

## Considerations for maintaining functional mobility in older populations



The Retirement in Action (REACT) trial of Afroditi Stathi and colleagues<sup>1</sup> has important public health implications. The population of older adults is expanding, with an accompanying growing health burden due to age-related reduced independence and consequent poorer quality of life. Interventions that promote functional mobility in older people, such as those described in their Article, are therefore very important. In this Comment, I discuss the importance of the outcomes tested by the REACT trial and describe some extrinsic factors that are outside the scope of exercise-based interventions but need to be part of an effective public health response to this issue.

Falls and fall-related injuries were secondary outcomes in the REACT trial and were not found to be significantly affected by the intervention.<sup>1</sup> Injuries from falls are very common in community-dwelling people aged 65 years or older, resulting in reduced quality of life, mobility, and independence.<sup>2</sup> Exercise interventions for community-dwelling older people have been shown to reduce the incidence of falls.<sup>3</sup> Given the projected increase in the burden of falls for this age group, it is important to address both intrinsic risk factors (via exercise programmes and drug withdrawal) and extrinsic factors, such as the risks posed by the home environment.<sup>3</sup> Assessment and modification of the home environment has been shown to be particularly effective in preventing fall-related injuries in the home for all age groups,<sup>4</sup> which is a rationale for measures that promote safer housing more generally. We recently showed that New Zealand's Indigenous Māori population, who suffer a range of health inequities, might benefit particularly from home modification to prevent falls.<sup>5</sup> This finding highlights the potential for safer environments to address aspects of health inequities.

The REACT trial reported increases in the amount of daily physical activity of moderate-to-vigorous intensity in the intervention group compared to the control group. This was an important finding as there are generally low rates of physical activity among older people, despite the clear health benefits.<sup>6</sup> Walking is by far the most common form of physical activity for older people.<sup>7</sup> Extrinsic factors that promote walking include the quality of the built environment in terms of walkability, residential density, and street connectivity; accessibility of destinations

and services; street environments that are attractive to pedestrians; and safety.<sup>8</sup> In addition, the quality and availability of public transport is also important.<sup>9</sup>

In terms of policies to enhance older people's health and wellbeing and to reduce the burden on the health sector, it is therefore important to implement programmes such as those tested in the REACT trial, as well as promoting built environments (including homes and urban settings) that are safe and promote walking. Such environments are beneficial to all age groups, not just older people. The REACT trial was not powered to compare outcomes for different subgroups, which could have informed probable effects of the intervention on health inequities. To reduce health inequities in general, there needs to be planned delivery of programmes that specifically address the differential levels of access and uptake.<sup>10</sup>

I declare no competing interests.

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