

# **Environmental Scan of Seniors' and Veterans' Falls-prevention Activity**

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The opinions expressed in this publication are those of the author and do not necessarily reflect the views of Health Canada.

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## **EXECUTIVE SUMMARY**

This environmental scan was commissioned by the Atlantic Regional Office of the Population and Public Health Branch, Health Canada, to provide a foundation for the recently announced Health Canada/Veterans Affairs Canada Falls Prevention Initiative, a community-based falls-prevention program. This report relates falls prevention to the determinants of health, provides information about the interventions currently in place, and identifies key stakeholders and potential partners in the Initiative's activities.

Falls are an important health issue for seniors and veterans. Recent research into the causes of falls among seniors identifies a number of factors that increase the risk of seniors falling. These factors are grouped under four categories: biomedical, behavioural, environmental and socio-economic risks for falls. Falls-prevention interventions that address one or more of these risk factors for seniors involve a number of sectors (e.g., seniors and their social networks, health, recreation, occupational therapy, physiotherapy, pharmacy and nutrition).

This scan was distributed to a wide range of individuals and organizations to attempt to capture current activity and interest in the issue. Depending on access, questionnaires were sent by e-mail, fax and regular mail and were posted on the Atlantic Network for Injury Prevention (ANIP) listserv. Fifty-six responses have been received to date. Although 328 questionnaires were sent out, some were sent for information only. For example, Prince Edward Island and Newfoundland and Labrador seniors' federations wanted the questionnaires sent to all their clubs, but they could not predict the possible response rate.

Of all those who did respond, most expressed interest in finding out more or getting more involved in falls prevention. The large number of responses from the seniors' sector and the home care/service provider sector indicates there is a current/evolving awareness of and involvement in seniors' falls prevention.

This environmental scan identified a range of programming across Atlantic Canada that has or could have an impact on the prevention of falls among seniors. What was identified can form the foundation within each province for the Health Canada/Veterans Affairs Canada Falls Prevention Initiative. The opportunity now exists to learn from the valuable experience of the respondents to this environmental scan, and together build appropriate and effective falls-prevention programs in each province.



## INTRODUCTION

This environmental scan was commissioned by the Atlantic Regional Office of the Population and Public Health Branch of Health Canada to provide a foundation for the Health Canada/Veterans Affairs Canada Falls Prevention Initiative, a community-based falls-prevention program in Atlantic Canada. This report will relate falls prevention to the determinants of health, provide information about the interventions currently in place, and identify key stakeholders and potential partners in the Initiative's activities.

## BACKGROUND

Falls are an important health issue for seniors and veterans as these facts<sup>1</sup> attest:

- Falls account for 65% of injuries among Canadian seniors.
- Seniors' falls are estimated to cost Canadians \$1.7 billion annually.<sup>2</sup>
- One in three people aged 65 and over will have a fall every year.
- Fifteen per cent of these falls result in injuries.
- Falls are the most frequent cause of injury-related hospitalization for seniors. Hip fractures are the most costly injury.
- Falls are a contributing factor to 40% of nursing home admissions.

Atlantic Canada has one of the most rapidly aging populations in the world. In 2036, 25% of Canada's population will be 65 and over, similar to that of the populations of most developed countries. However, the Atlantic provinces will have a larger older population than the country as a whole, at close to 30%.<sup>3</sup> This makes the necessity of addressing the prevention of falls among seniors now even more critical. Studies have shown that these falls are preventable and that health-promotion interventions can reduce the risk factors associated with falls.

Health Canada and Veterans Affairs Canada have established a community-based health-promotion initiative to help identify effective falls-prevention strategies for veterans, seniors and their caregivers. Veterans Affairs Canada has committed \$10 million over a four-year period to pilot approved projects at the national level and in three regions: Atlantic Canada, Ontario and British Columbia.

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<sup>1</sup>Adapted from the presentation by Dr. Elaine Gallagher to the Stakeholder Consultation on the Falls Prevention Initiative, Health Canada/Veterans Affairs Canada, Ottawa, July 18-19, 2000.

<sup>2</sup>The Hygeia Group, *The Economic Burden of Unintentional Injury in Canada*, prepared for SMARTRISK, Toronto, 1998, p. 45.

<sup>3</sup>Susan Lilley and Joan Campbell, *Shifting Sands, The Changing Shape of Atlantic Canada*, Health Promotion and Programs Branch, Health Canada, Halifax, 1999, p. 4.

## **RATIONALE**

As a first step in Atlantic Canada, the Population and Public Health Branch, Atlantic Regional Office, conducted this environmental scan to identify organizations and individuals already involved or interested in becoming involved in their community in preventing falls among seniors and veterans. The intent of the scan (for those leading this initiative in each of the Atlantic provinces) is to identify groups that could become partners to help reduce falls and the injuries associated with falls.

Recent research into the causes of falls among seniors has resulted in the identification of a number of factors that increase the risk of seniors falling. These factors<sup>4</sup> are grouped under four risk categories: biomedical, behavioural, environmental and socio-economic:

- Biomedical risk factors are identified in the aging process and the onset of sensory changes. These include poor vision; mobility changes such as poor balance, diminished muscle strength and postural sway; and chronic illness and disabilities such as arthritis, osteoporosis and corns and bunions that lead to ill-fitting shoes.
- Behavioural risk factors include risk taking, taking multiple medications and certain types of medications, excessive alcohol consumption, inappropriate footwear, and choosing not to use a cane or other needed mobility aid.
- Environmental risk factors include lack of access; unenforced codes or inadequate standards (particularly around housing); poor building design or maintenance; poor stair design; lack of handrails; poor lighting; lack of grab bars in bathrooms; slippery or uneven surfaces; changes in elevation; obstacles such as scatter rugs, clutter, furniture and uneven or poorly maintained sidewalks; and hazardous mobility aids.
- Socio-economic risk factors include living conditions, living arrangements, social-support networks, caring relationships, and psychological factors such as fear of falling.

Falls-prevention interventions that address one or more of these risk factors for seniors involve a number of sectors such as seniors and their social networks, health, recreation, occupational therapy, physiotherapy, pharmacy and nutrition. This scan was distributed to a wide range of individuals and organizations in an attempt to capture current activity and interest in the issue.

## **DETERMINANTS OF HEALTH AND FALLS PREVENTION**

For the past 25 years or so, Canada has been expanding its understanding of good health as not being just “the absence of disease.” Rather, health is a complex, dynamic process, influenced by a number of factors, many of which are outside the traditional health-care system. In fact, when

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<sup>4</sup>Presentation by Dr. Elaine Gallagher.



looking at the determinants of health that would interface with a seniors’/veterans’ falls-prevention program, very few are within the purview of the traditional medical system (doctors and hospitals).

The determinants of health can help to identify key sectors and systems that can influence seniors and their communities to embrace falls prevention as a health-promotion activity. A number of the determinants of health have an obvious link with a community-based falls-prevention approach, as Table 1 illustrates.

**Table 1**  
**Health Determinants – Relationship to Falls Prevention**

<b>Health determinant</b>	<b>Description<sup>5</sup></b>	<b>Relationship to falls prevention</b>
Income and social status	The degree of control people have over life circumstances, and their capacity to take action and make choices for themselves	<ul style="list-style-type: none"> <li>• funds to make home renovations as needed</li> <li>• empowerment to make changes at the personal and community level</li> </ul>
Social-support networks/social environments	The support from family, friends and community in helping maintain some sense of control over people’s lives	<ul style="list-style-type: none"> <li>• peer influence</li> <li>• positive support of families</li> <li>• positive social environment of clubs (e.g., social, walking, cooking)</li> <li>• fitness and recreation activities</li> <li>• other community structures (e.g., churches, businesses that can assist in elevating the status of seniors)</li> </ul>

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<sup>5</sup>Adapted from *The Circle of Health: Prince Edward Island’s Health Promotion Framework*, Prince Edward Island Health and Community Services System, Charlottetown, 1996, pp. 15-16.

**Table 1 (continued)**  
**Health Determinants – Relationship to Falls Prevention**

<b>Health determinant</b>	<b>Description</b>	<b>Relationship to falls prevention</b>
Physical environment	The type of housing and the safety of communities have a major impact on health	<ul style="list-style-type: none"> <li>• policy for safe housing design and maintenance</li> <li>• home-safety audits, well-designed and maintained sidewalks, streetlights, walking paths</li> <li>• winter snow and ice clearance</li> <li>• accessible and affordable transportation</li> <li>• barrier-free building designs</li> </ul>
Personal health practices and coping skills	The demonstration of: <ul style="list-style-type: none"> <li>• personal health practices that prevent injury and promote self-care</li> <li>• coping skills that enable self-reliance, problem solving, and making choices that enhance health</li> </ul>	<ul style="list-style-type: none"> <li>• information and instruction on how to prevent falls</li> <li>• footwear, foot care, vision care, safe bathing</li> <li>• appropriate medication use</li> <li>• good nutrition practices</li> <li>• maintaining an “active living” and healthy lifestyle</li> <li>• positive mental health and self-esteem</li> </ul>

These determinants are interrelated. For example, income and social status affect the type of housing a senior can afford. Studies have shown that cheaper housing tends to be kept in poorer condition and is less safe. There is also a continuum of control with regard to these determinants. Some determinants are under the control of the individual (e.g., personal health practices). Others, such as sidewalk maintenance, are within the mandate/control of the community. Still others are determined by provincial and federal bodies through standards and codes (e.g., housing). The groups chosen to be approached for this survey fit on this continuum and have mandates that relate to the determinants of health identified above.

## **ATTITUDES**

Seniors pride themselves on their independence, their self-reliance, and, for some, their stubbornness. The attitude of many is that falls are a normal part of aging. They are inevitable if one is active at all, and most solutions to prevent falls are seen as an acknowledgement of diminished ability and fragility, giving in to old age, and limiting one's mobility. In fact, however, a hip fracture from a fall is very often the event that ends one's mobility and independence forever. When seniors do fall, they are accused (or accuse themselves) of not "being careful," not "paying attention," or not "watching their step" as if there were no other preparatory action necessary to prevent the fall. It is easier to believe "it won't happen to me" or, if it does, "it was inevitable anyway."

The Health Canada/Veterans Affairs Canada Falls Prevention Initiative will provide the opportunity to deliver the knowledge and skills needed to empower seniors/veterans and their communities to understand the broad range of risk factors involved, to take ownership of the falls issue, and to mobilize to begin to address the falls issue systematically, collaboratively and comprehensively.

## **METHODOLOGY**

In order to begin identifying all the groups and organizations that should be approached for this environmental scan, the Atlantic Regional Office of the Population and Public Health Branch of Health Canada provided a list of key seniors' groups, individuals and veterans' organizations across Atlantic Canada. They also provided a provincial government contact/lead for seniors' issues for each province. Beginning with these provincial government contacts, the provincial list of seniors' organizations and key individuals was expanded, and contact information was obtained for those provincially funded staff working in home care, occupational therapy and recreation for each province. The contractor also sought out provincial representatives from the pharmaceutical, optometry and occupational-therapy associations, and disability-related and injury-prevention associations. The list was not exhaustive or necessarily identical for each province.

Depending on access, questionnaires were sent by e-mail, fax and regular mail and were posted on the Atlantic Network for Injury Prevention (ANIP) listserv. See Appendix A for the questionnaire and accompanying letter. Whenever possible, phone contact was established with the sector within each province prior to sending out the questionnaire. Fifty-two were sent by e-mail, 15 by fax, and 261 by mail (including 183 that were sent from seniors' federations to their clubs and 17 to veterans' organizations other than the Royal Canadian Legion). Table 2 summarizes this distribution by province. More detailed provincial tables are found in Appendix B.

**Table 2  
Questionnaire Distribution**

<b>Province</b>	<b>E-mail</b>	<b>Fax</b>	<b>Mail</b>	<b>Total sent</b>	<b>Total returned</b>
Prince Edward Island	13	2	33 plus 53 clubs	101	21
Nova Scotia	12	1	33	46	15
Newfoundland/Labrador	17	4	1 plus 130 clubs	152	14
New Brunswick	10	8	11	29	6

## RESULTS

Fifty-six responses have been received to date. Although 328 questionnaires were sent out, some were sent for information only. Prince Edward Island and Newfoundland and Labrador seniors' federations wanted the questionnaires sent to all their clubs, but they could not predict the possible response rate.

Questionnaire responses are summarized in Table 3. Of all those who did respond, most were interested in finding out more or getting more involved in falls prevention. They represent a broad range of sectors, as illustrated by Table 4. Most who have e-mail also wished to join the ANIP listserv.

**Table 3  
Questionnaire Responses  
N = 56**

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Question</b>	<b>Yes</b>	<b>No</b>
Interest or mandate in falls prevention?	54	2	Interested in finding out more?	47	
Offering a program now?	2		Looking into becoming a partner?	33	
Offering any falls-prevention related programming?	25		Possibly offering a falls-prevention program?	31	
Becoming involved in the injury network?	25				

**Table 4**  
**Distribution of Questionnaire Responses by Sector**

<b>Type of organization</b>	<b>PEI</b>	<b>NS</b>	<b>NF/Lab</b>	<b>NB</b>	<b>Total</b>
Seniors	11	5	8	2	26
Veterans	2	1			3
Home care	6	2	5	1	14
Housing	1				1
Recreation		1			1
EHS		1			1
Pharmacy	1			1	2
Disability-related		2			2
Injury prevention		2	1	1	4
University		1		1	2

### **GENERAL OBSERVATIONS**

The larger number of responses from the seniors' sector and the home care/service provider sector indicates their current/evolving awareness of and involvement in seniors' falls prevention. When asked why they are not currently offering a falls-prevention program, lack of sufficient human and financial resources was the main reason given. Some seniors' groups indicated they did not realize seniors' falls was an issue that they needed to address.

There were a limited number of responses from the other sectors surveyed. Those that did respond indicated an interest in finding out more (e.g., Housing Prince Edward Island). Some have an infrastructure within the province that may be tapped for this Initiative (e.g., Pharmacy Association in New Brunswick). Others have some programming already in place (e.g., injury-prevention organizations).

### **FALLS-PREVENTION PROGRAMS**

A previous national survey of community falls-prevention programs, conducted in fall 2000, identified three falls-prevention programs in Atlantic Canada. These include the home

assessments and specialized rehabilitation work of the Newfoundland and Labrador Department of Health and Community Services; the Healthy Active Living Program in New Brunswick; and the work of Dr. Barry Clark, Queen Elizabeth II Health Sciences Centre in Halifax, equipping frail elderly adults with hip protectors.

This regional environmental scan identified other programs/activities that had an impact on preventing falls but were not captured in the national inventory for the following reasons:

- The activity/program addressed a range of injury issues, not just falls prevention.
- The program was not formalized. It did not have a name.
- The falls-prevention activity was part of a broader non-injury-related program.

The following examples illustrate the range of activity currently taking place in Atlantic Canada:

- There is a week-long Injury-Prevention Expo for seniors that is sponsored by the Saint John Regional Hospital twice a year. It includes seminars, workshops and a one-day safety fair.
- Paramedics in one region of Nova Scotia offer home-safety audits upon request.
- Home care, Victorian Order of Nurses (VON), occupational therapists and other health professionals do home-safety audits on a regular basis in most provinces and advise on canes and other assistive/mobility devices.
- There is a range of fitness/exercise and walking groups whose main reason for existence is not falls prevention but who understand that good balance, muscle strength and agility have roles to play in decreasing the likelihood of falls.
- Several injury-prevention or disability-related organizations as well as health professionals offer information/presentations on falls prevention.
- Generally, there are housing standards that address safety issues, including minimizing the risk of falls. There are basic snow-removal and sidewalk-maintenance programs for every community, but most are geared to the general public and not to the particular needs of older Canadians. There are community kitchens/community schools and nutrition programs, some of which are geared to seniors.

## **RESPONSES FROM SPECIFIC SECTORS**

### **SENIORS' ORGANIZATIONS**

The lead organizations in each province for the Health Canada/Veterans Affairs Canada Falls Prevention Initiative responded to the survey and confirmed they acknowledge the falls-prevention issue as important. For some it is already part of their current work in this area. For the most part, the responses from the seniors' clubs and retirement organizations indicated a cautious interest, as long as they do not have to incur costs or expend human resources. The primary function of most of these clubs is fellowship; some also add an educational component. Some indicated that they already are concerned about falls and give various presentations to their

group about safety and falls prevention. Others are already offering physical activity and/or wellness clinics in addition to speakers. These groups are interested in learning more, having a program delivered to them, or getting involved with others in offering a falls-prevention program.

Another smaller segment of respondents either did not realize falls were an issue, or questioned how to convince their members of the importance of this issue. One group sees this Initiative as a waste of money (as falls cannot be prevented) and thinks the money would be better spent on health care. It is suspected others also have these attitudes but were more hesitant to express them.

## **VETERANS' ORGANIZATIONS**

Although a formal response was not received from all four Royal Canadian Legion Provincial Commands (the other provincial leads in this Initiative), all four are aware of the Initiative and their role within it, and are supportive of the endeavour. They acknowledge that this type of program would be new for some of their branches. Some Legion branches have participated in "Improving Access to Health Information," a program funded in partnership with the Health Promotion and Education Directorate of Veterans Affairs Canada. Through this program, veterans learned how to use the Internet to access information on a number of health issues and heard presentations by local health professionals on issues including falls prevention and safe medication use.

The only response received from the other veterans' organizations in the region (Royal Canadian Air Force Association, Prince Edward Island) indicates that due to declining numbers and increasing age, its main focus is organizing regular fellowship activities and advocacy in terms of linking members to government supports. Nevertheless, the respondent did indicate that he wants to learn more about falls prevention.

## **HOME CARE**

Responses came from provincial health/wellness/social-services regional staff, VON, caregivers, support organizations, and institutionally based services.

Those respondents that are institutionally based have programs focussed on staff training around preventing residents' falls and have, or are developing, risk-assessment checklists to be used by staff with residents to minimize/eliminate known risks. As the residents of long-term-care institutions tend to be the frail elderly who are at a very high risk for falling, the staff from these institutions who responded are well aware of the issue and are supportive of any work done in this area, inside the institution or within the community.

The respondents representing caregiver and support organizations are provincial leads in Nova Scotia and see this as a new and significant issue for caregivers.

The respondents who are working with seniors in their own homes are currently offering a range of programs including home-safety evaluations (particularly for those more at risk for falls), walking clubs, nutritional services, in-home bathing, foot care and other personal care, and counselling. Lack of human and financial resources are limiting their programming. Some have already developed falls-prevention program proposals and are thus an obvious group with which to explore partnerships.

## **HOUSING**

Each province has a housing office within health/social/community services or municipal/provincial affairs. Only one of the provinces responded. Prince Edward Island has a seniors' housing program that seeks to provide safe, healthy and economical housing to low- and moderate-income seniors. Although falls-prevention programming is not within its mandate, it is willing to "do its part" in facilitating any health-related initiatives. As in-home hazards and living conditions are identified as risk factors for falls, this group could be a valuable partner and advocate in a falls-prevention initiative.

## **RECREATION**

Each province has a provincial mandate for the provision of recreation services. Some provinces, such as Nova Scotia, support a number of associations that provide fitness and recreation programs for seniors, while other provinces are not as well resourced and can only provide minimal services. This sector, whether accessed through the government or through the provincial Parks and Recreation Association, is a key component of healthy active living for seniors and thus falls prevention.

## **EMERGENCY SERVICES**

This sector was not targeted for this survey although it was acknowledged at the February partnership identification meeting that it is a sector becoming more involved in injury prevention and, along with fire and police services, is a vital potential partner. The respondent from Nova Scotia indicated that paramedics are already involved in doing home assessments in one region of the province as an informal program.



## **PROFESSIONAL ORGANIZATIONS**

It is not surprising that the only responses we received to date from these organizations have come from the pharmacist sector. The other organizations surveyed have a less direct relationship with seniors and have not seen the implications of seniors' falls to the same extent. Pharmacists are well aware of the side effects of certain medications as possible contributors to falls and have been explaining this to seniors as they dispense medications. Because of their increasing role in the community with respect to providing aids for daily living, as well as dispensing medications, they are a group that is well positioned to become a partner in local program delivery.

Although we did not receive responses from the optometrists' associations, the role of vision as a factor in falls is well documented, and this group may see a proactive role it can play in the future in encouraging seniors to have regular vision checks.

## **INJURY-PREVENTION ORGANIZATIONS**

A range of injury-prevention organizations responded to this survey: hospital-based outreach programs, safety councils, the Red Cross, and specialized injury-prevention organizations. Some of these (e.g., the Red Cross) are also involved in delivering home care in some provinces. These organizations offer a range of falls-prevention activities at present and are interested in pursuing possible partnerships with this Initiative.

## **UNIVERSITIES**

Each province has university-based gerontologists or other specialists interested in aging in general, and/or seniors' injury prevention in particular. Time did not permit identifying and surveying all of them. The contractor did have conversations with a number and received a survey response from one. These individuals are a rich resource for research in this field. Some may be interested in program development or program evaluation. The one response that was received identified the role of nutrition in falls prevention.

There are also hospital-based researchers interested in falls prevention. Again, time did not permit identifying these resource people. Dr. Barry Clark and his colleagues from the Queen Elizabeth II Health Sciences Centre have been mentioned earlier.

## ANALYSIS

### RESULTS

As the concept of seniors' falls prevention is relatively new, and there have been few advocates of falls prevention in the Atlantic region, the results of this scan are not surprising. The majority of seniors themselves have not yet identified falls as a health issue that they can do something about. Seniors' organizations/centres have recently begun addressing the issue and want to learn more about how to prevent falls. Some member clubs have indicated a willingness to get more involved in this issue.

The current capacity and readiness of veterans' organizations to address falls prevention parallels that of the seniors' organizations. The need is seen by the Royal Canadian Legion Provincial Commands but not necessarily by all its member branches. Some branches have participated in health-promotion/injury-prevention programming. Other veterans' organizations have had even less experience with educational programs for their members.

Both the Veterans Affairs Canada regional infrastructure and that of the Royal Canadian Legion Provincial Commands are, however, well positioned to support this type of community-based program. Legion branches are located in many communities across Atlantic Canada and are well rooted within those communities. The Veterans Affairs Canada District Office nurses who attended the February partnership-development meeting were enthusiastic and expressed a willingness to provide expertise and to support this new Initiative even though it would constitute an addition to their responsibilities.

Health-service providers have identified the issue and are trying to address it but are without sufficient resources to adequately develop comprehensive falls-prevention programs. For the most part, their work is concentrated on the frail elderly and those who have already experienced a serious fall.

Little work beyond presentations and the distribution of fact sheets/checklists to seniors' and veterans' groups has been done with the broader, more active seniors' population to adequately equip them to prevent falls. Only some of the ongoing active-living/fitness programs have a falls-prevention focus. No work has been identified in this scan that addresses falls hazards in the broader physical environment (sidewalks, building access, lighting).

As each province develops its own approach to the falls issue, it will take time to raise the awareness of the preventability of falls. Seniors and veterans themselves first need to be convinced that falls are a significant health issue for them and be motivated to tackle the risk factors over which they have control. It will also take time, awareness raising and networking to bring on board the full range of sectors who could make an impact on the other identified risk factors beyond the control of seniors themselves. It will be easiest to start with the sectors and

organizations already involved, such as home care, VON, the Red Cross, safety councils and other injury-prevention organizations. These agencies have already identified and are addressing a number of the risk factors for falls in all the categories identified earlier in this report.

The extensive sport/recreation providers and facilities' networks that exist within each province may, with some encouragement and partnering, place even more emphasis on designing programs that will specifically address the physical fitness (balance, muscle strength) component of falls prevention. These programs and the current infrastructure of seniors' clubs and centres could be even more influential in affecting the behavioural and social environmental risk factors associated with falls.

Seniors' clubs, Legion branches, service clubs and churches would be valuable partners and advocates of falls-prevention programs that address physical and social environmental factors. These groups could be mobilized to address the home-modification factors affecting falls. Along with businesses, they could also help raise the profile of seniors within their community and make falls prevention a community responsibility rather than just an individual responsibility. They could help ensure that the policy implications for enhancing the physical environment of seniors locally, regionally and provincially are identified and addressed, including standards and maintenance for public buildings (access), homes (bathrooms, stairs and other in-home features), lighting, sidewalks and walking paths.

## **CURRENT INFRASTRUCTURE**

Provincial infrastructure addressing seniors' issues varies from province to province within Atlantic Canada. Nova Scotia has a Senior Citizens Secretariat that reports directly to the Minister of Health. This secretariat works closely with the "Group of 9" organizations representing seniors' groups in Nova Scotia. Prince Edward Island has a Seniors' Advisory Council that advises the Minister Responsible for Seniors on issues affecting seniors. There is a staff person responsible for seniors' programs within the Department of Health and Social Services. Community-based program initiatives tend to reside with the Seniors' Federation and are delivered through a number of partnerships with the University of Prince Edward Island, RCMP, Canada Housing and Mortgage Corporation, etc., depending on the issue. In Newfoundland and Labrador, the Minister of Health and Community Services is also the Minister Responsible for Seniors. There is no provincial advisory council. The Seniors' Resource Centre is a hub for seniors' activities, and this group sits on a number of coalitions and councils, including the Newfoundland and Labrador Injury Prevention Coalition. New Brunswick previously had a Seniors' Secretariat and a Minister of State for Seniors. At this time, there is a staff consultant on seniors' issues within the Department of Family and Community Services.

## **PROCESS**

Phone, fax and mail are for many the preferred method of communication. E-mail addresses are harder to access but do exist for many of the government and non-government groups. Even though the survey form was designed to be easily completed electronically, many who received the form electronically still filled it in by hand and faxed it back. Because the time frames were short, many may not have felt they were given enough time (particularly if their group only met monthly) and therefore did not respond.

This environmental scan did result in the creation of more up-to-date contact lists for each province and served to introduce the Health Canada/Veterans Affairs Canada Falls Prevention Initiative to a large number of individuals and groups who may be involved in some way in the future.

## **CONCLUSION**

The issue of falls prevention for seniors, veterans and their caregivers is significant now and will become critical as the population of Atlantic Canada ages. Research has taught us the risk factors associated with these falls and has begun to identify possible effective solutions that can be initiated at the individual, community or provincial levels. This environmental scan identified a range of programming across Atlantic Canada that has or could have an impact on the prevention of falls among seniors. This programming and/or the organizations associated with it can form the foundation within each province for the Health Canada/Veterans Affairs Canada Falls Prevention Initiative. The opportunity now exists to learn from the valuable experience of the respondents to this environmental scan and together build appropriate and effective falls-prevention programs in each province.

**APPENDIX A**  
**SENIORS' FALLS-PREVENTION QUESTIONNAIRE**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Title/position within  
organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Web site: \_\_\_\_\_

1. Does your organization have a mandate and/or interest in the health, well-being and/or safety of seniors and/or veterans?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please describe:

Mandate:	
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Interest:	
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2. Does your organization currently offer a community-based falls-prevention program for seniors and/or veterans?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please describe:

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3. Does your organization offer *any* programming that may have an impact on falls prevention?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please describe:

4. If your organization is currently not offering a falls-prevention program but has a mandate or interest in seniors' and/or veterans' health, what are the reasons why you are not involved in this type of program?

5. Is your organization interested in:

- \_\_\_\_\_ finding out more about falls-prevention programs for seniors and/or veterans?
- \_\_\_\_\_ looking into working with others in offering a falls-prevention program?
- \_\_\_\_\_ possibly offering a falls-prevention program in the future?
- \_\_\_\_\_ becoming involved in the Atlantic Network for Injury Prevention through an electronic listserv (a group e-mail for sharing information on reducing injuries to Atlantic Canadians)?

6. Other comments around falls-prevention programs for seniors and/or veterans?

## LETTER

Dear:

The Population and Public Health Branch Regional Office of Health Canada is trying to identify possible organizations and individuals already involved in or interested in becoming involved in their community in preventing falls among seniors and veterans in Atlantic Canada.

Falls are an important health issue for seniors and veterans. Falls account for 65% of injuries among Canadian seniors and are estimated to cost Canadians \$2.8 billion annually, of which \$1 billion covers direct health-care costs. Studies have shown that these falls are preventable and that health-promotion interventions can reduce the risk factors associated with falls.

Veterans Affairs Canada and Health Canada have established a community-based health-promotion initiative to help identify effective falls-prevention strategies for veterans, seniors and their caregivers. Veterans Affairs Canada has committed \$10 million over a four-year period to pilot approved projects at the national level and in three regions: Atlantic Canada, Ontario and British Columbia.

As a first step, Health Canada, Atlantic Region, is seeking to identify all those who are currently working on the falls-prevention issue and/or those who may wish to become involved in this Initiative. This will allow groups the opportunity to develop effective partnerships and programs to help reduce falls and the injuries associated with these falls.

We would most appreciate your completing the attached questionnaire (Seniors' Falls-prevention Questionnaire) to indicate your interest.

Please send the completed questionnaire by **February 16, 2001**, to me via e-mail: [sallyl@isn.net](mailto:sallyl@isn.net), fax: **(902) 566-4128**, or mail: **Spectrum Solutions, 220 Richmond St., Charlottetown, PE C1A 1J5**.

Should you have any questions or have trouble opening the attachments, please call me at (902) 566-3113 or toll-free at 1-877-566-3113. Please also let me know about others to whom this questionnaire could be sent.

Sally Lockhart

**NOTE:** A data-collection form from Dr. Vicki Scott of British Columbia is included in this package. This is part of the development of a national inventory of falls-prevention programs. If you currently offer a seniors' and/or veterans' falls-prevention program in your community and were missed in the distribution of that survey, conducted last fall, please complete the additional survey to ensure your program is entered into the inventory. (This note was added to the surveys sent by e-mail only.)





**APPENDIX B  
CONTACT REPORT BY PROVINCE**

**Newfoundland and Labrador**

<b>Organization</b>	<b>Contact</b>	<b>How</b>	<b>Response</b>	<b>Comments</b>
Seniors	Rosemary Lester	phone e-mail in person	yes	lead agency; also provided <i>Seniors' Guide to Services and Programs</i>
Seniors	Ron Holloway	phone mail (130)	yes 6/130	interested in partnering
Veterans	Elizabeth Casey, Legion Secretary	phone e-mail		agreed to distribute to 50 branches and all other veterans' organizations; interested in partnering
Provincial Health	Lynn Bryant	phone e-mail		provided contacts for each of the six health regions and Seniors' FPT representative Bev Griffiths
Regional Health	6 contacts	e-mail fax	3/6	interested in learning more/getting involved
	Wayne Miller	e-mail		his Board has a broad array of institutional and noninstitutional services for seniors
VON	3 contacts	phone e-mail	2/3	very interested
Recreation	David Doyle	phone e-mail		was going to pass information to Jan Lilly, St. John's Parks and Recreation
Housing	Cynthia King	phone fax		
Optometrists	Reg Gabriel	fax		
Pharmacists	Don Rowe	fax		
Occupational Therapy Association	Joy Tilley, Brenda Head	e-mail		
Safety Council	Marliese Janes	e-mail	yes	already a partner

## Prince Edward Island

Organization	Contact	How	Response	Comments
Seniors' Federation	Olive Bryanton	phone in person	yes	lead agency
Seniors' Federation member clubs	53 clubs	mail	8/53	interested in finding out more/having a presentation
Veterans' organizations	Leo Doyle, Legion	phone mail	2	lead plus interested in finding out more
Seniors' Advisory Council	Heather Henry MacDonald	phone mail (12)		
Retirement organizations and other seniors' contacts	mailing list	mail	yes	interested in finding out more; other contacts were sent the questionnaire for information only
Provincial Health and Social Services	Pat Malone	phone e-mail		provided numerous contacts
Home care OT/PT/nutrition	contact in each of 5 regions and provincially	e-mail	4 (from 2 regions)	very interested
Recreation	John Morrison	phone e-mail		
Housing	George O'Connor	phone e-mail	yes	interested in finding out more
Pharmacists	Paul Gallant, Association Pat Crawford, Review Board	fax  phone e-mail	  yes	  interested
Optometrists	Ross Palmer	fax		
Arthritis Society	Nadine Kosh	phone e-mail		
UPEI	Rick Moran, Bernice Bell, Thomy Nilsson	phone e-mail		sent for information only

## New Brunswick

Organization	Contact	How	Response	Comments
Senior Citizens' Federation	Armand Lecouffe (new president)	phone mail (12)		was to discuss this at an executive meeting
Healthy/Active Living	Tamra Farrow	mail	yes	lead; very involved
Veterans' organizations	Glen Stewart, provincial secretary, Legion	phone e-mail		knew about the program and involvement; he was to send it to all 23 branches and all other veterans' organizations
Other seniors' connections per mailing list given		mail	yes	some changes of address and returned mail; some interest
Department of Family and Community Services	Peggy Norris-Robinson on sick leave	phone		guide to seniors' programs provided; provides liaison among various sectors
Red Cross and Home Support Association	Pat Burgess, manager at RC, president of Association	phone e-mail		Red Cross provides home-care services
VON	Pat Seaman	phone e-mail	yes	interested in learning more
Extramural programs, NB Health (nursing, OT, PT, nutrition)	Cheryl Hansen	phone e-mail		
Housing	Blair Gardiner	e-mail		
Recreation	Roger Duval	e-mail		Alan Bard is the link that supports the Healthy Active Living program
OT Association	Krista Stott-Jones, Paula Dubé-Wybenga	e-mail		
NB Pharmacists' Association	George Basten	fax	yes	interested in learning more
Injury prevention	Heather Oakley	phone e-mail	yes	already delivering some programs; interested in partnering

## Nova Scotia

Organization	Contact	How	Response	Comments
Senior Citizens Secretariat	Valerie White	phone		provided contacts within various ministries, "Group of 9"
Seniors' organizations and others	mailing list	mail in person		leads responded
Retirement organizations	mailing list	mail	yes	FSNA interested in having presentations (one in May?)
Veterans' organizations	Frank Fudge, provincial secretary, Legion	phone e-mail	yes	lead agency responded
	mailing list	mail		
Home care	Sandra Cook	phone e-mail		have since received contact information for each region; have not pursued
Emergency Health Services	Ed Cain	e-mail	yes	one region is already providing a program
Recreation	Mike Arthur	phone e-mail	yes	extensive network of programs and resources to link with
Physiotherapy Association		e-mail		
OT Association	Arlene Allen and Sandra Taylor	e-mail		
Pharmacists' Association	Pat King, executive director	fax		
Universities	Marlene MacLellan, MSV	phone e-mail	FYI	doing related research
	Shanthi Johnson, Acadia	e-mail	yes	has an exercise program; interested in nutrition aspects
Disability-related organizations	Abilities Foundation	mail	yes	although not part of their direct mandate, they do have safety-related brochures and are interested in possibly getting involved
Safety organizations	SCIP, Red Cross, St. John Ambulance, Safety Council	e-mail e-mail e-mail e-mail	yes yes	has some involvement; interested in learning more

## BIBLIOGRAPHY

Gallagher, Dr. Elaine, Adaptation from her presentation to the Stakeholder Consultation on the Falls Prevention Initiative, Health Canada/Veterans Affairs Canada, Ottawa, July 18-19, 2000.

The Hygeia Group, *The Economic Burden of Unintentional Injury in Canada*, prepared for SMARTRISK, Toronto, 1998.

Lilley, Susan and Joan Campbell, *Shifting Sands, The Changing Shape of Atlantic Canada*, Health Promotion and Programs Branch, Health Canada, Halifax, 1999.

Prince Edward Island Health and Community Services System, Adaptation from *The Circle of Health: Prince Edward Island's Health Promotion Framework*, Charlottetown, 1996.