Falls in Older Aboriginal People

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2. Sydney School of Public Health, University of Sydney
3. Neuroscience Research Australia, UNSW
The Ironbark Project is funded by the NSW Health Aboriginal Injury Prevention and Safety Promotion Demonstration Grants Program

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**Resource Development:** Julieann Coombes, Caroline Lukaszyk, Anne Tiedemann, Cathie Sherrington, Megan Swann, Catherine Kirkham, Betty Ramsay
Background

Between 1st July 2003 and 30 June 2009, the **primary cause of hospitalizations from injury and poisoning** for Aboriginal people were falls (males 23.8%; females 24.5%)

The highest rates of hospitalized falls were among those aged **65+** in Aboriginal females and those aged **60-64** in Aboriginal males

Fall-related injury: overnight stay hospitalisations by Aboriginality and sex, persons of all ages, NSW 1992-93 to 2010-11

Rate per 100,000 population

- Males, Aboriginal
- Females, Aboriginal
- Males, Non-Aboriginal
- Females, Non-Aboriginal
Background

Some (limited) evidence from remote WA that due to a shorter life expectancy, the ageing process begins earlier for Aboriginal people, and hence the risk of falls increases from a younger age.

Population of Aboriginal people aged 45-64 years is growing, with increasing numbers of Aboriginal people surviving to older ages.

As the population ages, falls in older Aboriginal people will become an increasing issue.
Limited published reports of falls programs for Aboriginal people

Modification of Stay on Your Feet in WA

Likely to be multiple other programs in community settings but unclear how many or how effective or acceptable

Potential for lifestyle/CV programs to incorporate falls
Background

Mainstream falls prevention programs equally effective in Aboriginal populations?

Prevention strategies may need to be different in Aboriginal people:
  - different risk factors and patterns of falls?
  - differing views of health
  - different community priorities
  - varying household structures and environments

Important elements of success for Aboriginal programs include: locally owned community based programs, Aboriginal leadership and capacity, inter-sectoral collaboration, sustained and sufficient resources

The Ironbark Project

1. Examine burden and risk factors for falls in older Aboriginal people

2. Understand what programs are currently being delivered in NSW

3. Qualitative work with community members and stakeholders to understand acceptability and feasibility of identified falls programs

4. Development and piloting of new program in 2-3 settings
1. Analysis of linked NSW hospitalisation data (with Harvey and Close: NeuRA)

2. Analysis of data from Koori Growing Old Well study data (with Mack, Broe, Cumming: NeuRA)
Methods: Service provider audit

- Developed a 1-page audit tool
- Circulated to Aboriginal and mainstream, health and community services in June 2014
- Distributed via email and via fax
## Results: Service provider audit

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Replies (n=131)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal health service</td>
<td>18%</td>
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<tr>
<td>Aboriginal Land Council</td>
<td>2%</td>
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<tr>
<td>Medicare Local</td>
<td>11%</td>
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<tr>
<td>Mainstream healthy ageing program based on exercise</td>
<td>24%</td>
</tr>
<tr>
<td>Mainstream falls prevention program</td>
<td>8%</td>
</tr>
<tr>
<td>Mainstream healthy ageing/aged care service</td>
<td>27%</td>
</tr>
<tr>
<td>Mainstream healthcare service</td>
<td>10%</td>
</tr>
</tbody>
</table>
## Results: Service provider audit

<table>
<thead>
<tr>
<th>Location of service</th>
<th>Proportion of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan Local Health Districts</td>
<td>50%</td>
</tr>
<tr>
<td>Central coast</td>
<td>13%</td>
</tr>
<tr>
<td>Illawarra Shoalhaven</td>
<td>5%</td>
</tr>
<tr>
<td>Nepean Blue Mountains</td>
<td>4%</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>3%</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>6%</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>5%</td>
</tr>
<tr>
<td>Sydney</td>
<td>12%</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>2%</td>
</tr>
<tr>
<td>NSW-wide</td>
<td>14%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of service</th>
<th>Proportion of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural &amp; Regional NSW Local Health Districts</td>
<td>36%</td>
</tr>
<tr>
<td>Far West</td>
<td>1.5%</td>
</tr>
<tr>
<td>Hunter New England</td>
<td>21%</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>5%</td>
</tr>
<tr>
<td>Murrumbidgee</td>
<td>1.5%</td>
</tr>
<tr>
<td>Northern NSW</td>
<td>1.5%</td>
</tr>
<tr>
<td>Southern NSW</td>
<td>0.5%</td>
</tr>
<tr>
<td>Western NSW</td>
<td>5%</td>
</tr>
</tbody>
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*The George Institute for Global Health*
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92% of respondents were unaware of whether there were any falls prevention services that specifically targeted Aboriginal people in their area.
Results: Service provider audit

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92% of respondents were unaware of whether there were any falls prevention services that specifically targeted Aboriginal people in their area.

82% of respondents were unaware if Aboriginal people attended mainstream falls prevention services run in the area.
Methods: Community yarning circles

Yarning Circles
Traditionally used in Aboriginal communities for thousands of years and are central to:

- Learning from each other
- Preserving cultural knowledge
- Yarning about fall prevention
- Building respect
- Storytelling
Methods: Community yarning circles

• 10 yarning circles held in Sydney, the Central Coast, Central West, and Illawarra Shoalhaven

• Total of 76 participants (16 males, 60 females)
Methods: Community yarning circles
Key issues for falls prevention in older Aboriginal people

- Loss of independence
- Unable to care for grandchildren
- Not being able to pass on cultural knowledge
- Loss of community connection
- Disconnection to kinship
- The shame of needing to rely on others
“What’s important to me? Community, family, culture – absolutely”
(Male, Wyong)

“That would kill me if I couldn’t be on call for the grandkids. I’ve been on call a few times for that. That gives me so much pleasure and if I couldn’t do that, well…”
(Female, Umina)
“People tend to not go forward if they think they’re going to be judged. I feel so relaxed among these people, who are my people. I feel that I can’t do anything wrong, and if I do do something wrong one of them will let me know. Therefore I’m not being pulled up or jerked by somebody who is a superior being, I’m pulled up by my peers.”

(Female, Gosford)
“This six weeks or this eight weeks thing, it’s just no good for the Koori community because people get sick. People drop out through winter. People drop out for various reasons… they [need to be able to] come back and pick up where they left off and continue on. You can’t offer Koori communities short term fixes because it doesn’t fix anything.”

(Female, Nowra)
“Well, if I could say, being part of the group just gives me that big uplift. It gives me the emotion to feel stronger, better and just all in all healthy and to feel confident in myself. I’m not the only one out there, or we’re not the only ones out there and it gives you the lift - seeing others improving”

(Male, Nowra)
The Ironbark Program

- Stand alone on-going program
- Delivered in Aboriginal community settings or health services
- Based on elements of known effective programs
  - Facilitated discussion (Stepping On)
  - Exercise (Otago)
- 1.5 hours per week
- Exercise component focused on teaching home exercises
- Program materials developed with bespoke images and photographs
The Ironbark Program
standing strong and tall

Yarning both ways

A Falls Prevention Program for Older Aboriginal People
Try to go to sleep and wake up at the same time each day

Relax for 30 minutes before going to bed (e.g., have a warm bath)

Be as active as possible during the day and spend some time outdoors

Avoid smoking and drinking alcohol in the evening

Reduce the amount of caffeine you have each day and avoid caffeinated drinks after lunchtime

Make sure your bedroom is not too hot or cold

Avoid naps during the day. If you do nap, keep it to 20 minutes and before 3pm.

Ensure you are comfortable and your bedroom is quiet and dark.

Avoid heavy meals, exercise, smartphones or working on the computer in the evening

Don’t stay in bed if you are awake for more than 20 minutes – go to another room and do something relaxing.
Pilot program

Pilot: From June, 6 month trial at 4 sites in NSW
- Mingaletta Aboriginal and Torres Strait Islander Corporation, Umina
- Aunty Jeans Chronic Care Program, Nowra
- Baabayn Aboriginal Corporation, Mt Druitt

Evaluation:
- Sample size of 100 people
- Pre-post measures of strength and balance
- Discrete Choice Experiment (DCE) questions
- Monthly fall calendars
- Weekly facilitator assessment
- Anonymous participant surveys
- Local Aboriginal research assistants
Working with community, for community

- Project oversight by steering committee
- Partnerships with Aboriginal controlled services

- Aboriginal staff on the project team
- Ensuring on-going feedback to communities
Study newsletter

The Ironbark Project

Issue No.2 April 2015

[Article content]

“The Ironbark Project

Standing Strong and Tall

[Article content]

The Ironbark Project

Standing Strong and Tall

[Article content]
"The Iron bark project evokes images of old, strong, trees standing tall and that is what we want to see our old people doing. Standing tall and strong as they age."

Jake Byrne is a Kamillaroi man and Project Officer for Driving Change.

“The symbols I have used in the tree are representing land and water. The tree symbolises strength and growth, the root system symbolises life and staying grounded. Around the tree are dreaming symbols representing our people and our cultural connection.”

Kylie Cassidy a Wiradjuri woman completed our image with her Aboriginal art work of an Iron Bark tree.