

Successfully engaging older people

Qualitative research indicates that older people believe that falls prevention information and strategies are not relevant to themselves but to other older people, who they consider are older and at greater risk of falls. It is proposed that suggesting that falls are personally relevant to older people can be a threat to their identity¹. This can result in older people rejecting information and advice.^{2,3,4} Indeed, when asked about what they might do to reduce their risk of falls, many older people did not nominate any activity they would pursue⁵.

This means that falls prevention messages delivered to older people are unlikely to succeed in engaging most older people to take up falls prevention activity. It is likely that many of the population that health professionals want to engage, particularly those who do not believe they are at risk of falls, will ignore risk reduction messages, such as 'reducing your risk of falling'.

Therefore, there is a need to engage older people in a way that older people do not reject. Messages could promote positive identities that are relevant to older people such as maintaining an independent lifestyle; staying healthy and physically active; and emphasizing the promotion of activities that enhance fitness, balance and mobility and:

- that these activities would be enjoyable;
- that they are the type of people who would do this; and
- that important others (doctor, family and friends) would think they should do this.^{4,6}

Remember that falls are not value free words as they have strongly overriding negative connotations.⁴

Recommended resources

Nyman, S.R. & Ballinger, C. (2008). A review to explore how Allied Health Professionals can improve uptake of and adherence to Falls Prevention Interventions. *British Journal of Occupational Therapy*, 71 (4), 141-145.

Yardley, L., Beyer, N., Hauer, K., McKee, K., Ballinger, C., & Todd, C. (2007). Recommendations for promoting the engagement of older people in activities to prevent falls. *Quality & Safety in Health Care*, 16 (3), 230-234.

- Includes recommendations, based on current knowledge and evidence, for promoting the engagement of falls prevention activities.

Yardley, L., & Todd, C. (2005). 'Don't mention the F-Word'. London: Help the Aged
http://www.helptheaged.org.uk/.../dont_mention_the_f_word.pdf

- Includes recommendations, based on research, for health professionals to communicate falls prevention messages to older people.

References:

1. Dollard, J., Barton, C., Turnbull, D., & Newbury, J. *Why older people are optimistically biased about their chance of falling*. Poster presented at the BPS Division of Health Psychology Annual Conference 2007, Nottingham, 12-14/9/2007
2. Cameron, I. D., & Quine, S. (1994). *External hip protectors: likely non-compliance among high risk elderly people living in the community*. *Archives of Gerontology and Geriatrics*, 19 (3), 273-281.
3. Health Education Board for Scotland. (2003). *The construction of the risks of falling in older people: lay and professional perspectives*. Retrieved October 31, 2007, from <http://www.healthscotland.com/documents/352.aspx>
4. Yardley, L., Donovan-Hall, M., Francis, K., & Todd, C. (2006). *Older people's views of advice about falls prevention: a qualitative study*. *Health Education Research*, 1-10.
5. Gill, T., Taylor, A. W., & Pengelly, A. (2005). *A population-based survey of factors relating to the prevalence of falls in older people*. *Gerontology*, 51(5), 340-345.
6. 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*. *Journal of Gerontology*, 62B (2), 119-125.