

EVALUATION OF THE COMMUNITY AND IN-HOME STRENGTH AND BALANCE PROGRAMMES IN TARANAKI REPORT

July 2019



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Executive Summary

The purpose of the evaluation is to assess the effectiveness and acceptability of the current In-Home and Community Strength and Balance Programmes. The Programmes were designed to improve the wellbeing of older people with a specific focus on preventing falls and fractures in older people. This includes those aged 55 and older in the Māori, Pacific and Asian population and 65 and over in the Non-Māori population or like age.

The findings of the report were based on data collected from the following sources:

- Online survey with key stakeholder and health professionals who refer into the programmes
- Online survey with programme leaders who deliver the Community Strength and Balance classes
- Individual phone interviews with Community Strength & Balance referrals who receive phone support from Sport Taranaki to initiate engagement with the programme
- Group interviews with participants in Community Strength and Balance Programme
- Focus group interview with Māori non-participants
- Individual interviews with non-participants

Demographic Information of Participant and Non-Participants

For both the Community Strength and Balance and the In-Home Strength and Balance Programme, the majority of participants are New Zealand European females. This is consistent with the ACC dashboard of those most likely to suffer a fall or fall related fracture. The age of participants in the Community Strength and Balance classes had a greater age range, with a median age of 76, while the In-Home Strength & Balance participants (both those in the In-Home Strength & Balance programme and those receiving Green Prescription telephone support from Sport Taranaki) tended to be an older age group, mostly over 75 years of age. This difference in age, between the two programmes may be reflective of the current referral pathway, where the In-Home Strength & Balance programme is better designed to meet the needs of the frail elderly.

Males and Māori are two population groups who are currently under-represented in both the Community and In-home Strength and Balance programme. While the dominance of New Zealand European females as participants may reflect the wider population make-up of people over 65 years in the New Zealand population, the findings show there still needs to be more consideration of how to better meet the needs of males and Māori in these programmes. Community Strength & Balance survey information was collected from Waverley, Patea, Hawera, Opunake, Stratford, Inglewood, New Plymouth, Waitara & Urenui

Community Strength and Balance class leaders requested more support regarding ways they could increase the numbers males and Māori in their classes.

Programme Promotion

Information on how participants found out about the programmes was only collected for the Community Strength and Balance programme. The most common way participants in the Community Strength and Balance programme found out about the programme was through 'word of mouth', commonly from friends or neighbours. Finding out about the classes through health professionals, (especially at General Practice) and

seeing the classes advertised in a local newspaper (e.g. the Midweek), or in a newsletter was the next most common ways.

Findings from the Māori focus group also suggested using social media, (such as Facebook especially those pages used by Marae or Iwi) and linking in with existing kaumatua groups would be a good way to get information out to increase Māori participation.

Acceptability of the Programme with Participants and Non-Participants

There was limited information available on the acceptability of the In-Home Programme. Information collected from 10 In-Home Strength & Balance participants through a wider patient satisfaction survey found that patients generally rated the programme as 'excellent' or 'above average' and the majority (8 out of 10) felt being on the programme had helped them manage their health situation better. The key aspect of the programme that In-Home Strength & Balance participants liked was the 'caring and understanding' staff.

For the In-Home participants that received Green Prescription telephone support from Sport Taranaki, nearly all (9 out of 10) had enjoyed receiving the telephone calls and would recommend it to others. The findings from this group show mixed results regarding the numbers who continued to do the exercises they were given. However, about half of this group had subsequently joined a Community Strength & Balance class.

All 75 participants surveyed in the Community Strength and Balance classes would recommend the classes to others. The key aspects of the classes they liked was the instructor, getting out of the house and meeting new people, and the health benefits of being physically active.

Low participation rates from Māori (5%) and men (16%) suggest the programmes may be less acceptable to these groups.

Barriers to Accessing the Programmes

The key barriers to accessing the Community Strength and Balance classes were poor health, poor weather, and having to look after grandchildren. For current participants transport, while not a problem now, could be a problem in the future if they were not longer able to drive. While the programmes were currently set at a cost they could afford, if the cost increased this would also become a barrier. Men who were currently participating in the group reported they would stop coming if their wife was to no longer come.

For non-participants the key barriers were lack of transport, being shy or not wanting to join a group or not interested in doing exercise. For Māori, being 'whakama' or the fear of being embarrassed or judged was also a significant barrier. Providing transport and being able to go as a group was a way of overcoming being 'whakama' and increasing Māori participation. The Māori focus group participants suggested linking in with existing kaumatua groups and using their vans to transport people to classes.

Reasons given by participants for declining the In-Home Strength & Balance programme include a lack of understanding of the programme's benefits. Those who declined the programme were concerned the exercises would either have no impact or do them harm. Others reported having a change in health status which meant they could no longer participate such as having had surgery.

Barriers for referrers

For people who refer into the programme the current 30-minute Falls Assessment was a key barrier for people being referred. While there was some support for the need to conduct a holistic health assessment to check out if other health conditions were not impacting on the patient's increased falls risks, referrers felt this in-depth and timely assessment was not always necessary.

Barriers for Community Strength & Balance Leaders

Lack of money for promotion or advertising was a key barrier in class utilisation given by Leaders. They felt not having adequate promotion of their classes had led to low awareness of their classes in the community. Generally, the Leaders felt well supported by Sport Taranaki but suggested they could perhaps develop an equipment library or provide funding for music. Leaders were also aware that transport was a major barrier for people attending the classes and suggested looking at ways of providing or subsidizing transport for participants.

The need to grow a skilled workforce was another key issue. Currently many classes are reliant on one instructor and cannot continue to operate if the instructor is unavailable. The cost and availability of hall or venue hire was another key barrier mentioned by community instructors. They suggested negotiating cheaper hall or venue hire for these classes.

Participant Wellbeing

All 75 participants surveyed from the Community Strength and Balance classes reported improvement in their physical health through improving their strength, balance or flexibility. Participants generally reported an improvement in their fall's risk, and those who had had a fall in the last 12 months reported it was only very minor. Community Strength & Balance classes provided an opportunity for many to get out of the house and socialize with other people. Groups reported that the class participants had often formed friendships and went on outings outside of the classes together, like going to the local café or having a Christmas function. Significant change stories shared by Leaders showed an increase in the independence and wellbeing of the participants.

The findings from the In-Home Strength & Balance programme showed via a wider patient satisfaction survey that majority of the participants had either been able to maintain their level of physical activity or had seen some improvements. Responses from the patient satisfaction suggested they also appreciated the caring and patient approach of the programme staff and often 'looked forward to them coming'.

The findings from the group that received telephone support from Sport Taranaki showed mixed results. Out of the 10 participants interviewed, five had gone on to join a Community Strength and Balance class, and seven out of ten had continued to do the exercise that had been sent out to them. One key aspect of the programme they nearly all (9 out of 10) had enjoyed were getting the phone call. This suggests that loneliness and social isolation may be a key issue for this group. More research is required to assess the key benefits of this approach.

Increased Participant Knowledge

Overall the findings suggest there is a need to look at ways to improve older peoples' knowledge of the risk and prevention of falls.

Participants in the Community Strength and Balance classes showed the greatest level of knowledge regarding causes of falls and ways to prevent them. However, they were also interested in increasing this knowledge and

were keen for the classes to include having people come in and talk about ways to prevent falls and other health issues that would be relevant to the groups.

No information on the knowledge of risks of falls was collected from participants in the In-Home programme. Participants in the Green Prescription telephone support group reported varying levels of knowledge regarding falls risks.

Non-participants both in the individual interviews and the Maori focus group also showed low level of knowledge regarding falls risks.

Rubric Rating

Based on the findings of the report the Falls working group has rated both the In-Home and Community Strength and Balance programmes are rated between 'good' and 'very good' (See Appendix H for details).

Recommendations

Based on the findings of this report the following recommendations are made to the Falls Working Group:

ACC

- Continue to fund the Community Strength and Balance Classes and the In-Home Programmes.

PHO/GP Practices

- Review the current referral process to target the longer assessments to those most in need and provide information about the Community Strength and Balance Classes (including a voucher for the first class free) directly to those in the target group, i.e.. those aged 55 and older in the Māori, Pacific and Asian population and 65 and over in the Non-Māori population or like age.
- Increase voice of the consumer in In-Home evaluation feedback, in particular looking at involving family members.

Sport Taranaki

- Sport Taranaki, as part of their Green Prescription Programme to provide health professionals who refer into the programmes with training so they better understand the programmes and are better able to explain the benefits of the programmes to patients.,
- Sport Taranaki to link in with existing kaumatua groups to increase the participation of Maori in the Community Strength & Balance programme & train kaumatua as leaders in appropriate settings and promote accordingly.
- Sport Taranaki to link with the Regional Council or other providers of transport to explore transport options for community classes to decrease barriers to participation.

- Sport Taranaki to link with the District Councils regarding exploring if the hall hire can be reduced to decrease barriers to delivery.
- Sport Taranaki to work with Community Class leader to increase their ability to promote their classes in the community.
- Sport Taranaki to explore the development of a resource library to support community leaders.
- Sport Taranaki to explore ways Community Class Leaders can support each other with the development of a network and increase the sustainability of the service.

ALL

- All group members to investigate ways of increasing consistent messages of falls prevention information, by posting messages of FaceBook pages (TDHB, NPiS) to promote the current programmes , and holding events of significant days such as April Falls and International Older Person's Day, and development of a shared communications plan for Taranaki..
- To continue to collect data on participants and repeat evaluation annually or bi-annually.

Introduction

The purpose of the evaluation is to assess the effectiveness of the current In-Home and Community Strength and Balance Programmes. The programmes were designed to improve the well-being of older people with a specific focus on preventing falls and fall related fractures. This includes those aged 55 and older in the Māori, Pacific & Asian populations and 65 and over (or like age) in the Non-Māori population. Taranaki District Health Board (TDHB) led the evaluation with support from Sport Taranaki, Pinnacle Midlands Health Network, Accident Compensation Corporation (ACC) and New Plymouth Injury Safe (NPIS). The evaluation was undertaken in April and May 2019.

Background

In 2017 the ACC provided three years of funding to Pinnacle Midlands Health Network to deliver an In-Home Strength and Balance Programme and to Sport Taranaki to deliver a Community Strength and Balance Programme, to prevent falls and falls-related fractures in older adults in Taranaki. These contracts were an evolution of past Falls Prevention services funded by ACC and were designed to support and strengthen other activities happening at a local level including the Fracture Liaison Service, Age Concern programmes, existing Aged Residential Care programmes and other community-based services targeted at older adults. ACC has provided similar contracts across New Zealand to initiate locally led solutions and has provided national-level support to contract holders via networking opportunities, promotion, a dashboard tool and evaluation case studies.

In-Home Strength and Balance Programme

The In-Home programme was based on a set of strength and balance exercises (5 warm up and 17 strength and balance exercises) that were developed by the Otago Medical School and implemented across New Zealand by ACC via physiotherapists in the late 1990s, known as the Otago Exercise Programme (OEP). Findings from the original randomized controlled trials reported improvement in function outcomes and a 35% reduction in falls. The programme was recommended for community-dwelling older adults who can exercise safely on their own and who are able to understand and follow the exercise instructions. Other inclusion criteria are a history of falls, decrease in balance and strength, frailty or high risk of falling. Evaluation of the programme shows that the program is particularly effective in individuals aged 80 years or older and is considered safe, effective, practical and cost efficient (Shubert, et al, 2017 and Martins, et al, 2018).

Pinnacle Midlands Health Network is delivering the OEP for 12 months. After assessment and referral by the nurse or GP the patient is initially assessed by the Falls Prevention Therapist in the patient's own home and then followed up by a Falls Prevention Assistant at 2 weeks, 4 weeks, 8 weeks and 3 months post the initial visit. At the initial visit a mobility, social and home safety assessment are carried out. The falls prevention therapist initiates any referrals necessary as outcomes of the assessment such as to other members of the Pinnacle extended care team, or for equipment including walkers or in-home support equipment to assist in preventing falls. The patients daily exercise programme is increased incrementally at each visit depending on progress, cognition and ability. To increase adherence and compliance participants receive monthly phone calls from the Falls Prevention Assistant before their next home visit. The 6 and 12month progress reviews are completed by

the Falls Prevention Therapist. Findings from the initial assessment and 6- and 12-month reviews are communicated to the patient's general practice. If a patient requires additional visits the Therapist/Assistant will accommodate this.

Community Strength and Balance Programme

In 2017, Sport Taranaki put in a proposal to ACC for the Community Strength & Balance Falls Prevention contract. This was accepted and signed off in October 2017 and a Community Strength & Balance Coordinator was employed in August 2017 at 0.6 FTE to deliver the contract outcomes.

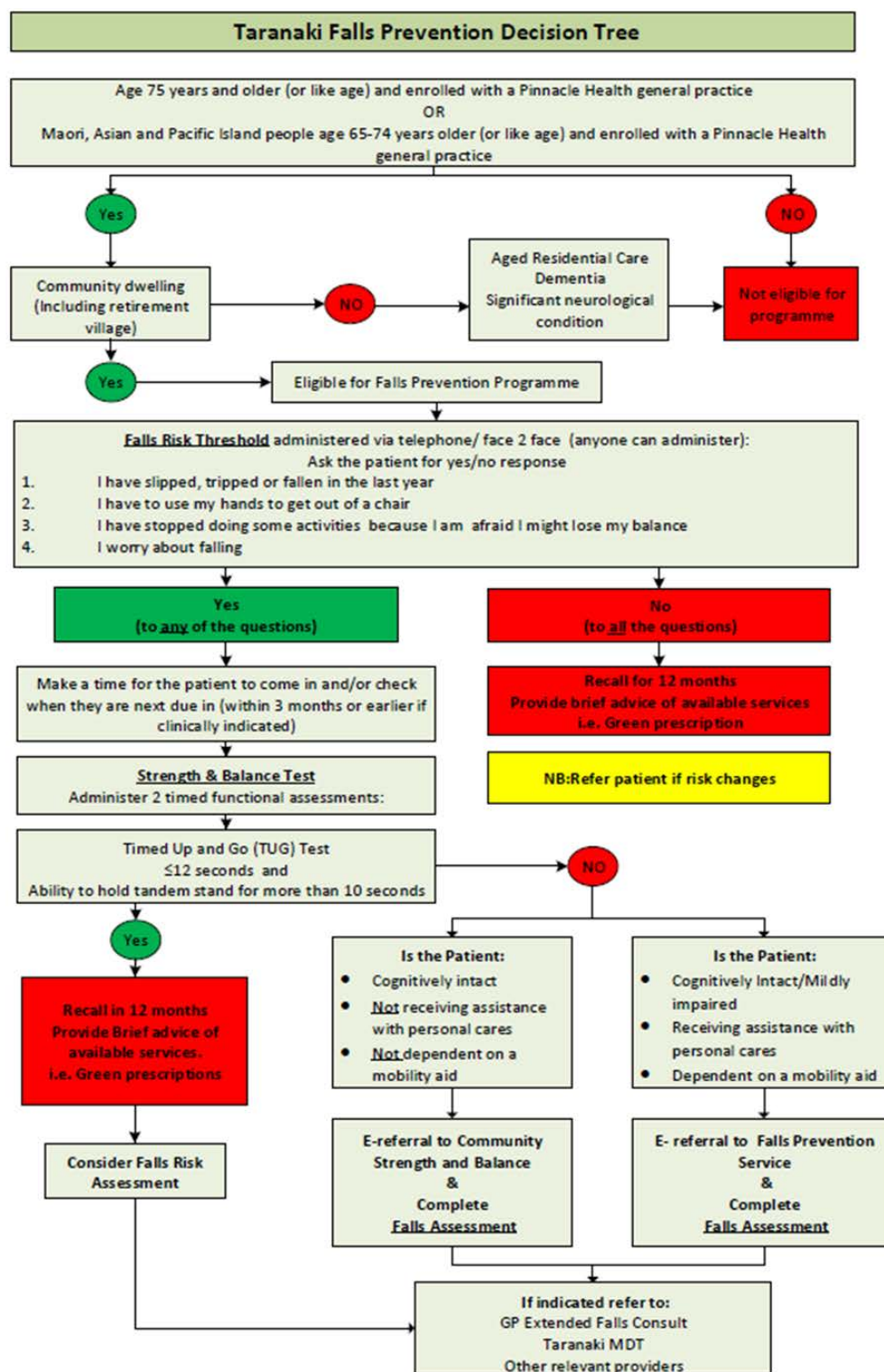
The contract deliverables include:

- Designing a training programme to train experienced exercise instructors as well as lay community leaders in delivering a safe, fun and effective community Strength & Balance classes
- Identifying and training Community Strength & Balance leaders
- Supporting leaders to achieve Community Strength & Balance Approval of appropriate existing classes or to establish new classes around the mountain
- Promote and recommend approved Community Strength & Balance classes to priority participant groups
- Support referred participants (only those that need it) to initiate participation in approved Community Strength & Balance classes via Green Prescription
- Annually approve Community Strength & Balance classes against a set criteria
- Connect Community Strength & Balance leaders with each other and offer opportunities for ongoing development
- Report quarterly to ACC against numbers trained, number of approved community strength and balance classes, class utilisation and 10-week completion rates.

The first class was approved in December 2017 and there are now 48 approved classes available in Taranaki, including those available publicly and privately (i.e for rest home residents only). These cover a range of abilities and modalities. They are safe, fun and effective at improving strength & balance for older adults and meet the criteria set by the ACC Target Advisory Group.

Current Referral Process

Figure 1: Taranaki Falls Prevention Decision Tree for referrers



Aim of the Evaluation

Aim: To assess the acceptability and effectiveness of the current In-Home and Community Strength and Balance Programmes in improving the wellbeing of older people and to identify tools and recommendations for ongoing programme improvement.

This aim was supported by the following objectives:

- To collect demographic information on people who participate and non-participants in the Home and Community Strength and Balance Programmes e.g. age, gender, ethnicity, living status, urban/ rural. It is noted that information on those who decline the programme may only be available for the In-Home Programme
- To collect information on what is the most common ways that participants found out about the programmes and referral pathways
- To assess the acceptability and quality of the programmes with participants and non-participants, stakeholders and programme leaders, including whether the programmes were appropriate for Māori.
- To collect information on the barriers and enablers to accessing the programmes with participants and non-participants.
- To collect data on programme outcomes, regarding increasing wellbeing of participants including self-reported improvement in physical and mental well-being, and increased knowledge of the risks and prevention of falls.
- To support the Sport Taranaki Graduate to develop their skills to implement the methodology in an impartial manner.
- To make recommendations that support programme development and embed evaluation processes ongoing.

Methodology

The evaluation used mixed methods to collect the information. The methods selected looked at the availability of existing data and what were the best ways to collect information from stakeholders, leaders, participants and non-participants.

In-Home Strength & Balance Programme

Secondary analysis of existing administrative data was undertaken regarding the number and demographic information of participants and non-participants i.e those who declined the service and self-report or independently assessed patient outcomes. Some data was also extracted regarding acceptability of the programmes through a wider patient satisfaction survey. This is undertaken by Pinnacle Midlands Health Network across a suite of services. No specific data was collected directly from participants and non-participants for this evaluation (See Appendix D).

Community Strength and Balance Programme

Participants & Non-Participants

Group interviews were conducted with participants in the community programme, a total of seven focus groups were undertaken between the 20th and 31st May 2019. Groups were selected to represent a range of geographic locations throughout Taranaki and the different types (eg Zumba Gold, Tai Chi, Strength & Balance & movement to music) of approved classes that are currently available. The information was collected using a semi-structured interview guide (see Appendix C). The group interviews were held directly after the exercise class. All participants were asked to sign consent forms and the interviews were recorded. The group interviews were facilitated by Sport Taranaki staff, but not the staff member that runs the Community Strength & Balance programme. The analysis was conducted by hand and analysed according to themes.

Stakeholders

An online Survey Monkey questionnaire was developed to collect information from all people who make referrals onto the programme and all other key stakeholders (see Appendix A for questionnaire). Sport Taranaki were responsible for generating an email list to send out the survey link. The Survey was live from 30th May until the 14th June 2019. The link was sent to 25 people including General Practices, Local Falls Working Group members and other Health Professionals who may have referred clients onto the programmes.

Community Strength & Balance Leaders

An online Survey Monkey questionnaire was developed to collect information from all people who have been trained to lead the Community Strength and Balance classes (see Appendix B for questionnaire). Sport Taranaki were responsible for generating an email list to send out the survey link. The Survey link was open from 30th May to 14th June 2019. The link was sent to 18 people.

Non-participants

A focus group was conducted with Māori aged over 55 years via an existing Kaumatua Group on the 11th June 2019 in New Plymouth. The information was collected through the use of a semi-structured interview guide (see appendix G). All participants were asked to sign consent forms and the interviews were recorded. The group interview was facilitated by staff from the Public Health Unit, Taranaki District Health Board (TDHB) and the Manager of NPIS. The analysis was conducted by hand and analysed according to themes

Individual interviews for Non-Māori non participants were conducted within patient's homes by Community Care Co-ordinators from TDHB Home Support Services, between the 5th to 14th June 2019. The information was collected using a semi-structured interview guide (see appendix F). The questions were read out to participants by the Community Care Co-ordinators as part of a home visit. The Community Care Co-ordinators also wrote participants answers on the questionnaire. All information was collated by hand and grouped by common themes.

Rubrics and recommendations

The findings from the evaluation report were feedback to the Falls Working Group. The Group worked together to develop rubrics to score the existing programmes and recommendations to look at ways were the programmes could be improved, i.e. move from 'good' or 'very good' to 'excellent' in the rubric ratings. It is proposed that the evaluation is repeated annually and the scoring on the rubrics are reviewed.

Detailed Findings - Stakeholders

An online survey of Strength and Balance stakeholders was conducted between the 30th May and 14th June 2019. The survey was emailed to 25 Strength and Balance stakeholders with a total of 14 completing the questionnaire. This is an overall response rate of 56%.

What best describes your involvement in the Strength and Balance Programme?

Respondents were asked what best describes your involvement in the Strength and Balance programme.

Respondents answers included:

- Refer people onto the In-Home Strength and Balance programme or the Community Strength and Balance programme (7 respondents)
- Member of Local Falls Working Group (5 respondents) - of these 3 respondents were contract holders and 1 respondent was a funder of the programme.

These findings suggest there is an under-representation in the survey from people who make referrals into the programme, such as health professionals, and good representation from people in the Local Falls Working Group (LFWG). No facility providers responded out of two that were approached

Are you aware of the following falls prevention programmes?

All respondents were aware of the Community Strength and Balance Programme and nearly all (12 out of 14) of the stakeholder participants were aware of the In-Home Strength and Balance Programme.

What is the programme that you refer to the most?

Just under half (6 out of 14) respondents did not answer this question as they do not refer people onto the programme.

Of the remaining 8 respondents who referred people onto the programme, the majority (5 out of 8) referred to the Community Strength and Balance and 3 referred to the In-Home Strength and Balance programme.

Why do you refer to this programme?

Of the 8 who referred most did so because their patients were identified as risk of falling and the programme meets their patients need. Comments included:

“Those that require Strength and Balance, or qualify based on falls assessment”

“I refer when people have issues with falls”

“Identify patients who have fallen or identify at risk of falling and refer for Strength and Balance to decrease falls and fractures in elderly”

Less common aspects were effective convenient service, results of the falls questionnaire, raise awareness of programme, part of PHO falls prevention, falls assessment recommendation.

What would make it easier for you to refer people to these programmes?

The most common responses from referrers were regarding a shorter assessment process and the ability to self-refer. Comments included:

"More emphasis on self-referral rather than a long clinical assessment focus"

"Simplify the referral process. Taking 30-45 mins of practice nurse time is ridiculous"

"Making the falls assessment less arduous and time consuming"

Other key comments stated by respondents was the need for better promotion of the programmes.

"More promotion - to not only encourage but to ensure that people know where and when to go"

"If we had videos and stories from local attendees and class leaders - share on social media and in the newspapers etc"

Other aspects that were less common were transport issues, and other options for people who do want to join groups. Comments included:

"Transport is an issue"

"Some people may not want to participate in groups"

What do you think are the benefits of the Strength and Balance programmes?

The two most commonly mentioned aspects of the benefits of the Strength and Balance programme mentioned by the stakeholders were the social and physical benefits that it provides the participants. Followed by enjoyment and reducing the risk of falling. Comments included:

"Socialisation and seeing other people try to improve physical strength helps"

"Regular social interaction and physical benefits"

"Social aspect of others attending the community programme adds to benefits for patients/attendees"

Other positive aspects that were less common only mentioned by one or two respondents included:

"No transport required for in-home"

"There are many different options available to people to attend a suitable class they enjoy"

"Growing skills of the workforce and connecting the workforce with each other and participants"

"Fairly sustainable funding model"

"Growing skilled, confident local leaders"

“Individualised falls prevention programme which supports people to gain strength and balance, improve activity levels and increase confidence in undertaking daily activities without the fear of falling”

“More people can be seen at once”

What do you think are the weaknesses of the Strength and Balance Programme?

Nearly all (13 out of 14) of the participants identified comments regarding weaknesses of the Strength and Balance programmes. The key weaknesses were a lack of understanding and awareness of the programme by the public and health professionals and the current referral process which was seen as ‘too intensive’ and ‘restrictive’, and the challenges of working with elderly who had a number of barriers to overcome to be able to participate in the programme.

13 of the 14 who responded felt the Criteria for the In-Home strength and balance programme is restricted to those 65 years and over who have personal care in place, have a mobility aid or have mild cognitive impairment. It was recommended that those who have never exercised or who lack confidence in groups are unlikely to engage with a community programme and therefore could benefit from the In-Home Service with a supported transition to Community Strength and Balance classes

Any barriers to participation such as cost, appeal, difficult physical access or lack of encouragement to participate are weaknesses and may adversely affect some sections of the community more than others.

Other weakness suggested by only a few (one or two respondents) included:

- Need a more streamlined service
- Funding not sustainable for In-Home Strength & Balance programme
- Community Strength & Balance programme reliant on a skilled workforce
- Transport required
- More work required to meet the needs of Kaumatua
- Lack of outcome data for people who refer

Do you think the Strength and Balance programmes are achieving their goal of improving the wellbeing of older people with a specific focus on preventing fractures and falls?

All the respondents 14/14 felt the programme was achieving its overall goals of improving the wellbeing of older people. About half of the respondents made comments. Respondents who commented felt that improving the general wellbeing was also an important element of the programme.

Do you have any suggestions for improvement?

Half (7 out of 14) of the respondents made suggestions for improvements. The key suggestions were to increase the awareness of the programmes and to make changes to the current referral process. Recommended changes to the referral processes included:

- Less reliance on 30 minutes falls assessments
- Community referrals could be sent through Green Prescription (GRx) at Sport Taranaki
- Have a centralized and coordinated management of falls prevention referrals to connect people with appropriate services

One respondent felt it was important to provide holistic assessment for patients in general practice prior to referral.

Do you have any additional comments?

Five respondents made additional comments. Four out of the five respondents made general positive comments about the programme, (e.g. great initiative), other comments included:

“Need to keep prices below \$5.00”

“Need to increase funding period to 3 years”

Detailed Findings – Community Strength & Balance Leaders

An online survey for Community Strength & Balance Leaders was conducted between the 30th May and 14th June 2019. The survey was emailed to 18 Leaders with a total of 17 completing the questionnaire. This is a response rate of 94%.

When did you/your organisation start being involved in the Community Strength and Balance Programmes in Taranaki?

The majority (11 out of 17) of community group leaders stated they had been involved in the Community Strength and Balance Programme in Taranaki since 2017/18. This coincides with the commencement of the appointment of a Community Strength & Balance Coordinator, at Sport Taranaki.

Figure 3: Start Date for Community Strength and Balance Class

Year Class Leader started	Number of respondents
2016	4
2017	2
2018	7
2019	2
Not Stated	2
Total	17

What best describes your class/es?

The majority (8 out of 17) responded saying that Strength and Balance best describes their class, followed by Tai Chi (5 respondents).

Figure 4: Name of the Class

Name of Class	Number of respondents
Strength and Balance	8
Tai Chi	5
Move it or Lose it	3
SAYGo	2
Zumba Gold	1
Other	3

NB: Totals do not add up to 17 as respondents may lead more than one class

Where are your class/es located?

The majority (11 out of 17) of respondents stated their class/es were in the New Plymouth District. Of the remaining respondents four were located in the Stratford District and another four were located in the South Taranaki District. It is noted that totals do not add up to 17 as some respondents run more than one class.

Overall, how would you rate the training and support you receive from Sport Taranaki to help assist with the delivery of your class?

Of the respondents who answered this question, nearly all (14 out of 15 - 2 did not answer this question) rated the training and support that they received from Sport Taranaki as either 'good' (10 respondents) or 'excellent' (4 respondents). Of the remaining respondent they stated the training and support they received from Sport Taranaki as 'average' and two did not answer this question. Some typical comments included:

"Co-ordinator has been very supportive and informative"

"The training days are a great idea, with the followed-up classes. It provides a great chance to meet other people and share ideas"

"It's expensive to set up and run classes due to hall hire, petrol. There isn't much left for music and equipment"

"Equipment library of music and light weighted equipment to borrow would be useful"

"Good range of resources to plan classes from and understanding of the age needs"

"Need to reduce the cost of venues or free tutor to have greater success. Also need TRC to provide subsidized transport to classes for those that can't drive"

Do you think the programme reaches the 'priority group' as planned (Māori, Non- Māori 65+ and like age)

About three-quarters (13 out of 15) of the respondents felt that the programme reaches the 'priority group' as planned. Two respondents felt it did not reach the priority group as planned and a further two respondents did not answer this question.

What additional support (if any) do you require to keep delivering your class/es and or to expand/grow your class?

The most commonly (6 out of 15) mentioned aspect that the Leaders require to keep delivering their programme is the need for more advertising and promotion

"More community awareness for the community of what is available. You don't have to be "unwell" or "old" to come to the strength and balance classes"

"More publicity and advertising through the media and newspaper"

"Awareness in the community health system, so they can encourage more people to come to the classes"

Other suggestions included:

- More support to increase participation of Māori (2 respondents)
- Increase awareness of programmes to health professionals, especially physiotherapists (1 respondent)
- Provide more feedback (1 respondent)
- Subsidise hall hire (1 respondent)
- Provide mini-van transport to pick up people who cannot drive (1 respondent).
- Provide funding to purchase headsets (1 respondent).

What are the most common ways people are referred/recommended to your class?

The most common ways people were referred/recommended to the Community Strength and Balance classes were by 'word of mouth' (11 out of 15 respondents – 2 did not answer this question), followed by advertising (5 respondents) in the local newspaper or newsletters sent out in the local community. Other aspects that were less common were GRx, Sport Taranaki, community talks, Facebook and self-referrals.

Have the ways that people are referred to/or accessed your class changed over time?

The majority (12 out of 17) of Leaders stated that the way people are referred to/or accessed the classes have not changed over time. Of the remaining respondents three said it had, and two did not answer this question. One respondent, whose referrals had changed over time stated they were now seeing more referrals from GPs.

Overall, what do you see the benefits of being part of the Community Strength and Balance Programme?

The most commonly (8 out of 15 respondents – 2 did not answer this question) mentioned benefit of the programme was improving physical and mental health of class participants. Related comments included:

"The importance of exercise to maintain good muscle tone as well as improving cardiovascular"

"Great support and socialisation to combat loneliness for those living alone or with ailing partners"

"Helping people to achieve a better lifestyle including being physically active and healthy"

"Helping older people stay in their homes longer with more strength and balance"

"Less fear of falling with a better awareness of movement"

Two respondents/15 felt a key benefit of being part of the Community Strength and Balance programme was improved social interaction and support between the community leaders. Related comments included:

"Support and being part of group locally and nationally:

"Instructors working and supporting each other especially if you need cover for your class"

Other aspects that were less common (mentioned by only one respondent) were being able to know what is available in Taranaki, funding, training, and the rewards of working with this age group to improve their fitness.

Can you give an example of a significant change story for one or more of the people who participated in your class/es?

The majority (13 out of 17) of the Leaders responded to this question and all were able to identify what they felt was a significant change story. The most commonly mentioned aspect within a significant change story was enjoyment and feeling better about themselves, being able to do everyday activities again, increased physical ability, social benefits and the ability to recover more quickly from surgery and falls etc. Story themes included:

"Knee and hip replacement assisted in a quicker recovery"

"One participant whom lives alone is disabled and relies on carer support, makes their own way to the classes and around town. Due to the exercises and classes now has a greater range of movement and feeling more sensation throughout the body"

"Always smiling when at the classes"

"One lady can now put her bra on properly without struggling"

"Where do I begin, all their mobility has definitely improved just after a couple of weeks of doing the classes"

"A participant who was ex wheelchair bound now can lift nearly their body weight from the ground and walks all over town"

"Being able to be outdoors working on their garden for longer"

"One participant tripped and fell over recently and mentioned that without the weight training and balance work she was doing in class, she would have hurt herself a lot more than she did as she only had a few bruises"

"Improved strength in their ankles and arms"

"Able to walk their dog again and reach down to tie their shoelaces"

"One participant had a stroke a few years ago and was very bent over, head and neck distorted and upper back really bent over. Over the past two years she has been coming to the classes and has straightened up considerably. She only comes once a week to the classes but completes the exercises at home that I have given her every day. If I have been away for a while or she hasn't come to the class for a few weeks or if someone else hasn't we all notice that she is considerably a lot straighter. It is a slow process but she is sure achieving great things"

"Definitely a huge improvement in their balance"

"One of the participants have been coming for over a year now and says that they haven't had a fall since. They used to fall often before coming to the class"

“Not so socially isolated anymore”

Aspects that were less common (mentioned by only one respondent) throughout the significant change stories included increased bone density, feeling better about aging, improved stamina and being able to calm the mind, story below

“One participant suffers from Parkinson’s has managed great improvement in both her balance and her ability to calm her mind even though the body may be suffering from trembles. She is so enthusiastic about the benefits and loves coming to class- now comes twice a week and doesn’t like missing out”

Overall, what do you see as the weakness of the Community Strength and Balance Programme?

The majority (12 out of 17) of the respondents were able to identify a weakness in the Community Strength and Balance programme. The most commonly (6 respondents) mentioned weakness was the difficulties in getting older people to participate in the programmes, due to lack of referrals, transport or understanding of pro-active approaches, (i.e. that participants do not need to be physically unwell to access these groups). One respondent also mentioned the lack of participation from more diverse ethnic groups, and men. Comments included:

“The lack of engagement of Maori and Pacific Islanders, and other ethnicities such as Indian, Chinese etc”

“I haven’t seen too many referrals from Sport Taranaki Strength and Balance Programmes”

“Need a minivan via TRC and TSB trust funding”

“Still a problem with getting people to understand that you do not have to be physically unwell before you access these types of programmes. All exercise is beneficial so keep trying different classes until they find something that suits them”

“There is always room for expanding locations, number of sessions and reaching more participants”

A lack of skilled workforce was mentioned by two respondents below:

“The major weakness is that it relies on one person to set up, pay rent and other expenses to start a class and that person can be out of pocket for a while before the class builds to a good number to enable that person a bit of income from the class”

“Not enough skilled practitioners with a background in strength training”

Reporting requirements and lack of funding were also mentioned as weaknesses by two respondents below:

“A lot of reporting required!”

“Not a lot of support with too much paperwork and extra reporting for no income”

How could some of the weaknesses/barriers to the Community Strength and Balance Programme overcome?

The majority (13 out of 17) of the Leaders were able to suggest a way that the weaknesses in the programme could be overcome. The most commonly (5 respondents) mentioned ways to overcome the barriers/weaknesses were more advertising/promotion.

The next key suggestion was to offer free transport to those who cannot drive (2 respondents).

Better funding of instructors was also suggested by another two respondents to attract new Leaders.

Working with the government and Councils to look a way of reducing the cost of the programme, such as subsidising the programme, reducing cost of hall hire and providing free transport was mentioned by another two respondents.

Other suggestions mentioned by only one individual respondent included:

- “Offer such a diverse range of classes”
- “Better timing of instructor meetings as I do other work”
- “visit migrant connections groups and Kaumatua groups to see what might work for them”
- “free classes”
- “better buy-in from health professionals”
- “Provide as part of the ACC recovery process”

Do you have any other suggestions for improvements?

Just over half (9 out of 17) of the respondents made suggestions for improvements. The most common suggestion was more promotion. Comments included:

- *“Large teardrop flags to put outside venues when classes are happening. Radio promotion about how valuable it is to grow stronger as you live longer and how easy it is to do”*
- *“More national advertising on TV”*

Other suggestions that were mentioned were continuous support group for Leaders, support from General Practices, an equipment library, fuel card, expeditions and a consistent referral process. Comments included:

- *“Keep getting in touch with instructors and supporting them to improve their classes so we can increase numbers of participants”*
- *“No evidence to me that GP’s have got behind the programme”*
- *“A library of music and equipment to borrow from”*
- *“I’d like a fuel card so I can pick up people without worrying about petrol cost. I run 3 classes a week, Hawera, Eltham and Stratford it gets expensive”*

- *“A consistent referral process that brings people in without the need for continued promotion from programme deliverers”*

Do you have any additional comments?

Only four respondents made additional comments. The majority (3 out of 4) were generally positive comments about the programme, such as 'keep up the great work'. One respondent suggested that participants could be given vouchers for the local café as it was difficult to set up a cup of tea after the class.

Detailed Findings – Community Strength & Balance Participants

A total of seven focus groups were conducted between the 20th and 31st May 2019. A total of 75 participants took part in the evaluation. The number of participants in each group ranged from 5 to 18, with an average of 10 participants.

Gender

Overall, there was a significant amount more female (62), than male (12), with one participant not answering within the focus group participants.

Figure 5: Gender of participants in Participation Focus Group

Gender	Number	Percentage
Female	62	82.7%
Male	12	16.0%
Not stated	1	1.3%
Total	75	100%

Age

The median age of the focus group participants was 76 years of age. Overall the ages range from 45 years of age to 96 years of age. With 31 participants being between 70 and 80 years of age. Five participants did not state their age.

Ethnicity

Figure 6: Ethnicity of participants in Participation Focus Group

Ethnic Group	Number	Percentage
New Zealand European	65	86.7%
Maori	4	5.3%
Other Ethnic Group	4	5.3%
Not stated	2	2.7%
Total	75	100.0%

The majority (86.7%) of the focus group participants identified themselves as New Zealand European. Of the remaining respondents who stated an ethnic group both Māori and other ethnicity had four (5.33%). Two participants did not state their ethnicity.

Comparison of pre and post the programme covering three categories

Less people need to use their hands to get out of a chair post-programme. Less people had stopped activities and less people worried about falling post-programme.

Figure 7: Comparison of pre and post the programme covering three categories.

Measures	Valid	Pre Programme	Post programme
Use hands to get out of a chair	No	65.3%	82.7%
Stopped Activities	No	72%	86.7%
Worried about falling	No	68%	86.75

How did participants find out about the Community Strength and Balance classes?

The most commonly mentioned way of participants finding out about the community strength and balance classes were through word of mouth. Comments include:

“My friends that have been coming to this class for a while told me about it”

“My neighbours who are a little bit older than me mentioned it one day”

Some of the focus groups also mentioned written forms of advertising including:

“I read the local newspaper every day and one day it just popped up”

“The community local newsletter has it in it every week”

Followed by being told by health professionals eg: GP's, green prescription team, pharmacist and health clinic staff.

"My wife's GP mentioned it to us one day we were in at the clinic"

"The Pharmacist at the local Pharmacy mentions it to all the oldies that go in"

Other less common ways included; heard about it at an open day, heard through other strength and balance classes, church and WOMAD.

What do you like about the Community Strength and Balance Classes

The main key aspects that the focus groups said they liked about the classes were the social or mental health benefits, physical health benefits and the instructor. Comments include:

"If it wasn't for the social aspect of being with my friends, I wouldn't like it as much"

"There are so many health benefits, it just really keeps you going"

"The Instructor really cares about us, she knows what is going on in our lives"

"I'm 96, if I didn't come to these classes, I would be dead by now. I think I'll make it to 100"

"It has huge mental benefits; it gets you thinking and really builds your confidence"

"Doing the exercises have helped with my peripheral vision and has enabled me to keep my license"

Other commonly mentioned benefits were that the classes being affordable and enjoy the organised outside class activities that the group does together.

"The cost of the classes is very affordable; I say a little too cheap sometimes. We get a real bargain for our money"

"I find the classes really enjoyable. I wouldn't come if I didn't find it fun"

"We get group speakers, go to the café, go walking together. It's GREAT!"

Aspects that were less common but were still mentioned in a couple of the groups were the facility, a non-judgemental atmosphere, music and the morning teas.

"The music really suits our age; I sing along all the time"

"No one is here judging you, we all just want the best for each other"

"It doesn't matter if you make mistakes, you can dance instead"

Aspects participants don't like about Community Strength and Balance classes

The aspects that participants don't like about the class are mainly that they would like it more times a week, and sometimes the length of activities or the exercises they don't like.

Other aspects that were less common were the alternative facility, cold mornings until heater kicks in, want a class for slightly longer and carpet flooring is too grippy.

Would you recommend it to other people?

All focus groups answered “yes” that they would recommend the programme to others and had been trying to encourage their friends to come along and join them.

Majority of the groups would suggest it to 60+ or in the like age and want to encourage more men to join. Other aspects that were less common but were still suggested was to encourage rest homes, people with disabilities and ladies that have just had C-sections to come and join.

What have participants gained from the Community Strength & Balance programme?

The most common aspect was balance, confidence in the way they move, strength, flexibility and friendship. Comments include:

“My balance and confidence in moving has improved so much from coming”

“I have met so many people coming to these classes”

Half of the groups said aspects such as increased fitness, movement in joints, and found it easy to do everyday tasks such as gardening, putting pants on, getting off the floor, reaching the back of the fridge, supermarket shopping, walking the dog and driving. Comments include:

“I can put my pants on now, without worrying that I might fall”

“It really cheers my week up, I really enjoy the class. My arthritis in my hands and all my joints have improved a lot”

“I am now aware of how easy it is to fall or trip over something, it makes me stop and think now”

Other less common aspects that participants improved posture, general wellbeing, games ability, concentration, getting out of the house, general knowledge and yarn making. Comments include:

“The activities that we do after the class has really improved my general knowledge”

“I used to be rather bent over, now coming to these class I feel a lot straighter”

What barriers that would stop participants coming to class?

Participants were asked about what were some of the barriers that would stop them coming to the classes, some of the focus groups mentioned barriers such as illness, weather and if they had family/school holidays. Comments include:

“Nothing much would stop me coming to the class, just if I was really sick”

“If it was snowing at my house I guess I wouldn’t come. It would be a bit dangerous leaving the house”

A couple of groups mentioned barriers such as work, being busy, transport to the class, and if the cost increased.

Other aspects that were less common were filling out medical forms, injury, ageing, instructor being away, alternative facility, perception of only grey hair people go, and it's easier if husband and wife come together.

Ways participants recommended overcoming these barriers

The most commonly mentioned way that participants recommended overcoming the barriers was carpooling to and from the classes, followed by not increasing the price of the classes.

"We already carpool, we only live a block away from each other"

Less common aspects that were mentioned were inviting new people, advertise on Facebook for men and women, better equipment, GP buy in, for nurses to recommend it, link to Green Prescription, the same facility every week, bring the grandkids to the classes, and still come when the instructors are away.

Suggestions that could help the class better reach the participant's needs

The most common suggestion that could help the class better reach the participant's needs were having health and falls related guest speakers. Comments include:

"I like having people come to talk to us, it teaches me a lot about my health. Having them more often would be great"

Less common aspects were building on other programmes eg: step programmes, knowing what other activities are going on, more outings/walks over January when classes aren't on, instructor to be a bit more elevated, instructor not to wear dark clothes as it is hard to see with dark background, instructor to have a microphone, more men and more equipment (eg: ankle weights)

Falls prevention services the participants were aware of

The most commonly mentioned falls prevention services the participants were aware of included other Community Strength and Balance classes such as SAYGo and Zumba Gold.

Followed by Yoga, aqua aerobics/walking and a range of walking groups. Services that were mentioned the least were arthritis, move it groups, Women in Action, gym, friendship groups and physiotherapy.

Have you slipped tripped or fallen in the past 12 months?

When asked to have you slipped, tripped or fallen in the past 12 months, there were a range of answers throughout the groups. There were a couple of trips and slips but no major incidents. One member who was walking backwards clearing her garden and tripped over a branch and broke her wrist.

What are some of the ways you can prevent falls?

When asked what some of the ways are you can prevent falls the main aspects the participants mentioned were understanding/aware of hazards, good footwear, and checking eyesight. Comments include:

"Having good eyesight helps, as it makes you have good depth perception"

"Good footwear, otherwise, I just slip or shuffle my feet"

Other aspects mentioned by groups included lifting feet, get rid of mats and rugs, safety rails, remove clutter, aware of animals around and use walkers.

Less common aspects were having lights on at night, practice correct movement, toilet surrounds, home help, ask someone to do the hard jobs, heel to toe when bowling and bending in general, and hold onto supermarket trolley. Comments include:

"If I practice the right movement to bend over or pick up something then I'm more likely to do it without realising"

Changes made to your home

The most commonly mentioned changes you have made to your home to reduce the risk of falling was putting in rails in the house, less clutter, non-slip handrails and mats in the bathroom, turn night lights on in the dark, awareness of animals, get rid of mats, modified house to be wheelchair friendly and handrails and steps in the garden. Comments include:

"I renovated my house, I thought I might as well future proof just in case"

"I have cleaned my house from the majority of the clutter to reduce the risk of tripping over something"

The second most common changes that were made included; don't walk on wet floors, non-slip parts of stairs, wear proper footwear and slippers, avoid cords, push bedspread under beds, higher chairs and remove coffee tables. Comments include:

"I tuck my bedspreads in under the bed now, I saw one of the grandkids trip on it and I thought if that was me it could have been a lot worse"

"I have a higher chair that I watch TV in now, just because it's easier to get in and out"

Less common changes that were made were using walking sticks, do arthritis exercises, carry things with just one hand just in case you fall, stop multitasking, spotlights on outside, cordless vacuum, higher toilets, higher car, toilet surrounds, raised garden beds, no ladders, fill in dog holes and brought a single level house

"I make sure I have my walking stick with me at all times, I don't want to get caught somewhere without it"

Any other comments

When asked if the participants had any other comments they mentioned aspects such as appreciate all the hard work of the instructor and for organising all the after-class activities, would like to see Sport Taranaki and other people to pop in and visit more often as they appreciate it. They want the programme to keep going, appreciate the baking and happy that the church is being used.

Draft findings – In-Home Strength and Balance Programme

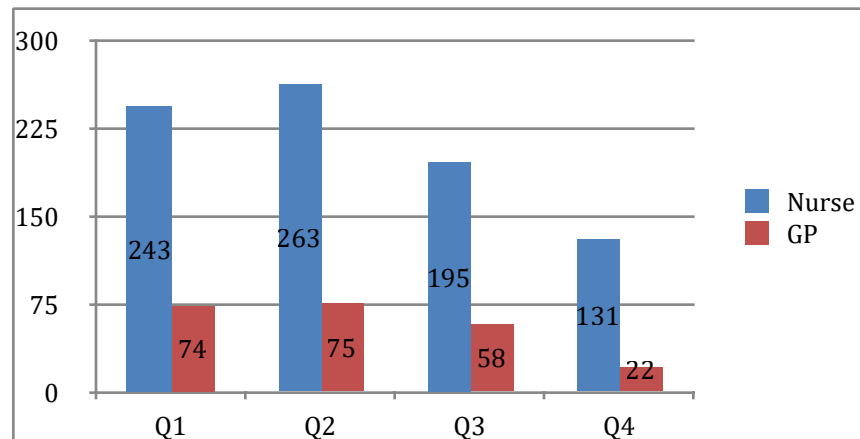
From April 2017- 31 March 2019 the GP Practices throughout Taranaki conducted a total of 972 falls assessments. The outcome of these assessments are as follows:

Given brief advice	307
Referred to community classes	228
Referred to In-home programme	307
Did not meet the criteria	219
Total assessments	1,061

Please note: A patient can be recalled every 12 months for a re-screen hence 89 patients were tested more than once in the period.

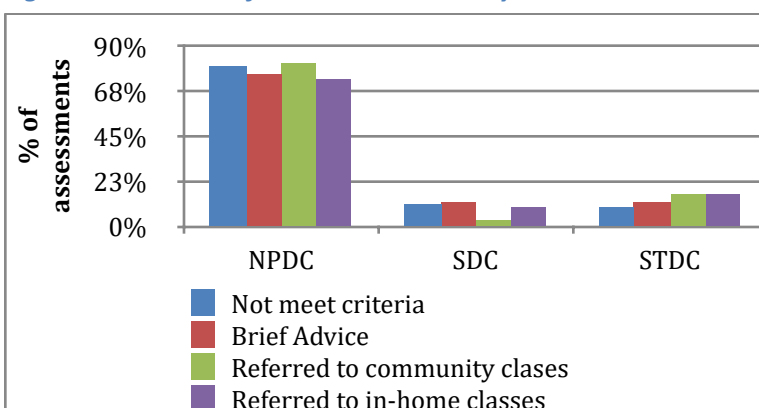
Of the 972 assessments, 832 (78%) were conducted by a Practice Nurse and the remaining 229 (22%) were conducted by the GP. Over time the number of GPs conducting the assessments decreased.

Figure 8: Falls Assessment by consultation code – April 2017-31 March 2019



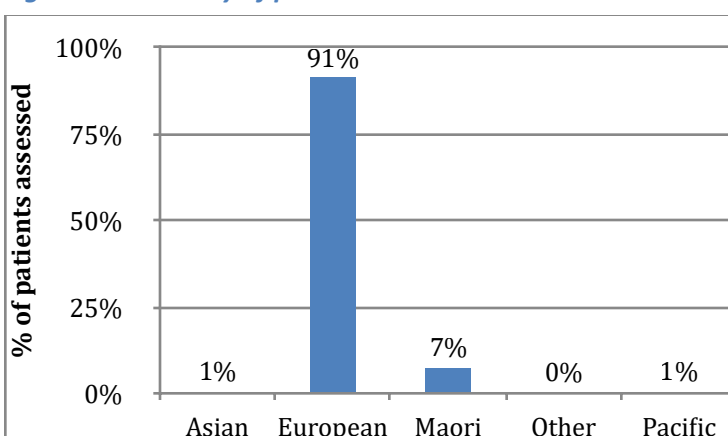
About four-fifths of assessments were conducted in GP practices that were in the New Plymouth District Council (NPDC) area. This finding reflects the distribution of the population in Taranaki with 68% of the Taranaki population living in the NPDC, 8% living in the Stratford District Council (SDC) area and 24% living in the South Taranaki District Council (STDC) area.

Figure 9: Outcome of Falls Assessments by District Council Area



Nearly all (91%) of the patients assessed were New Zealand European

Figure 10: Ethnicity of patients assessed



About four-fifths (86%) of the patients assessed were aged 75 years and over.

Figure 11: Age of patients assessed

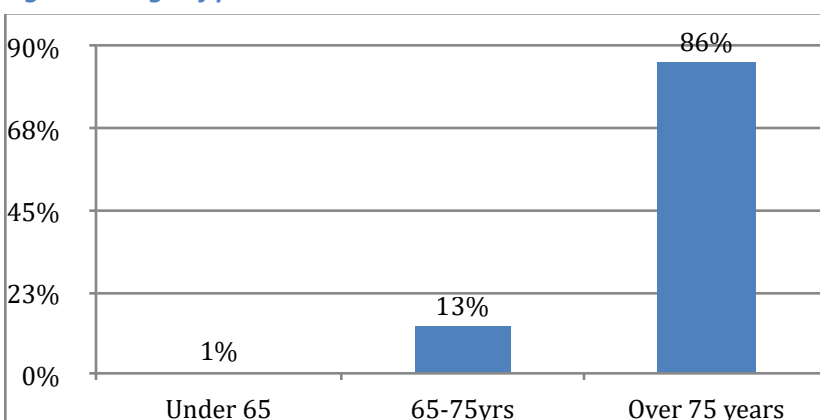
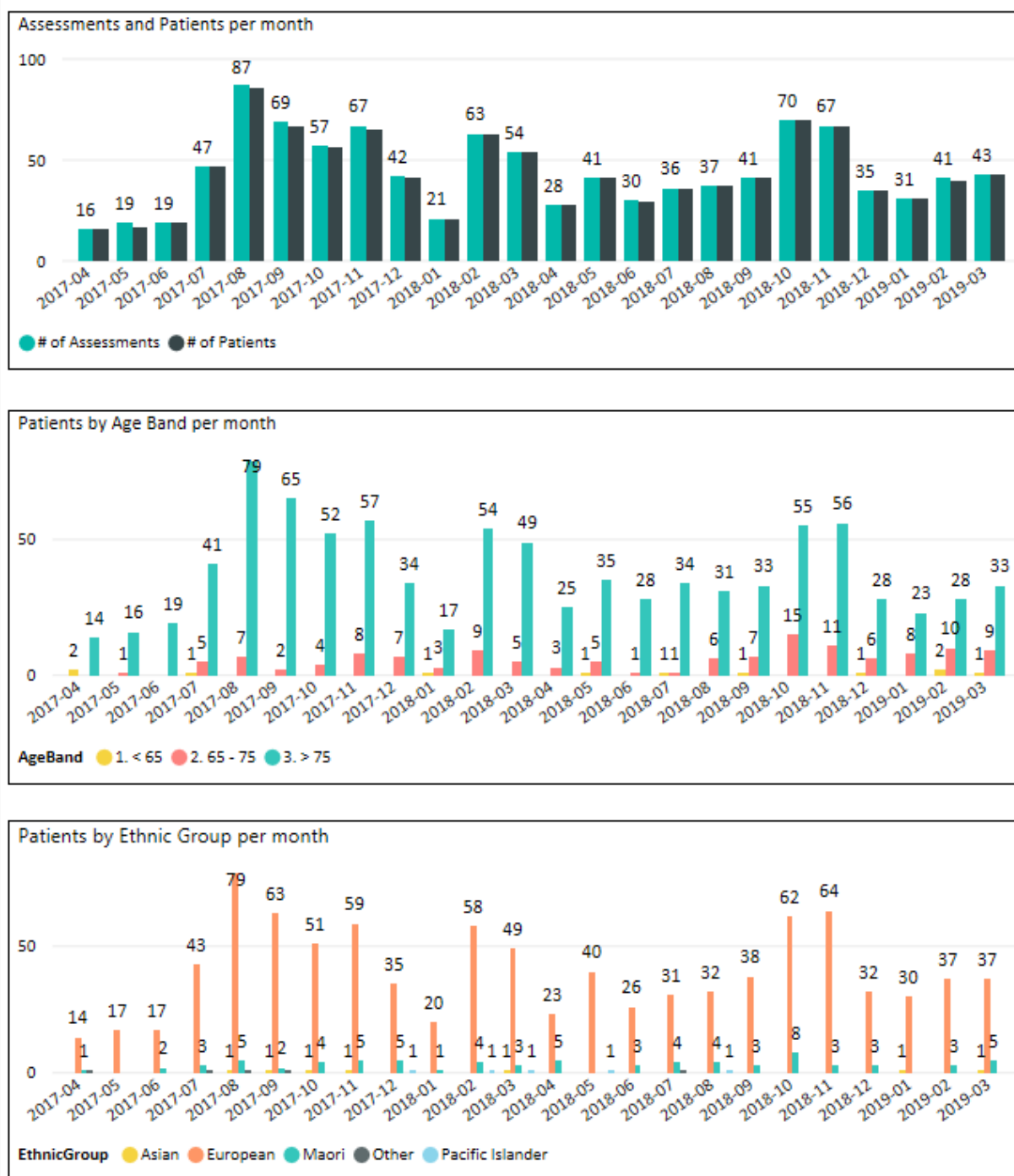


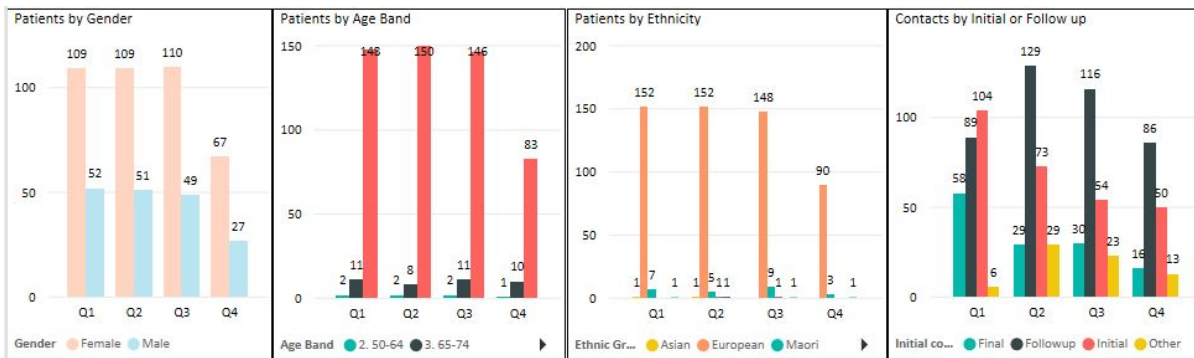
Figure 12: Demographics of Patients Assessed



In-Home patients

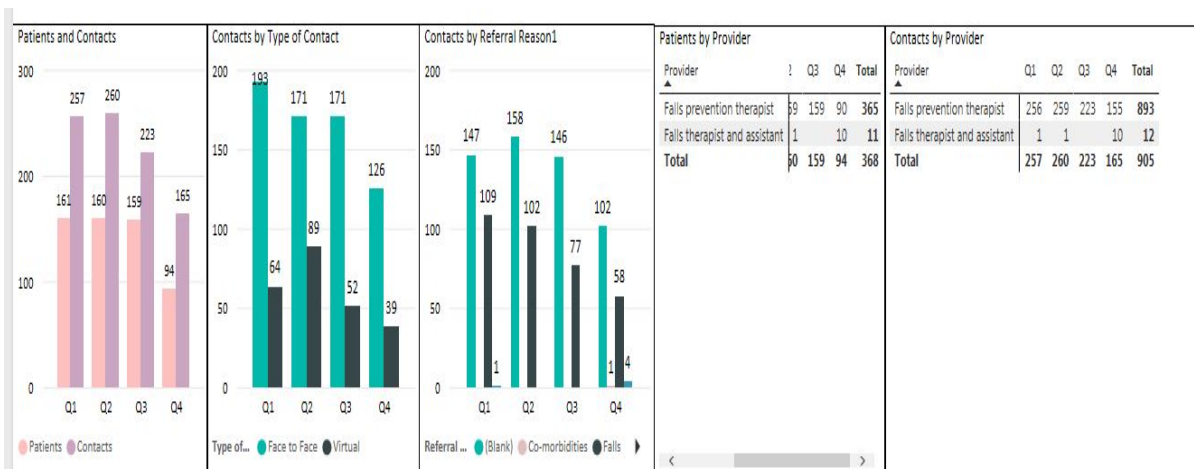
The majority of patients who participated in the In-Home strength and balance programme were female, aged over 75 years of age and were New Zealand European.

Figure 13: Demographics of In-Home patients



Overall there was 365 patients who participated in the In-Home strength and balance programme.

Figure 14: Contacts with In-Home patients



Number who declined/withdrew from service

A total of 19% (71 out of 365) of the participants either withdrew from or declined the In-Home Strength and Balance Programme.

Of those patients who declined the service, 90% were European, 69% were female and 86% were aged 75 years and over. These demographic characteristics reflect the overall sample of in-home participants.

Reasons given, by Pinnacle Staff as to why patients choose to decline or withdraw from the service included:

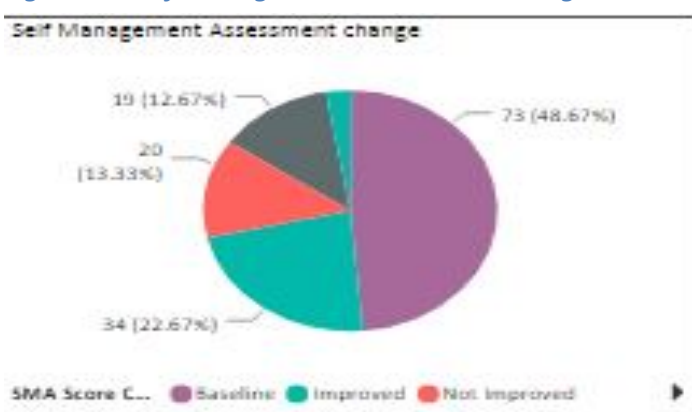
- Did not know what the programme was about
- Had developed health issues, such as about to have surgery, that prevented participation

- Decided against it as too busy with other things
- Worried that the exercise would give them an injury or cause pain due to an existing injury
- Felt unable to do exercise due to other existing health issues, e.g. not being able to see or hear, or having osteoarthritis or rheumatoid arthritis.
- Felt that the exercise programme was unlikely to help them.

Outcomes for patients who completed the 12 months programme

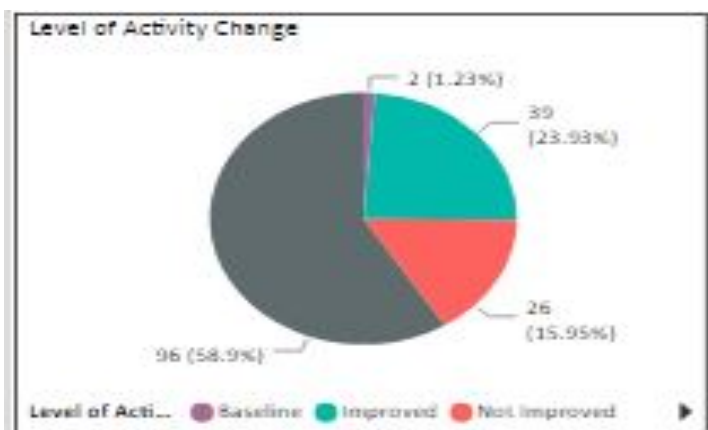
For those patients who had been discharged from the programme, just over a third had either improved (22.6%) or remained stable (12.6%) in their ability to self-manage.

Figure 15: Self Management Assessment change



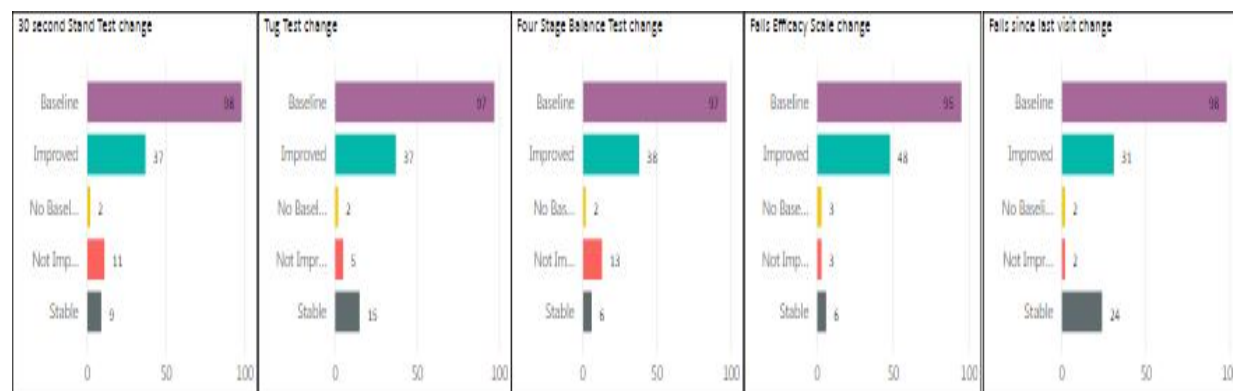
In terms of their change in the level of physical activity, about four-fifths had either improved (23.9%) or remained stable (58.9%).

Figure 16: Level of Activity Change



At each visit patients' progress is tested using the four-stage balance test. The findings show that for the majority of patients they had with improved or remained stable. A very small number of patients had a decline in their balance, i.e. no improvement.

Figure 17:Results of Patient Assessments



Acceptability of the In-Home Programme

A total 10 In-Home participants completed a patient satisfaction survey.

Do you feel we listened to you, and your questions/concerns were answered?

All ten respondents either 'strongly agreed' or 'agreed' to the statement regarding feeling that they were listened to and their questions and concerns were answered.

How would you rate the help and health advice you received?

Nearly all (8 out of 10) rated the help and health advice they received as part of the In-Home Strength and Balance programme as 'excellent'. The remaining two participants rated the help and health advice they received as 'above average'.

Do you know how to manage your health or situation better due to our help?

Nearly all (8 out of 10) stated 'yes definitely' when asked if they know now how to manage their health or situation better due to the help their received. The remaining two participants replied 'maybe'.

If you needed our help again, would you contact our service.

Nearly all (9 out of 10) stated they would 'yes, definitely', contact they service again if they needed help. The remaining respondent replied that they would 'maybe' contact the service again if they needed help.

Additional comments

All 10 participants made comments. The majority (6 out of 10) of the comments thanked the staff for their caring, understanding and patient approach.

"[Worker] and [Worker] were very patient with me and went through the exercises as many times as I needed. Thanks girls"

"I would like to thank [worker] for being so caring. I did learn a lot from your visit, and I will be keeping up the exercises. Thank you"

"Thank you to [worker] for her understanding me. I really looked forward each week to her coming. Appreciated her help"

Two participants reported they had stopped doing the exercises due to ill health or other existing health problems. One respondent had exited the programme. Another participant had now purchased a 'walker' and was hoping to be able to go for walks in the nearby park.

Detailed Findings – Community Strength & Balance, Green Prescription Support

This phone support service is used for older adults who qualify to attend Community Strength and Balance but may have some barriers to getting started. They are referred by a health professional and receive in the post a letter of welcome, a list of community classes and also some exercises they can do at home to assist with their strength and balance. They also receive monthly telephone calls to assist in goal setting, increasing the compliance of their home exercises or encouraging them to attend a class in the community.

10 Patients who have been part of this service all gave consent in the last 12 months and who had been discharged were phoned between June 14-17th, 2019.

Demographic Information

Out of the 10 who were contacted as part of the evaluation, 7 were female and 3 were male

The median age of the respondents is 80.8 years, the youngest was 74 and the oldest in the group was 87 years of age.

The majority (6 out of 10) of those surveyed identified as NZ European, two as Maori and two as other ethnic groups

How did you find out about the support service?

GP	7
Hospital Physiotherapist	1
Can't remember	1
Hospital	1

The most common way for people to find out about the Community Strength & Balance Green Prescription Support service was from their General Practice. Others heard from the hospital and 1 was unable to recall how they heard about it.

Did you attend a community class as a result of the service?

Half (5 out of 10) of those surveyed didn't attend a class as a result of the mail and phone support they received. Three were interested in a class but there wasn't one available at the time of the support. One went to tai chi and another tried a couple of classes.

If yes, are you still going?

Two out of the three who were interested in a class, but there wasn't one available at the time of the support are now going to a local class. One is still going to classes and the other is no longer going due to poor health.

If no, Why? What are some of the barriers that stop you coming to a class like this?

The most common barrier from those surveyed was that they didn't have an interest in attending a group class (4 respondents), transport was the second barrier combined with not having a class close enough (2 respondents), and one respondent stated they were 'too shy'.

What are some of the ways these barriers can be overcome?

Most of the respondents didn't have ideas on how to fix the barriers, one suggested the days/times of classes (not to clash with other activities and appointments) and transport

Were the exercises you received useful for you?

The majority (7 out of 10) found the exercises useful. Of the remaining respondents one stated they preferred to go to a group and two did not answer this question,

Are you still doing the exercises regularly?

Only four respondents reported still doing the exercises regularly at home. Of those who were not doing the exercise their answers included:

- Not as regular as before (2 respondents)
- No, thinking about them, will restart (1 respondent)
- No, can't be bothered (1 respondent)
- Yes, at a class (1 respondent)
- No lost paper (1 respondent)

Was the phone support useful for you?

Nearly all (9 out of 10) of the respondents found the phone support useful, one was unable to recall the phone calls and one mentioned getting support from lots of people.

What changes did you make as a result of the phone support?

No change	4
Community Strength & Balance	2
Exercises at home	2
Included exercises into current workout	1
Included more exercise into their day	1

Would you recommend the programme to others?

Nearly all (9 out of 10) of the respondents would recommend the Green Prescription service to others, one already has and one would also recommend the Community Strength & Balance classes.

Do you have any suggestions about how the support could better suit your needs?

None of the respondents gave any suggestions for ways how the support they were given could better suit their needs. The majority (6 out of 10) felt the service already met their needs, and a further three were unsure of

how it could be improved. One respondent mentioned there was a great range of classes available, and another respondent felt they were well supported by family close by and were now aware of the service.

Do you have internet access?

Only one of those who responded has access to the internet. The average age was 80 in this group which is older than some of the other groups surveyed.

What other falls prevention services are you aware of?

Most of the participants were unaware of any other Falls Prevention Services available in the area, only two had heard of other services. Of those that had heard of other services, one was unaware of what the service was and the other had no use for the service

Have you slipped/tripped or fallen in the past 12 months?

No falls	5
Fallen due to medical event	2
Stopped themselves falling	2
Slipped on a step	1

What are some of the ways you can prevent falls?

Five of the respondents replied they were unaware of ways they could prevent falls, two mentioned that loose mats can be a problem one has had help at home to make changes. They also spoke about being careful, having good lighting, having easy access to and around their home, wearing good footwear, looking after themselves and being aware of how they walk, using a cane, handrails, canes and walkers if required.

Any other comments?

Five respondents made comments. Most of the comments were positive about the service and said was beneficial, and that it fulfilled a need. One respondent mentioned they would like to be updated on new classes as they are available in their area.

Detailed Findings - Non Participant

Individual interviews were conducted with a total of 13 people. The interviews were conducted in their own homes by Community Care Managers, Older Persons Health, Taranaki District Health Board, as part of their home visit to assess their entitlement to home support service. The questions were read aloud to participants and the interviewer recorded the answers on the questionnaire. Consent forms were signed before the interview commenced.

Interview were conducted between 9 and 19 of July 2019.

Demographic Information

Male 6

Female 6

Unknown 1

6 of the respondents were female, 5 were male and one person didn't answer this question

Five of the respondents didn't give their age in the survey. The age range was from 69 to 100 with the median age being 82 years.

NZ European 8

Another ethnicity 2

Māori 1

Not stated 1

Eight respondents identified as NZ European, 2 as others (which are not NZ European or Maori), one respondent identified as Maori and one respondent didn't answer this question.

Falls risk

	Yes	No
I had to use my hands to get out of a chair	10	2
I have stopped doing some activities because I was afraid I might lose my balance	8	4
I worry about falling	6	5

The majority (10 out of 13) answered yes to at least one falls risk question. Having to 'use my hands to get out of a chair' was the most common (10 respondents) question that respondents answered 'yes' to. The majority (8 out of 13) had also stopped doing some activities because I was afraid, I might lose balance.

Potential Impacts of Having a Fall

Respondents were asked what some of the potential impacts were of having a fall on individuals and/or communities. The most common (7 respondents) identified physical injury, incapacitation and pain as a key impact of a fall. Another 7 respondents felt having a fall might result in increased dependence on family or community support, a lack of independence or the need for home care. Other comments included:

- Decreased mobility/ability/lack of confidence (4 respondents)
- Fall and difficult to get back up again/need help to get back up again (3 respondents)
- Financial dependence – medical/ongoing care costs
- Decreased cognition (1 respondent)
- Disaster (1 respondent)

What are some of the ways you can prevent falls?

Respondents were asked what they thought were some of the ways you prevent falls. All respondents were able to identify at least one way you can prevent falls. The majority (9 out of 13) identified not having loose mats or other things on the floor that can 'trip you up'. Other ways to prevent falls included:

- I use a walker/walking stick (5 respondents)
- Using Handrails (2 respondents)
- No steps in house (2 respondents)
- Not going too fast/ think about what you are doing and take your time (2 respondents)
- Use supports to get up slowly to standing (1 respondent)
- Use shower stools (1 respondent)
- Avoid high risk situations, ie ladders, wet surface etc (1 respondent)
- Decrease medications (1 respondent)
- Good nutrition & hydration (1 respondent)
- Adhere to advice given by professionals (1 respondent)

Are you aware of any falls prevention programmes or services, if yes please specify, if No give community Strength and Balance Brochure?

The majority (8 out of 13) of those surveyed were aware of other prevention services that were available in the community, some of the respondents had tried other services in the past. These included:

Had tried In-Home exercise programme (3 respondents)

“GP referral done, didn’t work, written exercise programme leaflet- tried, couldn’t do it, can’t bend right knee”

“Yes but I can hardly walk, I have been referred to Pinnacle Falls Prevention”

“Some came, the doctor organized it, they gave me small book of exercises”

- ACC (1 respondent)
- Age Concern Falls Programme (1 respondent)
- Masonic Exercise Programme (1 respondent)

The remaining five respondents were not aware of any falls prevention programmes or services

Barriers to attending Community Strength and Balance classes

Respondents were asked what some of the barriers were for attending a Community Strength and Balance class. About half (6 out of 13) lacked transport to be able to get to the classes. Other barriers included:

- Illness/ injury or existing medical conditions prevents exercise (3 respondents)
- Class not in my area (2 respondents).
- Lack of interest (2 respondents)
- Time (1 respondent)
- Cost (1 respondent)
- Convenience (1 respondent)

Two respondents did not answer this question.

Ways of overcoming these barriers

Respondents were asked what some of the ways were that the barrier they had been identified could be overcome. The key solution suggested by four respondents was to provide transport or have ‘cheap’ transport. Two respondents asked for more local classes, one respondent wanted the classes to be free and another respondent wanted exercises to be something that interested them, such as golf.

The majority (8 out of 13) did not answer this question.

Best way of getting information out to you about community classes

Respondents were asked what the best ways were of getting information out to older people about community classes. The key suggestions were through advertising in local papers such as the Midweek and Opunake News (6 respondents) and doing pamphlet drops (5 respondents). Other suggestions included:

- Advertise in rest homes, supermarkets, radio stations (2 respondents)
- Phoning (1 respondent)

- Do talks at groups (1 respondent)
- Doctors surgery (1 respondent)
- NP Positive Aging Trust (1 respondent)

Detailed Findings - Non-Participant- Māori

Summary of Findings

A focus group was conducted with members of the Te Kaumatua Kanihera o Te Atiawa Nui Tonu group on 11 June, 2019 in New Plymouth. A total of 11 people participated in the group interview.

Demographic Information

The majority (7 out of 11) of the participants were male, and the remaining four participants were female.

The ages of the participants ranged from 52 years of age to 85 years of age, with the average age being 74 years of age. The majority (8 out of 11) were aged 70 years of age and over.

Nearly all (10 out of 11) of the participants identified as Māori as their ethnic group.

Falls risk

The majority of participants reported that they were concerned about falls, and this had prevented them from doing some activities. Only one participant, who was the youngest in the group, reported having no concerns about falling. The majority (7 out of 11) of the participants answered 'yes' to all the falls risk questions.

	Yes	No
I had to use my hands to get out of a chair	7	4
I have stopped doing some activities because I was afraid I might lose my balance	9	2
I worry about falling	9	2

Impacts of having a fall

The key impact of falls identified by the group were physical injury and pain as a result of a fall and anxiety regarding how the fall happened or that you could fall again. One key concern expressed by a participant was that an elderly person could have a fall at home and have no one there to help them. Comments include:

“Broken hips. One of the things for the elderly if having falls, especially in the toilet. Fall and be there overnight and no one is there, can be there for a few days”

“Wondered why it happened”

“Worrying about falling down my stairs. But when I do fall down, I use my medical alarm”

The group also discussed what they thought were some of the key causes of falls. These included ‘getting up too soon’, or postural hypertension, dementia, not being able to see as well, and environmental factors such as ‘small difference in height on floors’ or ‘no handrails,’ and reduction in strength and balance due to being inactive. Comments include:

“Getting up to go to the toilet at night – get lightheaded”

“As you get older you get doopey, get forgetful, and can’t see as well”

“Such a big subject – so easy to fall, can just be small differences in height on the floor, no rails going in and out of buildings”

“Lost strength due to not working anymore. Needing to hold the sides of the chairs now”

“Balance has got worse over the years”

“Dementia – forget all the safety things you have worked out. You just don’t recognise things you might have in the past”

Ways to prevent falls

Participants were asked what they thought were some of the ways you prevent falls.

Key ways participants in the group felt you could prevent falls included, being assessed by your GP, being aware of things around you so you don’t fall, changing the ways you do things, like the way you get out of a chair, having good communication and signage to tell you when things are a fall hazard, and changes to the build environment such as install hand rails, and adding wire netting to timber ramps. Comments include:

“Go to the GP, should be part of the GP visit as it is the biggest injury that old people face. I don’t find that happens – GP more interested in talking about my lab tests. I’m not interested in being kept alive for an indefinite period of time, I want quality of life. I want the GP to take an interest in whether I am going to have a fall”

“Have to have your own awareness so you don’t fall”

“Need to slide forward in chair before getting up or steadying the chair before getting up”

“Communication and signage to tell you when things are slippery, e.g. cleaners at TDHB always have their signs out”

Although not a way of preventing a fall, one participant highlighted the usefulness of having a medical alarm that you could press if you did have a fall.

Community Strength and Balance classes

Only two participants were aware of the Community Strength and Balance classes. Of these, one participant had been told about the classes by the Practice Nurse at the doctors and another participant had gone to a ‘Zumba Gold’ class in Waitara.

All participants were given a hand-out that showed the existing classes. The group made further suggestions of activities that they already did or had an interest in, and they felt should be included in the list. These included:

- Line dancing – as very slow
- Yoga – as good for balance
- Aqua aerobics and aqua jogging – as easy on joints.

Barriers to attending Community Strength and Balance classes

Participants were asked about what were some of the problems that would stop them for going to community classes. The key barriers included, lack of transport, health issues, and not having exercised for years. Comments include:

“Not having exercised for years – try jogging the other day and almost fell over – something I haven’t done for 30 years”

Participants also expressed feeling ‘hoha’ (can’t be bothered) and ‘whakama’ (embarrassed or fear of being judged). Being ‘whakama’ was also linked to obesity, and some of the participants felt they might be judged by others in the group because of their size.

Ways of overcoming these barriers

Participants were asked about what would be some of the solutions to these problems. Providing transport and going as a group were the two key solutions offered by the group. The participants suggested using a van to pick people up. They felt this could be done by linking in with existing providers like Tui Ora Pakeke group that already have a van.

Going together as a social group was a keyway to overcome the feeling of ‘whakama’. As one participant stated:

“Took me a while to get my sister to come with me [to aqua aerobics], now all go as a group and they thoroughly enjoy it”

Participants also suggested getting the Sport Taranaki Strength and Balance Co-ordinator to come along and talk to the group about the activities they are already doing. They felt there were a few things that people in the group were already doing, such as aqua aerobics, which were not on the list of approved classes.

Best way of getting information out to Kaumatua Groups

Participants were asked what they felt was the best way of getting information out to Kaumatua Groups over the age of 55 about the community classes.

Participants identified the following key methods:

1. Word of mouth. The males in the group felt women were the best people to let other people know about things, as women were the best organisers in the world. As one participant stated:

“Female is better than email”

2. Use of social media, such as posting on Facebook pages that are linked to Māori organisations. One participant explained that it is wrong to think that social media was only for young people, older people also use social media.

“Social media – think social media was just for young people, all us oldies are just as bad. Got an iPad, because I couldn’t use the phone, now can’t keep off the thing”

3. Newspaper. Many participants in the group still read the newspaper, especially for the ‘hatched, matched and dispatched’/or death notices, racing and code cracker.

One participant (who was a retired health professional) also felt that older women really needed to know about the risk of osteoporosis, which could lead to a higher risk of fractures. The participant felt that although there was medicine that could be prescribed to reduce the risk of osteoporosis in older women, exercise was also important.

“Osteoporosis – bones just fracture. Need to get the message out to women that they have a higher risk of fracture. Exercise is so important. Really important to keep going”

Appendix A - Stakeholder Survey

Strength and Balance Stakeholders Survey

We need your help. The purpose of this evaluation is to assess the effectiveness of the Strength and Balance Programme. The programmes are designed to improve the wellbeing of older adults with a specific focus on preventing falls and fractures. All the information you give will remain strictly confidential and will only be used to inform further development of the current programme. All your comments will be summarised to ensure no individuals will be identified in the final report.

* 1. What best describes your involvement in the Strength and Balance Programme? (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Refer people onto the In-home Strength and Balance Programme | <input type="checkbox"/> Facility Provider |
| <input type="checkbox"/> Refer people onto the Community Strength and Balance Programme | <input type="checkbox"/> Contract holder |
| <input type="checkbox"/> Member of Local Falls Working Group | <input type="checkbox"/> Funder |

* 2. Are you aware of the following falls prevention programmes? (Please tick all that apply)

- ☐ In-home Strength and Balance Programme
- ☐ Community Strength and Balance Programme

* 3. What is the programme that you refer to the most?

- ☐ In-home Strength and Balance Programme
- ☐ Community Strength and Balance Programmes
- ☐ N/A - don't refer people onto the programmes

* 4. Why do you refer to this programme?

* 5. What would make it easier for you to refer people to these programmes?

- ☐ In-home Strength and Balance Programme
- ☐ Community Strength and Balance Programme

Please explain

* 6. What do you think are the benefits of the Strength and Balance Programmes?

- ☐ In-home Strength and Balance Programme
- ☐ Community Strength and Balance Programme

Please explain:

* 7. What do you think are the weaknesses of the Strength and Balance Programmes?

* 8. Do you think the strength and balance programmes are achieving their goal of improving the wellbeing of older people with a specific focus on preventing falls and fractures?

- ☐ Yes
- ☐ No

Please comment:

* 9. Do you have any suggestions for improvements?

* 10. Do you have any additional comments?

Appendix B - Community Strength & Balance Leaders Survey

Community Strength and Balance Leaders

We need your help. The purpose of this evaluation is to assess the effectiveness of the Community Strength and Balance Programme. The programmes are designed to improve the wellbeing of older adults with a specific focus on preventing falls and fractures. All the information you give will remain strictly confidential and will only be used to inform further development of this programme. All your comments will be summarised to ensure no individuals will be identified in the final report.

- * 1. When did you/your organisation start being involved in the Community Strength and Balance Programme in Taranaki?

- * 2. What best describes your class/es (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Move It or Lose It |
| <input type="checkbox"/> Strength and Balance | <input type="checkbox"/> SAYgo |
| <input type="checkbox"/> Zumba Gold | <input type="checkbox"/> Other |

- * 3. Where is your class/es located? (tick all that apply)

- ☐ New Plymouth District
- ☐ Stratford District
- ☐ South Taranaki District

Please state if Rural or Urban

- * 4. Overall, how would you rate the training and support you receive from Sport Taranaki to help assist with the delivery of your class?

Very Poor	Poor	Average	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please explain your rating

- * 5. Do you think the programme reaches the 'priority group' as planned (Māori 55+, Non-Māori 65+ and like age)

- ☐ Yes
- ☐ No

* 6. What additional support (if any) do you require to keep delivering your class/es and or to expand/grow to the priority group?

* 7. What are the most common ways people are referred/recommended to your class?

* 8. Have the ways that people are referred to /or accessed your class changed over time?

☐ Yes

☐ No

☐ Please Explain

* 9. Overall, what do you see as the benefits of being part of the Community Strength and Balance Programme?

* 10. Can you give an example of a significant change story for one or more of the people who participated in your class/es?

* 11. Overall, what do you see as weaknesses of the Community Strength and Balance Programme?

* 12. How could some of the weakness/barriers to the Community Strength and Balance Programme be overcome?

* 13. Do you have any other suggestions for improvements?

Appendix C -Community Strength & Balance Participant Consent + Interview

Consent Form

As a participant in evaluation, you have certain rights. Please read the following information.

- All information gathered in this project will remain strictly confidential, unless you disclose information that puts you or others at risk. This information would then be shared back with your service provider.
- The information will only be used to evaluate the Day Activity/Vocational Service.
- Your name or any other personal identifies will not be used in the final report.
- You do not have to answer any questions you don't want to
- You can ask any questions about the evaluation at any time

If you agree to participate in the interview, please sign this permission slip prior to the start of the interview.

Thank you.

I have read the above and agree to take part in the interview.

Participant's signature.....

The purpose of collecting this information is to assist in evaluating Strength and Balance Community Classes. All the information you give will remain strictly confidential and only used for this purpose. All data will be collated and summarised. Only members of the research team will have access to the raw data.

Now some information about you...

1. Are you...

- ☐ Male
- ☐ Female

2. Please state your age

3. Which ethnic group do you belong to? Tick all that apply

- ☐ New Zealand European/Pakeha
- ☐ Maori
- ☐ Samoan
- ☐ Cook Island Maori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ other (such as Dutch, Japanese, Tokelauan) Please State:

Before you started coming along to this class, did you?

- | | | |
|---|------------------------------|-----------------------------|
| I had to use my hand to get out of a chair | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I had stopped doing some activities because I was | | |
| afraid I might lose my balance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I worried about falling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

After coming along to this class, do you?

- | | | |
|---|------------------------------|-----------------------------|
| I have to use my hand to get out of a chair | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have stopped doing some activities because I am | | |
| afraid I might lose my balance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I worry about falling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

[Class Questionnaire](#)

Purpose of evaluation is to assess the effectiveness of the community Strength and Balance Programme like the exercise group you are in today.

The Programmes are designed to improve the wellbeing of older people with a specific focus on preventing falls and fractures in older people.

All the information you give will remain strictly confidential and only used to inform further development of these services. All your comments will be summarised to ensure no individuals will be identified in the final report.

- 1. How did you find out about..... class?**
- 2. What do you like about.... Class?**
- 3. What don't you like about.... Class?**
- 4. Would you recommend it to other people?**
- 5. What are some of things you have gained from coming to this class?**
 - improving knowledge of ways to prevent falls
 - increase fitness and balance
 - meeting new friends, social aspect, getting out of home
 - less worry about falling, being able to do more things
- 6. What are some of the barriers that stop you coming to classes like this?**
- 7. What are some of the ways these barriers could be overcome?**
- 8. Do you have any suggestions if any that the class could better meet your needs?**
 - Who has access to internet or knows how to use YouTube?
- 9. What other falls prevention services are you aware of?**
- 10. Have you slipped, tripped or fallen in the past 12months?**
- 11. What are some of the ways you can prevent falls?**
- 12. What are some of the changes you have made to your home to reduce the risk of falling?**
- 13. Any other comments?**

Appendix D - In Home Strength & Balance Participant

Dear _____

You have recently seen one or more of our health team



Fran Au
Pharmacist



Sarah Tuki
Dietitian



Hannah Gulliver
Social Worker

Falls Prevention
Therapist



Jan Stewart
Falls Prevention
Assistant

Please let us know how you found our service by answering the questions below

1. Do you feel we listened to you, and your questions/concerns were answered?

- ☐ Strongly agree
- ☐ Agree
- ☐ Somewhat agree
- ☐ Disagree
- ☐ Strongly disagree

2. How would you rate the help and health advice you received?

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Poor

3. Do you know how to manage your health or situation better due to our help?

- ☐ Yes, definitely
- ☐ Maybe
- ☐ No, definitely not

4. If you needed our help again, would you contact our service?

- ☐ Yes, definitely
- ☐ Maybe
- ☐ No, definitely not

Why not? _____

Please write any comments you have about our service _____

Transfers:

Sit to stand Indep Assist _____

Bed mobility Indep Assist _____

Home environment:

Stairs N/A Yes Front door _____ Back door _____ Internal stairs _____

Rail L) / R) ↑ Rail on L) / R) ↑ Rail on L) / R) ↑

└ SMA entry completed

☐ SMA exit completed

Medical Alarm ☐ Yes ☐ No ☐ Info provided

Additional information:

[illegible]

Exercises:	Reps:	Support:
<input type="checkbox"/> Ankle movements		
<input type="checkbox"/> Knee extension		
<input type="checkbox"/> Sit to stand		
<input type="checkbox"/> Head movements		
<input type="checkbox"/> Heel raises		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Toe raises		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Knee bends		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Hip abduction		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Tandem stand / walk		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> One leg stand		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Back extension		
<input type="checkbox"/> Trunk movements		
<input type="checkbox"/> Sideways walking		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Heel / Toe walking		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips
<input type="checkbox"/> Stair walking		
<input type="checkbox"/> Figure of 8 walk		
<input type="checkbox"/> Hamstring curl		<input type="checkbox"/> Hover <input type="checkbox"/> Both hands on bench <input type="checkbox"/> One hand <input type="checkbox"/> Finger tips

Falls Prevention Therapist

Date: /2019 Time

FALLS TEST

Name: _____ NHI: _____

Date of visits:	Initial	2/52	4/52
	8/52	6/12	Final

Falls Efficacy Scale

On a scale from 1 to 10, with 1 being very confident and 10 being not confident at all, how confident are you that you do the following activities without falling? (A score of >70 indicates the person has a fear of falling)

ACTIVITY:	Initial	2/52	4/52	8/52	6/12	Final
Take a bath or shower						
Reach into cabinets or closets						
Walk around the house						
Prepare meals not requiring carrying heavy or hot objects						
Get in and out of bed						
Answer the door or telephone						
Get in and out of a chair						
Getting dressed and undressed						
Personal grooming (i.e. washing your face)						
Getting on and off of the toilet						
Total score						

FALLS HISTORY	# of falls since last visit	Details: When, where, how (mechanism of injury), could you get up off the ground, injury?
Falls past 6/12?		
2/52		
4/52		
8/52		
6/12		
Final		

30 second stand test - (Norm: M 75-90 = 10 to 13, F 75-90 = 9 to 12)

	Initial	2/52	4/52	8/52	6/12	Final
Reps in 30 secs						
Assistance ie. use of hands to push off						

Timed up and Go (TUG) - (Norm: M 75-90 = 9-10s, F 75-90 = 9-11s)

	Initial	2/52	4/52	8/52	6/12	Final
Time						
Assistance ie. walking stick/frame						

Balance- 4 test balance scale

Tests	Initial		2/52		4/52		8/52		6/12		Final	
Feet together												
Semi tandem	L)	R)	L)	R)	L)	R)	L)	R)	L)	R)	L)	R)
Tandem	L)	R)	L)	R)	L)	R)	L)	R)	L)	R)	L)	R)
Single leg	L)	R)	L)	R)	L)	R)	L)	R)	L)	R)	L)	R)

Name: _____ NHI: _____

Falls Prevention Initial Assessment

Present: _____

Subjective: Interview process and physiotherapy assessment explained, client consent gained.
Goals/concerns (able to do previously but can't now?)

PMHx/SocHx (family/personal care/housework/shopping):

HxPC: _____

PMHX: _____

Personal Cares Indep Assist **House Work** Indep Assist **Shopping** Indep Assist **Meals** Indep Assist

Agency involved: _____

Social: _____

Other: _____

Current Mobility Indep Dependent

Walking Aid: No LWF: Indoors / outdoors Walking stick: Indoors/ outdoors Wheel chair

Other: _____

Equipment: Bed lever OTF Commode Chair raiser Bath / shower stool or chair

Other: _____

Falls History: Ability to get off floor: Yes No With assistance

When? _____

Where/How? _____

Current level of activity:

Daily Exercise:

☐ 30 minutes ≥ 5 days/week ☐ 30 minutes 4 days/week ☐ 30 minutes 3 days/week

☐ 30 minutes 2 days/week ☐ 30 minutes 1 day/week ☐ ADL's only

Falls Prevention Therapist

Date: ____/____/2019 **Time**

Appendix E - Community Strength & Balance Green Prescription Support Survey

Individual information sheet

The purpose of collecting this information is to assist in evaluating Strength and Balance via Green Prescription referral. All the information you give will remain strictly confidential and only used for this purpose. All data will be collated and summarised. Only members of the research team will have access to the raw data.

Now some information about you...

1. Are you...
 - ☐ Male
 - ☐ Female
2. Please state your age
3. Which ethnic group do you belong to? *Tick all that apply*
 - ☐ New Zealand European/Pakeha
 - ☐ Maori
 - ☐ Samoan
 - ☐ Cook Island Maori
 - ☐ Tongan
 - ☐ Niuean
 - ☐ Chinese
 - ☐ Indian
 - ☐ Other (such as Dutch, Japanese, Tokelauan) Please State:

I had to use my hand to get out of a chair ☐ Yes ☐ No

I had stopped doing some activities because I was

afraid I might lose my balance ☐ Yes ☐ No

I worried about falling ☐ Yes ☐ No

Phone support Questionnaire

1. How did you find out about the support service?
2. Did you attend a community class as a result of the service?
3. If yes, are you still doing them?
4. If no – why What are some of the barriers that stop you coming to classes like this?
5. What are some of the ways these barriers could be overcome?
6. Were the exercises you received useful for you?
7. Are you still doing the exercises regularly?
8. Was the phone support useful for you?
9. What changes did you make as a result to the phone support?
10. Would you recommend it to other people?
11. Do you have any suggestions if any that the support could better meet your needs?
 - *Do you have access to internet or know how to use YouTube?*
12. What other falls prevention services are you aware of?
13. Have you slipped, tripped or fallen in the past 12months?
14. What are some of the ways you can prevent falls?
15. What are some of the changes you have made to your home to reduce the risk of falling?
16. Any other comments?

Appendix F - Non-Participant - Non Māori Survey

Non participants - General

We need your help. The purpose of this evaluation is to assess the effectiveness of the Community Strength and Balance Programme. The programmes are designed to improve the wellbeing of older adults with a specific focus on preventing falls and fractures. All the information you give will remain strictly confidential and will only be used to inform further development of this programme. All your comments will be summarised to ensure no individuals will be identified in the final report.

1. What are some of the potential impacts of having a fall?
 - On individuals
 - On families and communities
2. What are some of the ways you can prevent falls?
3. Are you aware of any falls prevention programmes or services?

y/n (if yes please specify)

(If no : Currently ACC NZ is funding community exercise classes such as Tai Chi, Strength and Balance, Zumba Gold, Move It or Lose It and SAYGo throughout Taranaki. Give brochure.)

4. What are some of the barriers that would stop you from going to community classes?
5. What are some of the ways these barriers could be overcome?
6. What is the best way to get information out to older people about community classes?

Now some information about you...

4. Are you...
 - ☐ Male
 - ☐ Female
5. Please state your age
6. Which ethnic group do you belong to? *Tick all that apply*
 - ☐ New Zealand European/Pakeha
 - ☐ Maori
 - ☐ Samoan
 - ☐ Cook Island Maori
 - ☐ Tongan
 - ☐ Niuean
 - ☐ Chinese
 - ☐ Indian
 - ☐ other (such as Dutch, Japanese, Tokelauan) Please State:

Do you?

I use my hands to get out of a chair

☐ Yes

☐ No

I have stopped doing some activities because I was
afraid I might lose my balance

☐ Yes

☐ No

I am worried about falling

☐ Yes

☐ No

Appendix G - Non-Participant - Māori

Te Kaumatua Kanihera o Te Atiawa Nui Tonu

We want to seek your advice please.

The reason for this evaluation is to consider the usefulness of the Sport Taranaki Community Strength and Balance Programme. The programmes are intended to improve the wellbeing of older adults with a specific focus on preventing falls and any fractures.

All the information you give will remain strictly confidential and will only be used to inform further development of this programme. All your comments will be summarised to ensure no individuals will be identified in the final report.

7. From your point of view - What are some of the impacts of having a fall?

- On individuals
- On whānau

8. What do you think are some of the ways you can prevent from falling over?

9. Have you heard about this Sport Taranaki falls prevention programme?

y/n (if yes please specify)

(If no : Currently ACC NZ is funding community exercise classes such as Tai Chi, Strength and Balance, Zumba Gold, Move It or Lose It and SAYgo throughout Taranaki. Give brochure.)

10. What are some of the problems that would stop you from going to community classes?

11. What do you think would be the solutions to these problems?

12. What is the best way to get information out to Kaumatua Groups over the age of 55 about these classes?

7. Are you...

- ☐ Male
- ☐ Female

8. Please state your age

9. Which ethnic group do you belong to? *Tick all that apply*

☐ Maori

Do you?

I use my hands to get out of a chair

☐ Yes

☐ No

I have stopped doing some activities because I was

afraid I might lose my balance

☐ Yes

☐ No

I am worried about falling

☐ Yes

☐ No

RUBRIC TEMPLATE

Activity or Outcome: Community Strength and Balance Programme

Rating	How it will be measured	Explanation (how you will determine merit)	2019
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<p>Very good</p>	<p>Most (80%) of participants (who have attended 10/12 weeks of the programme) self-report maintaining or improving their strength and balance</p> <p>Most (80%) of participants (who have attended 10/12 weeks of the programme) self-report a reduction in number of slips/trips/falls.</p> <p>Most (80%) of participants report increased knowledge of falls prevention through functional movements e.g. correct ways of bending down to pick up things off the floor.</p> <p>Most (80%) of participants report increased knowledge of falls prevention through being able to identify risk factors</p> <p>Most (80%) of participants report classes are enjoyable and increase their social interaction</p> <p>Medium to High awareness (What does this mean, how to measure?)of the programme in the community, with participants reporting there were a number of ways they found out about the classes.</p> <p>Classes are well attended with an utilisation rate of 80%.</p> <p>A variety of classes are available to meet the needs of a wide range of abilities, age (55 plus), ethnicity and gender.</p> <p>Most (80%) of participants report that class content is pitched at the right level.</p> <p>The classes are delivered by a highly trained and skilled workforce, with a network of class leaders available to cover staff absences. Community Class Leaders feel confident, supported and connected</p> <p>Low barriers to participation e.g. low cost (less than \$8.50), close to home, transport options available, accessible venues in variety of locations.</p> <p>100% or practising leaders have completed training, First Aid up to date and complete annual audit</p> <p>Dashboard shows a downward trend for falls and fall related injuries</p>
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<p>Good</p>	<p>The majority (60%) of participants (who have attended 10/12 weeks of the programme) self-report maintaining or improving their strength and balance</p> <p>The majority (60%) of participants (who have attended 10/12 weeks of the programme) self-report a reduction in number of slips/trips/falls.</p> <p>The majority (60%) of participants report increased knowledge of falls prevention through functional movements e.g. correct ways of bending down to pick up things off the floor</p> <p>The majority (60%) of participants report increased knowledge of falls prevention through being able to identify risk factors</p> <p>The majority (60%) of participants report classes are enjoyable and increase their social interaction</p> <p>Medium awareness of the programme in the community, with participants reporting at least one way of finding out about the classes</p> <p>Classes are well attended with an utilisation rate of 70%.</p> <p>Some variety of classes are available to meet the needs of a wide range of abilities, age (55 plus), ethnicity and gender.</p> <p>The majority (60%) participants report that class content is pitched at the right level</p> <p>The classes are delivered by a highly trained and skilled workforce, but lack a network of class leaders available to cover staff absences</p> <p>Low barriers to participation e.g. low cost (less than \$8.50), close to home, transport options available, accessible venues, but not available in all locations.</p> <p>100% or practising leaders have completed training, First Aid up to date and complete annual audit</p> <p>Dashboard shows a downward trend for falls and fall related injuries</p>
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<p>Poor</p>	<p>Under half of participants (who have attended 10/12 weeks of the programme) self-report maintaining or improving their strength and balance</p> <p>Under half of participants (who have attended 10/12 weeks of the programme) self-report a reduction in number of slips/trips/falls.</p> <p>Under half of participants report increased knowledge of falls prevention through functional movements e.g. correct ways of bending down to pick up things off the floor</p> <p>Under half of participants report increased knowledge of falls prevention through being able to identify risk factors</p> <p>Under half of participants report classes are enjoyable and increase their social interaction</p> <p>Low awareness of the programme in the community, with participants reporting it was difficult to find out about the classes</p> <p>Classes are poorly attended with an utilisation rate of less than 50%.</p> <p>A lack of variety of classes are available to meet the needs of a wide range of abilities, age (55 plus), ethnicity and gender.</p> <p>Less than half participants report that class content is pitched at the right level</p> <p>The classes are delivered by a un-trained and un-skilled workforce, and lack a network of class leaders available to cover staff absences</p> <p>High barriers to participation e.g. high cost, not available in their area, non- accessible venue and no transport options.</p> <p>Dashboard shows no change or increased in falls and related injuries</p>
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RUBRIC TEMPLATE

Activity or Outcome: In –Home Strength and Balance Programme

Rating	Explanation (how you will determine merit)
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<p>Excellent</p>	<p>70% of participants (who have completed a minimum of 3 months of the programme) have maintained or improving their strength and balance, as recorded in the TUG test, 30 second stand test and 4 stage Balance test.</p> <p>70% of participants (who have completed a minimum of 3 months of the programme) self-report no slips/trips/ falls since last visit.</p> <p>85% of participants (who have completed a minimum of 3 months of the programme) self-report having maintained or improved their level of physical activity/confidence to do everyday tasks (falls efficacy test, physical active level).</p> <p>A falls hazards assessment has been completed in their home and discussed with them.</p> <p>All of participants have an individualised (within the bounds of the Otago Falls programme) set of exercise and are progressed appropriately.</p> <p>Low barriers to participation e.g. number of ways participants can be referred, and at no cost.</p> <p>All participants report a high level of understanding of the programme and the time involved to complete the programme at referral, measured by a decline/withdrawal rate of less than 10%.</p> <p>The time between referral to the programme and initial visit is 2 weeks or less.</p> <p>The programme is delivered by a team of registered health professionals (physiotherapist and occupation therapist and a falls prevention assistance). The team work effectively together to support all patients.</p> <p>All additional supports are identified at assessment and/or planned follow up visits, and referrals to most appropriate service/s are made as required.</p> <p>Programme staff holds accreditation/or agreement by profession with TDHB to make appropriate requests for equipment supply.</p>
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Very good

60% of participants (who have completed a minimum of 3 months of the programme) have maintained or improving their strength and balance, as recorded in the TUG test, 30 second stand test and 4 stage Balance test.

60% of participants (who have completed a minimum of 3 months of the programme) self-report no slips/trips/ falls since last visit. .

75% of participants (who have completed a minimum of 3 months of the programme) self-report having maintained or improved their level of physical activity/confidence to do everyday tasks (falls efficacy test, physical active level).

A falls hazards assessment has been completed in their home and discussed with them.

Most of participants have an individualised (within the bounds of the Otago Falls programme) set of exercise and are progressed appropriately.

Low barriers to participation e.g. number of ways participants can be referred, and at no cost.

Most of the participants report a high level of understanding of the programme and the time involved to complete the programme at referral, measured by a decline/withdrawal rate of less than 15%.

The time between referral to the programme and initial visit is 3 weeks or less.

The programme is delivered by a team of registered health professionals (physiotherapist and falls prevention assistance). . The team work effectively together to support all patients.

All additional supports are identified at assessment and/or planned follow up visits, and referrals to most appropriate service/s are made as required.

Programme staff holds accreditation/or agreement by profession with TDHB to make appropriate requests for equipment supply.

<p>Good</p>	<p>The majority (50%) of participants (who have completed a minimum of 3 months of the programme) have maintained or improving their strength and balance, as recorded in the TUG test, 30 second stand test and 4 stage Balance test.</p> <p>The majority (50%) of participants (who have completed a minimum of 3 months of the programme) self-report no slips/trips/ falls since last visit. .</p> <p>The majority (65%) of participants (who have completed a minimum of 3 months of the programme) self-report having maintained or improved their level of physical activity/confidence to do everyday tasks (falls efficacy test, physical active level).</p> <p>A falls hazards assessment has been completed in their home and discussed with them.</p> <p>The majority (50%) of participants have an individualised (within the bounds of the Otago Falls programme) set of exercise and are progressed appropriately.</p> <p>Low barriers to medium barriers to participation e.g. a few different ways participants can be referred, and at no cost or low cost.</p> <p>The majority of participants report a good level of understanding of the programme and the time involved to complete the programme at referral, measured by a decline/withdrawal rate of less than 20%.</p> <p>The time between referral to the programme and initial visit is 4 weeks or less.</p> <p>The programme is delivered by a team of registered health professionals (occupational therapist and falls prevention assistant).</p> <p>All additional supports are identified at assessment and/or planned follow up visits, and referrals to most appropriate service/s are made as required.</p> <p>Programme staff holds accreditation/or agreement by profession with TDHB to make appropriate requests for equipment supply.</p>
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<p>Poor</p>	<p>Less than half of participants (who have completed a minimum of 3 months of the programme) have maintained or improving their strength and balance, as recorded in the TUG test, 30 second stand test and 4 stage Balance test.</p> <p>Less than half of participants (who have completed a minimum of 3 months of the programme) self-report no slips/trips/ falls since last visit. .</p> <p>Less than half of participants (who have completed a minimum of 3 months of the programme) self-report having maintained or improved their level of physical activity/confidence to do everyday tasks (falls efficacy test, physical active level).</p> <p>A falls hazards assessment has not been completed in their home.</p> <p>Less than half of participants have an individualised (within the bounds of the Otago Falls programme) set of exercise and are progressed appropriately.</p> <p>High barriers to participation e.g.cost for referral to programme and limited number of ways participants can be referred.</p> <p>Less than half of participants report a high level of understanding of the programme and the time involved to complete the programme at referral, measure by a decline/withdrawal rate of more than 30%..</p> <p>The time between referral to the programme and initial visit is over 4 weeks.</p> <p>The programme is delivered by non-health professionals (falls assistant only with no supervision).</p> <p>No additional supports are identified at assessment and/or planned follow up visits, and referrals to most appropriate service/s are made as required.</p> <p>No programme staff holds accreditation/or agreement by profession with TDHB to make appropriate requests for equipment supply.</p>
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References:

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