

The Ironbark Project



Standing Strong and Tall



The George Institute
for Global Health Australia

Preventing falls in older Aboriginal people



Acknowledgement

I Acknowledge the Traditional Custodians of the land on which we meet. I pay respect to Elders past, present and future and extend this respect to any Aboriginal and Torres Strait Islander people here today.



Background

Highest rates of hospitalized falls for Aboriginal people 2003-2010 were among those aged **65+** in women and those aged **60-64** in men (Boufous et al 2010)

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

Early onset of chronic diseases: fall risk at younger ages?

Limited published reports of falls programs for Aboriginal people

Important elements of success for Aboriginal programs include: locally owned community based programs, Aboriginal leadership and capacity – applied to fall prevention programs?

Pilot project and investigator team

The Ironbark Pilot Project was funded by the NSW Health Aboriginal Injury Prevention and Safety Promotion Demonstration Grants Program

Project team: Caroline Lukaszyk (Project Manager), Julieann Coombes (Aboriginal Research Officer)

Steering committee members: David Ella, Robyn Moore, Matt Sonter, Mick Pittman, Barry Duncan, Lorraine Lovitt, Jean Turner, David Follent

Investigators: Prof Rebecca Ivers, Prof Cathie Sherrington, Prof Bob Cumming, Prof Tony Broe, Dr Lisa Keay, Dr Anne Tiedemann, Dr Holly Mack

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

The Ironbark Pilot



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



Program development

- Yarning circles informed development of program
- Program delivered in Aboriginal community settings, overseen by local Aboriginal staff
- Delivered on a weekly basis a culturally appropriate venue
 - 45 minute 'yarning both ways' session – education component – based on Stepping On Program
 - 45 minute exercise session – based on Otago exercises
- Program materials developed with significant input from participants
- Program was trialed at 6 pilot sites for a 3 or 6 month period: Umina, Nowra, Mount Druitt, Windsor, Ulladulla, Redfern



Evaluation

- Baseline, 3 and 6 month measurements by Aboriginal Research Assistants
- Physical measurements:
 - Timed sit to stand
 - Timed 4m walk
 - Standing balance tests
- Questionnaires
- Weekly feedback slips
- Facilitator and site manager weekly feedback forms



Key Outcomes

- 77 participants, average age 64, mainly women (69%)
- Significant improvements in strength and balance, and reductions in BMI
- Program found to be acceptable to community:

“I enjoyed it, you learn so much. You go out now and stand tall, you feel confident and you don’t feel like a little old lady. It’s not just good physically, it is good mentally. I go around to others that live in my retirement village and move hazards. I never sit down at home and I like doing my exercises.” (Female, Nowra)

“This is a very good program because it is about respecting us as Elders, what our needs are. It’s good - really good - I like it. I have learnt to talk about things. You always think about things but talking is great.” (Male, Redfern)



NHMRC grant investigator and project team

Chief Investigators: Ivers R, Sherrington C, **Clapham K, Mackean T**, Keay L, Clemson L, Tiedemann A, Hill AM, Simpson J, **Ryder C**

Associate Investigators: **Eades A**, Hunter K, Hill K, Howard K, Rogers K, **Kickett M**, Cumming R, Jan S, Gwynn J.

Project staff: **Julieann Coombes**, Caroline Lukaszzyk, Sallie Cairnduff, **Project Officers NSW, SA, WA, Research assistants, Site Managers**

Steering committee: Aboriginal researchers, representatives from state peak ACCHOs, representatives from state health departments.



Methods

- Cluster randomised control trial with randomisation of 60 community-based groups in NSW, South Australia and Western Australia
- Recruitment of Aboriginal Community Controlled Health Services (ACCHS), Aboriginal aged care facilities, Local Aboriginal Land Councils, other Aboriginal community based services and Aboriginal programs through other services.
- Each site to recruit existing Elder or community groups catering to Aboriginal people 45 years or older, approximately 10 people per site.
- Sites will be randomised to receive either the *Ironbark: Healthy Ageing Program* (intervention) or *Ironbark: Healthy Community program* (control). The control is facilitated weekly meetings and yarning circles around arts, other cultural activities, language and other topics identified by the community.
- Both intervention and control sites will deliver the program weekly for 12 months. Control group will receive intervention for 3 – 6 months following end of trial.



Aims

Primary: to establish the effectiveness of a community based fall prevention program (the *Ironbark Program*) on the rate of falls in community-dwelling Aboriginal people 45 years and older, compared to controls who receive a healthy ageing program.

Secondary: to establish the impact of the fall prevention program on the proportion of fallers, and the impact on health-related quality of life, functional mobility, physical activity and waist circumference 12 months after randomisation.

Economic analysis: to establish the cost-effectiveness and cost-utility of the fall prevention program, from the perspective of the health and community care funder.

Process evaluation: to quantify participation, inclusion and enjoyment; explore participants' experiences of the intervention; and establish factors associated with participation.



Participants

- Aboriginal or Torres Strait Islander people 45 years and older
- Live in a private dwelling or retirement village and be willing to attend weekly meetings at the participating site
- Exclusion criteria: inability to leave the house without physical assistance from another person; a progressive neurological disease; or a medical condition precluding exercise
- All participants will require medical clearance from a general practitioner
- Family members, including non-Aboriginal people, will be permitted to attend classes for both intervention or control groups but will not be included in the trial if not eligible to participate



Program delivery and staffing

- Intervention and control programs will be offered to participants free of charge; services may offer subsidised transport as per usual practices
- **Staffing:** For both control and intervention sites there will be an Aboriginal **site manager**, who will arrange transport for participants, monitor attendance and collect program data. The intervention sites will also have a **program facilitator** who will deliver the program
- Casual Aboriginal research assistants employed to collect data at base line and 12 months.
- state-based face to face training at commencement of program and peer to peer support and formal training



Timeline

	2018	2019	2020	2021	2022
Project establishment	X				
Governance	X	X	X	X	X
Ironbark: healthy ageing		X	X	X	
Ironbark: healthy communities		X	X	X	
Data analysis			X	X	X
Policy roundtables			X	X	X
Dissemination of findings					X

Working with community, for community

- Project oversight by steering committee
- Partnerships and support from Aboriginal community controlled health services and peak bodies
- Aboriginal involvement at all levels
- On-going feedback to communities

