



FOCUS GROUP REPORT

Older Adult Fall Prevention Media Campaign

Prepared for the
Alaska Department of Health and Social Services
June 28, 2013

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E X E C U T I V E S U M M A R Y

Purposes and Procedures

The Alaska Injury Prevention Center, under a contract with the State of Alaska, conducted three focus groups to explore fall prevention strategies and perceptions with older Alaskans. The groups took place in early June 2013 in the Anchorage bowl area. All but one of the participants were 65 years old or older. Their health and mobility were varied. The sessions were recorded with both video and audio recorders and the proceedings were subsequently transcribed. Marcia Howell, who facilitated the focus groups, and Beth Schuerman, who recruited participants and assisted with the groups, analyzed the information received and drafted this report.

Groups were shown pieces of an existing fall prevention campaign; include a video public service announcement, an exercise DVD and three pieces of print material. They were asked to provide their perceptions towards the material. They were also asked about where they seek and receive information about health related issues and how credible they feel those sources are. Finally, the participants discussed a series of fall prevention strategies sharing their opinions about the likelihood of adopting them and what could further motivate them.

Perceptions of the Fall Prevention Campaign

All participants expressed favorable opinions about the PSA. They liked the pace, the information provided and the speaker. More than half did not remember or catch the main message, to ask their doctor for a Fall Risk Assessment. They did, however, pick up lots of tips about how to keep them selves safe. Many also mentioned that it takes several exposures to a message to get the whole meaning.

Participants especially liked a bookmark, and small exercise booklet that is part of a larger the fall risk assessment campaign. A glossy, thick and beautifully produced exercise book was thought of as too much to take home, but would be a good addition to doctor office waiting room reading. Finally, an exercise DVD had mixed reviews. For some, it would be used and helpful, especially if it included simple exercises that could be done without using the DVD. Others felt that while they might look at it, maybe even take it home, it is unlikely they would use it, feeling they lacked discipline to do it alone.

Sources of Health Information and Trustworthiness

The most common sources of seeking and receiving health information were from doctors, pharmacists, friends, on inserts with prescriptions, friends, TV, magazines and newspaper. A few less than half of the participants start with those sources and engage in further research on the internet.

For information about medication interactions, including dealing with dizziness and balance concerns, pharmacists were the most believed source of information. Other types of information and sources had varying degrees of believability. A source improves its credibility if research cites are included, a pharmaceutical company does not fund it and if it is promoting common sense solutions, like that included with much of fall prevention campaigns.

Fall Prevention Strategies

Multiple fall prevention strategies were discussed with participants. They were asked which they engage in, which they would consider adopting and why.

Exercise and slowing down were the two hottest topics. Both were agreed upon as being important, but the degree to which people follow advice on those issues varied widely. Generally, convenient access to exercise, receiving personal invitations to participate and encouraging and enthusiastic trainers help. On slowing down, most people realize it is necessary at some point. But nearly all weren't willing to slow down until something happened to them that forced the issue.

Vision checks were a nonissue. Everyone said they get their eyesight checked regularly, and it helps that eye doctors make reminder calls.

Sensible shoes are commonly worn. Removing shoes before entering a residence is common and often leaves people in socks or barefoot. Using ice grippers is a known recommendation, but not one that many people do regularly. Reasons for and against using ice grippers are included in the discussion.

House modifications were well known, and mostly complied with. The use of bars and railings is more common among the less mobile participants.

Several participants use or have used an alarm or panic button. Concerns were that they are expensive, get lost and don't have adequate range.

Making sure medications don't harmfully interact was a common concern. Using one pharmacist and asking questions of pharmacists and doctors were strategies generally followed.

Motivation to Change

Common themes were found when participants discussed why they either do or don't make changes they know are useful. Everyone expressed an interest in learning and that knowledge often spurs action.

How information is shared and by whom also makes a difference. Many people said they are more likely to follow advice on how to be healthy from someone who is healthy. It doesn't hurt if the provider of information is a "cutie patootie." Suggestions that can be broken down into doable chunks increase the likelihood of compliance.

Fear of falling and not being able to get up is a shared fear, especially for those who are less mobile. Beyond not being able to get up is the fear that it could be several days before someone notices. This is also where the need to watch out for each other was discussed.

Having a social group, watching out for one another and feeling like they are a part of a social group helps. Feelings of loneliness, grief from loss of a loved one and depression make it difficult to engage in healthy activities. Feeling like a person has to do everything/ all or nothing is overwhelming.

Being patient with changes that come with aging, but not giving in to them, maintaining energy to learn and making an effort to be active were the biggest take away messages across all groups.

PURPOSES AND PROCEDURES

Purposes

The primary purposes of the Project, as written in the proposal were:

- To seek a partner who will work collaboratively with the Older Adult Fall Prevention project to develop a focus group protocol, recruit focus group participants in three areas of the Anchorage bowl and conduct the three focus groups in order to provide formative data regarding older Alaskan's public health awareness, specifically fall prevention, and to assess responsiveness to health messaging in preparation for media campaign development.
- A public health prevention message will be examined to understand participant awareness of fall prevention factors, as well as experienced or perceived barriers to prevention behaviors. Participants may be presented with options that are recommended as workable alternatives to unsafe and unhealthy behaviors to determine what options are seen as sufficiently motivating to overcome barriers.
- A fall prevention campaign will be explored to assess impact, resonance, memorability, motivation, relevance and believability. This campaign has been used in Alaska, as it exists, but not tested with the targeted age group.

Procedures

The contract was awarded to the Alaska Injury Prevention Center. Two in person meetings were held to define the scope and purpose of the groups and to collaboratively edit the discussion guide. The State of Alaska provided a list of names of people who participated in the Behavior Risk Survey and stated a willingness to be contacted at a later date. Potential participants on the list provided information about the state of their health. They were then grouped into three groups based on their age; self reported condition of their health and whether they exercise.

The first focus group was held at the Chugiak Senior Center on June 3. Nine people participated, most of whom live in Senior Housing attached to the Center. This group was screened to be older and generally in poorer health than the others. The second group was held at the Alaska Injury Prevention Center. The 6 participants were screened to be healthier and

more active than the other two. The third group was held with 5 participants at the Anchorage Senior Center. Participants in this group were younger and had mixed levels of health and mobility.

Focus Group

Focus group proceedings were recorded with digital audio recorders as well and a video camera. The State of Alaska had the audio recordings transcribed. AIPC provided the State with the video recordings.¹

Format of the Report

Groups were asked the same questions to assist with analysis of the information received. The questions are included in Appendix A. A Classic Analysis Strategy was implemented. It was done systematically and in a way that would be verifiable. Thought was put into defining themes noted by participants, finding the most important points, looking for surprising or unexpected comments, quotes that are particularly helpful and finding similarities and dissimilarities between groups.

Additionally, during the analysis phase the following elements were considered: frequency of themes and thoughts (how many times a similar thought was said), specificity of comments, emotion or passion shown by participants to various themes and thoughts and extensiveness or the number of different people who said the same thing.

When relevant, thoughts and ideas shared by a specific group are noted. Direct quotes of participants are bulleted throughout the report. Particularly insightful or interesting comments are bolded.

Analysis was done by Marcia Howell, who also conducted the focus groups. This is an important element of analysis. It allowed the analyst to recall body language of participants, discern who made which comments and the context of the comments as well as the group dynamic and environment.

¹ Unfortunately, the video camera only recorded the first half of the first group.

FINDINGS

Perceptions of the Fall Prevention Campaign

PSA

Each group was shown a video Public Service Announcement (PSA) that promotes asking a doctor for a Medicare fall risk assessment. Overall, comments about the PSA were positive. Participants were comfortable with the pace; they were able to notice visual details that helped reinforce some of the sub messages, like the video shot of the close up of a person's eyes, and the shot of the view from the floor. They thought it was "short and sweet"; and an appropriate for most people's attention spans. Several people commented that they like a message that tells people to be active participants in their health care.

- I have never had any doctor or health care provider say, "Would you like a fall risk assessment," or "have you fallen this year," you know. So I think that's really powerful.
- They packed a lot of information in the 30 seconds...if there's a problem; you need to get it taken care of. Maybe you have a problem that you're not even aware of.
- If you have a problem don't just ignore it as many of us do.

Specific to Dr. Hurlburt, the featured doctor, everyone found him credible, but for different reasons. Several people didn't care that he is a physician, though they did remember that he was a "health advisor or health something for the state."

- [He is] a figure of authority, he could have been a personal trainer.
- **I think it made him credible because he's our age... not so much that he's a medical person...I don't particularly like doctors to tell the truth, but because he was exercising and he's our age.**

A distraction for several participants is that it was filmed at the Alaska Club. There was confusion about whether the club was a sponsor, and more importantly that Club membership is expensive. They recommended shooting it at the Senior Center instead.

- Not all seniors have 100 bucks a month to spend, but he's a state employee...he can do that, but a lot of us are retired.

Several people commented that placing the ad on TV might minimize the effectiveness of the message. While others felt that you need multiple exposures in multiple mediums for the content of a message to stick. Those who had seen the ad on TV remembered seeing it while watching Good Morning America or the NBC morning or evening news. No one said that they watch TV during the middle of the day.

- The only bad thing that I feel about showing it on TV is they show these outrageous commercials and you’ve just gotten used to. ...tuning them out.
- I don’t even listen to them.

Immediately after viewing the PSA, participants were asked to write down some ways they can prevent falls and to recall what the call to action was in the PSA. The tables below show the percent of people who wrote down these responses to the question.

Steps to Reduce Risk of Falling	
33%	Exercise: stay fit, yoga, strengthen bones, for balance
28%	Realize you are older and not as young as you feel, be alert and mindful
22%	Check vision
17%	Wear shoes with low heels
11%	No clutter or throw rugs on floor
6%	Use my walker always
6%	Find cause of dizziness if any
6%	Listen to recommended advice
6%	Need to buy night light
6%	Take your pills
6%	Use cane when icy
6%	Use handrails on stairs

In addition to their written comments, participants also discussed the following thoughts:

- Have your health checked regularly, talk to your doctor, and make your home safer. I mean those are just common sense; there’s nothing revolutionary.
- The one that I didn’t even think about was eyesight.
- Well you saw the guy, obviously... weight training.

- He just said, “come and show common sense.”

Prior to seeing the PSA, no one had ever heard of a “Fall Risk Assessment.” Just over a third remembered that the main message in the PSA was to ask their Medicare provider for a Fall Risk Assessment. Everyone in the most active group remembered the message accurately. Only 2 of the 12 people in the other groups recalled that component of the message.

Recall of Actions Recommended in Video	
44%	Keep fit
39%	Get fall risk assessment
22%	Check medication
11%	Visit doctor
11%	Eye sight exam
6%	Take advice from others for fall prevention
6%	Make home safe
6%	See/call rep to check out residence

Several people misunderstood details about the fall risk assessment, and were concerned that it is a one-time opportunity that is only available when a person first qualifies for Medicare.

- People have got to be made aware that this is a one-shot deal and take advantage of it.

This interpretation is a concern, because as we’ll see later in the report, 60% of the participants reported getting health information from friends and it rates fairly high as a credible source.

Other Campaign Material

Five other campaign pieces were shown to participants: a bookmark promoting the risk assessment, a large book of exercises, a smaller pamphlet of exercises, an exercise DVD and a home safety checklist from the Centers for Disease Control. The groups were asked to consider which they would likely use, what they liked or didn’t like about them, where they would be likely to pick up health information material and other ideas for designing successful fall prevention messaging campaigns.

Key points included; keep it simple, include pictures, don't go extravagant with it comes to printing, include data to boost credibility, but not too much and site the sources of the back up research. If possible, avoid including a logo from a pharmaceutical company.

Bookmark: To start with, most participants said that they do read paper books, and do use bookmarks. Nearly everyone agreed that they use pretty much anything for a bookmark. They liked the information on the bookmark and the look of it. There was a suggestion that a bookmark was like a commercial inside of a book. Unlike TV, they felt they would be more receptive to the information and more likely to notice it while reading a book, than while watching TV and tuning out commercials. Members of two of the groups agreed that the fall prevention team had good information and they were more likely to tape it or use a magnet to stick it on the refrigerator. Noting though, that if it were printed on a magnet, it would probably be too small and less useful.

- I probably wouldn't use it as a bookmark.
- I'd tape it to my refrigerator because I always use a paperclip for my book. It would hit me between the eyeballs.
- It's in the mind as your eyes pass it, even at a subliminal level. [When being used as a bookmark]
- **It's something you want to do... not something that you're trying to ignore, if it had good information I'd put it on my refrigerator with a magnet. [Everyone in the group agreed to this]**

Big Exercise Book: There was general consensus that the big exercise book is beautiful, high quality, printed on nice paper and visually pleasing. However, nearly everyone said that they would not use it. In fact, most declined to take a copy home with them.

- I might flip through it as I'm sitting in the doctor's office, because that would interest me, but just flip through it to see if there is something I've never done.
- These should be in doctor's offices where you have to wait until your appointment.
- It's an expensive book.
- The book is too glitzy.
- You need to get it to the general public, the ones at home sitting watching TV.
- I don't think I'd read that too much.

Smaller Work Out to Go Booklet: The smaller booklet had universal appeal. In fact, participants asked to have copies sent to them. In general, folks liked that it was smaller, simple, offered easy ways to do what would otherwise require gym equipment. They felt it might appeal to everyone and inspire some non-exercisers to get started.

- I would pick one of those up if it were in the waiting room. (Two people in different groups made this comment)
- Do you have any extras?
- This is a little less expensive.
- This would get to someone who really needed it.
- This appeals to me, I would sit and read it.
- Now I love this, overhead hand raises. They could do [it with] cans of soup.
- These are exercises anyone can do.
- And you can carry it around with you.

DVD: People were divided about whether they would use the exercise DVD. Several people thought they would if the exercises were simple, easy to follow. One person said they needed it to be simple enough so that they could do the exercises with the DVD a few times and then not need to use it, but could do the exercises alone. Others confessed to not being disciplined to keep up with it. (A more thorough description of what helps motivate exercise is included in a later section of this report.)

- Maybe I can get my daughter (who is 60) interested in some of these exercises. It wouldn't hurt her.
- No, I go to the Alaska club.
- I would look at it...it would probably wind up in the stack with all the others I have at home. But I would pick it up and look at it.
- If the exercises were really good ones and if there weren't a whole lot. Some simple exercises, particularly in the way of balance.
- I just ordered a set of DVD's to strengthen my abs and my legs. So yes, I would do that.
- That wouldn't work for me; I picked one of these up about a year ago [and it still has the wrapper on it.]

Checklist: A CDC home safety checklist was provided for review. The checklist was predominantly liked, and for a variety of reasons. It breaks down multiple projects into smaller doable ones, makes suggestions that were novel, logically divided by topic, had things that anyone could do, and not too expensive. One person suggested it should be in an iPad or smart phone app. (This was suggested by the youngest participant.)

- Makes you think about things you might not have thought about.

- It has pictures
- It should add the fall resistance test.
- People would be more apt to look at an app.
- It gives you specific things that you can do and it raises awareness of risks and they're pretty doable. There's nothing here that's ... really expensive.
- What makes them (CDC) authorities on falls and wounds? If its disease prevention. A fall is not a disease. Was their research with a gerontologist or something like that?
- I like the question and then specifically, the answer, what you do to fix it. I would probably look at it and do one or two of them and then a year from now when I looked at it again or saw it somewhere else, I might do a couple more.

Distribution Suggestions: There were quite a few suggestions for how to get information out to people, especially the exercise booklet and the bookmark. These suggestions could also be used for designing placement strategies to distribute messages in a new campaign. More thoughts on this topic are found in the sections below.

- Senior Centers
- Health Clubs
- Doctor's office, in the waiting room and in the exam rooms
- Pharmacy
- Churches
- YMCA
- Alaska or United Airlines...If they want to put it in the pockets, and put 'sponsored by Alaska Airlines.'

Sources of Health Information and Trustworthiness

This section is devoted to thoughts about where older adults receive and look for health related information and how much credibility they give those sources. Each focus group looked at a list of possible sources of health information, checked those they utilize and then scored each based on how much trust they place in each source. Trust was scored on a 1-5 scale with 5 being the highest. The table below shows the average trustworthy score in the left column and the number of people who checked off each source in the right column. Eighteen people filled out the forms.

How Trustworthy is the Source? Average Score (5 = Most Credible)	Source of Information	Number of People Who get Health Information From the Source
4.89	Pharmacist	12
4.48	Doctor	16
4.32	With Prescriptions	12
4.17	TV	10
4.06	Other Health Care Provider	9
4.00	Kids	4
3.98	Friend	11
3.67	Radio	6
3.40	Newspaper	12
3.10	Magazines	11
3.00	Spouse	3
3.00	Other (health instructor)	2
2.63	Internet	7
2.56	Flyers	6
2.17	Posters	3
1.67	Utility Bills	1
1.50	Gov't Public Health	3
1.33	Signs	2
1.08	Mail	4

Pharmacist vs. Doctor Information

There was quite a bit of discussion in each group about the validity of information provided by a pharmacist as compared to a doctor. Pharmacists are more trusted for issues involving individual medications and their interactions. Many people felt that pharmacists are better trained than doctors on interactions of medications. Part of this concern came from those who are on multiple medications for different conditions, prescribed by different doctors.

- The doctor...he's getting his information from the pharmaceutical company and he can say 'Well, you know, they've done this research and they've done that research.' But who's paying for the research.
- **My new doctor, he's young. I just love him. He had me run a whole series of tests; you know blood work, bone density et cetera. He cares. And I'll listen to him, boy. He's good looking. That helps a lot.**

- I was going to a clinic and their attitude was very clearly, you're old, really we can't do much more.
- My new doctor wants patients that are 80 and older. Isn't that neat.
- Its unreasonable for me to expect the doctor to know everything about me or that I need to know so I spend a lot of time doing the research, writing down questions and stuff before I go in, because I feel like I have that responsibility.
- Questions are of the essence. I learned that when I was 14 and that is when I learned how to ask very politely and very discreetly very pertinent questions, because in the end I am responsible for my health.

Internet

About half of the participants get health information from the internet. Two who don't do it themselves have grown children who do internet research for them. Half of those using the internet have Facebook accounts. Some saw Facebook as an extended word of mouth source of information. There was agreement in one group that they don't care if someone goes to get a cup of coffee. Blogs were suspect, since they are just one person's opinion. But another person suggested they could be useful for injury prevention promotion.

The degree to which the internet is used varied. Of those who don't use the internet, their reasons included fear of crashing an expensive instrument, or not knowing how to turn it on; even though they also said they had access to computers and some degree of technical support through the Senior Centers. Most people on the internet do use it for email. And a few keep in touch with grandchildren via Skype.

- I was having my thyroids removed and my daughter in law was very upset over it so she looked it up on the internet and she sent me sheet after sheet of what they do and what can happen and all this. I was very happy to have that, because I knew what was going to happen when I went for surgery and, as it turned out, it was a piece of cake.

The two most common portals for health information on the internet were WebMD and Google. When Googling several people mentioned that they look for cites to studies, the number of people who were studied and other back up information to verify the information.

- When I have a particular difficulty, I Google and I find many many different sources.

Television

TV is another source of health information. Most people say they get information from TV and it received an average credibility rating of 4.17 (out of 5.) Dr. Oz was mentioned in each group. However there was disagreement on how much to trust his information.

- I like his diagrams and how explains things.

- He’s a nice person. I just don’t think he’s a good doctor.
- I don’t trust Dr. Oz. He has a drug of the week and they all promise to lose weight.
- The first time I listened to him on TV, I told my daughter, I said “I’m never going to listen to him again,” and sure enough, we don’t listen.
- Just because he’s a doctor doesn’t mean he’s credible.
- He’s not in it for the profit, just giving you information.

Other TV programs include The Doctors, NBC News, National news and Good Morning America’s health segment. Also, mentioned were medical specials on Public television.

- On the rare occasion I watch the evening news, I learn a lot about medications not to take, about their side effect.

Word of Mouth and Friends

Though not perceived to be as credible, information is frequently sought and received from friends and acquaintances. The experiences of the focus group participants support that. Two people mentioned learning about health issues in OLE classes, playing bridge, from friends or kids (though they often also get a second opinion), advice received from or given to friends to help each other be safer and healthier (though advice is not always followed.) The amount of information available was described as “mind-boggling” and friends can help sort it out. Word of mouth information can be motivational if, it is given by healthy people. (See further discussion of this in the motivation section below.)

Nearly every worksheet that was filled out by participants during the focus groups included notes they had written about information learned during the session. Participants were actively engaged in listening and learning from each other. This ranged from Ice Bug shoes, to the fact that Skinny Raven studs shoes, adult learning program OLE, free tai chi classes and more.

- **Bridge groups, you know your friends. Talk to other people and you learn a lot from that.**
- Especially since they’re close to our age, so they’re all having the same problems.
- I had a rotator cuff injury, which was terrible. It was horribly painful and finding the right place to go to physical therapy. Of course everyone immediately suggested surgery. I said, “No.” I had a good friend who recommended some home remedies. I finally found a superb physical therapist.

Print – Magazines, Newspapers and Research Journals

Print sources ran a broad spectrum, including the Anchorage Daily News (with one person reading it online because she couldn’t get it delivered where she lives), medical and nursing journals, The Harvard News, Harvard Women’s Medical Review, AARP magazine, Readers Digest and the Senior Voice.

- I checked a lot of sources [on the worksheet], like magazine, newspaper, evening news or local news. I put three for most of those because I don't necessarily believe they're a full answer. I know that the information you get is so general.

Some people felt that for fall prevention information, if it is good and solid and uses common sense, studies and background research aren't as important. However, others like numbers and data, finding it helps with credibility.

- It has a date and the number of people that fell and died and the reasons for their falls and that sort of thing. So I think that makes it very credible.
- I think what would make it more so [credible], is if they would site some of their information, like what department of the health services [it came from.]
- I would sit and think what source is this coming from, but I'd probably accept it because it was logical and simple and relevant.

Credibility in general

- When you hear something from multiple sources, it's just easier to believe. The stuff on the internet...I always want to know what they're talking about. But if I hear it here and I hear it there, I hear it somewhere else, and I'm hearing it everywhere, and I'm hearing the same message, I begin to trust there's some truth in it.
- [If I doubted some of the prevention information] I would look at the track record of the people I know, of myself and if that particular point has not been the cause of a fall of anyone that I know or ever heard of or even thinking back about my mother and aunts and grandmother in their home. If that was never a cause of any fall I would probably say 'I'm going to continue like I have.'

Fall Prevention Strategies

Awareness of Fall Prevention Recommendations

Participants were asked about a variety of fall prevention strategies to determine the level of their awareness of the strategy, likelihood of adopting the change and perceived barriers to the change.

Vision

Everyone said they get their vision checked regularly. Many had not thought of it as a fall prevention activity, but upon reflection understood why it matters. Many also expressed gratitude for the reminder calls from their eye doctor when its time for another exam. The need for adequate lighting in the home was talked about and is addressed in a section below.

Shoes

The topic of shoes was divided into outdoor winter footwear, shoes that can easily be put on and what to wear indoors.

High Heels -Several people said they've stopped wearing high heels and platform shoes. They still like to look at them, and one person noted she liked wearing them so she could be taller.

- I finally took all my high platforms and gave them away. That last time I tried to wear one, I thought I'm going to fall and break my neck, so to heck with that.

Indoor shoes - Many people noted having trouble, or knowing older people who have trouble with shoes that tie. Instead they prefer slip on shoes or Velcro. No one mentioned key footwear concepts, like thin sole, and a good tight fit. Several people agreed that it is better to buy a good pair of shoes that will last 5-10 years, like Merrill, but that many people can't afford them. Most people said they do not wear shoes indoors. Some wear slippers with good grips, some go barefoot and some wear socks.

- I don't wear shoes in the house either. They come off at the door. That's a tough one for Alaskans.

Outdoor winter footwear – The outdoor footwear conversation included information about Skinny Raven's free shoe studding, ice grippers and Ice Bugs. Each group mentioned that Skinny Raven will stud shoes for free for seniors. Last year, at the Chugiak Senior Center, winter shoes were picked up, taken to Skinny Raven and returned studded. Not everyone participating in the Chugiak group knew about this, but they were glad to learn. Everyone knows about ice grippers that you pull onto shoes but not everyone wears them. Some people leave them on a pair of boots, because stretching them onto the boot is too hard. But then they don't always wear the boots. A complication is the need to take them off indoors at home or at stores. In one group, only one person said they regularly use ice grippers. Reasons for not using them included stubbornness, too hard to get on and too hard to get off so you don't destroy floors. (See more on stubbornness in the Motivation section later in this report.)

- I need help getting them on because stretching them is the key. So I have a special pair of shoes that I just keep them on, but then I don't wear those shoes because it was damaging the tile.
- **I've got an ancient old pair of shoes that have ice grippers on them and no, come to think about it, I haven't used those probably for the past few years.**
- When I've tried to wear my cleats inside, super careful, I mean you can just fall as easily with them on [indoors.]
- I should use those rubber ones that go over your shoes. I only have those, I'm taking the dog out so I don't always put them on but I should.

- I have a pair that slip on and off so easy so I'm encouraged to use them. So I do use them more. And they make a huge difference.
- I know people have fallen and broken bones, especially women, and I've slipped on the ice, usually once a winter. So I don't want to fall. I'm still not very good at that though [using ice grippers.]

Slowing Down/ Adapting to Aging

The need to slow down and be more aware was mentioned in each group. Sometimes it was presented as something that needs to be done, and in others as something to fight against. Many people mentioned that they couldn't do what they were able to do at 20 or 40. That the body doesn't move as quickly or respond as fast. There was agreement that this is very difficult to accept. One person noted that it doesn't have to mean inactivity, but redefining what activity looks like. In her words, after falling and hurting her knee:

- I'm reminded and its learning to deal with the fact that I can have a healthy and active life without trying to do every single thing I did when I was 20 or 40 or whatever else.
- I used...to play volleyball and powerball and I can't do that anymore. My boys used to run with me and now they run backwards. They say, "Come on Mom." It's, it's difficult. Just go on; just go on, I'll catch up. ...That's hard to accept.
- I really struggle with accepting the fact that I'm not able to do some of the things I used to do and learning to adapt.
- It helps just to think about it a little bit, because if you fell down when you were 20, not big deal, BUT...
- I know what they told me to do like lighten my purse and stop working so hard, slow down. I'm at an age I should be slowing down and I'm not.
- **One thing I have a problem with, I don't feel my age and you should slow down and say, "Hey, you're not as young as you used to be." We shouldn't be climbing up on things, fixing things. I fell recently and it was my own fault. I found a recipe I'd been looking for and I said, "Oh boy," and I turned around and clunk. [Falling from a step stool.]**
- Another thing is patience. As we get to be older, we don't have patience. We want everything done right now. We had a thing happen here with a lady that didn't have patience. She was asked to wait inside this building but she could not wait until this gentleman came to help her and she came out before you knew it, she was on her butt, excuse my English, broke her hip.

Alarm/Panic Button

Each group talked about alarms that alert emergency personnel with a person falls. Younger people talked about it in relation to their parents, and several people who were less mobile talked about it from their own experience. Positive and negative themes emerged. Many people were concerned about the monthly cost and that the range might not be wide enough. Along those lines, was concern that it wouldn't be worn all the time, would get lost, could be accidentally triggered or in the experience of one person's mother who fell into a position that made them unable to hit the button. Another thought was that the technology is antiquated now that most people are carrying a cell phone and could call for help. On the positive side, it was thought to be worth the money to be safe, and that the cost of the alarm is much less than the costs of falling and not getting medical help quickly.

- If it only saves your life once, it's worth it.
- My son suggested that I have it and he called and everything...I felt like I couldn't afford it. SO I decided to take it back and this was so enlightening that I took it to our hospital in Corvallis and the girl at the desk said, 'put it – go around and put it in that room. It was piled full of [them.]
- My dad fought it and then one day he was on the sofa and somehow got his arm caught and could not reach the phone and finally his brother came over and saw this. Well, now his arm had swollen and needless to say, he had the alarm the next day.
- **I think cell phones are much better than an alarm device because you can actually talk to somebody instantly.**
- Judy's cat walked on her thing.... Chugiak Fire department was right up there, all because her cat stepped on her thing.
- It is better to spend a little bit to be safe if you're all by yourself.
- My mom was always losing it.
- My mother-in-law did the same thing. She took it off and she couldn't find it. She fell and couldn't get up...she was living in assisted living...they eventually found her but you know, it probably would have done her some good.
- Its that desire to be independent and not have to give on any aspect of our lives.
- I have one but I only wear it when they're [son and daughter-in-law] gone from home and I'm by myself. It hangs on the calendar right by my chair.
- **I had it years ago and I thought, "Heck I don't need this any longer." I wound up in the hospital for 10 days and extended care for a month. The doctor insisted I get it again.**
- My dad would press his button a couple of times a day just because he was kind of lonesome.
- My grandson bought it – got it for me for Christmas one year.

Medications

The concern for medications and fall prevention was discussed in depth in the section concerning who to get medication advice from, the doctor or the pharmacist. However, a few

new thoughts were shared in the context of how drugs interact and their relationship to risk of falling. Interestingly, two participants were not on any medications. They had never thought of getting information from a pharmacist, but would keep that in mind in the future. There was general consensus and knowledge that the wrong mix of medications, including over the counter and homeopathic can increase the risk of falling.

- You should deal with one pharmacy. They should have a list of everything you're taking, including vitamins or anything over-the-counter. The doctor can do it and should, but the pharmacist is your first line of defense. [Everyone in that group agreed this upon.]
- I always ASK. "How's this going to interact with anything else I'm taking?"
- Take a list of all your medications with you every time you go to the doctor. If they ask you, you're going to forget one thing you're taking or one dose that's been changed or something else and if you carry that, keep it up to date.
- [Someone should] Create a list of drugs that can cause dizziness, either alone or in combination with others.

Exercise

Exercise was the most energetically discussed topic among all groups in the fall prevention awareness section. Themes that emerged concerning exercise were, why do it, what motivates exercising and what inhibits.

Personal Reasons for Exercising

A variety of reasons were given for why people choose to exercise. Those who are more active do it to stay active and those with mobility do it to regain some mobility. Maintaining independence on the one hand and avoiding dependence on the other were both cited. Finally and one of the most talked about reasons was to improve balance. Balance was an issue for everyone from the most fit to the least mobile.

Balance

- The hardest part is making yourself go regularly. But if you get into the habit of it and keeping that exercise going, that helps your balance tremendously.
- I've done a lot of things in my life that require really good balance and I haven't done anything lately, my balance is terrible and I know so I'm much slower and much more cautious, but on occasion I forget.
- After my surgery, my center of gravity seemed to be off and I've had to make accommodations for the difference.
- I did go to a physical therapist to make my bones stronger and she did show me some exercises to improve balance...that was really, probably the first time in my life that anybody actually addressed the issue of balance.
- "Strong women" I think is one of the best programs. I can sit up on my chair without having to hold on. And before I couldn't.

- When I get up sometimes I kind of get lopsided, but I know that Bouncing, if I did my Bouncing exercises, it would help a lot more. (Bouncing is an exercise taught at the Chugiak Senior Center.)
- They teach you balancing on one foot and then the other foot. And once you do it, then you get pretty good.
- **My balance is off and I'm walking sometimes and it goes. Its not that I'm drunk. If a cop stopped me and they say, "Do the walk, "I figure I'd fall over. They would probably nail me in a heartbeat. I've been practicing [doing the alphabet backwards] and the numbers backwards too.**

Maintain or Regain Independence and Health

- Maintain an active and healthy lifestyle.
- The healthy independent life, I mean we all want it.
- Robert...comes down [to exercise] and they've got him now to where he's able to walk, hold on and walk up the stairs. He's been doing that the last two years, but on his own he won't do it. I think he's got a crush on the exercise girls.
- I'd like to continue climbing and taking long hikes in the mountains.
- Do a regular routine of exercise or walking. Walking is wonderful to keep that up, to keep yourself healthy in the first place. If there are issues with balance or things try to address those early on and do exercises as required.

External Motivators for Exercising

Instructor and Facilities

Participants at both senior centers were impressed with their equipment and instructors. Good instructors for group exercise and personal training are critical components. Helpful characteristics include positive, encouraging, patient, personable, and without intimidation and pressure. It helps if they provide some education about the benefits of exercise, some level of anatomy information and is considered credible.

- [Positive feedback.] "We are having a problem with our weights now. There are not enough heavy ones for everyone. Remember when you started out you just wanted the 5-pound [weight] Now we are up to 10
- [The health instructor says:] "If this bothers your knees, don't do it. If this bothers your back don't do it, because everyone has different health issues."
- [Tai chi instructor] She has studied extensively. She doesn't have the typical western approach, well, lets hurry from one to another exercise to get it all in, like we need to set a certain schedule. Its this slow kind of thing that the East has to offer to the West. It's the breathing.

- The slowness, she's just very good with that. She goes through them repetitiously so you can be a beginner or you can be a little more advanced.
- Enthusiasm.
- To work with seniors you know, you've got to have a certain temperament.
- **Stacy was really good; you could always tell she really wanted to help. She was aiming for; if you do fall, can you get yourself up. Most everybody could get up, and before they couldn't.**
- It's like having an education teacher and a physical teacher, training teacher at the same time.
- When you're doing an exercise, he tells you, "This is working this muscle." He says, "Now in the shoulder there are three muscles," and so he says each one of those has to do 1/3 the job of moving. So he says, those are pretty responsible muscles and you've got to exercise each one.
- It makes you think from the inside out.
- He says you have to look backwards that is so you can drive a car. To look over your shoulder.

Learning about the benefits

- I did find out by watching Dr. Oz that the muscles in your foot, your knee and hip are connected, and if you get off kilter with the muscles you start to have problems. This woman explained the principle behind it and I think it's the first time I've ever heard of it.
- Learning better, when you learn better you do better.
- My doctor sent me to get a bone density test and to my utter amazement, because I thought I was doing all the right things, my bone density is ... its not good. So I've got to be careful.

Someone to do it with and Socialization

- I know with my mom, who's now 90, its like if you just say, "Come on, let's go," she will. She won't do it on her own but she'll come.
- **My mom recently moved into a senior living place and two days a week, a lady comes there and does yoga and she goes and knocks on each door and says, "Do you want to come and join us. 'When someone comes and knocks on your door and all you have to do is walk down a hallway... I think it works.**
- If you invite someone to come with you, that would be helpful. "Hey lets go try this out."
- Person to person invitation.

- If I was meeting up with a group every week, I'd be more likely to participate. The social aspect encourages.
- You could get socialization and exercise at the same time and have fun.

Fun, easy and convenient

Three generally agreed upon key factors for motivating a new exercise routine or activity were that it needs to be fun, easy to do and convenient.

- One of the things...I started about two years ago, I chose one spot, one row at the grocery store where I always try to park and I park as far away as I can. I won't get up and do exercises everyday, but I'll park as far away as I can. And I can find my car. When I heard that, I'm able to do it.
- I think we should do stuff that we really like to do, that are fun, because then the activity itself will be a reward. I mean the health reason is there, but that's not the dominant reason for me.
- Of all the stuff you're bombarded with, breaking it down into small steps.

Inhibitors

Cost

- Most of us are on fixed incomes.
- Fixed incomes and its already scheduled to be paid out somewhere, not too much discretionary
- Like for a gym
- The normal classes, I think are quite expensive.

House Modifications

Lighting

Everyone said that they have nightlights. Several people noted that nightlights are not just for winter darkness since often bathrooms and other rooms in a residence are dark even in the summer. Little LED lights were considered brighter and having longer lives. One person said he uses a baseball cap with a light on it, and another said he uses a headlamp.

- **It's like getting under the blanket with your flashlight when you were a kid, except I put it on my forehead.**
- Even with the sun, my dark apartment is still dark where my kitchen and bathroom are.
- I don't like, if I have to go to the bathroom and turn on the light in the middle of the night. I hate that.

Flooring

All groups mentioned that throw rugs are a fall risk. Several people suggested using tape for rugs to keep them in place. While everyone was aware that throw rugs are a risk, they don't all do it.

- Getting everything out of the way or tape down the carpets and all that stuff...and the things we know we should get done are hard to do.
- I've heard that mentioned a couple of times [no throw rugs.] I had knee surgery and I had a physical therapist come to my home for a couple of weeks. He walked in and I thought I'd gotten everything pretty well, but he says, "Well I think we need to take up this rug." Because I had a mat in the bathroom. Generally while you're recovering no rugs of any kind on the floor." And you know that makes sense.

Another issue is clutter on the floor.

- **I have too many shoes. I go and sit down in my recliner and my shoes come off, and then you know, I go to stand up and I forget and there they are. So I haven't fallen yet but...**
- We maneuver pretty good [in small apartments] you move and redo your living room, then you have to reorient yourself.

Bathroom Bars and Stair Railings

There was about a 50/50 split between people with and without bars and rails, primarily in the bathroom. Everyone in senior living has grips bars in the bathroom. One person felt fortunate when she bought a condo from a family with a son who had MS. One person's son-in-law installed them for her. In addition to having bars and rails, a person recommended using handrails going up and down the stairs, and turn slowly. It was suggested and agreed upon that it's a good idea to wait to use stairs in a busy place until you can hold onto the railing. One woman described wanting to get in a sit-down shower-bath. But another said she learned at her bridge group that you have to sit in it until the water drains, and it gets pretty cold. The first woman changed her mind.

- I'm married to an engineer and he wanted to do it [install bars] and I said, "no." But he needed them just as much as I did so we got someone to install them. It wasn't expensive.

Motivation to Change

What Inhibits Healthy Choices

Stubbornness, pride and a feeling of being entitled to their opinions were frequently cited as reason for not acting on fall prevention or other health recommendations. The stubbornness and pride themes shows up in not wanting to ask for help, and not making changes that they know are advisable. However, there were several people who were strong advocates for asking for help and asking questions in general. They recognized that people don't know what you need unless you say, "I need help with this." And that asking for help gives others a chance to get the benefits of giving and providing a service. There was also a feeling that after living for 65-80+ years, they know best and don't need advice. Along with that was the recognition that the thinking is faulty, but still prevalent.

Another inhibition to change is grief depression and sadness. Several people mentioned that losing a spouse caused a downward health spiral. One woman lost her husband and gained weight over a period of 5 years, which had a number of consequences. Fortunately for her, she had family members who were able to help her get through it. In the inverse, having people to do things with increases motivation and health. This is described in more detail in the

Inhibitions to Asking for help

- We don't want to admit that we need help.
- We'd rather fall and break our necks than [ask for help.]
- We know we have to take care of our selves, we know what we feel like.
- I've always had trouble with asking somebody else for help, you know, acknowledging to yourself I can't do it.
- **They say pick up the phone and call somebody. Well shit, that phone weighs 10,000 pounds.**
- It's embarrassing.

"Don't tell me what to do"

- When we were teenagers, we were invincible and now, we're just... we all know what to do and we all know what not to do. But it's easier to do the things we shouldn't do than the things we should do because that takes work.
- I said, "Dad, you need to do this. You need to..." [He'd say,] "Girl, you don't know what you're talking about." My dad was like that. And I always said I didn't want to be like that but I react just like he did."
- Nobody's telling me at 85 what to do anymore, you know, I'm so smart.
- I have found with us seniors is that we're hardheaded. We really don't want to listen to what anybody tells us because we know it all.

- We see it. We know it. But we still don't do it.
- Don't tell me what to do. I'm going to do what I want to do, even if I break my fool neck. I've earned the right to do what I want. [Everyone in the group agreed to this statement.]
- We think we're infallible.

What Inspires Healthy Choices

Multiple sources of inspiration and motivation were discussed. Having supportive family or friends helps. Emulating behaviors of healthy people, or in the inverse, avoiding behaviors that have had lead to unhealthy outcomes for others is motivational. There was general agreement that laws do not necessarily motivate Alaskan seniors.

Some solutions to this hardheaded stubbornness were suggested. One was the idea that they do make changes based on personal experiences, some times based on the experiences of others, if the severity of the consequences is serious enough, the value of the benefits of change. [This shows up significantly in the exercise section and in deciding whether to quit driving.] Other factors that could sway change included gaining more information, how the information is presented and who provides the information. [Some of these concepts are also found in the "where we Get Health information section.]

Experiences

- I had some boxes, empty boxes sitting just inside my door. I just ignored them instead of taking them to the garbage until I tripped over them and fell and I got up and took them to the garbage.
- When the consequences become too great, then you do something about it.
- Mistakes are great, great teachers... or somebody else's personal experience, that's even better, or the headlines.
- [Commenting on the above statement] that's not always the case, we can see things happening all around and [not make changes.] We had a fatal accident right here with the woman on the phone and people ought to remember, but I still pull up next to people that are on the phone.

Learning from Others

Many participants said they were willing to learn from others, but it depended on how the information is presented, who presents it. When fire fighters came to the senior center to talk about fall prevention, they were listened to in part because they were "cutie patooties" and also because they have to keep in pretty good shape. That gave their message credibility.

- [I had a doctor who walked] two miles to the Mayo Clinic from his home. Rain or shine, sleet or snow, he walked there and he walked home and he maintained himself in perfect health.
- Healthy people donate blood, have you even noticed, its real healthy people who give blood. [Inspiration to give blood]
- My mom had osteoporosis very bad...That's how I started going yoga.
- Watching their inactivity [parents] their loss of muscle.
- Word of mouth, hearing from people, healthy people.

Supportive friends and family: Having friends, family or another group of like-minded people, who enjoy certain activities helps.

- Trying to find someone else who likes to do the same kinds of things on a regular basis would help a lot.
- I just do better in a class. I'm not disciplined alone, as I'd rather sit down and read a book. [Lots of agreement with this.]

Fear of Falling

Fear has the power to motivate too. It can be fear based on one's own experience, of another person's, stories that are told or data and research. Some of the fears expressed are specific to a living environment. For example, those living in the Chugiak senior housing had heard quite a few stories of someone falling and not being found for a few days. For those living more independently, loss of independence was a big issue. Independence is broken out into several components below. Other fears included pain, inconvenience, embarrassment and being treated like an invalid. The frequently repeated statistic that a person will die within 6 months of falling and breaking a hip was, on peoples' minds, but not a predominant factor.

Embarrassment

- I fell because I forgot, I got up and brushed myself off, hoping no one saw me and continued on.
- I fell in my tub, getting out of it the other day, and I realized how easy it is to fall. So very embarrassing and I was there by myself and it was embarrassing.
- I know you get embarrassed. I fell downtown and I couldn't get up. It was icy.

Inconvenience

- That's three months out of your life with a cast; I have too much to do. [broken hand]
- You may be permanently unable to do things you want.

Pain

- Now when you fall, something's going to hurt.
- Hurt hurt hurt.

Healing is harder

- Your bones get brittle, it's a little tougher, they don't heal like they used to.

Can't get up

- I'm fine as long as I do not get down on the floor. If I get on the floor, I might as well stay there the rest of my life because I'm not going to get up easily.
- I've heard of someone falling and they couldn't even crawl to get to the phone.
- My husband fell out of bed. I had to call the fire department ... because my husband was a big man.
- Monty, a few years ago, he fell. For three days, nobody knew until one of our people went and got him. He was close to death.
- And the Frenchman, four days, He died by himself.
- I don't want to be going three days. I don't want to mess the place up, you know, incase I go.

Dying

- My Korean friend...was just taking a walk by the canal, he slipped on some ice, hit his head. He knew it was serious so he drove himself to the hospital. I don't know how many days later he was dead.
- My dad did break his hip in a hospital, he fell out of bed. He's a big man and he broke his hip and he did die, within six months.

Avoid Becoming Dependent

- There are some things you can give up, like you can give up going to the cabin or other things. But the things that you need to do, go to the grocery store, or where ever, bathe yourself, take care of your self.
- Come and go as you please.
- Feed yourself.
- Not live alone any more.
- Not run to the store for milk.
- Not having everybody into your business.
- Lose privacy.
- You do become dependent upon someone else if you break one of your major bones. If

both are living together its not quite as bad, but if it's a widow...

- I only have one person that could take care of me and I don't need to put that pressure on that person. They have enough in their life.
- [My son] would be the one who would have to take care of me if I broke my hip or something. I want to keep that support system wonderful. I don't want to have to depend on him.
- I don't want to be dependent on anybody else and maybe even bedfast. I would far rather be dead. [Several others agreed]

Driving: a Subset of Independence

Though not necessarily tied to fall prevention, the issue of driving is significant for all of the participants. For some it was their own driving, and for others they were dealing with issues with their parents. Driving is perceived to have great impact on independence. It is good to note though, that for those who don't drive, there are options that help maintain quality of life. Anchor Rides was thought of highly by those who use it. It requires some fore thought and planning, but is useful and cost effective. Also, for those living in senior housing, there are all kinds of outings that make up for not driving.

There is a unique story for each person who either doesn't drive or knows of someone who doesn't. Stories vary from seeing too many cars in the ditch on an icy day, having a crash, the cost of shipping a car after moving to Alaska, a doctor's order, a wife's order, dizzy spells and the risk of putting other people in jeopardy, and paying for insurance with rates increasing as age increases and finally the hope that a doctor will soon tell a mom she can't drive so the family won't have to confront the issue. Here are a couple of those stories.

- I was in an accident...my car was totaled. I only had a small cracked rib, and I knew it's time.
- My father-in-law, he had Alzheimer's. We didn't know it at the time, but his driving was terrible and finally his wife just told him that he couldn't drive anymore. She just took the keys and that was that.
- I don't have much feeling in my left foot and the doctor said, "Well, you're kind of like a Toyota. You could be going umpteen miles and hour and not know it." So they said, "No more driving."
- My dad said, "I'm going to the barber shop and I'm going to take the car." Its two blocks away. He comes back and he runs over a flowerpot pulling into the driveway, didn't say a word, put the keys up and never drove again.

New Ideas

The groups generated ideas and had suggestions for fall prevention campaign messages and healthier living strategies.

New Campaign Ideas

- Take a list of all your medications with you every time you go to the doctor. If they ask you, you're going to forget one thing you're taking or one dose that's been changed or something else and if you carry that, keep it up to date.
- Create a list of drugs that can cause dizziness, either alone or in combination with others.
- Put your bed all the way down to the floor.
- All public facilities, as part of zoning, should have those sidewalks that are ice-free, the melted ones like the Pioneer Home downtown. All new commercial buildings, it should be part of zoning here is Alaska.

Learning How to Fall

- I gently fell three times coming down Mount O'Malley...but I was able to let my body go limp so I wasn't hurt at all.
- That's an important thing, learning how to fall because usually you tense up and try to stop yourself and your bones are brittle, but if you can just relax and go with the flow you get less damage.
- This sounds silly, but learning how to fall, to keep from you know, the last thing you want to do is jam this and that.
- Swivel and land on my butt.
- I don't really know how to fall. I mean I've seen athletes do it, but it's not something I really want to practice.

Watch Out For Each Other

- Its important to know who your neighbors are and for them to know you. I mean to be friendly with your neighbors, because they are going to be your first line of defense.
- I've got a friend who is usually up about 10:00, because I go down there and his paper's gone. One day he didn't get up, this was past noon. I went and got Judy to check on him.
- [I don't like to be] lonely and by myself, it's the thing of getting a support system. Here [Chugiak Senior Housing] its different, because there's people that walk by your room all the time. If I'm in a living situation where I'm the only one, that's scary. That's why I moved here.

- I moved here fairly young because I was at a crossroads, getting another house, then my name came up here. Its apartment living...but its not any kind of dependent. We're family.
- We're happy and content here. We've got a good place and they watch out for us. We're family.
- My grandmother in Linden, Washington, if she didn't pull the shades up in the morning by such and such a time, the neighbors would come check up on her. The mailman checked on her. The mail slot was right there, but he'd ring the doorbell and make sure she came to the door.

Senior Falls Focus Group: Discussion Guide

INTRODUCTION

As you get settled, help your self to coffee and snacks. Also, please take a couple of minutes to share some information on this mini written survey:

In the boxes on the left, put a check next to places and people you get health information from. Then, in the box on the left, rate how much you trust their information. 1 is not at all, 5 is completely.

Who or what motivates you to make healthy choices?

Self, spouse/partner, close friends, children, grand children, Dr.

Welcome, thank you for coming and being willing to share your ideas and thoughts. I'm Marcia Howell, and I'll be the helping to facilitate our conversations. Beth will help me by taking notes so I can pay better attention to your comments and ideas. And this is Jo, who works with older adults and will use the information you share today to help create better health programs for Alaskans.

Your participation is completely voluntary. We will be recording the sessions on videotape, but your name will not be associated with the information you share. Instead, the report that results from this will not include names, just a compilation of the information and ideas shared. Are there any questions about this?

Feel free to get up if you need to at any time. Enjoy the snacks. *The restrooms are down the hall to the left. Here is the key to get in. I usually put it around my wrist so I don't leave it in there, but no worries if you do, we have extras.*

I invite you to treat this as a safe place to share your thoughts. We will be respectful of each other, giving everyone a turn to talk. The best ideas come from combined ideas, and conversation. I will help by asking questions. Keep in mind that there are no right or wrong answers.

Icebreaker: Lets go around and everyone can tell us a little about yourselves, how long you've been in Alaska, what your nickname was when you were growing up and your favorite thing to do: *I'll start. I'm Marcia Howell moved to Alaska 23 years ago. I was either called Marcia Marcia Marcia from the Brady Bunch, or Mrs. Howell from Gilligan's Island. I used to be able to use those references, but now it seems lots of younger people don't understand. I have 3 grown daughters and one granddaughter. And my favorite thing to do is see the world through little Audrey's eyes.*

When you think about healthy living, there are lots of sources of information and ideas about what we should or shouldn't do. Some change as science changes, some that we always knew are finally getting validated by science. Looking at the lists we created at the beginning:

- Who do you trust to get accurate information?
 - Individuals, types of professionals, friends.... Oprah, website, state public health,
- Who do you tend not to trust
- If you have questions, where do you get information? Friends, kids, spouse,

I'm going to show you a PSA. Take a look and then we will talk about it:

Quickly jot down what you remember from the message

- How can you reduce the risk of falling
- What action did the message tell you to do?
- Why do it?

Lets talk about the video:

Have you seen this video before? How did you feel watching it?

- Believable
- Trust the speaker
 - Why or why not? Know who he is?
 - Anyone else you would have connected with
- How relevant was the information to you?
- How likely are you to act on the request?
- Any other thoughts on the PSA

Now lets watch it again. Notice the pace, the ideas presented, Action recommended. What other information you would like the video to provide. Other production ideas to make it more effective?

Now I'm going to show you some other fall prevention resources.

- Here are a couple of bookmarks, a DVD, and a booklet with exercises. Take a look and lets talk about them.
 - Bookmarks: Use them (reading books, Kindle's, Nooks?)
 - DVD: have some, ever used, what about them is useful or not
 - Booklet with exercises, what would make it useful (having someone show you how to do exercises, Personal trainer, Fireman, PT...
 - Online, what do you do online, how could you use or access online information, would you?

- **How important is the topic of falling to you?**
 - Consequences of falling? Yours or someone you know
 - **(Write list on white board with ideas)**
 - Break those down a little deeper (not see grandkids, lose independence, not be able to drive, emergency preparedness [earthquakes, windstorms]...)
 - Are we missing anything?

- ***Take a moment to jot down ways that you have heard of that you believe can help to prevent falls.***
 - ***Your body***
 - ***Your environment***

Lets talk about those ideas.

Thumbs Up thumbs Down Activity: I'm going to read a list of fall prevention strategies. After each one, give me one thumb up if it is something you feel like you could do, 2 thumbs up if you will do it or are already doing it, a thumb down if you aren't likely to do it, and two thumbs down if it is not going to happen. (Read vision and medication list)....

- Changes for our own Bodies:
 - Vision and Meds

- Get your vision checked at least once a year?
 - Talk to your health care provider about medications and risk of falling?
- Feet,
 - Use Ice grippers, snow cleats,
 - Slippers,
 - Thinner soles on shoes?
- Exercise for fall prevention:
 - What does that mean to you?
 - What do you engage in?
 - What are barriers?
- Environment
 - Has anyone seen a home checklist? (Show of hands) Any one used one? (Here is an example of one.)
 - Floor
 - Stairs/Steps
 - Kitchen
 - Bathroom
 - Bedroom
 - Changes made in the past
 - Changes you wish you could make (cost, tools, knowledge, installation)
 - Who could help
 - Costs?

Lets talk about our health choices

Thinking about the past year or two, lets talk about **healthy changes you made or have thought about:**

- What changes
- **What did you hope to gain from the change**
 - **Independence, longer life, time with grands, keep up with grands...**
- How were you able to do it?
- Who helped or motivated you
- What challenges or barriers were there?

We have about come to the end of our time. I'd like to **open up** the conversation to other ideas, thoughts, concerns you may have.

Thank you for your participation. Your input is very valuable to us, and to all of our future health. As experts, your insight will help the state and agencies around the state develop more effective campaigns and programs, keeping all of us safer.