about health consequences
Information about social and emotional consequences
Picture: Hospitalisation after a fall may occur

Picture: Quality of life (strong and healthy)
Exercise 3 (Continued) Share with group/discuss in pairs

Part I:
Question: Have you or someone you know ever had a fall?
- How did it happen?
- What happened to you/someone you know after a fall?
- How did you / someone you know feel after the fall?
- How might it have been prevented?

Part II:
Question: Why might people believe that a fall will never happen to them?

Question: Do you know anyone who had this belief and yet had a fall?
Did their attitude change as a result of the experience?

Question: What are some of the costs/sequences of having a fall?
- Injuries
- Hospitalisation
- Reduction in activity and mobility
- Loss of independence
- Increased fear of falling

Answer

Question: What are some of the benefits of engaging in activities that can help prevent falls:
- Maintain independence
- Better quality of life
- Impacts on overall health, well-being and autonomy

Answer

*Show pictures of consequences after a fall and when there is no fall*
Part III:
Question: Did anyone tell their GP about your falls even if it was not serious?

Question: Did anyone start to be very cautious, slow down, or curb their activities soon after a fall?

Question: Why do people start to be very cautious, slow down or curb their activities after a fall?

- Injury
- Lack of confidence
- Increased fear of falling
Exercise 4: Encourage re-think and beliefs about falls; steps to prevent falls (15 minutes)

Objectives
- To recognise why falls prevention is important
- To identify how common a fall is
- To relate how falls prevention can improve overall health, wellbeing, independence and autonomy
- To show that falls can be prevented with falls prevention strategies which help to keep you strong and independent
- To list steps to reduce risk of falls

Resource(s): ICCWA video, script on facts and statistics

Thoughts

In an earlier study of this project involving a community forum, older adults have stated a preference for statistics in the area of falls.

Make sure you are familiar with the script below.

Behaviour Change Techniques used in this session:
- Credible source
- Beliefs about consequences on health
- Social, environmental and emotional consequences
- Framing/reframing (suggest new perspective on behaviour)
Part I: Presentation Script; Statistics
• 1 in 3 people over the age of 65 in the community fall every year
• In WA, falls are the leading cause of injury-related death and hospitalisation in people over 65
• More than 40 older Australians break their hip daily
• Less than 50% of those who have broken their hip will be walking in 1 years’ time
• Falls have a great impact on your overall health, wellbeing, independence and autonomy
• The risk factors for falls include reduced vision (poor eyesight), taking 4 or more medications, reduced strength of legs, history of falls or if you are 65 years and older

Part II: Play the Video
*Watch ICCWA 12 minute video*

Behavior Change Techniques used in this session:
• Instructions on how to perform the behaviour
• Demonstration of the behaviour

Notes
Exercise 5: Role modelling about how to prevent falls
(5 minutes)

Objectives
- To list feasible strategies that can help to reduce risk of falling
- To describe how these strategies can help to reduce risk of falling and maintain health and independence
- To demonstrate how these can be done/performed

Resource(s)
Samples to pass around (kinaesthetic feedback) e.g. footwear, medication pack/ Webser pack

As a quick selective recap of the video, apply

Peer Educator role-modelling and persuasion
- Share your personal stories you have used to prevent or reduce risk of falling.
- Encouragement: “If I can do it, so can you”
- Demonstration: example posture
- Role model: vision/medication/bone health
  Also Role model: perform exercises for strength and balance (at home/ or in a group)
- Role model: home hazards (not footpath hazards)

Thoughts

Behaviour Change Techniques used in this session:
- Instructions on how to perform the behaviour
- Demonstration of behaviour
- Verbal persuasion about capability
- Adding objects to the environment

Note: Tailor your personal stories to the audience. Also refer to FAQ at the back as a guide to responding to questions.
Example:

Kinesthetic stimulation eg. Get to feel and look at different types of footwear.

Describe features of a ‘safe’ shoe.

Stress that a “safe” shoe is NOT the same as “appropriate”, “good”, “proper” or “sensible” shoe.

Characteristics of a safe shoe are:
- low square heel no more than 2.5cm
- thinner firm soles
- lace-up or firm fastening
- a firm heel collar for extra support
- fit any prescribed orthotics

Exercise 6: Making falls prevention personally relevant
(10 minutes)

Objectives
- To analyse and discuss which factors may increase their own risk of falling
- To relate/associate which/how strategies may help to prevent them from falling in future
- To identify potential factors (barriers) that may make it difficult for them to take up action to prevent falls

Resource(s)
Booklet space to jot down their ideas

Thoughts
Make sure you are familiar with the information booklet and have ICCWA’s business cards with you.

Allow for reading information, discussion and interaction time to jot down risk factors x 1 or more.

Compare their experience and thoughts with their peers.

Behaviour Change Techniques used in this session:
- Social comparison
- Focus on past success
- Problem-solving

Group work or work in pairs
- “Compare your experience and thoughts with your peers about particular risk factor(s) that may increase your personal chance of falling”
- OR “Discuss what has worked for your vision, balance or home safety and why?”
- “What might make it difficult for you to exercise, address home hazards? That is what barriers?”
- After you discuss I will ask the audience to share our personal examples of successes and barriers in these areas
Exercise 7: Problem-solve and develop an action plan (10 minutes)

Objectives
- To self-reflect own individual/personal risk factors
- To list 3 goals for personal risk factors
- To develop an action plan and list strategies
- To identify 3 potential barriers to personal success of action plan
- To think of ways and solutions to overcome the barriers

Resource(s)
Booklet for action plan and priorities
Questionnaire

Thoughts
Ask 2-3 people to share their action plan with the group.

Behaviour Change Techniques used in this session:
- Problem-solving
- Action-planning
Exercise 8: Summarise and conclude Presentation (5min)

Thanks for listening

My key message today was
1. Falls are very common and cause much injury in older people
2. Falls are NOT a normal part of ageing
3. Taking actions like exercise and managing your health will keep you strong and independent and help to prevent falls – and you can have fun doing this!

Peer statement – “I can do it you can do it” type sentence

You can use any of the resources to get more information and back up to take up your plan

Let’s all improve move and remove to stay strong and independent and let’s tell others

Remember:

- Thank audience for listening
- Falls are very common
- Cause much injury in older people
- Falls not normal part of ageing
- Taking action like exercise
- Positive Benefits-stay strong and independent; have fun
- Emphasise “I can do it so can you!”
- Resources available- for action plan

Resources
The following resources will help to implement the falls presentations.
Frequently asked questions

“How do I get up off the floor?”

Possible response:
Unfortunately I am not able to tell you or show you how to get up off the floor. If you are concerned about your risk of having a fall it is best to speak to your GP or if you would like further information you can take a business card and contact the Stay On Your Feet WA* at the Injury Control Council of WA.

“Can you give me some exercises to do?”

Possible response:
Everyone has different needs when it comes to exercise. It’s important to remember that exercise can be carried out at home or gym on your own or in a group and may be economical cost to cater for everyone.

It is best to consult with your GP to ensure that you are doing exercises that suit your needs and requirements. If you are looking for or are interested in specific exercise program and activities in your area you can take a business card and contact the Stay On Your Feet WA* at the Injury Control Council of WA.

“How do I talk to my doctor about my risk of having a fall?”

Possible response:
Your GP is the best person to speak to if you are concerned about your risk of having a fall. They can refer you on to a range of different services that can assist you and help you to reduce your risk of having a fall. Sometimes it is not always easy to talk to your doctor about your concerns.

Some of the best ways to approach the subject with your doctor are:
• Bring along your falls action plan from today
• Bring a friend or family member along with you to your appointment
• If you have difficulty hearing things take a long a note pad so your and your doctor can write down notes and points of discussion

If you would like further information on what to speak to your GP about you can take a business card and contact the Stay On Your Feet WA* at the Injury Control Council of WA.
“I prefer to do walking, why do I have to do exercises?”

Possible response:
Walking is good to keep active. Exercise helps you stay stronger and improve your balance and mental health. Exercises do not need to be too hard, simple exercises work just as well.

“Are herbal medicines a risk for having a fall?”

Possible response:
Yes. All medicines, whether they are available as a prescription, over the counter or herbal medicines, are a risk for falls. They all have different effects and interactions and need to be considered when reviewing your medications. Check with your pharmacist or GP, or take a business card and contact the Stay On Your Feet WA* at the Injury Control Council of WA for further information.

Tip sheet

- Be credible
- Be enthusiastic
- Be positive
- Keep it simple
- Encourage self-reflection
- Keep the session interactive
- Use a mix of sensory learning aids e.g., lecture, video, discussion
- Use the audience’s life experiences to share and stimulate discussion
- Share stories related to falls prevention only
- Maintain flexibility and manage your time. The peers in the audience have varying needs and learning pace so your flexibility and ability to moderate these differences yet keeping to the time in mind, will have an impact on the success of your presentation session. Refer to your After-Presentation checklist to identify the key elements of the presentation
- Direct any queries on professional issues back to ICCWA’s hotline
- Refer to the checklist and Self-Reflection after the presentation
- Call ICCWA staff for further support where required
Presentation kit

1. Stay On Your Feet WA* polo shirt

2. Name badge

3. Speakers’ Kit
   - SOYFWA* resources
     - Your home safety checklist booklet
     - Stay On Your Feet* flyer
   - Pencil case – with pencils and sharpener
   - Medicine lists
   - Pictures of fall, trip, slip
   - Pictures of hospitalisation, happy active older people
   - Session evaluation sheet
   - Presentation checklist
   - Presentation evaluation sheet
   - Your mileage claim form
   - Photo consent form
   - Webster packs
   - Business cards

This is the basic kit which each volunteer receives prior to becoming an educator. It is at the volunteer’s discretion to ask for more resources for any additional presentations. This information is collated into a suitcase.
Pre-Presentation Checklist

- I have received a letter/email from ICCWA confirming the details of the presentation
- I have spoken with the contact person organising the presentation at the club/group
- I have confirmed the venue of the presentation with the contact person
- I have confirmed the number of people attending the presentation
- I have sufficient resources for the presentation? If I do not have enough resources, I have spoken with Stay On Your Feet WA staff for more to be sent to me prior to the presentation?
- I have confirmed the availability of a DVD player and monitor and that it is working and someone knows how to operate the equipment?

After Presentation Checklist (ICCWA Review)

- An overview of the presentation was provided prior to the start of the talk
- Advised the peers/audience that he/she "was a trained peer educator"
- Played the falls prevention video
- Encouraged peers to reflect on their personal falls risk factors
- Shared personal stories relevant to only falls prevention
- Provided Knowledge/Capability (Excellent----------Need improvement)
- Provided Motivation (Excellent----------Need improvement)
- Encouraged Problem-solving (barriers & solutions) in an Action Plan (in booklet)
Self-reflection

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<th>Successes Experienced</th>
<th>Challenges Encountered</th>
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<tbody>
<tr>
<td>What worked well?</td>
<td>What frustrated you?</td>
</tr>
<tr>
<td>What pleased you?</td>
<td>Describe any disappointments</td>
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</table>

Possible Revisions
Do you think there are any changes that need to be made to future presentations? If yes, please describe.

Critical or Interesting Incidents
What was unexpected? What questions were raised in your mind?

Collaborating with Others
Who can you share your successes with?
Who can you problem solve with?

Note: ICCWA encourages you to maintain regular contact (catch up over coffee or on the phone) with your community engagement officer for feedback and support for your volunteering effort.


Notes
**Evaluation questionnaire**

We would like to find out what your views on falls prevention are **before the talk starts**.

1. Whether or not you have had any falls, please share with us the level to which you agree or disagree with the following statements. (Please tick ☑️ one option for each question)

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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>A. For me, taking measures to reduce my risk of falling would be useful</td>
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<tr>
<td>B. Most people whose opinion I value approve of me taking measures to reduce my risk of falling</td>
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<tr>
<td>C. I am aware of the measures needed to reduce my risk of falling</td>
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<tr>
<td>D. I feel positive about reducing my overall risk of falling</td>
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<td>E. I am confident that if I wanted to, I could reduce my risk of falling</td>
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<td>F. In the next month, I intend to take measures to reduce falls or my risk of falling</td>
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<tr>
<td>G. I have a clear plan of how I will take measures to reduce falls or my risk of falling</td>
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2. List up to 3 ways (measures) that you could take in the next month, which will help you avoid falling or the risk of falling:

   

3. What are the reasons that would stop you from taking these measures?
Information about you

Your first name: ___________ Your last/family name: ___________

Your mailing address: __________________________________________

4. What is your gender? (Please tick one) □ Male □ Female

5. What is your age? _____ years old

6. In general, would you say your health is? (Please tick one)
   □ Poor □ Fair □ Good □ Very Good

7. How many prescribed medications (by your doctors) are you taking? None
   Indicate number: Morning: _____ Noon: _____ Afternoon: _____ Bedtime: _____

8. Do you have any difficulty walking? □ No □ Yes

9. Do you use a walking aid when inside the house? (Please tick one most suitable):
   □ Nil □ Walking stick □ Walking frame □ Other _______

10. Do you use a walking aid when outside the house? (Please tick one most suitable):
    □ Nil □ Walking stick □ Walking frame □ Other _______

11. How far can you walk without a rest on level ground? (Please tick only one)
     □ less than 400 metres (less than ¼ mile) □ 400 to 800 metres (¼ to ½ mile)
     □ 801 metres to 1.6 km (½ to 1 mile) □ 1.61 km to 3.2 km (1 to 2 miles)
     □ 3.2 km or more (2 or more miles)

12. A fall is an unexpected event which results in a person coming to rest on the
     ground or floor or other lower level. Please tell us your best guess at the number of
     falls that you have had during the last 12 months: _______

13. Have you ever discussed the issue of falls with your doctor or health provider or
     received falls prevention information from them? (Please tick only one)
     □ Yes □ No □ Not sure □ Prefer not to answer

Thank you for your time in completing this survey
Additional References


Appendix Q

Peer-Led Falls Prevention Education Program: Fidelity Checklist for use by Community Organisation or Peer Educators

(Chapter 7)

- An overview of the presentation was provided prior to the start of the talk
- Advised the peers/audience that he/she “was a trained peer educator”
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- Provided Knowledge/Capability (Excellent ---------- Need Improvement)
- Provided Motivation (Excellent ---------- Need Improvement)
- Encouraged Problem-solving (barriers and solutions) in an Action Plan (in booklet)