Improving Chronic Disease in an Urban Indigenous Context:
“Let’s Work it Out!”
The Institute for Urban Indigenous Health

South East Queensland

Approximately 50 000+ Indigenous people

(38% of QLDs’ Indigenous people)
The Institute for Urban Indigenous Health

- Undertakes regional planning, monitoring and evaluation processes related to service provision; and

- Co-ordinates regional programs in areas including smoking, physical activity, nutrition and clinical services.
Work It Out

• Chronic disease self-management and rehabilitation program
• Urban Aboriginal and Torres Strait Islander community
• 12 week ongoing cycle, 2 sessions per week
• Implemented across seven Indigenous Community Controlled Health Services in South-east Queensland:

- Gold Coast, Capalaba, Stradbroke Island, Morayfield, Strathpine, Woolloongabba and Woodridge sites
Work It Out team

- Integrated with comprehensive primary health care
- Inter-professional allied health team approach
- A holistic approach to care
- One stop shop
- Internal referrals – continuity of care
  - Work It Out Team
    - Exercise Physiologist / Physiotherapist
    - Dietitian
    - Psychologist
    - Occupational Therapist
    - Researcher

- GP Referral: through relevant Medicare item numbers
  - Adult health check (715)
  - GPMP (721)
Work It Out structure

- **45 minute education sessions:** delivered by allied health professionals

- **One hour exercise program:** tailored exercise program in a group setting.

- **15 minute tukka session:** clients sit and yarn while having something healthy to eat.

- **Outside of the group sessions:** clients can meet one-on-one with allied health professionals to aid in self-management strategies which are unique to their chronic condition/s.
Community ownership and engagement

• There are many mediums through which we engage with the community
  – twitter
  – posters
  – radio

• We showcase the positive outcomes of the successes
**Work It Out research agenda**

- Research project runs alongside the Work It Out program.
- Ethics approval by University of Queensland (UQ).
- All participants give written consent to be part of the research process.

To evaluate
- Individual chronic disease outcomes
- Participation and functioning
- Self management
- Quality of life
- Health behaviour change
Study design

• Mixed-methods approach.

• Data:
  – Quantitative data; changes in physiological health as well as pre and post-test quality of life surveys.
  – Qualitative data; Semi-structured interviews.
The nature of Indigenous research

• “The Big Picture”: a research education session performed by research assistants, once in 12 week cycle.
• Interactive session; yarn up about the meaning of research, data outcomes and ways to present outcomes across communities/appropriate agencies.
• Ensures transparency and ownership of the program and ongoing research.
• Decolonising research; embedding Indigenous cultural values in the research design, participants and researchers are equal partners (Smith, 1999).
Qualitative findings

Physical, Social and Psychological benefits reported by clients:

- "I used to be really depressed but since I started coming here I feel much better"
- "I'm usually like a freight train (angry) but using those breathing exercises helps calm me down"
- “I am able to do more stuff without getting puffed. That is the best thing”
Quantitative results

• Pilot statistical analysis on two health physiological outcome measures
  – Blood Pressure (BP) and Blood Glucose Level (BGL).

Data analysis of BP and BSL data of 154 clients, from 15\textsuperscript{th} February 2012 – 6\textsuperscript{th} May 2013 performed.
  – 1883 individual observations, minimum of 1 session attended, maximum of 117 sessions attended.

• Using a linear model, systolic blood pressure and blood sugar levels both \textit{improved} over time on a group level.
  – Systolic BP: Each session attended, the mean systolic blood pressure dropped by 0.044 units (95\%CI = 0.004 to 0.084 units), \( p < 0.05 \).
  – BGL: the results demonstrated that for each session attended, the mean BSL reading dropped by 0.042 units (95\%CI = 0.028 to 0.056 units), \( p < 0.001 \).
Future research direction

• Analysis of current quality of life survey.
• Analysis in changes of other physical outcome measures – waist circumference, hip circumference, body mass, 6 minute walk test.
• Matched analysis of pre and post results
Conclusion

• Current outcomes reflect holistic nature of the program.
• Overall, this pilot data points to the possible success of the program in not only managing, but making improvements in individual chronic disease.

