

# LONDON MALLEE

Encouraging people over  
the age of 65 years to  
become physically active

February 2022

# REGION MOVE IT

# Encouraging people over the age of 65 years to become physically active

Final Report – February 2022

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# EXECUTIVE SUMMARY

**The Loddon Mallee Region (LMR) Move It Project aimed to engage older people in physical activity to enhance their physical, mental and social well-being.**

The project was supported by 10 councils of the region, covering north-central and north-west areas of Victoria. The project was funded by the Australian Government through a Sport Australia Move It AUS Better Ageing grant.

Through this initiative, 12 programs from community groups and organisations across the 10 local government areas were funded to implement a variety of group-based activities between January 2020 and April 2021. The John Richards Centre (JRC) for

Rural Ageing Research, La Trobe University (LTU), was engaged as a project evaluation partner. A pre- and post-program survey, interviews with older adult participants, focus groups with program coordinators and facilitators, and a written interview with the project steering group (PSG) were used for evaluation data collection. The RE-AIM (*Reach, Effectiveness, Adoption, Implementation, Maintenance*) framework guided the evaluation.



# KEY FINDINGS

## Reach



Although print and other media were utilised, word-of-mouth and personal referral were the predominant modes of program promotion.



Healthcare professionals were instrumental in directing men to the programs.



4 in 5 adults engaging in LMR Move It activities were women.



By the end of activities 72% (vs. 56% at the start) of older adults were physically active, doing at least 30 minutes of physical activity on 3 or more days per week).

## Effectiveness



Of the three key outcomes of the LMR Move It programs, participants reported a significant improvement in social connectedness and relationships they planned to continue beyond the project.



Perceptible, improvements in physical activity were noted, but were not statistically significant. However, a small but significant decline in time spent sitting was identified.



Following participation in LMR Move It, an additional 5% of older people gained awareness of the physical activity guideline recommendations. At individual and program levels, there was intent to continue participation in physical activity.



## Adoption – Participation in activities

- **Program/organisational level drivers of physical activity participation**  
**included:** funding, needs assessment and program design informed by co-design, interorganisational relationships, and finding people with the right skill set and personality for engaging older people in physical activity.
- **Individual level drivers of activity participation:** a comfortable, supportive, safe, and fun environment complemented by skilled and personable facilitators and subsidised or free programs were perceived important for participation by the older people.

## Implementation – Agency participation in the project

- **Funding:** The important role of funding was acknowledged by all coordinators and facilitators during the focus groups. Funding allowed for the recruitment of staff and procurement of equipment and other resources, which would have otherwise been unaffordable. In this way the funding was identified as the key driver of program implementation.
- **Governance and accountability:** Key strengths supporting successful implementation were the project steering group's (PSG) which provided governance and accountability. The PSG adopted a partnership approach involving 10 councils and an academic partner, which enhanced innovation by combining forces to address barriers experienced by the region's population.
- **Community of practice (COP) forums:** These allowed exchange of ideas and mutual learning for local program facilitators.
- **Limited skilled workforce:** Given the rurality of many program locations, recruiting and retaining skilled instructors and/or support personnel were barriers to implementation in some locations.
- **The COVID-19 pandemic:** This significantly disrupted implementation plans. However, some programs were able to innovate and adapt to offer activities using online media instead of face-to-face delivery.



## Maintenance – Sustainability

- **Program/organisational level:** Strategic use of funding by investing in equipment, training for staff or community members, and/or inter-organisational relationships were considered critical for outcome sustainability.
- **Individual level:** Although improvements in outcomes were limited, participants highlighted adequate motivation to continue engaging in physical activity, driven by low cost or free participation and an environment that fosters social well-being.



# 01

## INTRODUCTION





# BACKGROUND

Internationally, the older adult population is increasing as improvements in technology and medical care decrease morbidity and mortality.

In Australia, it is anticipated that over one fifth of the population will be aged 65 years or older by 2057 [1]. Currently, the financial burden attributed to healthcare utilisation by older people due to age-related chronic conditions, including cardiovascular disease, cancer, diabetes, respiratory disease and mental health, is estimated at \$35.2 billion [2]. Physical inactivity is a significant contributing factor to these conditions.

Besides improving general fitness, quality of life and psychological well-being, regular physical activity contributes to both primary and secondary prevention of chronic disease such as diabetes, cardiovascular disease, respiratory disease, cancer and conditions such as obesity [3]. Facilitating “healthy ageing” through exercise and physical activity helps to develop and maintain functional ability for improved quality and years of healthy life, and in turn for continued social, cultural and economic participation of older people in society [4]. Physical activity guidelines and recommendations suggest older people aged 65 years and over should participate in regular physical activity of at least 30 minutes on most days of the week [5, 6]. Despite the evidence and recommendations, rates of participation in physical activity by older Australians remain low. Older people make up 14% of the Australian population [7], however of this group only 25% achieve recommended physical activity targets [8].

Reasons for low rates of physical activity among older Australians include age-related health conditions, limited mobility, a lack of knowledge regarding the health benefits of physical activity, limited opportunities or infrastructure, high costs and inconvenient locations [9–11]. Conversely, the prevention of age-related deterioration of health is often motivation for people to participate in physical activity. Other facilitators such as social support, improved knowledge, and self-efficacy may contribute to improved participation [10]. Traditionally, efforts to improve physical activity among older people have entailed a highly prescriptive approach that may not identify their needs and wants. This increases the risk of failing to address barriers to physical activity participation [11, 12].

# LMR MOVE IT PROJECT DEVELOPMENT AND IMPLEMENTATION

The Loddon Mallee Region (LMR) Move It Project was supported by 10 councils of the region, covering north-central and north-west areas of Victoria, led by Macedon Ranges Shire Council (MRSC) and Mildura Rural City Council (MRCC). MRSC entered the funding agreement with Sport Australia and administered funding across all activities. LMR Move It was one of 26 Australia-wide projects funded by the Australian Government through a Sport Australia's Move It AUS-Better Ageing grant.

The LMR Move It Project allocated funds to several groups and organisations (providers) across 10 Local Government Areas (LGAs). Providers implemented a variety of programs to engage older people in physical activity.

A project steering group (PSG) was formed comprising representatives from MRSC, MRCC, the Victorian Government Departments of Jobs, Precincts and Regions and Health and Human Services (now Families, Fairness and Housing), Council on the Ageing Victoria, the Bendigo Loddon Primary Care Partnership and the John Richards Centre (JRC) for Rural Ageing Research, La Trobe University, as the evaluation partner. The PSG provided leadership for the LMR Move It Project. The contract governance structure is summarised in Figure 1.

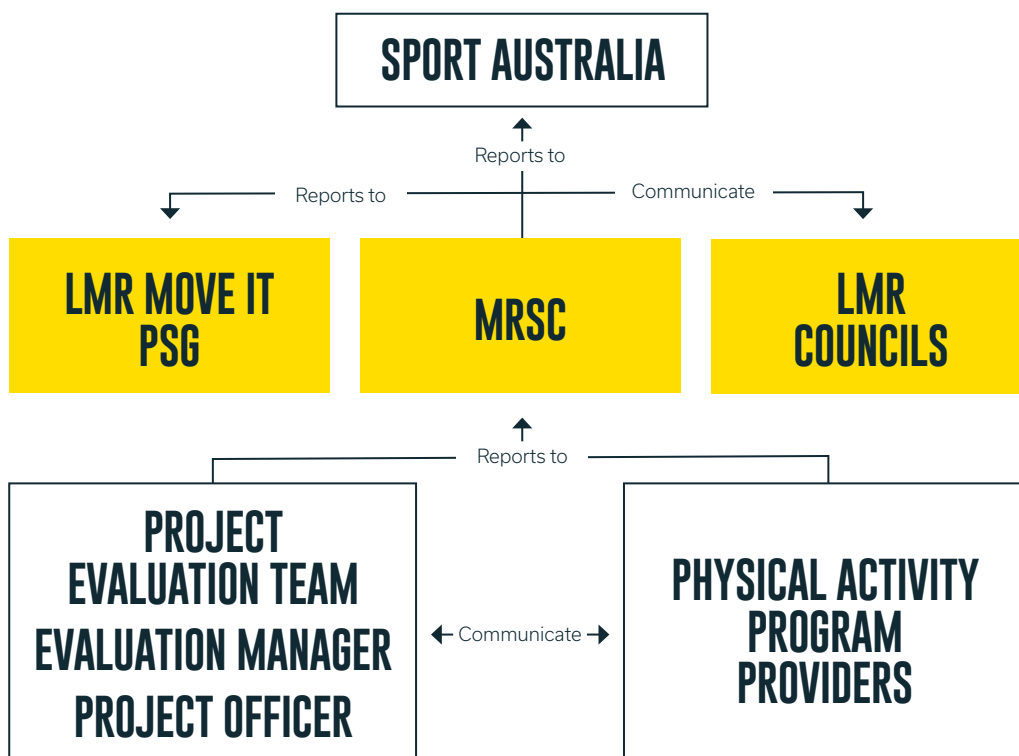


Figure 1: LMR Move It governance structure

An expression of interest (EOI) for funding was opened for groups and organisations across the region. A total of 20 EOI applications were submitted for review by a panel of PSG members, with 12 programs receiving funding. Two programs withdrew by halfway through 2020 and they were replaced by two new programs. Subsequently physical activity programs were implemented across 42 sites (Figure 2).



Figure 2: LMR Move It program locations



## **ACTIVITIES**

Group-based program activities were decided by the individual provider organisations. Each program was run by one or more experienced paid program facilitators and/or volunteers. Program content varied across each location in terms of activity offerings and duration. Even within a program there was a diverse range of activities rather than a focus on one type of activity. Examples included yoga, tai chi, Bollywood dance, water aerobics, strength training, games circuits, chair-based exercises, nature walks, golf, and hula-hooping. Whilst implementation was initially intended to span up to seventeen weeks from commencement, the COVID-19 pandemic disrupted program implementation and program fidelity, resulting in extended, and staggered program (re)start and finish times, as well as offering some programs via an online approach.

A Community of Practice (COP) was formed with the aim of bringing together program providers to support and empower them during implementation. Initially, the COP was intended to comprise quarterly near full-day face-to-face workshops. However, due to COVID-19 restrictions, the COP was changed to quarterly half-day online workshops.



# **TARGET POPULATION AND SETTING**

The target audience of the LMR Move It Project marketing activities via television, radio, print and social media, was approximately 70,000 residents aged 65 years or older residing in the LMR. For Aboriginal or Torres Strait Islander people the target population was residents aged 50 years or over. Approximately 2,000 (3%) of the target population was expected to engage in physical activity (see Table 2 later in the report)

# **EVALUATION KEY AIMS**

Aligned with the Sport Australia funding initiative, the key aims of the LMR Move It Project were to:

1. Increase the number of older people, particularly those who were inactive, vulnerable or socially isolated, who engage in regular physical activity.
2. Improve understanding of the benefits of regular physical activity, including improved physical and mental well-being, and the benefits of social connectedness.
3. To empower/upskill physical activity providers, community clubs and groups to have the policy, resourcing, capability, and motivation to facilitate age-appropriate activities that can be sustained into the future.

The evaluation of the LMR Move It Project sought to answer the following questions:

1. Did the LMR Move It Project increase participation in physical activity for inactive older people, aged 65 years and over (50 years and over if Aboriginal and Torres Strait Islander) in the 10 Loddon and Mallee LGAs?
2. Did the LMR Move It Project improve knowledge and understanding of the benefits of physical activity among older people in the 10 Loddon and Mallee LGAs?
3. Did the LMR Move It Project improve the capacity of physical activity providers to facilitate physical activities for inactive older people?
4. What is the evidence of individual, system, and community level impact measures for a model fit for regional and rural settings?



# 02

## APPROACH



# EVALUATION FRAMEWORK AND DESIGN

We adopted a 'before and after program' approach for the evaluation, with a mix of data collection methods that included:

- Surveys and interviews – target population
- Focus groups – program coordinators and facilitators

The above were supplemented with analysis of funded program documentation for implementation processes.

The RE-AIM framework (Figure 3) was adopted to guide the evaluation [13]. Using RE-AIM allowed us to capture the extent to which the LMR Move It Project reached the target population (reach and adoption) and improved physical well-being, mental well-being and social connections of participants (effectiveness).

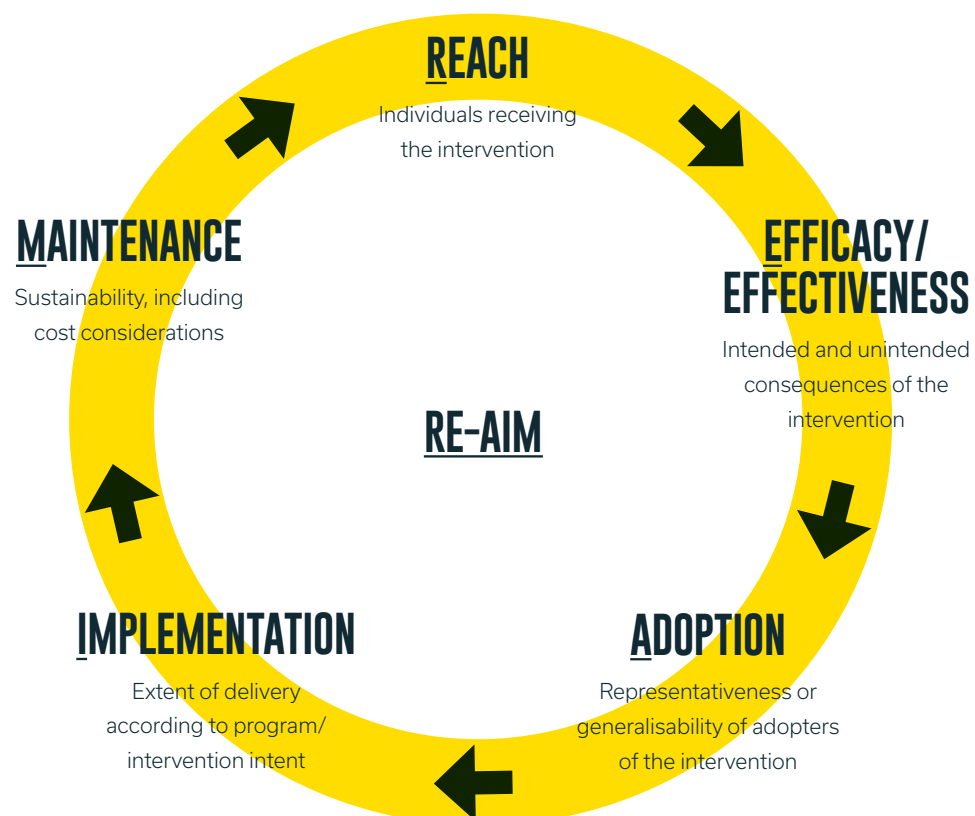


Figure 3. RE-AIM framework (adapted from Glasgow et. al., 1999)

# **WHO PROVIDED DATA FOR THE EVALUATION?**

Individual programs were responsible for participant enrolment. Programs used a variety of tailored modes and strategies including traditional advertising (flyers, newspapers, radio), word-of-mouth and social media posts to promote their programs. Potential participants interested in the program were provided information from the respective physical activity provider. All people falling within the target population who enrolled in funded physical activity programs under the auspices of LMR Move It were invited to complete an evaluation survey at baseline and upon completion of program participation. A subsample of the participants who had expressed interest and consent were contacted to participate in semi-structured phone interviews. Selection of these participants was based on convenience balanced against a reasonable cross-sectional representation of funded programs.

To evaluate project implementation, all program providers and members of the project steering group were invited via e-mail to participate in focus groups and a written interview respectively. Eleven program providers were able to take part in the focus groups.







# DATA COLLECTION

Data collection was coordinated by the JRC working in collaboration with program facilitators and coordinators who were responsible for administering the survey suite. In addition, interim and final reports submitted by sites in accordance with the funding agreement were analysed to evaluate the implementation of each program. Due to disruption to programs caused by the COVID-19 lockdowns in Victoria, the data collection period spanned February 2020 to May 2021.

Data collected from the target population included:

- **General demographics**, such as date of birth (age), gender, postcode, marital status, employment status, Indigenous status, parental country of birth.
- **Health-related information** including any long-term health conditions, whether people experienced any pain, and self-rated general health on a scale of 0 to 100 (with 100 indicating best possible health).
- **Social well-being and connections** as measured using the 8-item Social Connectedness Scale (SCS) [14]. The items of the SCS are summed to provide a total score between 8 and 48, with higher scores indicating greater social connectedness [14, 15].
- **Mental well-being** using the 7-item Short Warwick-Edinburgh Mental Well-being Scale (SWEMBS). The items of the SWEMBS are summed to provide a total score between 7 and 35, with higher scores indicating greater mental well-being.
- **Level of physical activity** measured using the 7-item International Physical Activity Questionnaire (IPAQ) [16], to reflect the number of days, and minutes per day, participants engaged in vigorous and moderate physical activity, and walking. Higher scores indicate greater physical activity participation [17]. The IPAQ also includes a question relating to the time spent sitting per day (hours and minutes). Participants also reported the number of days they engaged in moderate physical activity for 30 minutes or more at a time, and how their current level of physical activity compared to past levels of physical activity ('far more active', 'more active', 'about the same', 'less active' and 'far less active').
- **Knowledge of physical activity recommendations** was assessed by asking participants to indicate what they thought the recommended amount of physical activity for older adults was (inputted as continuous/qualitative data).
- **Program satisfaction** was assessed by asking participants to rate their experiences in terms of location, venue, facilitator, type and amount of physical activity, and program time ('extremely dissatisfied', 'dissatisfied', 'neutral', 'satisfied' or 'extremely satisfied'), as well as asking participants to rate on a scale between 1 to 100 their likelihood of continuing to exercise.

- **Participation experience** were explored through semi-structured interviews which were conducted during March to April 2021.
- **Local capacity** (developed through the community of practice) was assessed through questions about self-perceived confidence and efficacy in developing and implementing physical activity programs to meet the needs of older people, which were provided to program coordinators and facilitators in a brief survey.

Focus groups with program facilitators and coordinators were conducted via Zoom, and collected data relating to program development, implementation, effectiveness, and organisational constraints. In addition, 27 interim program status reports and 10 final reports, submitted by each program provider as a part of the funding requirements, provided process source data.

## **DATA ANALYSIS AND SYNTHESIS**

Demographic data and background information were summarised descriptively for all participants who completed a baseline survey (n = 806). For participants who had completed both baseline and follow-up surveys (n = 455), the difference in health-related outcomes, mental well-being, social connectedness, and physical health were analysed for significant change before and after program participation. Interview and focus group recording transcripts were subjected to inductive thematic analysis guided by the RE-AIM framework. Interim reporting documents were analysed using inductive content analysis.



# 03

## FINDINGS



The results of the quantitative and qualitative findings of the LMR Move It evaluation are combined and described together, under each domain of the RE-AIM framework. For quotes, “FG” denotes a focus group participant and “P” denotes interview participant.

## REACH – WHO DID THE PROGRAMS REACH?

Participant characteristics are summarised in Table 1.

Table 1: General overview of participant demographics

Demographic characteristics	n	%	Demographic characteristics	n	%
<b>Gender</b>			<b>Employment status</b>		
Male	155	19.2	Working full-time	23	2.9
Female	642	79.6	Working part-time	33	4.1
<b>Age</b>			Self-employed	19	2.4
≥ 65 years	713	88.4	Unemployed looking for part-time work	3	0.4
< 65 years	57	7.1	Not employed, not looking for work	12	1.5
<b>Rural and remote communities</b>			Student	2	0.2
Inner regional	303	37.6	Pension, beneficiary or welfare recipient	214	26.6
Outer regional	474	58.7	Retired	468	58.1
Remote	4	0.5	Domestic duties	14	1.7
<b>Indigenous Status</b>			Other	12	1.5
Not Aboriginal/Torres Strait Islander	727	90.2	<b>Household structure</b>		
Aboriginal	65	8.1	Family with at least one child under 15 years old	19	2.4
Torres Strait Islander	0	0.0	Family with all children 16 years or older	61	7.6
Aboriginal and Torres Strait Islander	1	0.1	Single/couple – no child	368	45.7
Don't want to say/missing	13	1.2	Adult shared house	157	19.5
<b>Parent's country of birth</b>			Live alone	168	20.8
Australia	700	86.8	Prefer not to say	15	1.9
UK/Channel Islands/Isle of Man/ Ireland	81	10.0	<b>Language spoken most at home</b>		
New Zealand	13	1.6	English	795	98.6
Other	45	5.6	Other	4	0.5
<b>Low to medium LGAs (as defined by SEIFA index)</b>	747	92.4	<b>Chronic condition (lasting more than 6 months)</b>	535	66.4

## Participants highlights

- A total of 1307 older adults participated across programs; 62% (806) completed the baseline survey while 35% (455) completed the follow up survey
- 80% of the participating older adults were women.
- Over 90% of participants came from areas of low- to mid-socioeconomic disadvantage. Thus, by virtue of location, LMR Move It was a key vehicle for reaching disadvantaged groups who face significant inequities in service access and health outcomes.
- Approximately 27% were considered active (engaging in 30 minutes or more of 'moderately intense' or 'intense' exercise 5 or more days per week) prior to participating in LMR Move It. Of those participants who were specifically considered inactive upon commencing in the program, 40% still exercised 3 to 4 days a week, highlighting the difficulty in attracting the least active older people.

**"I did engage people that didn't normally exercise because all of them said oh, I don't like exercising, but I like to dance."... FG1.**

## How to best reach people in rural and regional communities for physical activity

Facilitators identified that word-of-mouth was an important and commonly utilised means of communicating and disseminating information to people in rural communities.

**"We rely pretty heavily more on personal invite, I think that works the best in these country areas."... FG3**

This was consistent with survey data indicating that over 70% of participants initially heard about LMR Move It via word-of-mouth, including from health professionals, friends, family, or neighbours (Figure 4).

## HOW DID THE PARTICIPANTS FIND OUT ABOUT THE LMR MOVE IT PROJECT?

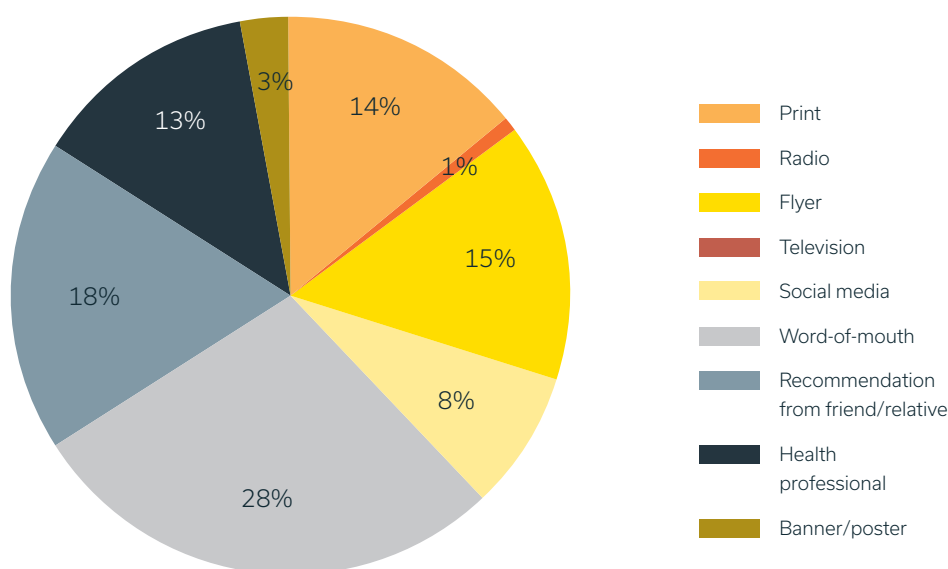


Figure 4: Modes of advertising for the LMR Move It Project

Interview participants further corroborated these findings with many acknowledging hearing about and being encouraged to participate in LMR Move It by friends or neighbours. This underscores the beneficial way in which 'peer-champions' could be leverage points for promoting initiatives such as LMR Move It to maximise reach.

A review of interim reporting documents highlighted the importance of inter-organisational relationships in extending the reach of programs to specific target populations. Partnering with community-based organisations, such as neighbourhood houses, health services, aged care services and support groups, provided extended avenues through which the program could be advertised to older people.

Despite the above, there were notably lower rates of participation by men and people at the least active end of the physical activity spectrum. Hence further insights are warranted to unpack the best ways to reach these subgroups.

Information gleaned from the interviews and focus groups identified the importance of extending programs geographically to smaller towns which typically have limited to no opportunities for physical activity. This ameliorates barriers to participating in physical activity, such as travel time, costs associated with travel, road hazards (e.g. kangaroos), and a lack of convenient public or private transport.

**"Having the activities in the smaller areas was I think really important because then it made sure that the people within that local community were able to actually participate in something."... FG3.**

Facilitators identified the role of online technology, i.e. Zoom and Facebook streaming of classes, in successfully broadening the reach of the LMR Move It programs. This was particularly useful for older people who might be sick, frail, or had difficulty with transport or had caring responsibilities. Although not as preferred as traditional face-to-face program delivery, the use of technology was a necessity borne out adversity on account of COVID-19 restrictions.

**"It [Zoom] has reached and continues to reach people – older people who are frail, caring responsibilities, car issues, remoteness who can't otherwise participate."... FG1.**

## What is to be said about the hard to reach?

Existing connections or rapport with community groups or the target group was identified as a way of extending program advertising and therefore reach. Conversely a lack of community networks or relationships with the target group may act as a barrier to program reach.

**"A strategy of our program was going to be to target Aboriginal and Torres Strait Islanders within the community...something that was particularly challenging and there doesn't seem to be any existing network at all in the region that you can go to promote something like this."...FG2.**

**"Because we didn't have word-of-mouth it was so hard to get people to do things."... FG3.**

# EFFECTIVENESS – WHAT WERE THE BENEFITS?

Program effectiveness was judged on physical, social, and mental well-being. Due to program disruption from COVID-19 restrictions, a number of participants were unable or unwilling to continue in the program, thus the evaluation of program effectiveness is based on 455 participants who completed the survey before and after participation.

## Social and emotional well-being

Self-rated health, emotional well-being, and social connectedness are summarised in Figure 5. Small but significant improvements were seen for self-rated health and social connectedness.

In corroborating survey data findings, overwhelmingly, nearly every participant reported the substantial social benefits gained through participation in the LMR Move It program. Older people relished the opportunity to engage with similar people and appreciated opportunities to socialise both during and after exercise sessions. This resulted in bonds formed between many group members, which extended to their social lives outside of the Move It program. Although not reflected in quantitative data, the social aspect, as well as a sense of accomplishment from completing activities, facilitated emotional well-being. People reported feeling happier, more confident, and just feeling good about themselves in general.

**"Also there was the social aspect of it and so after you go there for quite a while, you start to sort of make friends. It became a real kind of enjoyable fun experience at the same time as you knew you were doing good for yourself."... P13**

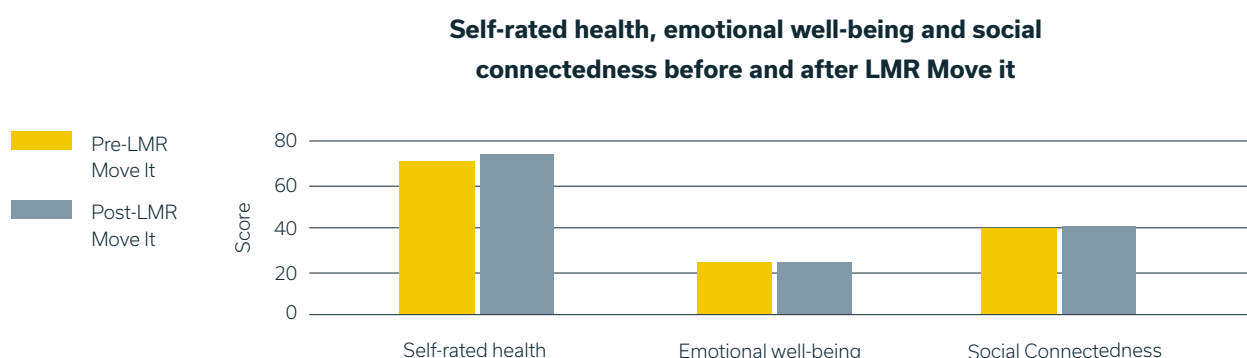


Figure 5: Pre- and post- self-rated scores for health, emotional well-being and social connectedness

## Physical well-being and health

A higher proportion of participants perceived themselves to have higher levels of physical activity ('far more active' and 'more active') compared to their self-perceived level of physical activity at the beginning of the program (Figure 6).

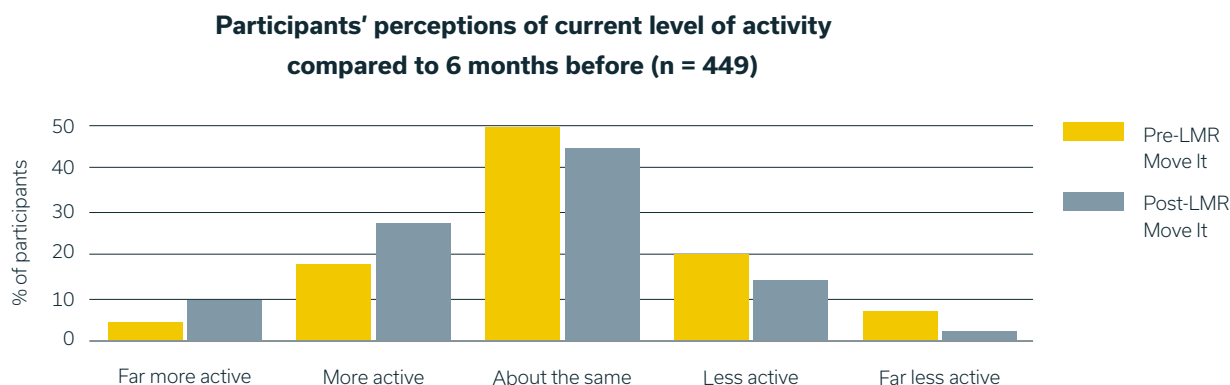


Figure 6: Perceived current level of PA compared to 6 months before

An improved proportion of participants engaged in 30 minutes or more of moderately intense physical activity on three or more days (Figure 7) while the proportion performing physical activity on only two days or less decreased.

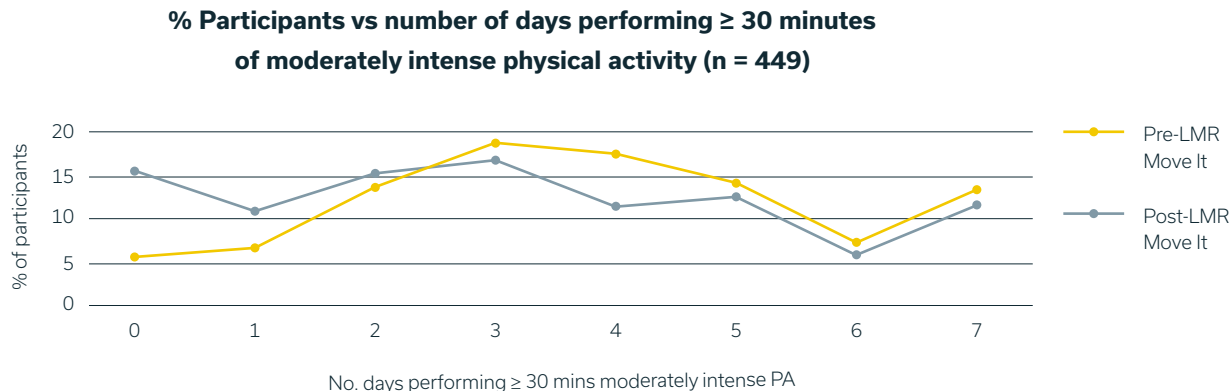


Figure 7: Changes in self-reported PA pre- and post- LMR Move It

After participation in LMR Move It, the proportion of participants who reported their intent to continue being physically active in the future increased by 5% (80% after program, compared to 75% before LMR Move It) (Figure 8).

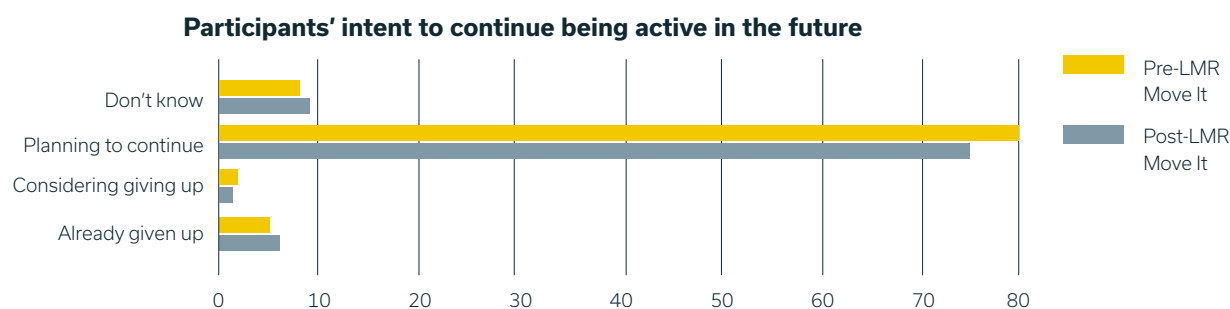


Figure 8: Changes in intent to continue exercising pre- and post- LMR Move It

A notably higher proportion of participants reported being a little bit scared of falling on completion of LMR Move It, whilst fewer were extremely scared (Figure 9). Although practically and clinical meaningful at the individual level, these findings were not statistically significant.

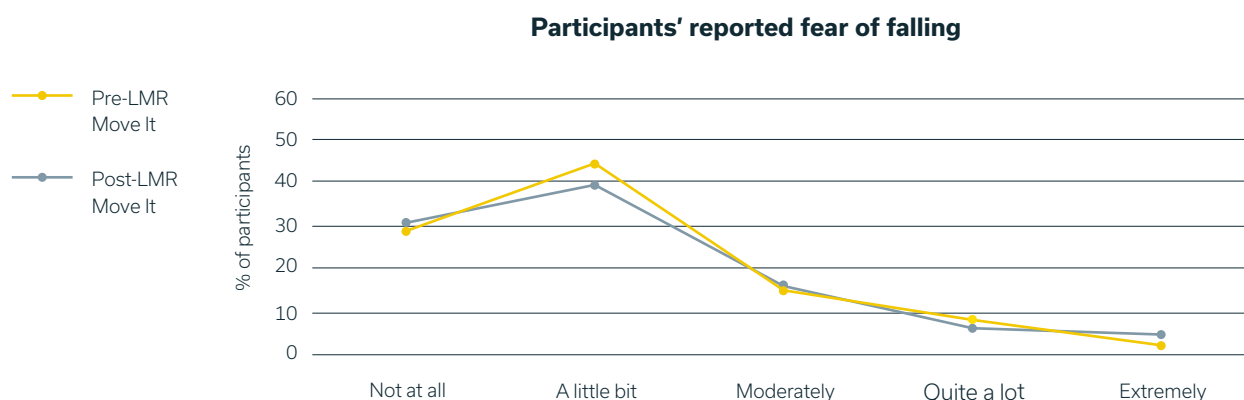


Figure 9: Change in reported fear of falling pre- and post LMR Move It

- Participants reported feeling stronger, feeling healthier in themselves and experienced improvements in balance, which they attributed to increased participation in physical activity as well as activities that promoted the use of parts of the body that usually weren't utilised.

**"My balance is a lot better and I'm watching everyone else bounce around, and we're all saying we've noticed my knee doesn't hurt, or we've noticed my foot doesn't hurt, or I'm not limping as much."... P5.**

- Correct knowledge of physical activity recommendations for older people increased from 48.6% before to 53.9% after participation. The key is for this to translate into engaging in sufficient physical activity, considering nearly 50% of participants remained unaware of the recommended amount of physical activities for older people.
- Despite the above, objectively measured average weekly energy expenditure in MET-minutes/week decreased in the post-program survey was 2663 (Standard Deviation [SD] 2831) at baseline versus 2559 (SD 2587) at follow up; suggesting moderate level activity intensity. The decrease may have been due to COVID-19 related disruptions, or insufficient activity intensity, or instrument (IPAQ) limitations. However, the average number of hours per day spent sitting significantly decreased from 4.5 hours (SD 2.7) before participation to 3.8 hours (SD 4.4) after.



# ADOPTION – WHO IMPLEMENTED PROGRAMS?

The number of participants for each participating LGA as reported by providers, compared to originally intended targets, are summarised in Table 2. Just under half of the initially intended target number was achieved.

Table 2: Achieved actual program participation numbers vs. projected target

Region	Shire/City	Provider	Target n	Actual n
<b>Loddon</b>	Campaspe	Campaspe Neighbourhood House Cluster**	180	53
		Njernda Aboriginal Corporation	39	32
	Central Goldfields	Central Goldfields Shire Council	90	80
		Dunolly & District Neighbourhood Centre	12	8
	City of Greater Bendigo	City of Greater Bendigo	81	24
	Loddon	Loddon Shire Council	121	121
	Macedon Ranges	Macedon Ranges Shire Council	71	24
	Mount Alexander	Castlemaine District Community Health Living	107	61
	Gannawarra	Gannawarra Shire Council	251	200
<b>Mallee</b>	Mildura Rural City	Mildura Spots Assembly*	945	679
		Riverside Golf Club	34	25
<b>Total</b>			<b>1931</b>	<b>1307</b>

\* Comprised Mildura Rural City, Swan Hill Rural City and Buloke Shire Mallee

\*\*Activities were terminated before scheduled program completion

## What drove adoption by sites/facilitators

**Funding:** The important role of funding was acknowledged by all coordinators and facilitators during the focus groups. Funding allowed for staff recruitment and procurement of equipment and other resources, which would have otherwise been unaffordable. In this way, the availability of funding was identified as a key driver of program adoption.

**Actual vs perceived need:** A variety of different programs and activities were implemented across a broad geographic region. The type of activities adopted within each program, and the means through which appropriate activities were identified, varied between organisations. Several program providers described a needs assessment approach, whereby the target group was consulted through a variety of means including informal chats, information sessions and displays, formal surveys, Facebook polls, or based on prior work or ties with the community. These programs were perceived to be well received by participants and had high levels of engagement.

"We had education taste and test sort of – it was like a forum where we'd have a facilitator there and we'd have guest speakers and of course, we'd have food to encourage people and we hand out a survey and find out what they want for them in their town."... FG1

Conversely, programs that may have been developed without consultation may have been less likely to attract the target audience (inactive older people).

**Inter-organisational relationships:** A general theme 'interorganisational relationships' emerged from discussions with facilitators. Specifically, the fact that collaborations with other organisations facilitated grant applications (and therefore the funding that enabled program adoption) and allowed for pooling of money and resources.

"Relationships or partnerships between organisations is a massive enabler. You can use a lot less funding, get more outcome or you can achieve more when you have strong partnerships through the sharing of those resources."... FG4.

**Finding the right, skilled staff and volunteers:** A common theme emerging from both interviews with participants and focus groups with program coordinators was the important role that facilitators played. Facilitators who were perceived as personable, knowledgeable and caring created comfortable and supportive environments and enabled the adoption of programs by participants as well as participant retention. However, finding skilled facilitators with the right personalities was difficult, particularly in some rural and remote areas, which proved a potential barrier to program adoption, or the adoption of specific activities.

"That sometimes is the barrier, not having qualified people within our region to take these classes."... FG1.

# What drove program adoption by participants?

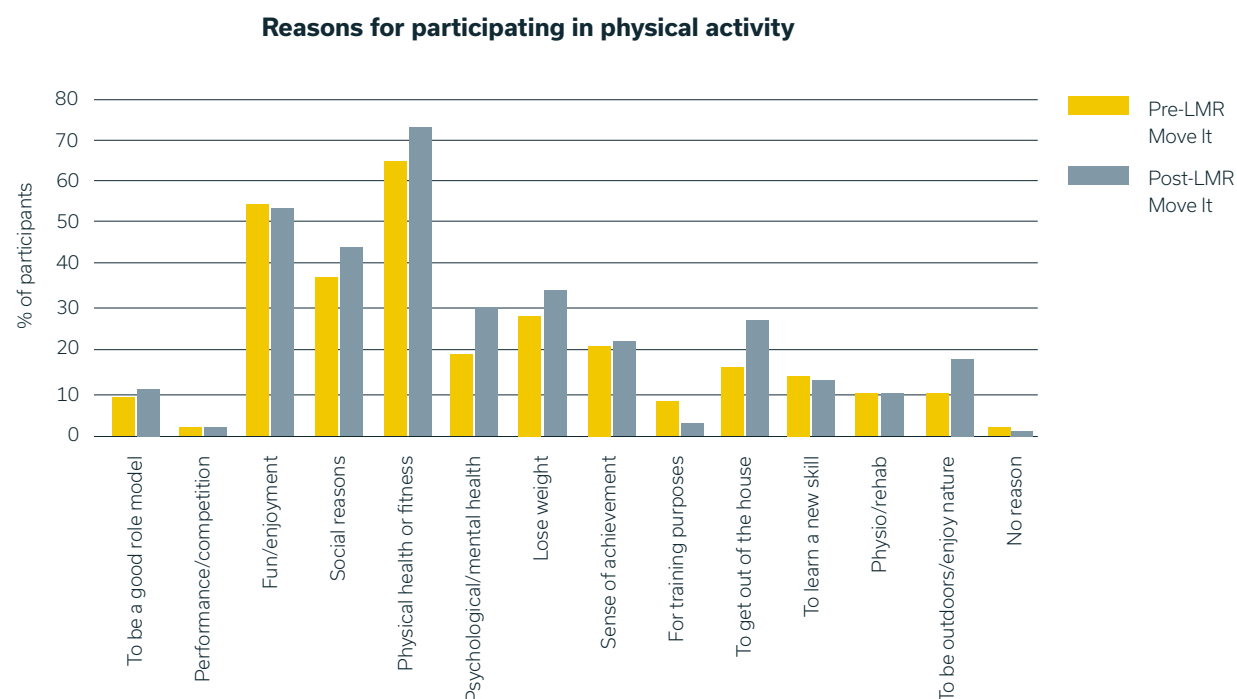


Figure 10: Changes in reasons for being physically active pre- and post-LMR Move It

Fun, social reasons, and physical health were initially the three most motivating factors for participating in physical activity. After participating in LMR Move It, there were significant increases in the percentage of respondents reporting the latter factors as reasons for being physically active, together with mental health and ‘simply to get out of the house’, which coincided with COVID-19 restrictions (Figure 10).

Experiences in the program may have made participants realise the benefits of physical activity and interaction with others on their mental health and that exercise could be fun.

**“You walk taller, all that stuff, because you feel good about yourself, which is good. Then other people comment as well. People are commenting and noticing a difference in lots of different things.”... P15.**

**A comfortable, safe, and enjoyable environment:** The combination of personable facilitators, rapport built between facilitators and participants, social aspects, and a variety of interesting activities that were tailored, individualised and safe for older people, made for fun programs that people looked forward to each week.

"Just watching everybody kind of in there and working together, it's fun. It doesn't seem like it's a chore because it's actually a place to meet and compete, I suppose. So, it's not really that competitive, but it is something that we laugh about."... P15.

"I look forward to going to it all the time ... I can't wait to get there the next week."... P22.

"That sense of supervision and assurance is [inbuilt] in people. Especially as they age they're very mindful and they want to ensure that what they're doing isn't going to harm them."... FG2.

**Subsidised or cost-free programs:** Subsidising programs eliminated financial burden, especially considering the socioeconomic disadvantage associated with rural locations, and participants' greater reliance on the aged care pension, as barriers to participation.

"In small towns, it really depends on how much you charge whether or how they turn up."... FG1.

Supporting the quantitative findings, during qualitative interviews a number of participants identified awareness as their motivation for adopting the LMR Move It program; they knew that they should be exercising for the health benefits. This awareness was likely heightened by the presence of health-related problems for some, with several coordinators and participants identifying this as a motivator for participants adopting the program, or as a source of program participants.

"A lot of our clients we actually get from some of our other groups, so people have had heart attacks and so they come through that way."... FG3.

## What were the barriers to adopting physical activity programs?

**Program venue ambience:** Participants referred to poorly heated rooms and pools, or a lack of space as more participants started joining programs, as disincentives for attendance.

**Lack of transport and travel related factors in rural communities:** Travel time, costs associated with travel, road hazards (kangaroos), and a lack of public or private transport were identified as potential barriers to older people participating in exercise programs. This reinforced the importance of using technology and/or offering services over broader geographic regions to ameliorate these barriers, or considerations to engage local services for older people (i.e. council) to provide a community bus to get people to program centres.

"A lot of people have to travel into town to participate in programs, which is a barrier as well."... FG2.

"If it was further away, people wouldn't go, because then they've got to travel back. With winter, getting darker, you've got to dodge the kangaroos."... P3.

**Health and general individual resistance to change:** Several coordinators identified the health constraints experienced by the target group, and most participants lived with at least one chronic condition. In addition, some participants were simply not open to being convinced to try something new.

"I found that there was a bit of a resistance to doing something new. It was just, I don't know, people like to stick with what they know."... FG3.





# IMPLEMENTATION AND PROCESS

**Fidelity and COVID-19:** The strategy for program promotion was multipronged and comprised a variety of advertising media as outlined earlier in the report. Several programs adopted a 'test and try' approach to introduce their program and attract interest before substantive commencement. At least one program reported undertaking a needs analysis to inform the range of activities to implement, underscoring the role of co-design with program beneficiaries and the trickledown effect on sustainability. While people were upbeat and enthusiastic to get programs underway, staff recruitment and retention presented a challenge, consequently delaying commencement in some instances. Key general observations were:

- **COVID-19** severely impacted programs in terms of delays, (re)commencement, and an overhaul of programs from the intended face-to-face delivery to remote online delivery for some, thus significantly disrupting implementation and delivery fidelity. This contributed to lower participation numbers than originally planned (see Table 2). Another potential contributing factor to lower than projected numbers was ambitiously set targets. Nonetheless, it was commendable that a number of programs were able to adapt, i.e. through online delivery, offering multiple sessions, or delivering in outdoor settings in some instances.

**"We made sure that we reconnected. Because a lot of people in this rural area without strength training. A lot of people are really isolated. So we kept the newsletters and the individual personal phone calls up, too, through that [COVID-19 restrictions] time."... FG3.**

- **Interim reporting** suggested low attendance of Zoom sessions for some programs. Contributing factors included lower digital literacy of the target population, poor connectivity and/or access to devices. However, some programs did mitigate this by providing individual education and support sessions to teach participants how to use Zoom (or other communication platforms), resulting in relatively higher participation and positive appraisal.

**"I found that [Zoom classes] very good too. Not as good as going in person of course but it was better to have something."... P21.**



"We've got two Zoom classes that started out during [COVID-19] lockdown and have kept going because people who live a distance away from [program location] or they've got caring activities or responsibilities or car issues, transport issues, they just love the groups, so they've been a real success."... FG1.

- Despite some positive outcomes, COVID-19 was the single most significant event that disrupted implementation fidelity, and may have been a contributing factor to the mixed findings relating to changes in physical well-being. Numerous program starts and stops meant momentum could not be maintained, and each program stoppage potentially induced a decline in physical capacity, anxieties about resuming group-based activities, increased staff workloads, venue closures and limited mobility to program sites.

**Communication-related issues** were also identified as contributing to implementation problems and appeared to stem from a perceived rigid communication strategy applied across multiple sites or organisations. Miscommunication was cited in relation to rules about marketing and advertising outside of some of the funded organisations, relaying information across multiple staff members during times of high staff turnover and employment of new staff and limited communication of anticipated weekly attendances. As a result, some programs were not advertised properly. Besides staff turnover, there was a lack of understanding of the communication and marketing strategy at program level. The strategy was managed by the LMR Move It Project steering group and had to align and comply with SportAus (funder) requirements.

**Timing of program implementation:** The timing of implementation meant that advertising to recruit facilitators and/or promote the program to potential participants occurred in the lead up to the 2019 Christmas period. Typically, during this time, people go on holidays thereby interrupting recruitment of staff and participants. However, this is a matter that is tied to funding and budget cycles at levels beyond the control of councils or funding recipients; nevertheless, a point for feedback to funding bodies.

**Difficulty recruiting qualified instructors or support personnel:** It takes the right workforce at the right time to successfully implement programs. However, as previously stated, finding and retaining the right workforce in some rural settings interrupted implementation plans. Some programs sought to overcome this through program funded credentialed training to selected community members.

**Governance and community of practice:** As described earlier, the governance structure of the LMR Move It Project comprised the PSG for leadership, strategy, project oversight and support for individual program sites and providers through a community of practice.



Evaluation of provider experiences in the COP was difficult due to staff turnover and the small number of post-surveys completed ( $n = 7$ ). Figure 11 summarises the change in the percentage of respondents who agreed or strongly agreed with each of the COP outcomes evaluated. After participation in the COP sessions, slightly higher percentages of providers agreed or strongly agreed that they felt informed about their roles, understood how to design physical activity programs suitable for older people, and were confident in being able to modify activities to suit the needs of older people, whilst fewer agreed or strongly agreed that they felt empowered in their role or confident to help older people engage in physical activity. As mentioned above, the extent to which these differences represent true change is difficult to ascertain.

The average rating for the extent to which the COP forums improved practice in relation to physical activity for older people was 70 out of 100.

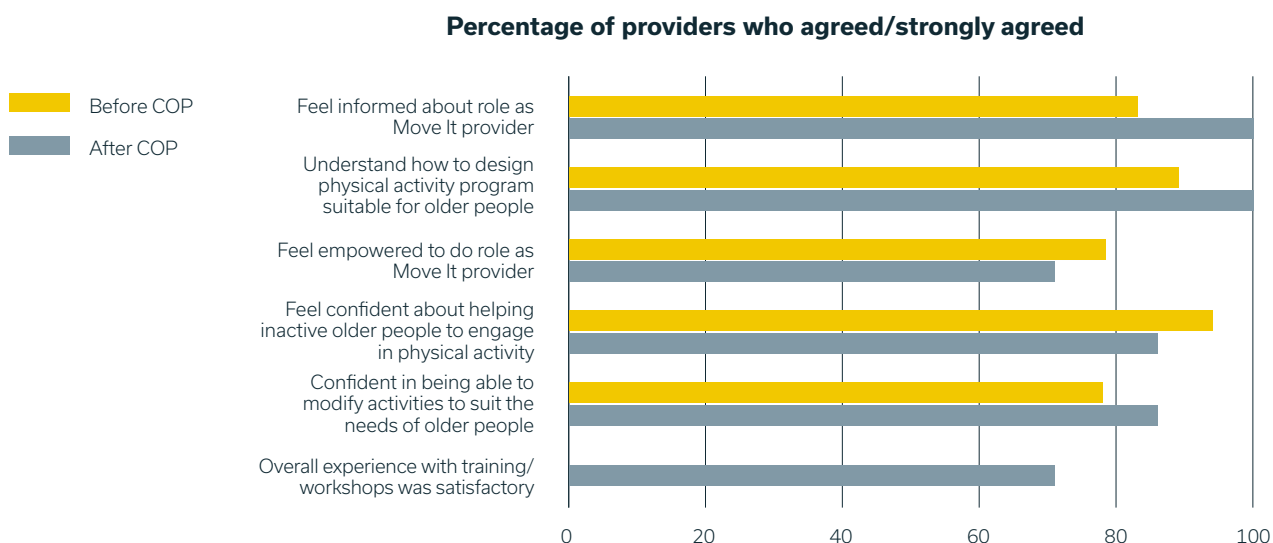


Figure 11: Percentage of providers who 'strongly agreed' or 'agreed' during evaluation of COP outcomes

Comments regarding the COP suggested that further improvements could be delivered to extend beyond a networking event to one that better supported and empowered providers. Additionally, the impact of COVID on the COP was acknowledged; providers would have liked to be able to meet in person.

## PROGRAM MAINTENANCE

In evaluating the program from a sustainability perspective, finite funding, strategic use of funds, interorganisational relationships, and participant retention were key themes that emerged from coordinator and facilitator focus groups.

**Funding** was a key issue for program sustainability. Programs under the auspices of the LMR Move It Project received project funding to deliver physical activity programs as agreed with the project lead organisation (MRSC). The LMR Move It Project funding was secured under a network of partners, which included a highly experienced application team with diverse skills and capabilities. Beyond this partnership, the smaller individual partner organisations and some of the funded smaller groups are mostly inadequately resourced or do not enjoy the critical mass that would allow them to apply for funding on their own. Hence, they are bound to struggle to attract future funding to sustain their programs. Following on the success of the LMR Move It Project's partnership funding application, consideration should be given to emulating this collaborative approach or transitioning the partnership to a standing collective/committee to continue exploring and applying for future funding opportunities for physical activity initiatives.

Some programs were strategic in their use of their LMR Move It Project funding. They purchased equipment and/or built capacity (trained or upskilled community members) in order to continue to provide activities beyond the funded period. Whilst the use of funds for equipment and infrastructure were constrained by requirements of the funding body, there was a view that some funding options could have been availed to fund longer-term infrastructure to be used for the benefit of the community.

"Because we had some funding as well, I thought well we can put some of that towards training costs, so it'll create some capacity building. Which then means that we're going to have more longevity with the presence of an Aboriginal personal trainer at the Centre."... FG2.

"One thing with the funding application, it would have been good to sort of – if you're getting so much money into an area to make infrastructure. Something that's going to last."... FG4.

**Partnerships or program uptake for sustainability:** To overcome the potential cost burden of running activities beyond the funding period and ensure longer term program survival, some coordinators started negotiations with other community organisations with mutual interest. These community organisations either had existing services or core business which aligned with the goal of increasing physical activity participation, in general or specifically among older people.

**Participant motivation to continue:** When participants were asked what could be improved in the program, most identified that the only improvement needed was for programs to continue.

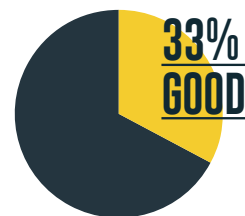
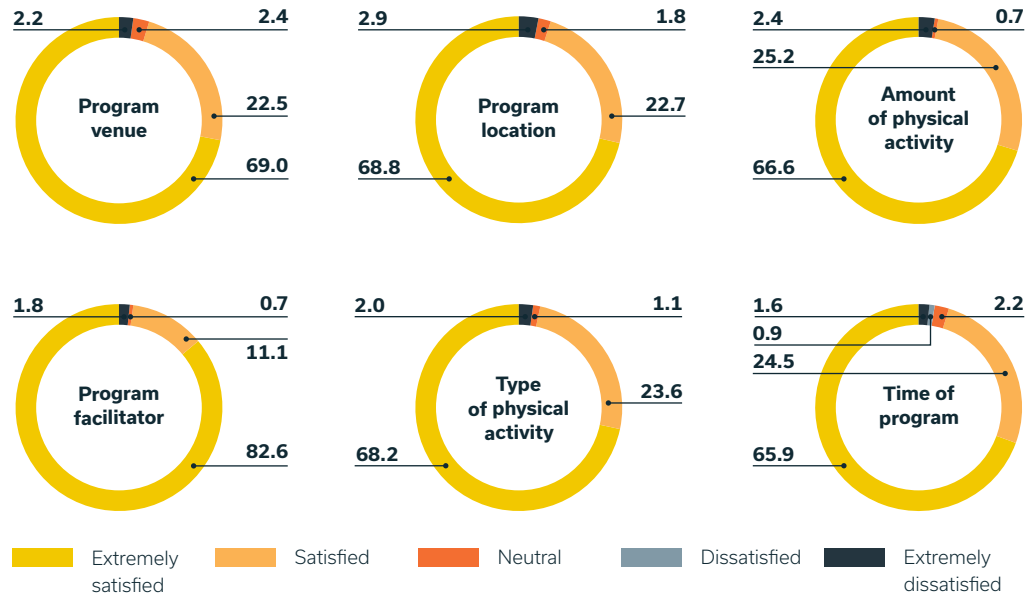
"I'm just a bit disappointed that it's only lasting eight weeks... I would like it to continue."... P4.

"We're in our seventh week, just completed our seventh week, and we're saying oh, we have only got one more week to go. We all want to see it continue."... P5.

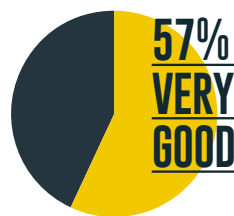
# PROGRAM SATISFACTION

Participant satisfaction with the programs is presented in the following graphics.

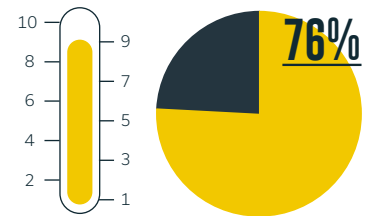
## Satisfaction with LMR Move It program was overwhelmingly high



33% of participants rated their experience as 'good'



57% of participants rated their experience as 'very good'



On the likelihood to continue exercise or physical activity 76% of the participants rated this a resounding 9 of 10

# 04

## MAPPING FINDINGS TO OBJECTIVES

The LMR Move It Project was made up of tailored, individualised group-based physical activity programs targeted at older people aged over 65 years in regional Victoria. The project aimed to i) increase the number of older people, particularly those who were inactive, vulnerable, or socially isolated, who engage in regular physical activity, ii) improve understanding of the benefits of regular physical activity, including improved physical and mental well-being, and the benefits of social connectedness and iii) empower physical activity providers, community clubs and groups to have the policy, resourcing, capability, and motivation to facilitate age-appropriate activities that can be sustained into the future. It was against these same aims that the project was evaluated. The findings of the evaluation have been reported within the domains of the RE-AIM Framework.

## **REACH**

Objective 1: To increase the number of older people, particularly inactive, vulnerable, or socially isolated, who engage in regular physical activity.

### **Summary of key findings**

1. More women and 'already active' older people participated.
2. Word-of-mouth was the main way in which people heard about the program.
3. Higher proportion of men in particular heard about LMR Move It from a healthcare professional.

Based on the scales used in the evaluation, 27% of the participants were classified as already 'active' (physical activity five or more days a week) at the time of commencing LMR Move It Project activities. Of those considered 'inactive' 40% still participated in physical activity three or four days per week, highlighting the difficulties in attracting those older people at the most sedentary end of the physical activity spectrum, in line with the first funding and project objective. This observation may highlight potential gaps in the conversion of the reach of the LMR Move It Project, which health promotion literature often



attributes to deficiencies in marketing and promotional activities to reach the intended targets. Conversely, promotions effectively reached people who were already considered active, or who were close to being considered active. The numbers are in themselves not a slight on the program or individuals involved. They highlight an opportunity for concerted effort to continue to engage populations who are the least active and most vulnerable, particularly using strategies that mitigate some of the issues that were cited as barriers, i.e. costs, transport, limited access to technology and connectivity amongst others. Such considerations, in addition to leveraging relationships of trust with service providers, are consistent with available evidence relating to health promotion for hard-to-reach groups and how to best reach them [18]. A limitation of this evaluation is that a community or population level survey, which may elucidate the conversion rate of the intended marketing audience of 70,000 was beyond the scope of the project.

The underrepresentation of men in health promotion initiatives is well acknowledged, however continues to remain poorly understood [19]. Existing evidence suggests some potential strategies that may enhance engagement with older men may include male specific programs and initiatives (looking towards strategies used by the Men's Sheds as an example of ways for men to engage comfortably), targeting men through their spouses, or public support or endorsement of programs through figures of authority or influence [19].





# EFFECTIVENESS

Objective 2: Improve understanding of the benefits of regular physical activity, including improved physical and mental well-being, and the benefits of social connectedness.

## Summary of key findings

1. Participation in LMR Move It was associated with:
  - Increase in social connectedness, self-rated health and self-reported physical activity.
  - 5% increase in the proportion of older people who could correctly identify physical activity guideline recommendations.
2. Decline in sitting time and, paradoxically, energy expended during physical activity (as measured by the IPAQ).
3. No quantitatively measured changes to emotional well-being, however qualitatively people reported meaningful emotional benefits associated with participation.
4. A statistically insignificant improvement in balance, and in turn fear of falling, was apparent among LMR Move It participants

There was a 5% improvement in the knowledge of physical activity guideline recommendations. Although small, the change was associated with increased awareness resulting from participation in the LMR Move It Project. The improvement resulted in nearly 50% of participants being able to correctly identify the recommendation. On the flip side, the other 50% could still not correctly identify the recommendation. This highlights an opportunity for LMR councils to engage in ongoing education about physical activity guidelines and benefits; a potential area for improvement in health promotion messaging and future physical activity initiatives.



Overwhelmingly participants identified the social nature of the group exercise sessions to be the most enjoyable aspect of the program. This was reinforced by a statistically significant improvements in social connectedness scores in the quantitative survey. Social cohesion and connectedness developed during group or community sessions has been shown to provide emotional benefits and improve physical activity adherence [20].

Indeed, when looking at self-reported participation in physical activity there was an increase in the proportion of participants reporting being 'far more' active and 'more' active compared to six months ago, and simultaneously a decrease in people reporting their current activity to be 'less' or 'far less'. This was accompanied by increases in participants who reported completing 30 minutes of moderately intense physical activity on 3 or more day of the week (with fewer people being physically active for two or less days of the week).

These self-reported improvements in physical activity were however not supported by the objective IPAQ measurements which showed slight decreases in energy expenditure attributed to physical activity. It is likely that errors in recall and estimating physical activity participation when completing the IPAQ explained this apparent decline in physical activity, rather than an actual decrease in exercising. Difficulty answering questions in the IPAQ has previously been acknowledged as an issue for older people (as well as other population groups), with difficulty recalling 'average' compared to 'current' weeks activities, a lack of clarity regarding what exercises fit into each classification of intensity, difficulty estimating the total time spent participating in activities and more [21]. Furthermore, it was doubtful that some of the implemented physical activity programs were of sufficient intensity to elicit appreciable improvements, and the frequent start-stops due to COVID-19 potentially exacerbated this. The IPAQ measurement did however indicate decreases

in the average time spent sitting after completing the LMR Move It programs, which did support participants' self-reported increases in physical activity participation. Where possible, and particularly in relation to the current target group, more objective, prospective measurements that do not rely on recall, for example pedometers, may be a preferred option. Whilst this would be likely to increase the costs of program implementation, pedometers have been shown to be a potential source of motivation for ongoing participation in physical activity, thus could contribute to sustainability [22].

## **ADOPTION**

Objective 3: Empowering physical activity providers, community clubs and groups to have the policy, resourcing, capability, and motivation to facilitate age-appropriate activities that can be sustained into the future.

### **Summary of key findings**

1. Key drivers of program adoption by organisations were funding, established needs, interorganisational relationships and collaboration, and finding the workforce with the right skills.
2. Key drivers of adoption by participants included comfortable, supportive and safe environments which were underpinned by skilled and personable facilitators and a fun environment, and subsidised or free programs.

Unsurprisingly, the key driver of program adoption for organisations was funding. Some participating organisations were NGOs, or small local organisations and/or grassroots community groups with limited funding. Hence, they previously had no or limited resources to finance physical activity initiatives. The LMR Move It Project provided an opportunity for these organisations to obtain the necessary funding. This does however pose a challenge regarding program maintenance, due to the finite nature of the current funding source.

Furthermore, smaller groups and organisations lack the capacity and capability to seek significant sources of funding, whereas the LMR Move It Project collaborative provided a stronger, well-resourced collective for applying for funding.

In deciding on the type of activities to implement, several organisations performed needs assessments of their community by engaging and consulting the target population. Being able to identify the broad needs of a community is essential for effective planning and provision of services that are based on actual and not perceived need. Failure to incorporate the views of the target audience risks a top-down approach to service provision and may result in initiatives that are dissonant with community needs, and hence less likely to be adopted by the intended audience [23]. In the case of LMR Move It, programs that were specifically devised after consultation with the target audience were perceived to have high rates of uptake and be very well received by participants. Consequently, several of these programs were required to add additional sessions to cater for increased demand.

Relationships and subsequent collaborations between organisations also emerged as an important driver of program adoption. Pooling time and resources contributed to successful collaborations on grant applications, sharing ideas and support, and paved the way for handing activities over which fed into program sustainability. Previous investigation into the effect of interorganisational relationships in human service delivery contexts has suggested that formalisation of such relationships through coalitions increases opportunity to be included in resource sharing and exchanges [24].

Participants also valued instructors who tailored sessions to facilitate gradual exercise progression, and adapted activities to suit unique individual need. These findings align with those from evaluations of other physical activity programs for older people, which have highlighted the importance of appropriately qualified facilitators who enhance social cohesion during group exercise through ensuring appropriate types of exercise that gradually increase in intensity and focusing on fun and social dynamics as opposed to gains and improvements [25, 26]. Finding the people with the requisite qualifications and personalities to facilitate programs was however identified as a significant challenge in some rural communities. Opportunities to upskill, train and credential local community members with the required qualifications and gerontological competence may address difficulties in recruiting physical activity instructors in rural and regional areas and further contribute to longer-term local capacity building.

When asked how more people could be encouraged to be active, several participants suggested that more advertising was required to improve awareness about local opportunities for physical activity. However, beyond that physical inactivity was still very much perceived as an issue of the individual, with participants reporting that people must be able to motivate themselves to participate in such programs. Our findings suggest that increased participation in physical activity could be achieved by improving awareness through advertising with a focus on programs as fun and social opportunities [27].

# IMPLEMENTATION

A model fit for regional and rural older people's physical activity – the evidence of individual, system, and community level impact measures for a model fit for regional and rural settings

## Summary of key findings

1. Key successes of the LMR Move It Project suggested an approach that includes the following elements:
  - A coalition or collaborative of individual organisations to create an impactful "collective voice".
  - A multidisciplinary oversight team with diverse skills and experience of local government, academia, and policy and practice.
  - Allowance for local initiatives to implement locally tailored, person-centred programs with diverse activity offerings.
  - A structured promotion and marketing plan that considers the power of word-of-mouth in rural communities.
  - A flexible, adaptable, and agile approach to major unforeseeable situations.
  - An empowering community of practice.
2. Restrictions resulting from the COVID-19 pandemic and staff recruitment and retention significantly compromised implementation fidelity across programs. Despite these challenges, some programs were able to innovate and adapt, ensuring resumption of activities using online technologies.

The fidelity of implementation was significantly compromised by COVID-19 and its associated restrictions. The long-term lockdown and social distancing requirements saw programs closed for nearly 6 months, extending timelines dramatically. During this time, other COVID-related factors that compromised the fidelity of implementation included the loss of qualified staff, decreased opportunity for word-of-mouth advertising, as well as limited opportunities for communicating and networking. The effects of ceasing programs were then compounded by delayed or disrupted recommencement, arising from the ongoing closure of certain locations or facilities, difficulties reengaging both instructors and clients, complexities of requirements of COVID safe plans and legislative requirements, limited opportunities for staff to work across multiple sites, and inability for participants to ride share to access program locations.

Due to the acute period in which COVID has existed, little research exists to contextualise our findings. One study looking at leadership for health service teams during the pandemic highlighted the importance of cognitive diversity in leadership and decision-making for effective team performance [28]. The governing steering committee and the COP adopted by LMR Move It provided the basis for cognitive diversity in leadership, with members from a range of locations, organisations, and positions brought together to contribute to the development, planning and implementation of the project; the intent of each of these being to harness the power of a group or community as opposed to relying on single individuals to manage projects at each site.

A lack of qualified health professionals in regional areas has been identified as an ongoing barrier to the provision of adequate health services for people in regional locations [29]. The LMR Move It programs were not immune to this challenge. Several programs utilised the funding to train and/or upskill staff and community members to overcome recruitment and retention barriers.

# MAINTENANCE

## Summary of key findings

1. Strategic use of funding by investing in equipment, training for staff or community members, and/or interorganisational relationships may contribute to program sustainability.
2. Participant retention is an important consideration for program sustainability and may be maximised through the recruitment of caring and personable facilitators and enhancing the social aspects of exercise programs.

Finite funding makes sustainability difficult. However, strategic use of funds and interorganisational relationships were identified as potential enablers of program maintenance. The strategic use of funds to purchase equipment or to upskill local staff and/or community members provided a means for programs to continue beyond the life of LMR Move It.

Facilitators felt confident that programs that provided subsidised rather than free sessions, would still have sustained participation. There was belief that an intended small increase in fees once funding expired would not affect participants' willingness to pay. Responses from participating older people supported this notion, provided the fees remained relatively low in consideration of the financial constraints experienced by older participants, due to reliance on the aged care pension. The provision of services at low costs to participants can facilitate commitment to the program, resulting in the adoption of programs by partner organisations who perceived them to be 'self-sustaining' [30].

Another consideration underpinning the concept of self-sustaining is the important issue of participant retention. Coordinators identified participant retention as key to program sustainability and caring and personable facilitators who developed bonds with participants were identified as an important contributor to retention. Additionally, enhancing the social aspect of programs to build a strong social support network between participants may serve to enhance participant retention and program maintenance.

Developing relationships with other organisations also paved the way for some providers, particularly smaller programs unlikely to survive on their own, to 'hand over' programs that aligned with existing services or core business of bigger organisations, to ensure sustainability.







# 05

## CONCLUSION

Evaluation of the Loddon Mallee Region Move It Project demonstrated several positive highlights and successes in relation to physical activity participation by older people. It equally showed that there is an ongoing challenge to increase the rates of participation in regular physical activity by inactive older people. Older people who were able to take part in the LMR Move It Project reported perceived benefits across the three key areas of mental, social and physical well-being. Benefits were especially notable in the social connectedness and self-rated health following participation in physical activity programs. The social benefits of the program were highly regarded by participants. As a result, opportunities to socialise should be leveraged to promote program retention for eventual impact on program and individual level outcomes of physical activity.

A range of program level and individual level enablers and barriers are presented in this report. They provide evidence of factors to consider during the implementation of programs that target inactive older people in rural settings and are also translatable to other contexts.

# 06

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