Methodology for Selecting Workgroup Members for Preventing Injuries From Falls in the Elderly

Our goal for this workgroup is to provide input on the topic *Preventing Injuries From Falls in the Elderly* from the diverse perspectives of researchers, patients, and other stakeholders. To do this, we will convene a workgroup small enough to encourage meaningful contribution from each participant, but large enough to ensure a balanced and informed discussion. The targeted size for this group is 12 to 18 people, with an even distribution of researchers, patients, and other stakeholders.

Researchers

We began by performing a number of online database searches (PubMed, Google Scholar, Google) using combinations of relevant terms such as “fall prevention,” “elderly,” “old/er,” “expert,” “panel,” “conference,” “researcher,” “balance,” “exercise,” “shoe,” “environment,” and “medication” to access reports such as the *Summary of the Updated American Geriatrics Society/British Geriatrics Society Clinical Practice Guideline for Prevention of Falls in Older Persons* and *Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults*, websites, organizations, and articles that referenced the names of researchers and experts specializing in this area. From this search, we compiled the names of 35 researchers and other experts. Again, using online search engines, we researched each individual and narrowed our list of potential candidates from 35 to 27 people, using the following criteria:

- Expertise and interest areas
- Main focus of work on research rather than clinical practice
- Awards and professional recognition in field of study
- Published a significant number of scholarly publications
- Publications frequently cited by other researchers
- Participation in expert panels
- Delivery of presentations in area of expertise

We then identified five critical study areas within this topic (general expertise in falls prevention in elderly; expertise in the area of vision as it relates to falls prevention; expertise in the area of exercise as it relates to falls prevention; expertise in the area of balance as it relates to falls prevention; expertise in the area of medication as it relates to falls prevention) and categorized our list of researchers based on these study areas. Lastly, we reviewed the list of potential workgroup members and narrowed the list further to assure balance with respect to study area, as well as geographic, institutional, ethnic, and gender diversity.
Patients
We began by identifying patient organizations associated with falls prevention. To do this, we performed online searches by combining the term “fall/s prevention” with terms such as “patient,” “advocate/cy,” “group,” “elderly,” and “old/er.” We also used the existing PCORI patient engagement database to identify other relevant groups and individual patients who had not been identified through our online search process. This process yielded a list of six relevant patient groups and one patient.

Other Stakeholders
We began by identifying organizations associated with falls prevention. To do this, we performed online searches by combining the term “fall/s prevention” with terms such as “stakeholder,” “advocate/cy,” “group,” “elderly,” and “old/er.” We also used the existing PCORI stakeholder engagement database to identify other relevant groups that had not been identified through our online search process. This yielded a list of 12 relevant stakeholder groups.

To narrow this list, we categorized the stakeholders into broad groups (ie, providers, payers, industry, and other topic-specific groups) and conducted an internal balancing process. Balancing criteria were designed to promote inclusiveness and result in a well-rounded set of stakeholder perspectives that included representation from a geriatric-specific organization, an exercise-related organization, health providers, an assisted-living organization, and payers. To complete the narrowing process, we cross-referenced this list with stakeholder lists generated for our other Targeted PFA workgroups to ensure stakeholder diversity across all workgroups.

We asked each stakeholder and patient organization to designate a representative to serve on the workgroup, naming someone with expertise in the workgroup’s subject matter and considering the broader context of PCORI’s core values of diversity and inclusiveness.

Evaluation of Proposed Workgroup List
Following the creation of an initial draft, this list was presented to PCORI’s Board and three committees—Program Development Committee, Communications Outreach and Engagement Committee, and Methodology Committee—for their evaluation and input. The list was also shared with the invited moderator for input. PCORI staff synthesized all suggestions to develop a list of researchers, stakeholders, and patients to invite to participate in the workgroup.

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The Patient-Centered Outcomes Research Institute (PCORI) helps people make informed health care decisions, and improves health care delivery and outcomes, by producing and promoting high integrity, evidence-based information that comes from research guided by patients, caregivers and the broader health care community. This document is excerpted from Summary of Process to Generate PCORI Targeted Funding Announcements, available at http://bit.ly/WMt6ii.