

An innovative interprofessional healthy lifestyles program for prefrail older people

BUnyAH

Bond UNiversity Allied Health Interprofessional Healthy Lifestyles Program

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Nathan Stewart – Exercise science

Dr Laila Bar – Occupational Therapist



ethics approval number: SB101225 (Bond)

Primary Health Network Gold Coast Australia



phn
GOLD COAST

An Australian Government Initiative



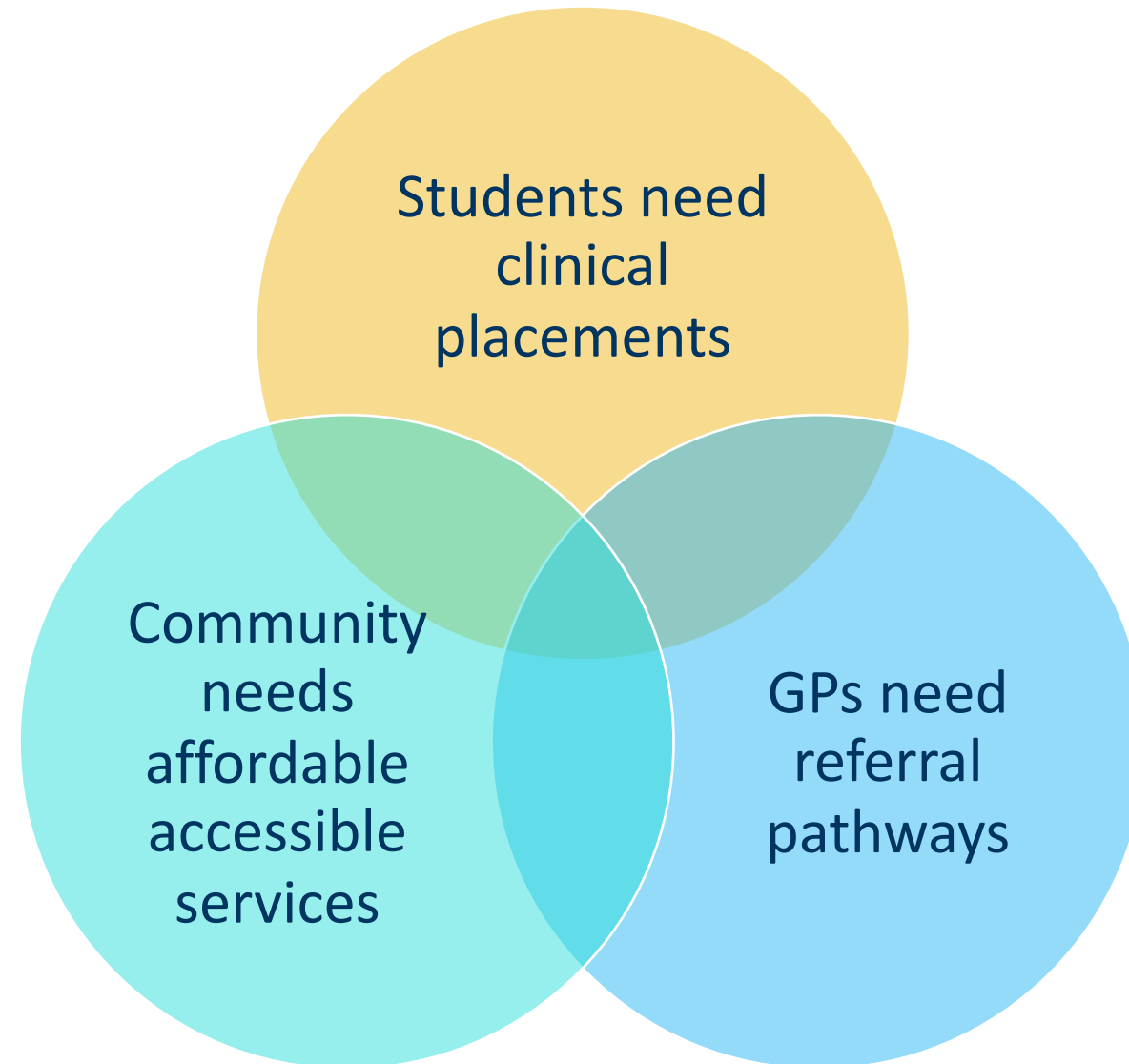
The context

1 in 6 Australians are aged 65 and over
16% of the total population are older people

By 2066, older people are projected to make up
between 21% - 23% of the total population

(Australian Institute of Health and Welfare [AIHW], 2025)

The challenge





The opportunity

I am not frail - Gold Coast Primary Health Network

- Primary care, which supports first-contact, accessible, continuous, comprehensive and coordinated person-focused care (World Health Organization, 2024).
- Primary care services are offered as close as possible to their community using an interprofessional approach with intersectoral collaboration

Position Statement: Occupational Therapy and Primary Care | WFOT (March 2024)

- Occupational therapists are uniquely positioned in primary care to work with people facing challenges in their ability to manage everyday activities.



The Program

- A 12-week intensive active lifestyle program linking with ongoing referral pathways aimed to sustain gains
- Developed by Bond University Allied Health Professionals (occupational therapy, exercise science, physiotherapy ,psychology, nutrition and dietetics programs).
- Bi-weekly, client-centre health education and exercise classes to Gold Coast community members that are at risk of frailty and/or early admission to aged care facilities.
- Informed by the latest evidence-based research
- Positively framed around lifestyle re-design and behavioural change theory



Person centred program goals

- 1. Improved Physical Function:** Regular exercise has been shown to improve physical function in pre-frail older adults. Cadore et al. (2013)
- 2. Decreased Risk of Falls:** Regular exercise has also decreased the risk of falls in pre-frail older adults. Sherrington et al. (2019)
- 3. Improved Quality of Life:** Regular exercise has been shown to improve quality of life outcomes, such as physical function, mobility, and social participation, in pre-frail older adults. Huang et al. (2021)
- 4. Reduced Risk of Hospitalization:** Regular exercise has also been shown to reduce the risk of hospitalization in pre-frail older adults. Cadore et al. (2019)
- 5. Improved Cognitive Function:** Regular exercise has also improved cognitive function in pre-frail older adults. Fissler et al. (2019)



Developing workforce, community and research

Authentic interprofessional clinical placements

- Time limited, 12-weeks program students move through as a part of their clinical practice education.

Future Workforce Development

- Incorporation of students – Masters level in OT, PT , Psy and N and D
- Increase graduate awareness of workforce demands of primary health care, develop clinical skills required to work with those at risk of frailty.

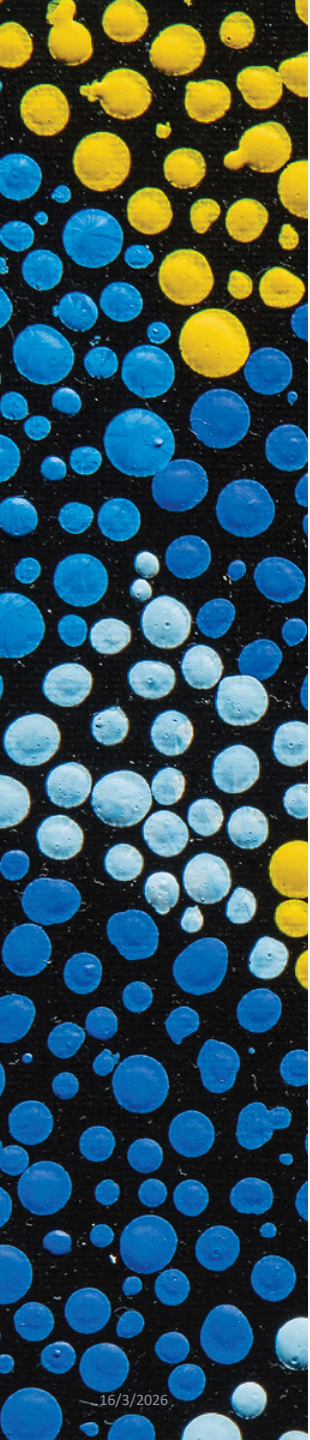
Primary care pathways

- Establish referral pathways with GPs, develop clinical competencies in interprofessional communication, assessment, discharge, and handover.



Program structure

1. Referral from GP
2. Two sessions per week over 12 weeks
3. One hour group education, followed by group exercise program and individual therapies as required (all supervised by registered AHP)
4. Pre and post clinical assessments by exercise science, occupational therapy, physiotherapy and dietetics and nutrition
5. Lifestyle changes sustained by referral to continuing services as required
6. Interprofessional and intergenerational approach
7. Discharge summary back to GP
8. Developing a longitudinal data set





Weekly session topics (educational and activity)

What matters to me?

- Keeping active
- Strong bones
- Healthy eating
- Understanding balance
- How to future proof your Home
- Technology and independence.
- Hobbies and interests
- Brain Gym
- Transport & driving
- Meal preparation
- Self-care
- Bowel and bladder health
- Sleep hygiene and sex
- Home maintenance

Exercise program

- Informed by the World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative Group-based, supervised exercise intervention¹.
- Exercises developed to :
 - target the individual's capacity to maintain balance during functional tasks needed for daily life.
 - individualised to provide an appropriate level of challenge
- Program developed to enhance modifiable intrinsic falls risk factors
 - Muscle weakness , strength and power with a focus on applicability to ADLs
 - Balance deficits – static/dynamic steady-state, proactive and reactive
 - Gait instabilities – maintenance of, or increase in gait speed

1. Montero-Odasso, M., van der Velde, N., Martin, F. C., Petrovic, M., Tan, M. P., Ryg, J., ... & Masud, T. (2022). World guidelines for falls prevention and management for older adults: a global initiative. *Age and ageing*, 51(9), afac205.

Service Setting

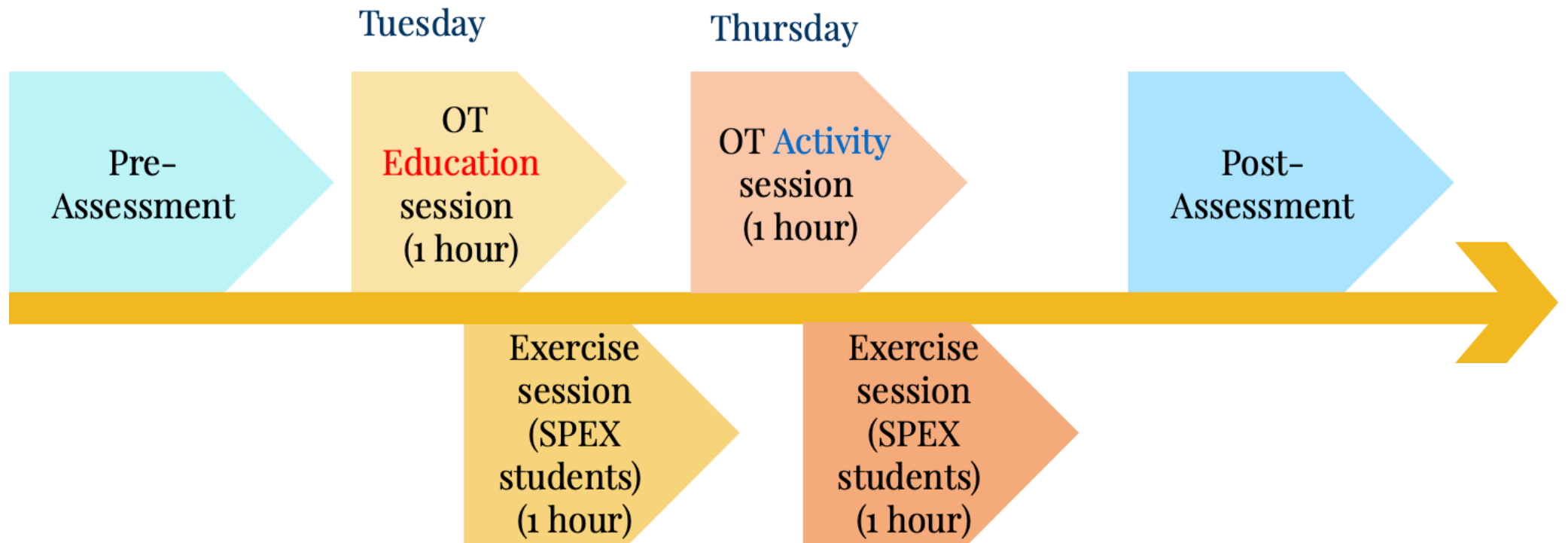
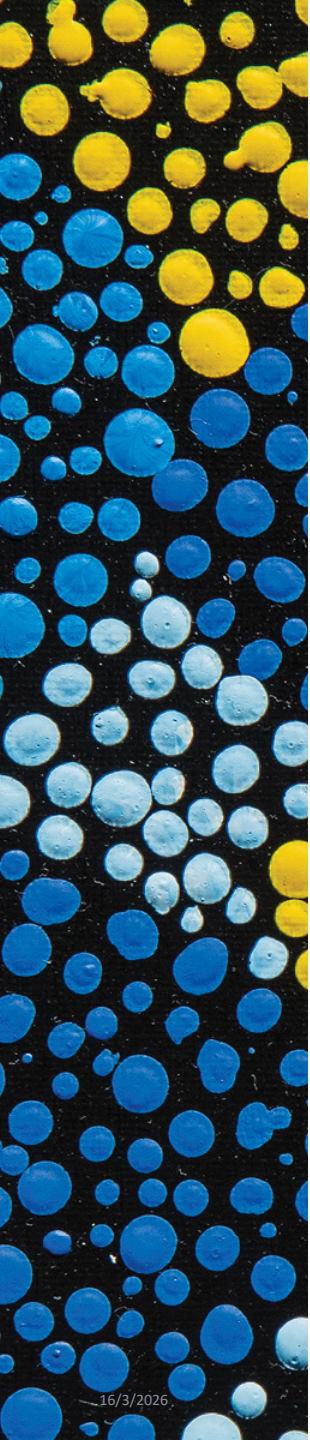


Gold Coast Surgery Centre,
Level 1, 103-113 Nerang Street,
Southport



Bond University Health and
Wellness Clinic
Bond Institute Health and Sport
1 Promethean Way, Robina.



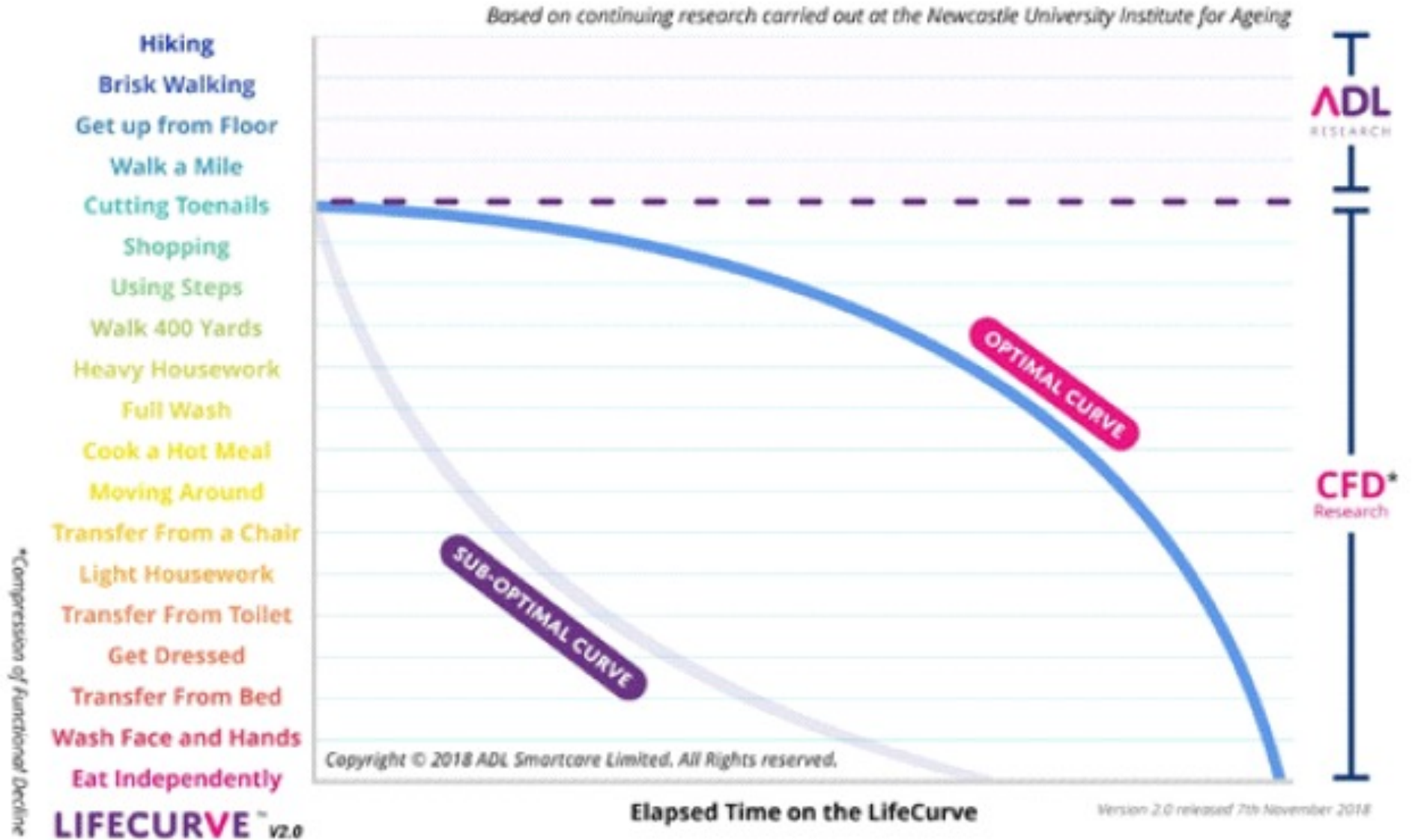




Assessments

1. The Edmonton Frail Scale (EFS)
2. Depression, Anxiety, Stress Scale (DASS21)
3. WHOQOL-BREF
4. Exercise and Sports Science Australia Pre- exercise screening questionnaire
5. Rapid Assessment of Physical Activity (RAPA)
6. Senior's Fitness Test – function and strength test
7. 6-minute walk test or YMCA Cycle test (cardiovascular test)
8. MiniBesTest – Balance assessment
9. Falls efficacy scale

The Life Curve





Student roles and responsibilities

Program Facilitation

Developed and implemented a healthy lifestyle program for pre-frailty older adults some of which included:

- Educational awareness through presentations and activity sessions
- Designed marketing material, communication pieces, and client handouts
- Client support and communication
- Encouraged active participation and adapted activities to individual needs

Data Collection and Evaluation

- Conducted assessments (i.e., Standardized Mini-Mental State Examination (SMMSE), Edmonton Frail Scale, and Senior Fitness Test)
- Gathered participant feedback and tracked progress
- Analyzed the business model to identify areas for growth

Interdisciplinary Collaboration

- Collaborated with other health professionals and students to support holistic care

Kitchen & Dining Area

HAZARDS



SUGGESTIONS

- Pets (dogs/cats and pet items such as bowls) toys, and bedding. → Keep items out of walkways, avoid stepping over pets, limit bending over to pick items off ground (use reacher if available).
- Uneven/faulty flooring (lifted, cracked, gaps, holes, curled up edges, or frayed sections). → Repair/replace damaged flooring.
- Any clutter (temporary or permanent). → Remove/reorganize items to clear walkways and sitting areas.
- Too low/too high storage cupboards (reaching/bending/climbing or standing on something to retrieve items). → Avoid storing items in cupboards too high/low (especially items often used), instead move items to waist level storage or leave out, use assistive devices for out of reach items.
- Loose rugs/mats, mats on slippery floors without slip-resistant material (rubber backing). → Secure to the floor by nails or adhesive tape, remove all together, replace with rubber backed mats.
- Slippery surfaces (tiles, polished floorboards or shiny lino). → Non-skid wax on wooden and vinyl floors, purchase slip-resistant floor surfaces such as non-slip mats.
- Raised flooring in doorways. → Install ramped material to ease the change of flooring in between rooms.
- Too low/high seating for your height. → Raise/lower seating to allow sitting upright with feet flat on the floor (chair raisers/ replace seating, purchase chairs with armrests to assist with sitting and standing).

Session Overview

- What does Falls Technology do?
- The different types of fall alert devices.
- What is a fall management plan?
- Any Questions ?

If you can't get up

- Try to crawl or drag yourself to somewhere on the carpet
- Find anything that can keep you warm (bedclothes, a towel, or clothing) while you wait for help.
- Use your personal alarm if you have one.
- If you don't have a personal alarm, use an object that you can bang to make a loud noise, like a wood or metal material against a wall, to alert a neighbor.
- If you know no one will hear you, keep warm and try to get up again later.

Client perspective

BUnyAH has graduated over 110 clients in 2024 - 2025



Anecdotes

- I can bend and reach my feet when showering, after attending 2 sessions.
- I can put my socks on
- .. joined the program to support their spouse who was initially referred to BUnyAH. However, since attending they now feel that they have benefited tremendously, if not more than their spouse.
- ..had been unable to turn her head while driving, to look for traffic , has recently noticed that she no longer needs to turn her whole upper body to check for traffic.
- .. has cancelled a planned shoulder surgery because of significant improvement experienced from the BUNYAH program.
- the thought of coming back to the BUNYAH Program kept her going and in a positive mind frame after experiencing some significant flooding during the cyclone. While she had a lot to do at home, and was dealing with insurance claims, she wouldn't miss the class on Thursday for its mental health benefits.

Clinical placements

72 students from 5 disciplines

- Occupational therapy
- Physiotherapy
- Exercise science
- Nutrition and Dietetics
- Psychology





Student Perspective

“As an international student, as well as a non-native English speaker, this environment comforted me a lot, as I was worrying about my communication and behaviours at the very beginning of my placement.”

“I’ve learned a lot, improved a great deal, and become more aware of my weakness. I still find it challenging to handle open-ended small talk smoothly. I’ll continue working on improving myself in the future.”

“The patient education sessions gave me a valuable opportunity to apply OT knowledge in a real-world context. I also found the interprofessional collaboration and structured feedback from supervisors very helpful to my development....writing SOAP notes strengthened my clinical observation, communication, and documentation skills, all of which are essential for professional practice”



Community perspective

42 GPs on regular referral to the program

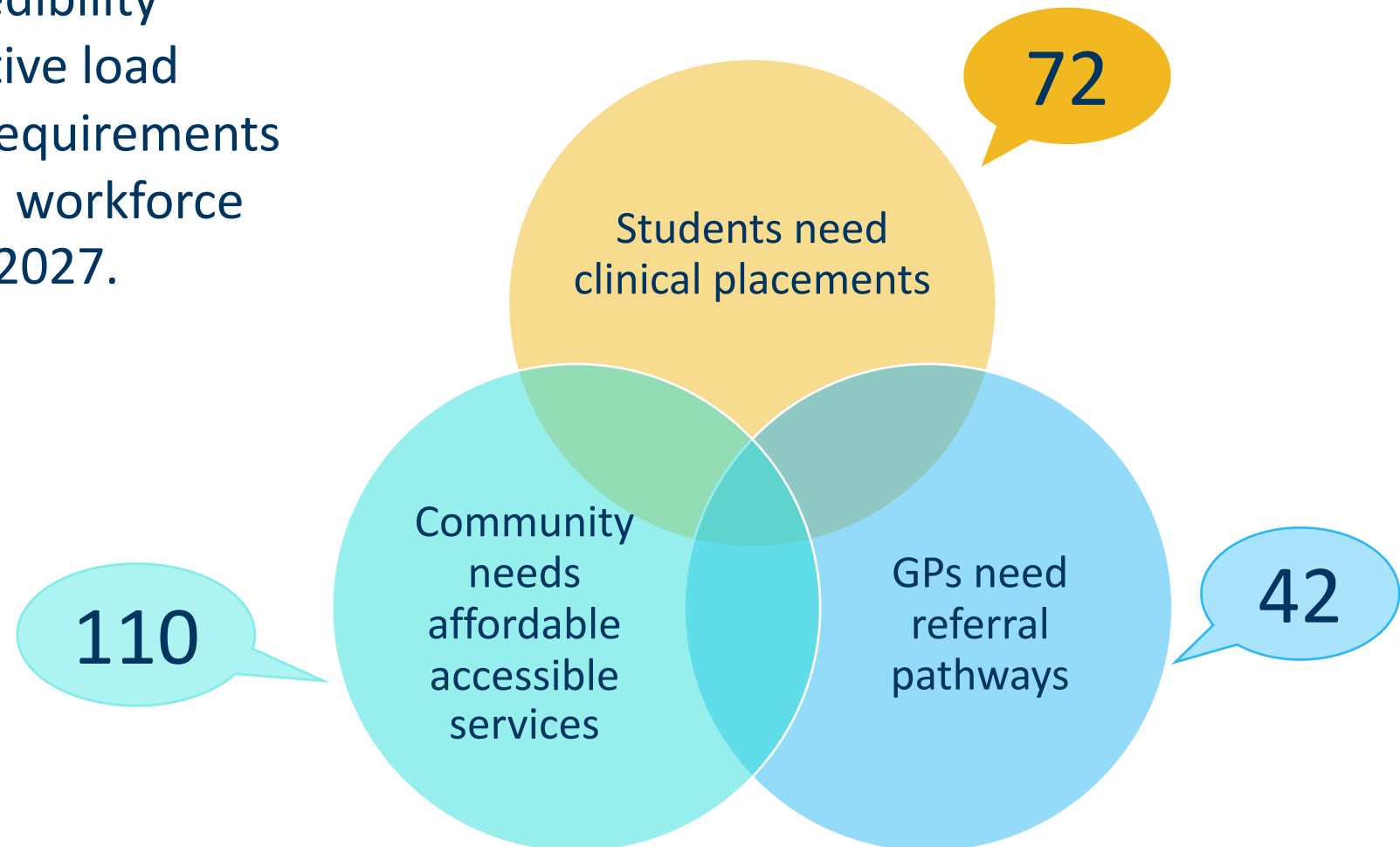
Medical student projects to assist in collecting GP feedback:

1. What are referring GPs perspectives of the Bond healthy lifestyles program (BUnyAH) and
2. What are the information needs of referring GPs for discharge reports from allied health practitioners?

Medical student engagement

The challenge

- University inexperienced in providing primary care
- Building credibility
- Administrative load
- Reporting requirements
- Supervision workforce
- Funded till 2027.



Thank you (Bunya - *Araucaria bidwillii*)

