

Seniors' Fall Prevention and the Social Determinants of Health: A Social Policy Lens

May 2019

About the Atlantic Collaborative on Injury Prevention (ACIP)

The Atlantic Collaborative on Injury Prevention (ACIP) is a non-profit organization of injury prevention representatives from both government and non-governmental agencies. Working together, ACIP provides evidence-based policy advice and support to governments, non-governmental organizations, and other interested agencies from across Atlantic Canada in efforts to reduce the burden of injury across the region. ACIP has a mandate to address serious and fatal injuries across all ages of the population within Atlantic Canada, including seniors' falls.

In 2011, ACIP produced a report titled *The Social Determinants of Injury*, which:

- provided injury prevention practitioners and policymakers with an overview of the social and economic factors that contribute to intentional and unintentional injuries;
- highlighted the importance of primordial prevention;
- identified those at higher risk for injury; and
- concluded with recommendations for improving data collection and prevention activities in the context of social and economic disparities.

This report provides a stepping stone to ACIP's approach in addressing seniors' fall prevention and the social determinants of health.

ACIP has participated in the Canadian Falls Prevention Conference in the past, and recently co-hosted the 4th Canadian Falls Prevention Conference in June 2018.

ACIP is a member of Loop, a national fall prevention community of practice, and the Pan-Canadian Seniors' Fall Prevention Network steering committee.

Our efforts continue to focus on developing a better understanding of current fall prevention efforts, and how we can best leverage and support these initiatives to strengthen fall prevention across Atlantic Canada and beyond.

www.acip.ca

definitions

Seniors: refers to individuals aged 65 and older. Other terms used in this document, such as senior or older adult, both refer to this age group.

Section 1: Introduction

The Atlantic Collaborative on Injury Prevention (ACIP) is working to:

- understand the varying levels of efforts being made across multiple sectors and settings to prevent fall-related injuries in Atlantic Canada; and
- better position seniors' fall prevention efforts as an organization.

We know work is currently happening at national, provincial, municipal, and community levels and within various community, home care, and institutional settings. Our goal is to help strengthen existing efforts and provide support where gaps may exist (within our mandate and scope of work). One of the components of our work is addressing the social determinants of health. In this instance, we are exploring the relationship between the social determinants of health and seniors' fall prevention.

This document:

- provides background information on fall-related injuries among seniors;
- highlights the social determinants of health and the evidence linking them to seniors' fall prevention;
- discusses activities that seek to address the social determinants of health in preventing falls among seniors; and, lastly,
- highlights current seniors' fall prevention initiatives by each Atlantic province and provides examples of social policies that could enhance and/or complement seniors' fall prevention efforts.

Purpose of this Document

This document builds on several existing documents on fall prevention and is inclusive of evidence-based interventions currently available across Canada and within Atlantic Canada. Our objective is to use these existing pieces to build an introductory information base of the prominent social policy links between the social determinants of health and seniors' fall prevention so that current and future interventions can take these links into consideration. This document is for fall prevention stakeholders including (but not limited to) injury prevention and public health practitioners, government and non-governmental organizations, health-care providers, researchers, decision makers and resource allocators, and others in Atlantic Canada who have a responsibility or investment in preventing fall-related injuries among seniors. Many people have an opportunity to contribute to seniors' fall prevention by adopting a social policy lens in their efforts.

This document is intended to be a resource to help fall prevention stakeholders:

- gather information about falls in Atlantic Canada and nationally;
- identify links between the social determinants of health and fall-related injuries among seniors;
- assess and share fall prevention and social determinants of health interventions with stakeholders; and
- identify opportunities to integrate a social policy lens into existing and future fall prevention efforts.

Injuries in Atlantic Canada

Atlantic Canadians experience more than 15,500 unintentional injury-related hospitalizations, and 850 unintentional injury-related deaths every year.¹ Fall-related, transport-related, and intentional injuries continue to be the three major causes of injury-related deaths and significant contributors to total costs of injury in Atlantic Canada. Without changing our injury prevention efforts, forecasts show that by 2035, injuries will cost Canadians \$75 billion and 26,390 lives—an increase of 180 per cent and over ten thousand more lives lost over the next two decades.²

Methods

Injury data and fall-related injury information was collected from the *Cost of Injury in Canada Report* (2015) and the *Seniors' Falls in Canada: Second Report* (2014), as well as from sources of literature on the epidemiology and economic implications of fall-related injuries and prevention. The collection of evidence and current best practice interventions was searched using grey and scholarly literature searches and environmental scans of resources including, but not limited to, such sources as the Canadian Injury Prevention Resource; the Region of Waterloo Public Health; Manitoba Health, Seniors and Active Living; and IMPACT, the Injury Prevention Centre of Children's Hospital (Manitoba). Social policy examples across Atlantic Canada were searched using key words related to social development, social policy, community services, seniors' benefits, transportation, and other key words within provincial government websites. The results of these searches are presented in subsequent sections of the report.

Section 2: Injury Profile of Fall-Related Injuries Among Seniors

A fall is defined as “unintentionally coming to rest on the ground, floor or other lower level with or without injury”.^{3,4}

Falls rank high in injury-related deaths, hospitalizations, emergency room visits, permanent partial disabilities, and permanent total disabilities in Canada and across each of the Atlantic provinces specifically.⁵

Falls are the leading cost of injury to all Canadians, costing \$8.7 billion per year.⁶ Treatment of injuries from falls, including hospital stays, physical therapy, or surgery, greatly contributes to these costs.^{7,8} The most frequent causes of falls are falls on stairs, falls on the same level, and falls from furniture. Other causes include falls from playgrounds; sport-related activities, such as falls from skates; and falls from ladders/scaffolding.⁹

While people across their life course experience serious falls, significant injuries are more likely to occur in older adults, especially those with a lesser ability to fully recover. Between 20 per cent to 30 per cent of seniors in Canada experience at least one fall every year.¹⁰ This is significant from both a public health (prevention) and health-care perspective. Canada's rapidly aging population signifies a demographic shift in which the number of adults older than 65 is increasing; therefore, the number of falls and fall-related injuries is expected to greatly increase in the coming years.¹¹ These changing demographics highlight the importance of effective and comprehensive fall prevention initiatives to ensure seniors can continue living healthy and independent lives as they age.

Section 3: Risk Factors and Contributing Factors of Falls and Fall-Related Injuries

Preventing falls in older adults is complex. There are multiple factors (risks and contributors) that impact the risk of falling and the consequences related to falls. **Risk factors** are attributes/characteristics of an individual or their environment that increase the likelihood of a fall occurring. For example, poor balance, lack of nutrients, or mobility issues. **Contributing factors** are those attributes/characteristics that add to the chances and/or consequences of falling. These factors include hazards found in the home or side effects from medications.¹²

Below is a summary of factors within four domains (environmental, socio-economic, biological, and behavioural). These factors typically do not occur in isolation, but rather in complex interactions.¹³ Studies have shown that the risk of a serious fall among seniors increases with the number of risk and contributing factors involved. Therefore, reducing and/or modifying these factors will reduce seniors' chances of falling and being seriously injured.¹⁴

This chart is not all-inclusive and is intended to provide a high-level summary.

Summary of Factors that can Increase the Risk or Contribute to Falls Among Seniors

BIOLOGICAL

- **Age:** advanced age increases physical vulnerability.
- ***Gender:** older women (65+) are more likely to be hospitalized for a fall and/or fall-related injuries.¹⁵
- **Cognitive impairments:** memory loss, dementia, anxiety, depression, etc., increases physical and cognitive vulnerability.
- **Chronic or acute illnesses:** arthritis, osteoporosis, heart disease, stroke, blood pressure abnormalities, diabetes, influenza, etc., can contribute to physical vulnerability and frailty.
- **Diminished physical fitness:** loss of balance coordination, loss of muscle strength, poor endurance, etc., can increase physical vulnerability to a serious fall.
- **Physical disabilities:** poor hearing, dizziness, poor balance, prior injuries from a fall, slower reaction time, foot problems, etc.
- **Sensory deficits:** poor vision (e.g., glaucoma, cataracts) and hearing deficits can increase physical vulnerability to a serious fall.

BEHAVIOURAL

- **Alcohol and/or other drugs:** impaired judgement and coordination, when combined with medications, may cause dizziness, poor balance, and drowsiness.
- **Fear of falling:** can lead to inactivity and/or overcompensation, which can impact physical fitness, cognitive impairments, and chronic or acute illnesses. The perception of fall risk can cause the person to withdraw or avoid activities. Fear of falling can result in reduced muscle strength and loss of balance or coordination, which increases the risks for falling.
- **Inadequate diet and physical activity:** lack of nutrients, vitamins, and exercise can impact cognitive and other biological factors.
- **Not maintaining balance and leg strength into older age.**
- **Footwear:** poor fitting and slippery shoes, slippers, or socks can contribute to a serious fall.
- **Medication:** multiple use of medications can increase risk through various interactions and potential adverse effects.
- **Risk-taking behaviours:** improper use of assistive devices, climbing, clearing snow, etc.

ENVIRONMENTAL FACTORS

- ***Community:** design standards and building codes, uneven surfaces, snow/ice, pavement/sidewalk cracks, poor lighting, unsafe stairways, obstacles blocking pathways or sidewalks.¹⁶
- **Home:** loose carpeting/rugs, cluttered areas/walk ways, pets, poor lighting, slippery floors (bathroom and shower), lack of assisted devices (e.g., grab bars).
- ***Institutional:** poorly maintained/designed buildings, poorly enforced policies/regulations, poor lighting, poor surfacing/slippy floors, lack of grab bars/handrails, raised beds, unsafe or broken equipment.¹⁷

*SOCIO-ECONOMIC FACTORS

- **Inadequate housing:** safety hazards – poor design/maintenance, lack of handrails and grab bars, unsafe stairs, disrepair of structural issues creating hazards.
- **Inadequate access to services:** these services include medical care, home care, social services, physical therapy, and community supports.
- **Inadequate income:** can lead to low levels of physical activity, inadequate housing, unsafe neighbourhood, poor diet, inability to address home hazards with upgrades or safety devices, inability to afford home care.
- **Lack of social support networks:** lack of support for well-being, lack of access to proper food, more likely to miss appointments.
- **Lower educational levels:** inadequate resources and knowledge for lifestyle factors (diet, physical activity), lower literacy affects ability to read and follow directions for medication and safety warnings¹⁸, increased barriers to advocating for change (health-related services, housing/landlord needs, etc.).
- **Social isolation:** more likely to result in lower physical activity, could lead to poor mental health (depression), poor diet, and lack of transportation to social networks, medical appointments, etc.

**Indicates social determinants of health.¹⁹*

What if we broadened our lens to think of risk factors and contributing factors as the social determinants of health, and used these as a means to impact fall prevention from an individual and population health perspective?

Section 4: Linking the Social Determinants of Health and Fall Prevention

Much of the literature and existing best practice guidelines for fall prevention among seniors suggest falls are the result of a complex interaction of risk factors and/or contributing factors that affect well-being – i.e. the social determinants of health.²⁰

The social determinants of health (SDOH) are defined as, “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels”.²¹ Social determinants of health include²²:

- Income and socio-economic status
- Education and literacy
- Employment and working conditions
- Early childhood development
- Physical environments
- Social supports and coping skills
- Access to health services
- Healthy behaviours
- Biology and genetic endowment
- Gender
- Culture

Older adults may face a unique combination of risk and contributing factors for a fall-related injury based on the circumstances in their life, such as their economic situation, housing situation, current health status, etc. It has been shown that decreases in socio-economic status (SES) are linked with increases in serious and fatal injuries.²³ On average, seniors have lower incomes compared to other age groups under 65 years old.²⁴ Limited financial resources in these circumstances make seniors more vulnerable to poor health, including being at higher risk for falls. Socio-economic status is also linked to where seniors live, which can influence their links to a social support network, whether that be their proximity to family, friends, or their stable community, and their ability to access health and social services.

Subsequently, experiencing a serious fall affects physical, mental, and social well-being. A serious fall can impact a senior’s ability to participate in recreational or social activities and result in loss of independence, ability to perform tasks for work, and ability to do daily living tasks, such as bathing or eating.²⁵ These limitations can further hinder economic or housing situations and cause social isolation.

Understanding these interactions is critical as the links between the social determinants of health and falls can be addressed through improving conditions in housing, education, neighbourhood, family/social networks, and more.^{26,27}

Section 5: Addressing Serious Falls and Fall-Related Injuries Among Seniors

There are national and provincial-level partnerships, programs, and initiatives that seek to prevent serious falls among seniors by building the capacity of fall prevention stakeholders across multiple settings and sectors (such as health care, government, non-profit, community, etc.). Examples of national-level partnerships, programs, and initiatives include the Canadian Fall Prevention Curriculum, Loop – the national fall prevention community of practice, Finding Balance, and the Pan-Canadian Seniors' Fall Prevention Network. More information regarding these national partnerships, programs, and initiatives can be found in Appendix A. A detailed list and description of partnerships, programs, and initiatives for fall prevention among seniors by each Atlantic province can be found in Appendix B.

There are fall prevention interventions designed by setting – such as community/home, clinical, and institutional settings – that aim to reduce and/or modify factors of fall-related injuries. In clinical settings, interventions can include health-care providers conducting medical assessments to modify medications

for managing various medical conditions (so medications do not create adverse side effects that increase risk of falling) and providing specific nutritional supplements to help boost (modify) diet and nutrition. Community-based settings can include programs that offer exercise classes as a way to help seniors improve strength and balance. Many of these interventions can complement one another across settings by reducing or modifying an individual's risk of a fall. Examples include occupational therapists working to help modify unsafe behaviours or modifying/reducing hazards found in the home, physical therapists working to correct physical mobility issues in long-term care facilities or in rehabilitation centres, recreation teams offering exercise programs in long-term care facilities, and accessing fall prevention educational resources for health-care staff and for seniors themselves.²⁸ In addition, there are also many interventions designed to build the capacity of fall prevention stakeholders to increase their knowledge and skills, and access to professional resources so they are able to work across settings to help prevent falls among seniors.

Using Policy to Inform Practice

Fall prevention strategies need to be considered within the reality of people's daily lives.²⁹ Fall prevention strategies can increase health disparities if they do not take into account the social determinants of health.³⁰

Many best practice recommendations for reducing falls focus on the individual's behaviour or on their home environment. These strategies typically intend to maximize mobility, decrease the risks associated with falls and falling, and maintain seniors' independence. However, many of these interventions assume the person's financial status and level of social support is adequate to implement or participate in the proposed intervention. An unequal distribution of the social determinants of health among the population makes it difficult for seniors to make these positive changes on their own.³¹

Based on interactions of the social determinants of health, specifically regarding SES, income, and physical, and social environmental factors, seniors with a low income who may be also living in public or rental housing may have very little or no control over hazards or risk factors in their home, or the implementation of any potential interventions. For example, a senior living on low income may not be able to purchase assistive or safety devices, or have direct control over repairing home hazards, clearing outside pathways, fixing insufficient lighting, etc.³² Seniors residing in rural and remote communities in Atlantic Canada (independent of their income) may not be able to commute to fall prevention programs, or may not have the confidence to seek accessible fall prevention information or services because being socially isolated has negatively impacted their mental and physical health.³³

These factors have implications for policy and practice to addressing fall-related injuries among seniors in Canada. It is not only important to consider targeted individual, behavioural, and environmental interventions by setting, but also to begin assessing the social determinants of health, such as SES and social isolation, that are at the forefront of disparities in fall-related injuries among seniors.

Social Policy is Injury Prevention Policy

Addressing the social determinants of health as they relate to fall prevention is a shared responsibility that includes collaborative policies and programs and an integration with other relevant sectors, such as health, community services, social development, transportation, etc., as well as non-governmental organizations, care settings, and seniors themselves.³⁴ Collaboration is already taking place to reduce falls through efforts such as age-friendly communities, advocacy for stair design, and changes in building codes.^{35,36}

One way to address the social determinants of health and fall prevention among seniors is to advocate for improved social policy.

Social policy covers a range of supports (such as programs, benefits, policies, legislation, and other resources) that act to protect people through various life changes that can affect their health. These policies function as a social safety net to ensure people are not negatively impacted by these life changes. Examples of social policies in Canada include universal health care, home-care programs, social assistance, retirement pensions, and more.³⁷

Examples of social policy initiatives that support seniors' fall prevention across each Atlantic province can be found starting on page 10. Seniors need services to support social and financial security to help reduce social isolation and overall vulnerability that may be experienced as a result of increased physical frailty and reduced mobility.³⁸

Social policy initiatives can reduce injuries by improving social and economic conditions and enabling individuals to increase control over, and to improve various aspects of, their health.³⁹ This can increase the effectiveness of other public health/injury prevention and health-care strategies. For example, individuals will be more receptive to fitness programs or education programs if their basic needs are being met.⁴⁰

Section 6: Social Policy Examples in Atlantic Canada to Support Fall Prevention Efforts (Provincial in Scope)

The following environmental scan includes examples of social policies in each Atlantic province that are directly or indirectly linked to seniors' fall prevention. These social policy examples are at the provincial government level and do not include municipal- or community-level policies that may exist. Notes have been included to provide description on the links to the social determinants of health and fall prevention. Evaluation of these policies is not in the scope of this work.

New Brunswick

SOCIAL POLICY EXAMPLES TO SUPPORT FALL PREVENTION EFFORTS	PARTNERS/ SECTORS	LINKS TO SDOH AND FALL PREVENTION
<ul style="list-style-type: none"> • Home First Strategy is a series of approaches and initiatives, based on a model of shared responsibility and sustainability, to support seniors to live in their own homes and to continue being a part of their communities.⁴¹ • The strategy aims to enhance healthy aging and care for all seniors in New Brunswick. It represents a shift away from nursing home care toward a greater focus on healthy, active aging, and on home- and community-based care integrated across sectors and services.⁴² 	<ul style="list-style-type: none"> • Dept. of Social Development • Dept. of Health 	<ul style="list-style-type: none"> • Provides support for seniors to live healthy and active lives in their home and community. Active living helps build strength and balance. Support to continue being part of a community helps to build and/or maintain social connectedness to prevent poor health (including the prevention of risk factors for serious falls). • Sections of this strategy also include links to fall prevention through improving access for seniors to home-based medical equipment and developing a community-based allied health professional team to provide therapeutic and rehabilitative support to seniors in order to maintain health and independence.

- **Seniors Navigator initiative** (part of the Home First Strategy) is a voluntary, in-home consultation program to proactively address wellness, health, and social support to create a safe and healthy home environment. This initiative includes home safety and caregiver support, and up to \$1,500 in funding for minor, safety-related home repairs to those who cannot otherwise afford them.
 - Dept. of Social Development
 - Eligible seniors can receive up to \$1,500 in financial assistance to help with in-home repairs that improve safety and protect against falls.
-
- **New Brunswick Extra-Mural Program** offers comprehensive health care services to seniors in their home or community. In order to be eligible for this program, seniors must have a valid Medicare card and their health-care needs must be able to be met safely at home.⁴³
 - Ambulance New Brunswick
 - Dept. of Health
 - Dept. of Social Development
 - Supports rehabilitation and re-enablement in the home to help seniors gain confidence after a fall and reduce any fears of falling (protection against subsequent falls).
-
- **Senior Goodwill Ambassador Program** seeks to influence community inclusiveness by promoting an intergenerational approach which engages New Brunswick seniors, their families and friends, and community members in healthy active living, supporting independence and a culture of wellness.⁴⁴
 - Dept. of Social Development
 - Provides financial assistance for seniors living on a lower income, which can help contribute to cost-savings for additional fall prevention supports, such as assistive devices, medical equipment, etc.

Newfoundland and Labrador

SOCIAL POLICY EXAMPLES TO SUPPORT FALL PREVENTION EFFORTS

PARTNERS/ SECTORS

LINKS TO SDOH AND FALL PREVENTION

- **Newfoundland and Labrador income supplement and seniors' benefits** are refundable tax credits that may be paid to low-income individuals, including seniors.⁴⁵
 - Dept. of Finance
 - Provides financial assistance for seniors living on a lower income, which can help contribute to cost-savings for additional fall prevention supports, such as assistive devices, medical equipment, etc.
-
- **Age-Friendly Newfoundland and Labrador Community Program** provides funding to municipalities and community NGOs to support in planning for an aging population. These grants support the improvement of physical and social environments.⁴⁶
 - Dept. of Children, Seniors and Social Development
 - Funding grants enable municipalities and NGOs to support fall prevention among seniors by using funds to improve age-friendly focus areas including transportation, housing, social participation, social inclusion, employment, and health services.

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| <ul style="list-style-type: none"> • Age-Friendly Newfoundland and Labrador Transportation Project supports community-based transportation projects for age-friendly transportation models. | <ul style="list-style-type: none"> • Dept. of Children, Seniors and Social Development | <ul style="list-style-type: none"> • Similar to the Age-Friendly NL Community Program, this project supports the improvement of physical and social environments. |
| <ul style="list-style-type: none"> • Accessible Taxi Program provides grants to individuals or businesses that are capable of providing the appropriate vehicles and dispatch service to serve the needs of persons with mobility issues.⁴⁷ | <ul style="list-style-type: none"> • Dept. of Children, Seniors and Social Development | <ul style="list-style-type: none"> • Increases the capacity and ability of communities to provide accessible transportation for seniors to medical appointments, social events, fitness programs, grocery shopping, etc., – increasing social participation and reducing the negative impacts of isolation that increase the risk of falls. |
| <ul style="list-style-type: none"> • Provincial Home Repair Program provides assistance to low-income seniors who require repairs to their homes and brings dwellings up to minimum fire and life safety standards with improvements to heating, electrical, and plumbing services.⁴⁸ | <ul style="list-style-type: none"> • Newfoundland and Labrador Housing | <ul style="list-style-type: none"> • Provides seniors the assistance and ability to make changes to their houses which allows them to safely remain in them longer. |
| <ul style="list-style-type: none"> • Home First Initiative is designed to support individuals with complex care needs, such as seniors, to stay in their home as long as possible. A range of health-care and support services are provided for eligible individuals, including access to home support, rehabilitation, nursing, counselling, medical equipment and supplies.⁴⁹ | <ul style="list-style-type: none"> • Dept. of Health and Community Services • Four Regional Health Authorities: Eastern Health, Central Health, Western Health and Labrador-Grenfell Health. | <ul style="list-style-type: none"> • Seniors at risk of a fall receive a fall risk assessment and can be supported to have safety equipment installed, such as railings and grab bars in their homes. This helps relieve any financial and social barriers to implementing assistive devices. |

Nova Scotia

SOCIAL POLICY EXAMPLES TO SUPPORT FALL PREVENTION EFFORTS

PARTNERS/ SECTORS

LINKS TO SDOH AND FALL PREVENTION

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Senior Safety Grant Program aims to “improve seniors’ health and safety by supporting existing and new seniors’ safety programs throughout Nova Scotia.” The program provides up to \$20,000 to non-profit, community-based safety programs so they can provide information, support, and guidance to seniors.⁵⁰ | <ul style="list-style-type: none"> • Dept. of Seniors • Dept. of Justice • Non-profit organizations | <ul style="list-style-type: none"> • Financial assistance (not to the individual) but to community organizations so that non-governmental organizations (NGOs) can work to fill safety gaps (through informational resources, home equipment, social support, etc.). |
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- Age-Friendly Community Grant Program provides up to \$25,000 in support for projects that fall within two categories: 1) age-friendly community planning: partnerships with government, engagement of seniors, and community stakeholders that result in age-friendly community actions; and 2) community projects: collaborative projects to develop programs, services, or resources to support active and healthy living, help seniors stay connected to their community, increase social interaction, and maximize social and economic contributions.⁵¹
- Dept. of Seniors
- Non-profit organizations
- Age-friendly community planning increases the safety of the physical and built environment for all ages, which can protect against falls in the community.
- Community projects help with social interaction, which contributes to increased social support, improved mental health, and improved physical activity and diet, which all influence risk of falling.

- **Property Tax Rebate Program** helps seniors stay in their homes by providing them with an annual rebate on their property taxes.⁵²
- Dept. of Community Services
- Service Nova Scotia
- Financial assistance for seniors to help them stay in their home, and/or help support cost savings to go toward other needs (assistive devices, home repairs, fitness program, proper nutrition, etc.).

- **Wheelchair recycling program** provides wheelchairs to those who are eligible, based on their net family income and program guidelines.⁵³
- Dept. of Community Services
- Abilities Foundation of Nova Scotia
- For those seniors with lower income or SES who may not be able to afford a new wheelchair; this program can help those seniors be mobile (specifically those who already have poor balance and are at significant risk of falling).

- **Caseworker's role with the Department of Community Services** helps connect seniors with various programs, supports, and services for assistance in their community and to act as an advocate on their behalf.
- Dept. of Community Services
- This provides a form of social support for seniors to help them navigate services, so they can receive assistance and other benefits that are available to them.

- **Transportation services with VON** help to provide seniors with transportation to medical appointments, grocery shopping, adult day programs, and other appointments.⁵⁴
- VON Canada
- Volunteers
- This provides support to ensure seniors are able to attend medical appointments for proper medication needs, are able to get to a grocery store to get food, are able to attend fitness programs, and any other appointments that may be crucial to their health. These improve their overall health and quality of life, reducing risks of falls.

Prince Edward Island

SOCIAL POLICY EXAMPLES TO SUPPORT FALL PREVENTION EFFORTS

PARTNERS/ SECTORS

LINKS TO SDOH AND FALL PREVENTION

<ul style="list-style-type: none"> • Seniors Property Tax Deferral Program helps to lower the cost of living for qualifying seniors by deferring payments of property taxes. 	<ul style="list-style-type: none"> • Dept. of Finance 	<ul style="list-style-type: none"> • Financial support for low-income seniors provides cost-savings to contribute to other daily living needs, such as medical equipment, assistive or safety devices, nutrition, etc.
<ul style="list-style-type: none"> • Caring for Older Adults in the Community and at Home (COACH) Program provides seniors, specifically those who are frail, with in-home support to help support and manage their complex health needs.⁵⁵ 	<ul style="list-style-type: none"> • Health PEI 	<ul style="list-style-type: none"> • Provides assistance for daily living needs in their home. This addresses any transportation barriers and provides a social connection for seniors in their home while also supporting their health needs.
<ul style="list-style-type: none"> • Home Care Program provides a range of health-care and support services to seniors including home support, social work, dietitian services, physiotherapy, occupational therapy, adult day programs, and more.⁵⁶ 	<ul style="list-style-type: none"> • Health PEI 	<ul style="list-style-type: none"> • These health-care and support services provide assistance for seniors to help with daily activities (such as bathing); nutrition assessments; physiotherapy to maximize function and mobility; occupation therapy to support special devices, equipment, or home modifications; and social activities. This support helps minimize risks and hazards related to fall injuries.
<ul style="list-style-type: none"> • Seniors Drug Program covers the costs of approved medications for seniors ages 65 and older.⁵⁷ 	<ul style="list-style-type: none"> • Health PEI • PEI Pharmacare 	<ul style="list-style-type: none"> • Helps provide financial support for important medication needs to support daily living.
<ul style="list-style-type: none"> • Seniors Independent Initiative provides financial assistance for practical needs and services making it easier for seniors to remain in their own homes longer.⁵⁸ This initiative complements supports provided by the Home Care Program. 	<ul style="list-style-type: none"> • Dept. of Family and Human Services 	<ul style="list-style-type: none"> • Financial assistance is available to help with housekeeping, home and property maintenance (helping minimize fall hazards), meal preparation, and transportation.
<ul style="list-style-type: none"> • Seniors Home Repair Program provides financial assistance – covering up to 50 per cent of the costs to maximum of \$2,000 – for repairs such as roofs, windows, doors, or a furnace.⁵⁹ 	<ul style="list-style-type: none"> • Dept. of Family and Human Services 	<ul style="list-style-type: none"> • Helps to minimize risk of falling by ensuring home hazards can be repaired.
<ul style="list-style-type: none"> • Seniors Safe @ Home Program provides financial assistance between \$1,000 and \$5,000 to help cover costs of improving accessibility in their home.⁶⁰ 	<ul style="list-style-type: none"> • Dept. of Family and Human Services 	<ul style="list-style-type: none"> • Helps minimize risk of falling by providing financial support to assist in home modifications that make the home environment less hazardous and more supportive of current state of mobility.

Section 7: Conclusion

As Atlantic Canada's aging population continues to increase, fall prevention will continue to be an important public health issue. Most falls are predictable, which means they are preventable. ACIP has identified common and significant links between the social determinants of health and seniors' fall prevention. ACIP's contribution to the fall prevention field is to support and build the capacity of stakeholders to address the characteristics that increase risk and/or contribute to falls among older adults by understanding the underlying conditions and circumstances in which individuals live, work, and play. We hope this information encourages the continued and future collaboration of stakeholders across a variety of sectors and settings to develop and advocate for social policies that are responsive to fall prevention.

Appendix A: National Fall Prevention Initiatives and/or Partnerships

The scope of this environmental scan of fall prevention initiatives includes only national-level initiatives that build the capacity of fall prevention stakeholders across multiple settings and sectors (such as health-care, government, non-profit, community, etc.).

- 1. Canadian Fall Prevention Curriculum** builds on existing knowledge and skills of health professionals and community leaders working in the area of fall and injury prevention among older adults (those 65 and over): canadianfallprevention.ca.
- 2. Loop – is a fall prevention community of practice** where fall prevention practitioners from across Canada can connect, share information, get inspired, find new partners, ask for advice, and learn how others are tackling the issue of falls: www.fallsloop.com.
- 3. Finding Balance** is a falls prevention program that provides seniors and practitioners with the latest information and resources to help seniors live an active and independent lifestyle. Finding Balance was developed by the Alberta Injury Prevention Centre; however, many provinces across Canada have implemented provincial versions of Finding Balance: findingbalancealberta.ca.
- 4. Pan-Canadian Seniors' Fall Prevention Network (SFPN)** is a network of fall prevention professionals from across Canada. The SFPN provides a unique opportunity for leading fall prevention professionals to share knowledge and experiences; support individual and collective initiatives, policies, and research; and further the work of fall prevention throughout Canada.

Appendix B: Provincial Partnerships, Programs, and/or Initiatives for Fall Prevention

The following environmental scan provides an overview of partnerships, programs, and/or initiatives with a focus on fall prevention by each Atlantic province. These are a list of activities by province and have not been checked for evaluation against best practice literature. Please note that community-level fall prevention efforts are not included in the scope of this work.

New Brunswick

PARTNERSHIPS, PROGRAMS, AND/OR INITIATIVES FOR FALL PREVENTION

DESCRIPTION

Falls risk assessment toolkit

- The NB Trauma Program has a falls risk assessment toolkit for health-care professionals as well as resources for seniors.⁶¹

Finding Balance NB

- The NB Trauma Program has a provincial chapter of the national program called Finding Balance. Finding Balance is designed to raise awareness of preventing slips, trips, and falls among older Canadians. The Finding Balance NB website has resources for seniors and practitioners, and an annual campaign during Fall Prevention Month (November) that brings together many organizations and health-care professionals to promote various fall prevention initiatives and resources across the province.⁶²

Go Ahead Seniors Inc.

- A provincial organization funded by the Government of New Brunswick that provides education sessions to the 50-plus population. Included in these sessions is the Healthy Active Living program that provides information on lifestyle choices through personal empowerment and prevention. These sessions are free of charge.⁶³

The Zoomers on the Go program

- An exercise-based fall prevention programs for seniors to help reduce mobility issues and social isolation within NB communities where those services are offered. Citizens of NB over the age of 55 are able to attend classes free of costs, but a pre- and post-falls risk assessment is required for all participants in order to evaluate their reduction in the risks for falls.

Newfoundland and Labrador

PARTNERSHIPS, PROGRAMS, AND/OR INITIATIVES FOR FALL PREVENTION

DESCRIPTION

Newfoundland and Labrador Injury Prevention Coalition (NLIPC)

- A provincial organization that works in consultation and collaboration with agencies, public, governments, and others to build capacity in relation to injury prevention in NL, communicate injury prevention efforts, and to make recommendations for action related to injury prevention. Falls prevention in older adults is a focus area for the NLIPC and members have a sub-working group dedicated to falls prevention across the province.⁶⁴

Falls Prevention Strategy with health promoters and injury prevention coordinators

- The regional health authorities across the province employ health promoters and injury prevention coordinators that address falls prevention as part of their portfolio. Most, if not all, of these regional health authorities have a falls prevention strategy for older adults, which includes policy and procedures for falls prevention in all acute care, long-term care, ambulatory care, and home-care settings.⁶⁵

Finding Balance NL

- Some of the health authorities also promote the Finding Balance program – providing resources and supporting local fall prevention initiatives.⁶⁶

Research activities

- Memorial University has various research activities focusing on falls prevention.⁶⁷

SeniorsNL

- Supports, promotes, and enhances the well-being and independence of older adults throughout Newfoundland and Labrador.⁶⁸

Active for Life

- A fall prevention and physical activity program through a partnership between Recreation NL and Memorial University's School of Human Kinetics and Recreation designed to help reduce the risk of falls among older adults. The program provides evidence-based mobility, strength, and balance exercise training to community practitioners interested in offering fall prevention programming in their local communities.⁶⁹

Nova Scotia

PARTNERSHIPS, PROGRAMS, AND/OR INITIATIVES FOR FALL PREVENTION

DESCRIPTION

Ageing Well Together – Community Links	<ul style="list-style-type: none">• A provincewide organization supporting the establishment of age-friendly, inclusive communities by linking with others to promote needed changes. The organization is funded by the Nova Scotia Department of Health and Wellness and is affiliated with the National Pensioners Federation, and also a member of the Group of IX Seniors' Advisory Council of Nova Scotia.⁷⁰• Community Links employ regional coordinators to support Ageing Well Together Coalitions across Nova Scotia. These coalitions have an emphasis on falls prevention (among other priorities).⁷¹
Provincial fall and injury prevention coordinator and regional health promoters	<ul style="list-style-type: none">• The Nova Scotia Health Authority (NSHA) employs a provincial fall and injury prevention coordinator, as well as regional health promoters by zone, who have injury prevention as part of their portfolio. Seniors' fall prevention is not the sole focus of their work, but is one component of many as part of the larger injury prevention portfolio.
Home Support Exercise Program (HSEP)	<ul style="list-style-type: none">• The NSHA's Home Support Exercise Program is comprised of 10 progressive exercises designed to enable older adults to enhance and/or maintain their functional mobility and independence. This program has fall prevention aspects.
Seniors' Safety Program	<ul style="list-style-type: none">• The Nova Scotia chapter of the Canadian Red Cross has a Seniors' Safety Program and a services coordinator.
In-home safety assessments	<ul style="list-style-type: none">• Police across the province can conduct in-home safety assessments.
Emergency Health Services fall prevention project	<ul style="list-style-type: none">• Seniors can call the emergency response number (911) and request an ambulance. Emergency medical technicians will help a fallen senior up and then provide an assessment to see if there is injury. There is no cost for the visit. However, if the assessment reveals the person needs to be transported to hospital, then a fee is applied.⁷²
Seniors' Falls in Nova Scotia report	<ul style="list-style-type: none">• The report includes current data up to 2013, as well as a review of the literature on policy approaches to support prevention.⁷³

Prince Edward Island

PARTNERSHIPS, PROGRAMS, AND/OR INITIATIVES FOR FALL PREVENTION

DESCRIPTION

PEI Centre for Health and Aging	PEI Centre for Health and Aging (through the University of Prince Edward Island) has a Fall Prevention Initiative. The project seeks to address several phases including addressing factors that lead to illness and disability, strengthening the capacity to support healthy aging with various groups and partnerships with those interested in working in the area of falls prevention, and contributing to enhancing personal autonomy and independence by developing approaches that focus on improvements in the personal, social, and physical environment. ⁷⁴
Educational resources	Health PEI has information and educational resources for falls prevention among seniors. ⁷⁵
Physical activity programs	Recreation PEI provides physical activity programs that help improve fitness and balance to reduce the risk of falling among seniors.
PEI Seniors' Secretariat	Provides policy and program advice to government and other organizations to improve the quality of life for seniors. The Seniors' Secretariat also develops and supports public education efforts about issues of importance to seniors and gathers information and research on related issues. ⁷⁶
Wellness Grant Program	Provides opportunities for active engagement and local partnerships that support improving and sustaining the health of citizens, including projects related to injury prevention and fall prevention. ⁷⁷

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