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TITLE

Investigating community perspectives on falls prevention information seeking and delivery: Older person perceptions regarding preferences for falls prevention education using a World Cafe approach.

Background

Falls amongst older persons are a global socioeconomic problem, with injurious falls resulting older people spending more than 1.3 million patient days in hospital in Australia annually (Tovell, Harrison, & Pointer, 2014). Falls are also now the leading cause of injury and injury related hospitalisation and injury related deaths among older adults in the US and Australia. (Centers for Disease Control and Prevention, 2013; Tovell et al., 2014), with the direct medical costs of older adult falls in the USA estimated to be \$34 billion in 2013. (Centers for Disease Control and Prevention, 2013; Stevens, Corso, Finkelstein, & Miller, 2006). While there is conclusive evidence that interventions such as regular exercise can reduce falls (Gillespie LD et al., 2012) older people have been found to have low self-perceived risk of falls and low levels of

knowledge about falls and falls prevention (Haines, Day, Hill, Clemson, & Finch, 2014; Hill, Hoffmann, McPhail, et al., 2011; Lee, McDermott, Hoffmann, & Haines, 2013). Older people have also been shown to have limited engagement in falls prevention activities (Hill, Hoffmann, Beer, et al., 2011; Simek, McPhate, & Haines, 2012) (Dickinson et al., 2011; Yardley, Donovan-Hall, Francis, & Todd, 2007)

Two large population surveys have been conducted which have asked older people to choose a preferred method of engaging in falls prevention activities. One asked older people to choose between six formats for receiving a program including internet, home based and group based programs to deal with concerns about falls. It was found that 62% of respondents did not want to engage in any type of format, even though many were concerned about falls (Dorresteijn, Zijlstra, Van Eijs, Vlaeyen, & Kempen, 2012). The other large population survey conducted in Australia found that nearly 35% of older people surveyed thought that offered falls programs (such as exercise groups) were better for other older adults than for themselves, most commonly because they did not think they were personally at risk of falls (Haines et al., 2014). However neither of these surveys asked older people about how they initially sought out falls prevention information and their perceptions about how they thought falls prevention information should be presented either to themselves or to older people more broadly. Previous studies have found that older people often find falls prevention information confusing or

perceive that being considered at risk of falls can be a threat to their identity and autonomy (Dollard, Barton, Newbury, & Turnbull, 2012; L Evron, K Schultz-Larsen, & T Fristrup, 2009; McInnes & Askie, 2004; Yardley, Donovan-Hall, Francis, & Todd, 2006; Yardley et al., 2007). These perceptions have been found to influence older people to discount or ignore falls prevention promotion materials and reject various offered interventions (L Evron et al., 2009; Host, Hendriksen, & Borup, 2011; McInnes & Askie, 2004; Yardley et al., 2006, 2007).

We therefore decided to take a step back from evaluating older people's perceptions of falls programs and to re-engage the community in partnership to explore how they would prefer to seek and receive falls related information, also furthermore how they would like falls prevention education to be delivered. We proposed to host a community forum using a world café approach to gauge the opinions of community members. It was believed that giving a 'voice' to older community members impacted upon by falls would provide insight into reasons why they do or do not wish to engage in falls prevention education or follow up strategies provided at present by health professionals, the public media and other education and information outlets.

Previously, older people have indicated a reluctance to enter into falls discussions (L Evron et al., 2009; L. Evron, K. Schultz-Larsen, & T. Fristrup, 2009; McInnes & Askie,

2004) and so initially the researchers were uncertain as to how older people would respond to the forum. The aim of this paper is to describe how the World Cafe approach could be adopted for use for a community group of older people and to explore the feedback of the older people about their perspectives on how the World Cafe format was used to discuss falls prevention education. Research supported the choice of world cafe forum for this particular community group for two key reasons. Firstly, it has been shown that older persons living in the community and faced with a sense of isolation would prefer to talk and interact in a face to face manner with each other regarding issues of importance such as health care (Boulton-Lewis, 2010; Duay & Bryan, 2008). Secondly, it was maintained that by reducing a sense of isolation by inviting older community members into the cafe style facilitation, they would be encouraged to share opinions and ideas regarding how best to address the topic of falls prevention and to enhance education strategies already in place. Thus, the informal approach of world café was deemed most appropriate for this audience in providing a casual and relaxed atmosphere to explore ideas, thoughts and beliefs around what the optimal community falls prevention education program would look like.

The key objectives for this forum were to provide relevant and topical feedback about what older people in Western Australia think about the ways of seeking and receiving falls prevention health-related information. Specifically we aimed to discover how to

better channel information and find effective ways to provide relevant and useful messages to enhance better engagement. It was intended that the forum outcomes would assist community based organisations to deliver falls prevention education for older people in a more relevant and appealing manner and that it would have the potential to improve uptake of falls prevention strategies and activities in Western Australia. The outcomes of the forum have been described elsewhere (Khong, Hill, Bulsara, & Hill, 2015) .

Community-based participatory research and world café methodology

The community-based participatory research (CBPR) model focuses upon the importance of involving consumers and communities in research in a meaningful and partnering way. (Wallerstein & Duran, 2006) defined CBPR as ‘more than a set of research methods’ but also using research to integrate both education and social action in reducing health disparities.

The goal of CBPR is to engage community as research partners with a view to initiating and driving social change (Aldred, 2011; Minkler & Wallerstein, 2003).

World café fora have emerged as a related research approach which is strongly affiliated with community participatory research (CPR) and Appreciative Inquiry (AI) (Aldred, 2011). Similarly to these two related research approaches, World Café invites the community to engage and problem solve issues in a way that is

most relevant to that community and to empower the participants to seek solutions collaboratively with other community members and researchers.

World café approach to garner community perspectives has become a widespread approach across a number of domains including business (Ritch & Brennan, 2010) sociology (Beebeejaun, Durose, Rees, Richardson, & Richardson, 2014) and health (McAndrew, Warne, Fallon, & Moran, 2012). The positive impacts of engaging consumers and communities in partnering with researchers to facilitate preventative health outcomes is well documented (Wallerstein & Duran, 2006).

Using the world cafe approach to facilitate community dwelling older persons to discuss falls prevention

The justification for the use of World Cafe method was twofold. Firstly, we wanted to explore whether the World Cafe approach was successful in encouraging older community dwelling adults to share their attitudes and experiences in a less formal setting than a focus group. Secondly, rather than focusing on the wealth of information per se that was obtained from the forum, the aim was also to focus on feedback obtained from participants regarding how they found the experience in terms of sharing and receiving information from their peers. The researchers believed that given the challenges of delivering falls prevention information to the community, that the

meaningful engagement of community members would create solutions to these challenges based on an understanding of what would work best for that community. Thus, the overarching objective of this study was to determine whether the world cafe would generate authentic and valuable data to enable the community and researchers to redesign falls prevention resources for older people.

World Café Method

This was an explorative qualitative study using the World Café approach to data collection. World cafe approach is a community participatory research approach which has previously been particularly successful in engaging with hard to reach groups such as the elderly, disadvantaged and stigmatised groups living within the community (Aldred, 2011; Emler & Moceri, 2011; Fouché & Light, 2011). It is maintained that the use of a less formal, cafe style atmosphere better encourages those marginalised populations to have a voice in terms of health and related social issues (Beebeejaun et al., 2014; Ritch & Brennan, 2010) .

The World Café is a facilitated informal series of conversations around a set of predetermined issues as defined by those hosting the event (Aldred, 2011) In a sense the world cafe forum follows the remit of the conventional focus group process. However, the informal, interactive approach between the tables and the ability of participants to provide feedback and insights in a number of ways such as writing on tablecloths, note

pads and comments to a table host provides a greater degree of flexibility and invites greater creativity of thought within a safe environment. Ultimately, the format enables participants to move between conversations with each round ensuring that input and participation remains focused on the forum intent.

This collaborative approach between the large diverse group of community-dwelling older adults in conjunction with community falls prevention partners created a forum not previously used to discuss and provide clarity to any long held beliefs and perceptions between the two regarding falls prevention. It was thought that open and informal discussion would assist in understanding how older adults might seek to obtain falls prevention health-related information. The research team included a researcher who was experienced in engaging with consumers through large and small forums in the area of health and the team's community partnering organisation working with older adults including a large volunteer older adult cohort. Older community dwelling adults were also asked to provide feedback to the research team throughout the development of the procedure for the world cafe forum. Ethical approvals were obtained from the Human Research Ethics Committee at the University. All older people provided written informed consent prior to participation in the event.

Participants and Setting:

Participants were a convenience sample of community-dwelling older people. They were Western Australian residents aged 60 years and over, did not live in a residential care facility and whose English language skills were sufficient to join in a group conversation and who accepted the invitation to attend the World Café forum around the topic of falls prevention education in the community.

Recruitment and setting

The forum was advertised through a broad range of media, seniors groups and community organisations whose target audiences or members were older adults, with the aim of recruiting a diverse group of community dwelling older adults. These included health focused seniors' groups as well as social and retirement groups. Fortnightly announcements and a pre-event interview on radio were broadcast. The event was also publicised in community newspapers, newsletters, flyers, and publicity emails were released by the research team and community partner's network. In addition, online formats such as an event website, e-news bulletins, e-flyers and a Facebook page were created. Written materials were developed by the research team using principles of providing written materials for patient education (McKenna & Tooth, 2006) and were then screened by volunteer older adults who gave feedback about the clarity and layout which was then incorporated into subsequent re-design. Word font size was a minimum of 14 with clear colours and design and readability was

checked as being at seventh grade level using a SMOG readability calculator (McLaughlin, 1969). Finally, a telephone hotline was available to manage queries about the event and respond to any clarification or concerns expressed by interested older adults.

Persons who contacted the researchers and expressed an interest in participating in the world café forum were mailed a participant information sheet, a consent form and required to complete a brief demographic information form. Potential participants were subsequently informed of the forum venue and location, transport information, estimated time for the forum and asked to note any special dietary requirements for refreshments. The venue was specifically chosen in the central city to ensure ease of access to a wide metropolitan area of Perth for older adults opting to use public transport. The venue was also screened by the researchers two of whom were aged care physiotherapists as being suitable for a large group of older adults and also suitable for people with a disability to access and use in a dignified and straightforward manner. Despite the fact that the venue was designed for very large seminars and training days for working people, it was planned that recruitment should cease at 90 participants as that was estimated to be the maximum, comfortable number of older people that the venue could accommodate.

Evaluation method

The development and pilot testing of the questions has been described elsewhere in another manuscript (Linda ref). The primary aim of the community forum was to examine the views and preferences of community-dwelling older adults towards seeking and receiving falls prevention information. There were five questions which focused older adults' preferences for finding falls prevention information, their current knowledge about falls prevention and sought their views on what would make such information meaningful.

Evaluating the world cafe forum from the participant perspective

The facilitators also asked participants to complete an evaluation form which was designed and piloted in collaboration with the community partner who was experienced in conducting large forums with older people. The form was required to be brief, and use straightforward yes or no options so as to allow participants to easily complete the form without delay at the conclusion of the forum, since participants had already been at the forum for nearly 3 hours, but space was left for optional open comments.

World Cafe Event Procedure

As previously described, extensive preparations were undertaken prior to the forum to ensure that it would be an “age friendly” event and hence would allow all participants to fully and comfortably participate on the day. A team of ten to fifteen student volunteers with training in community events and led by a volunteer coordinator were assembled to provide hospitality support for the day. This permitted each table at the event to have two table hosts. One table host focused on facilitating the group and a second focused on ensuring that all discussions were acknowledged and recorded using one of the formats already outlined. All volunteers were briefed and received training about facilitation of the event. Refreshments were served throughout the morning to allow for all participants to eat at their table if they found it difficult to approach the serving counter.

The forum duration was approximately three hours. Potential participants were asked by a member of the research team upon arrival to either provide the consent form or to sign one if they had not already done so. An introductory session welcomed participants, noting the aims and principles of the forum and providing key areas for discussion for each table. The overall concept of a World Café process and ground rules for the morning event were also outlined.

The forum procedure was based on World Café’s seven integrated principles (Fouché & Light, 2011). Briefly, these are: 1) set the context; 2) create a hospitable space; 3) explore the questions; 4) encourage everyone’s contribution; 5) connect diverse

perspectives; 6) listen together for patterns; and 7) share collective discoveries.

Nonetheless, given the participant demographic, one modification made to the usual procedure was that participants were not required to move between tables at the end of each round of ‘conversation’ but rather that the table hosts moved to the next table. This was viewed as a compromise because despite the fact that, in principle, it is good for participants to change groups, for this particular event, the safety of the participants took precedence. Thus, a safe environment allowed older participants to relax whilst the table hosts could initiate a new dynamic with each group whilst retaining the core elements of the conversation at the previous table.

Table host facilitator profile

The table hosts who formally facilitated the discussion were chosen for their background in education or health and predominantly worked regularly with older people in a number of contexts. A range of people both male and female, were chosen as table hosts and included hosts who were in the age range of participants. After each round of conversation at designated time intervals, the table hosts thanked the participants and moved to another table. At the same time, volunteers collected the recorded notes and two lead researchers with research assistants provided an initial review of the notes and entered verbatim word entries into laptops.

Final summary of the world café conversations

After the final round of conversation, the emerging patterns were summarised by the facilitators to the entire world café participant audience referring back to the conversation question guide. In this way, the feedback was projected back to the forum attendees for their comment. The participants were then provided with the final opportunity to add any suggestions and to query researcher interpretation of the conversations and discussions. The forum participants were then requested to complete an evaluation form at the end of the world café forum.

World café event themes

Older peoples' comments from evaluation of the forum were sorted. Participants' feedback forms were read through several times by both researchers to become familiar with and make sense of the data (Polit & Beck, 2014). An inductive content analysis approach was selected as little was known regarding older peoples' motivation to participate in a community type forum about falls prevention (Elo & Kyngäs, 2008) . As a preliminary sorting method a WORDLE™ was done to identify preliminary codes (Feinberg, 2014). Responses were then organised using open coding, category creation and abstraction of themes. Notes and headings were made in the text margins during reading to holistically describe the content. Multiple categories were generated from the headings copied on to coding sheets. These were then grouped under higher order

headings to reduce the number of categories through the collapse of like and unlike categories. The abstraction process involved applying content-specific words to each category. Subcategories with similarities were then described using a generic category and finally an overarching main category (Elo & Kyngäs, 2008). Any comments that were recorded from the cafe event itself that pertained directly to the actual world cafe experience (rather than to falls prevention) were also included in this paper.

Results

Overall, seventy-three older adults (mean age 70+6.2years) of whom 85% were female attended the forum. More than half of the participants (65%) had completed either a secondary education, post high school diploma or possessed a vocational certificate and 80% reported that they were fully retired. Based on self-reported postal codes, 53 participants (73%) lived in high socio-economic status areas based on the Index of Socio-Economic Relative Disadvantage (IRSD) for areas (Statistics, 2013) Thirty participants (41%) reported one or more falls in the past year and 48 (66%) participants reported that they had not discussed falls with either their general practitioner or any other health professional.

Eighteen (24.6%) of participants heard about the forum through a senior's radio program, while a further 19 (26 %) participants heard about the forum through family or friends. There were 10 (13.7%) participants who became aware of the WC through

seeing a flyer, but only 4 (5.5%) reported hearing about the forum through an e-flyer. There were 6 (8.3%) missing responses and the remaining 16 (21.9%) participants heard about the forum through other approaches.

Participants overall summative evaluation of the forum is presented in Table 1.

The WORDLE™ (Figure 1) also highlighted participants' positive response to the forum.

Participant individual open feedback regarding their perceptions of the world cafe experience was organised into six main categories which were then further sorted into two generic categories.

These two generic categories were described as personal gains and forum organisation focused perspectives. An overarching main category was described as “the forum outcomes.” This matrix is shown in Figure 2.

The forum outcomes were summarised in the following terms of (i) empowerment, (ii) respect and (iii) positivity.

“This was a wonderful experience. Knowledgeable, committed people. Great passion and enthusiasm in the room.”

Personal perspectives regarding the experience

The three categories that described what participants felt they personally gained from the forum were “knowledge gain”, “enjoyment” and “awareness raising.” A further category described that enriched participants personal experience but also directly pertained to the forum format was “learning and sharing with others.”

Knowledge gain

Beyond the focus on addressing falls prevention strategies for the future, one unintended consequence was the learning experience for many participants. One noted that it was “both informative and interesting” and “I gained a lot from it”. This theme recurred strongly with multiple statements that identified that participants felt that the day was very informative with statements like “this has been very informative,” “so

much interesting information” and “Great! received lots of information.” Some participants stated that they were somewhat surprised by the levels of information and knowledge they gained. One participant commented “it was very informative. I was amazed at the statistics about falls.” Others commented on how much they had learned from their peers at the table. For example, one wrote “impressed with contributions from around the table.”

The concept of ‘mind searching’ on the topic of falls prevention was also highlighted by a participant who wrote,

“There was a lot of mind searching and some valuable decisions were made.”

Enjoyment

There was strong undercurrent of enjoyment and an element of fun for many of the participants as seen in the Wordle diagram as well as in the multiple comments.

Comments often summarised the experience by stating “it was great” or ‘excellent.’”

The older participants appeared to enjoy using humour to tackle the subject matter of falls prevention. When asked if they had been able to put forward ideas, one participant wrote, “ put forward ideas? Very much so!” Participants stated the forum was “enjoyable fun” and “very enjoyable.” One commented that the forum was required because

“We need to be reminded about falls prevention, to keep us “up and at ‘em.”

Awareness raising

A small group of participants noted that the event had raised their awareness that falls could be a problem. Participants commented that they hoped that the issues raised in the forum would “create an awareness around the loss of independence that older persons experience through fear of falling.” Another stated that

“This as an area that will affect all of us at some stage, so working on prevention strategies is great.”

Learning and sharing with others

In addition to finding the world cafe informative, participants repeatedly commented and appeared to strongly concur that the learning occurred by way of interaction and “sharing of ideas” with other participants, along with the interaction with researchers and community organisations.

“Sharing ideas in an informed way was a great educational and beneficial exercise. I learned a lot”

World cafe participants generally believed that they had had the “chance to be heard” and to “have their opinions voiced.” Some participants reflected that this helped them learn as it was “great to be able to put forward my thoughts –great to share”... I enjoyed others ideas.” One participant termed it as “looking at things from another perspective,” although another noted that it was perceived that each world cafe round was somewhat ‘rushed’ and that they would have preferred more time for each question area.

This perception of the value of learning and sharing was also seen to feed into participants' positive evaluation of the forum format and how the day was organised. Participants concurred that there was "good exchange of ideas and thoughts" and one participant commented on the format as

"Group discussion at times very animated! We had fun and the chance to express our opinions"

While one participant commented that "some people tended to dominate with long (unclear) stories" they qualified their feedback by stating that "the facilitators handled it well." Other participants stated that "facilitators did well to draw out opinions from all" and "there were plenty of opportunities to speak out at the forum."

Perceptions of the forum organisation and format

Participants' reflections about the world cafe forum format were predominantly grouped into one category which centred on the forum being "well run" and "well organised." Participants were overwhelmingly affirmative about the forum. Key words were very positive with many participants thanking the organisers for the event. There were many comments stating simply "thank you." The feedback was regarded by research team as particularly enthusiastic with some participants noting that it was a "...wonderful experience." One participant noted that "the forum was absolutely fabulous" and another wrote,

“I would like more days like this – Convey my sincere thanks for a wonderful time – knowledge and info much appreciated.”

A thread of this feedback focused on the staff service and singled out the staff and their organisation of the day with participant comments such as ‘excellent service’ and “we were well looked after.” Participants were aware that volunteers were assisted with the event with one commenting that “the “staff” were excellent.” One participant stated, *“This was a well organised forum. Thank you to the organisers and all the many helpers.”*

The forum outcomes

Overall the world cafe was seen as empowering, positive and promoting respect for older people with one participant stating that it was an “excellent forum on life and life changes, the challenges that presents us humans at any age but some especially at seniors.” A number of participants similarly pointed out the empowering experience of having ‘a voice.’ As one participant noted,

“Great to be able to put forward my thoughts – great to be heard. Great you’re doing something about falls prevention”

Overall the participants felt empowered and motivated and felt able to ‘speak up.’ One participant highlighted the fact that until the world cafe forum they felt unable to ‘be heard’ by health professionals. One participant articulated this as being ‘listened to’ rather than being ‘talked at’. He said,

“It is good to see you focus on listening to older adults rather than talking at them. I hope this information is disseminated to allied health professionals.”

Some participants suggested that event should occur again, stating “lets have more like this” and “please keep them going... need follow up.”

Discussion

Through a series of café style informal ‘conversations’, the forum enabled us to cultivate, stimulate and capture the views of community dwelling individuals aged 60 and above. The resultant enthusiasm from participants demonstrated the need for older adults living in the community to be engaged in this manner in order to create meaningful ways of connecting with this sector of the population in learning about falls prevention. The world cafe event demonstrated that the approach was a success in providing the best age appropriate mechanism for discussing issues of importance within that group. Specifically, engaging older adults in an informal and welcoming manner to discuss ideas in a supportive and non threatening manner is appealing to this age range. This is in keeping with other research around engaging older adults in health and lifestyle discussions whereby ‘talking down’ to older persons created a barrier to encouraging them to adopt healthier lifestyle practices (Ligthart et al., 2015; Ryan, Hummert, & Boich, 1995; Woolhead, Calnan, Dieppe, & Tadd, 2004). Isolation has been shown to have a deleterious effect on older persons living within the community (Luo, Hawkey, Waite, & Cacioppo, 2012; Shankar, McMunn, Banks, & Steptoe, 2011). The ability to share ideas, beliefs and strategies for falls prevention amongst peers was regarded as a positive experience for most. Some participants were so motivated as to hope that the discussions would continue at a later date.

Furthermore, by tapping into this older sector of the population using the informality of a world cafe approach ensured that they felt encouraged and empowered them to voice opinions. The authors believe that using the world cafe forum methodology facilitates the garnering of community opinions thereby providing possible explanation as to why the uptake for current strategies for community falls prevention are not optimal. Further to this, involving community members in the design of any information provided ensures that the individual and the community as a whole are empowered to seek solutions to issues such as falls prevention education uptake. The marked knowledge gain, enjoyment, empowerment and motivation is in contrast to other falls studies amongst the older population. Previous studies have reported that older persons are not interested in discussing falls prevention concerns and can be passive in seeking out falls prevention information (Yardley 2006, Lee 2013, Dorresteijn 2012). Furthermore others studies have found that older people can perceive that participating in falls prevention programmes is not helpful and can result in loss of autonomy and a sense of identity (Dollard 2012, Dickinson 2011, Evron, 2009, MacInnes 2011). The key difference with the world cafe approach in this study was that participants felt respected, listened to and enjoyed the experience.

The collective intelligence of the World Cafe group forged insights, recommendations and solutions towards falls prevention. As one participant re-iterated as a key reason for participating in the World Cafe forum,

“What we want is to stay out of hospitals and residential care. What we want is to stay in the community.” participant at Falls Prevention-World Café Forum 2014, Perth

Participants’ responses also strongly concurred that the organisation of the event was exceptional. The research team planned the event to be age friendly and enabling for people with a disability by addressing of a number of organisational concerns, including specific preparation of the venue to host a large group of older people. Older adult learners require specific adaptation of the learning experience including addressing the quality of the learning environment to promote learning (Boulton-Lewis, 2010; Duay & Bryan, 2008). Additionally around one half of older people in Australia have a disability and 87% report that they have at least one long term health condition (Bradley, 2013). Hence it was considered essential to organise the event such that the social and physical environment would be conducive to participation and learning by older people with disabilities (World Health Organisation, 2011) and chronic health conditions such as arthritis. While this event was targeted according to local needs, these findings confirm that it is important to organise procedures with these factors in mind when conducting participatory research among older people.

Conclusion

The falls prevention World Cafe was deemed successful in terms of creating a mechanism to examine the current status of falls prevention information in terms of community understanding and acceptance thereof. Additionally, the World Cafe forum

served as a forum to enable participants to discuss ideas, hopes and beliefs as to how peer educator falls prevention information could be more successfully delivered in the future. By including the community perspective and voices, it is hoped that future programs in this area would be more acceptable to the community.

At the end of the conversational process, feasible, practical and accessible client-oriented examples and solutions were proposed and harvested. Reframing key issues and re-examining current practices are crucial to the effective delivery of falls prevention information.

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Declaration of conflicting interests

The authors would like to declare that we have no conflicting interests.

References

- Aldred, R. (2011). From community participation to organizational therapy? World Café and Appreciative Inquiry as research methods. *Community Development Journal*, 46(1), 57-71. doi: 10.1093/cdj/bsp039
- Beebeejaun, Y., Durose, C., Rees, J., Richardson, J., & Richardson, L. (2014). 'Beyond text': exploring ethos and method in co-producing research with communities. *Community Development Journal*, 49(1), 37-53. doi: 10.1093/cdj/bst008
- Boulton-Lewis, G. (2010). Education and Learning for the Elderly: Why, How, What. *Educational Gerontology*, 36(3), 213-228. doi: 10.1080/03601270903182877
- Bradley, C. (2013). Trends in hospitalisations due to falls by older people, Australia 1999–00 to 2010–11. *Injury research and statistics* (Vol. no. 84). Canberra: AIHW.
- Centers for Disease Control and Prevention, N. C. f. I. P. a. C. W. b. I. S. Q. a. R. S. W. o. A. A., 2013. <http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallcost.html> (2013). Cost of falls amongst older adults
- Dickinson, A., Machen, I., Horton, K., Jain, D., Maddex, T., & Cove, J. (2011). Fall prevention in the community: what older people say they need. *British Journal of Community Nursing*, 16(4), 174-180.
- Dollard, J., Barton, C., Newbury, J., & Turnbull, D. (2012). Falls in old age: a threat to identity. *J Clin Nurs*, 21(17-18), 2617-2625. doi: 10.1111/j.1365-2702.2011.03990.x
- Dorresteijn, T. A., Zijlstra, G. R., Van Eijs, Y. J., Vlaeyen, J. W., & Kempen, G. I. (2012). Older people's preferences regarding programme formats for managing concerns about falls. *Age and ageing*, 41(4), 474-481.
- Duay, D. L., & Bryan, V. (2008). Learning in Later Life: What Seniors Want in a Learning Experience. *Educational Gerontology*, 34(12), 1070-1086. doi: 10.1080/03601270802290177
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of advanced nursing*, 62(1), 107-115.
- Emlet, C., & Mocerri, J. (2011). The importance of social connectedness in building age-friendly communities. *Journal of aging research*, 2012.
- Evron, L., Schultz-Larsen, K., & Fristrup, T. (2009). Barriers to participation in a hospital-based falls assessment clinic programme: an interview study with older people. *Scandinavian Journal of Public Health*.
- Evron, L., Schultz-Larsen, K., & Fristrup, T. (2009). Barriers to participation in a hospital-based falls assessment clinic programme: an interview study with older people. *Scand J Public Health*, 37(7), 728-735. doi: 1403494809342309 [pii]
- 10.1177/1403494809342309 [doi]
- Feinberg, J. (2014). Wordle. Retrieved 10 April 2015, from <http://www.wordle.net/>

- Fouché, C., & Light, G. (2011). An Invitation to Dialogue: 'The World Café' In Social Work Research. *Qualitative Social Work, 10*(1), 28-48. doi: 10.1177/1473325010376016
- Gillespie LD, Robertson M C., Gillespie W. J, Sherrington C., Gates S., Clemson L. M., & E., L. S. (2012). Interventions for preventing falls in older people living in the community. *Cochrane Database of Systematic Reviews*. doi: DOI: 10.1002/14651858.CD007146.pub3.
- Haines, T., Day, L., Hill, K., Clemson, L., & Finch, C. (2014). "Better for others than for me": A belief that should shape our efforts to promote participation in falls prevention strategies. *Archives of gerontology and geriatrics, 59*(1), 136-144.
- Hill, A.-M., Hoffmann, T., Beer, C., McPhail, S., Hill, K. D., Oliver, D., . . . Haines, T. P. (2011). Falls After Discharge From Hospital: Is There a Gap Between Older Peoples' Knowledge About Falls Prevention Strategies and the Research Evidence? *The Gerontologist, 51*(5), 653-662. doi: 10.1093/geront/gnr052
- Hill, A.-M., Hoffmann, T., McPhail, S., Beer, C., Hill, K., Brauer, S., & Haines, T. (2011). Factors Associated With Older Patients' Engagement in Exercise After Hospital Discharge. *Archives of physical medicine and rehabilitation, 92*(9), 1395-1403. doi: doi:10.1016/j.apmr.2011.04.009
- Host, D., Hendriksen, C., & Borup, I. (2011). Older people's perception of and coping with falling, and their motivation for fall-prevention programmes. *Scand J Public Health, 39*(7), 742-748. doi: 10.1177/1403494811421639
- Khong, L., Hill, A.-M., Bulsara, C., & Hill, K. D. (2015). How older adults would like falls prevention information delivered: fresh insights from a world cafe forum
- Lee, D., McDermott, F., Hoffmann, T., & Haines, T. (2013). 'They will tell me if there is a problem': limited discussion between health professionals, older adults and their caregivers on falls prevention during and after hospitalization. *Health Educ Res*. doi: 10.1093/her/cyt091
- Ligthart, S., van den Eerenbeemt, K., Pols, J., van Bussel, E., Richard, E., van Charante, E., & Moll, P. (2015). Perspectives of older people engaging in nurse-led cardiovascular prevention programmes: a qualitative study in primary care in the Netherlands. *British Journal of General Practice, 65*(630), e41-e48.
- Luo, Y., Hawkley, L., Waite, L. J., & Cacioppo, J. T. (2012). Loneliness, health, and mortality in old age: A national longitudinal study. *Social science & medicine, 74*(6), 907-914.
- McAndrew, S., Warne, T., Fallon, D., & Moran, P. (2012). Young, gifted, and caring: A project narrative of young carers, their mental health, and getting them involved in education, research and practice. *International journal of mental health nursing, 21*(1), 12-19.
- McInnes, E., & Askie, L. (2004). Evidence review on older people's views and experiences of falls prevention strategies. *Worldviews Evid Based Nurs, 1*(1), 20-37. doi: WVN4013 [pii]
- 10.1111/j.1741-6787.2004.04013.x [doi]

- McKenna, K., & Tooth, L. (2006). *Client Education: a Partnership Approach for Health Practitioners*. Sydney: UNSW Press.
- McLaughlin, G. H. (1969). SMOG grading - a new readability formula. *Journal of Reading*, 12(8), 639-646.
- Minkler, M., & Wallerstein, N. (2003). Introduction to community based participatory research. *Community-based participatory research for health*, 3-26.
- Polit, D., & Beck, C. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (Eighth ed ed.). Philadelphia: Wolters Kluwer Health /Lippincott Williams & Wilkins.
- Ritch, E. L., & Brennan, C. (2010). Using World Café and drama to explore older people's experience of financial products and services. *International Journal of Consumer Studies*, 34(4), 405-411. doi: 10.1111/j.1470-6431.2010.00881.x
- Ryan, E., Hummert, M., & Boich, L. (1995). Communication predicaments of aging: Patronising behavior towards older adults. *Journal of Language and Social Psychology* 14, 144-166.
- Shankar, A., McMunn, A., Banks, J., & Steptoe, A. (2011). Loneliness, social isolation, and behavioral and biological health indicators in older adults. *Health Psychology*, 30(4), 377.
- Simek, E. M., McPhate, L., & Haines, T. P. (2012). Adherence to and efficacy of home exercise programs to prevent falls: a systematic review and meta-analysis of the impact of exercise program characteristics. *Prev Med*, 55(4), 262-275. doi: 10.1016/j.ypmed.2012.07.007
- Statistics, A. B. o. (2013). Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA). from <http://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa2011>
- Stevens, J. A., Corso, P. S., Finkelstein, E. A., & Miller, T. R. (2006). The costs of fatal and non-fatal falls among older adults. *Inj Prev*, 12(5), 290-295. doi: 10.1136/ip.2005.011015
- Tovell, A., Harrison, J., & Pointer, S. (2014). Hospitalised injury in older Australians, 2011–12 *Injury research and statistics series* (Vol. no. 90). Canberra: AIHW.
- Wallerstein, N., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities. *Health Promotion Practice*, 7(3), 312-323. doi: 10.1177/1524839906289376
- Woolhead, G., Calnan, M., Dieppe, P., & Tadd, W. (2004). Dignity in older age: what do older people in the United Kingdom think? *Age and ageing*, 33(2), 165-170.
- World Health Organisation. (2011). World report on disability.
- Yardley, L., Donovan-Hall, M., Francis, K., & Todd, C. (2006). Older people's views of advice about falls prevention: a qualitative study. *Health Educ Res*, 21(4), 508-517.
- Yardley, L., Donovan-Hall, M., Francis, K., & Todd, C. (2007). Attitudes and beliefs that predict older people's intention to undertake strength and balance training. *The Journals Of Gerontology. Series B, Psychological Sciences And Social Sciences*, 62(2), P119-125.

Table 1. Participants' summative evaluation of the forum

Item no	Item wording	Response options n (%)	
		Yes	No / No response
1	Did the forum meet your expectations	67 (95.7)	6 (4.3)
2	Did the forum cover issues/areas that are important to you?	65 (92.8)	7 (7.2)
3	Did you have an opportunity to put forward your opinion, ideas or priorities for research	60 (85.7)	13 (14.3)

