

Breaking the Inverse Care Law for Fall Prevention Programs: a Collaborative and Community-led Approach



Nicholas C. Chan, Joe Pedulla, MSc, Alicia Remark, OT Reg, MSc, Sue Bartleman, BSc, Ana Macpherson, RRT, MASC, Howard Abrams, MD, FRCPC, BEng, Melissa Chang, BA, PRC

NORC Innovation Centre and Connected Care, University Health Network, University of Toronto, Toronto, ON

<https://doi.org/10.5770/cgj.28.799>

We congratulate Weiss *et al.* for their important contribution entitled, “Transitioning Towards a Virtual Falls Prevention Program for Frail Seniors: Learning from the Experience of Older Adults During the COVID-19 Pandemic”.⁽¹⁾ Falls are the leading cause of injury in older adults (age >65 years).⁽²⁾ Given Canada’s rapidly ageing population, the successful development and implementation of fall prevention programs (FPPs) has become a priority. We concur with Weiss *et al.* that highlighting the user’s perspective on virtual FPPs is critical because it is often overlooked. This work adds to the growing literature of evidence-based fall prevention⁽²⁾ and provides a rationale to adopt a community-based, person-centric approach for FPPs. We believe that hyper-local participatory design to customize programs and eliminate access barriers is essential to the success of FPPs. Specifically, by tailoring FPPs to individual and community needs, program uptake amongst older adults may improve.

Weiss *et al.*, highlighted the inequities in the access of FPPs.⁽¹⁾ Since the access of medical services follows the inverse care law,⁽³⁾ older adults with lower socioeconomic status, education, and physical fitness are less likely to receive referrals and/or participate in FPPs.⁽⁴⁾ To address the gaps in FPP accessibility, the Naturally Occurring Retirement Communities (NORCs) Innovation Centre at the University Health Network has developed a community-led FPP approach working with local older adult leaders. This approach shows promise in improving access, increasing participation, and supporting self-management within NORCs.⁽⁵⁾ NORCs are buildings that house at least 50 older adults, where a minimum of 30% of the building’s residents are above the age of 65.⁽⁵⁾ NORC buildings represent an ideal opportunity to implement FPPs as they have a high density of older adults with diverse cultural and socioeconomic backgrounds.⁽⁵⁾ In Ontario there are more older adults living in NORCs than in long-term care and retirement homes combined.⁽⁵⁾ Our team has partnered with 23 NORC buildings, and aims to co-design and implement FPPs within NORC buildings, specifically prioritizing buildings that house residents with lower socioeconomic status.

Our FPPs will focus on the following:

- Hyper-local participatory design—together with local NORC resident leaders we will tailor our program to the needs of the residents, customizing program engagement, education, exercise, and delivery.
- Address upstream and downstream needs—through a community-led approach, we will prioritize health promotion, screening for potential fall risk factors,⁽²⁾ and timely referrals.
- Focus on a scalability and sustainability—given the current health system constraints, leveraging community engagement to build a sustainable care model is an equally important priority.

Currently, there is tremendous untapped potential to build and co-develop FPPs with individuals and communities. By embedding community leaders in the development of FPPs, we can enhance community participation and improve outcomes. Through our initial proofs-of-concepts, we have seen the creativity and commitment of communities in advocating for needs, encouraging neighbours to participate, and promoting peer education and modeling to sustain change. We plan to expand this approach and implement the FPPs through in-person group sessions co-delivered with local leaders and volunteers with the support of our NORC Innovation Team.

ACKNOWLEDGEMENTS

We would like to thank Paulina Bleah and Miao-Ying Huang for their contributions in planning and implementing portions of the FPP.

CONFLICT OF INTEREST DISCLOSURES

We have read and understood the *Canadian Geriatrics Journal’s* policy on conflicts of interest disclosure and declare we have none.

FUNDING

Not Applicable

REFERENCES

1. Weiss SM, Kalocsai C, Liu B, Norris M. Transitioning towards a virtual falls prevention program for frail seniors: learning from the experiences of older adults during the COVID-19 pandemic. *Can Geriatr J*. 2024 Jun 3;27(2):141–51.
2. Colón-Emeric CS, McDermott CL, Lee DS, Berry SD. Risk assessment and prevention of falls in older community-dwelling adults: a review. *JAMA*. 2024 Apr 23;331(16):1397–406.
3. The Lancet Global Health. Breaking the inverse care law [editorial]. *Lancet Glob Health*. 2021 Mar;9(3):e218.
4. Fernandes JB, Fernandes SB, Almeida AS, Vareta DA, Miller CA. Older adults' perceived barriers to participation in a falls prevention strategy. *J Pers Med*. 2021 May 23;11(6):450.
5. National Institute on Ageing and NORC Innovation Centre. It's Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada [Internet] Toronto, ON: National Institute on Ageing, Toronto Metropolitan University and NORC Innovation Centre, University Health Network; 2022. [cited 2022 Nov] Available from: <https://norcinnovationcentre.ca/wp-content/uploads/NORC-Report-FINAL.pdf>

Correspondence to: Melissa Chang, BA, PRC, NORC Innovation Centre and Connected Care, University Health Network, University of Toronto, 489 College St., Suite 400, Toronto, ON M6G 1A5

E-mail: melissa.chang@uhn.ca