

Sport Australia Move it AUS Better Ageing Grant: A National Evaluation Report



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Acknowledgments

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Contents

Report aims	1
Aged health context globally and in Australia	2
Strategic and policy context.....	5
Evaluation strategy	7
Our evaluation approaches.....	9
Theoretical underpinning.....	9
Logic models	9
Principles of evaluation.....	14
Evaluation methods	14
Standardised national evaluation toolkit and question bank (quantitative survey)	15
Mandatory minimum data requirements	15
Case studies	17
Qualitative interviews.....	18
Ethics.....	18
Evaluation caveats	19
Adherence to the evaluation	20
Program details.....	25
Project snapshot 1: ESSA “Exercise Right for Active Ageing”	25
Project snapshot 2: parkrun “parkrun Generations”	26
Project snapshot 3: Netball Queensland “Walking Netball”	27
Quantitative findings	28
Community Reach and engagement in funded Move it AUS Better Ageing programs.....	28
Recruitment and motivations for participation in the Move it AUS programs	34
Physical activity behaviours	36
Overall physical activity	36
Sedentary behaviour.....	40
Participation in sport and organised physical activity	43
Participation in funded Better Ageing Programs.....	44
Awareness of physical activity guidelines.....	47
Attitudes and behaviours towards sport and physical activity.....	49
Psychological health and wellbeing	52
Health-related quality of life.....	55
Volunteering behaviours.....	58
Qualitative interviews.....	60

Background	60
Findings	61
Clarity of 'Who'	61
Partnerships; working together towards a unified goal	62
Communication; shifting the conversation.....	64
Program delivery; flexibility and resources	64
Response to COVID-19	66
Governance; Sport Australia support	67
Physical inactivity is a priority across the sport ecosystem	68
Take-home messages.....	69
What worked, what didn't work, why, and what next?	70
References	77
Appendix 1 Better Ageing quantitative data toolkit.....	80
Appendix 2. Case study questions	106
Appendix 3. Qualitative interview script	107
Appendix 4. Move it AUS Grant Program Evaluation Ethics Approval: 2019/599.....	113
Appendix 5. Sport Australia Move it AUS Grant Provider Evaluation Ethics Approval: 2020/250	115

List of Figures

Figure 1. Proportion of included data in each evaluation method.....	21
Figure 2. How participants heard about the funded program	35
Figure 3. Reasons for participating in the funded program.....	35
Figure 4. Proportion of respondents who met physical activity guidelines by timepoint.....	38
Figure 5. Days of moderate physical activity achieved per week	39
Figure 6. The number of days achieved physical activity guidelines by SEIFA quartile	39
Figure 7. The number of days achieved physical activity guidelines by language.....	40
Figure 8. Weekly sitting minutes per week.....	41
Figure 9. Weekly sitting minutes per week by language	42
Figure 10. Weekly sitting minutes per week by SEIFA.....	42
Figure 11. Average number of times of organised sport and physical activity per week.....	43
Figure 12. Average number of times of organised sport and physical activity per week by SEIFA.....	44
Figure 13. Typical weekly minutes spent participating in funded activity by SEIFA quartile.....	45
Figure 14. Typical weekly minutes spent participating in funded activity by language	46

Figure 15. Proportions of people aware of physical activity guidelines by timepoint	48
Figure 16. Readiness to change physical activity behaviour.....	50
Figure 17. Current level of physical activity compared to 12 months ago	51
Figure 18. Considering drop-out by pre and post.....	51
Figure 19. Reasons for drop-out	52
Figure 20. Self-efficacy by time point	54
Figure 21. Anxiety by time point.....	54
Figure 22. Self-reported pain by timepoint	56
Figure 23. Ability to perform usual activities by time point	57
Figure 24. Balance by time point	57

List of Tables

Table 1. Move It AUS Better Ageing Logic Model developed in collaboration between SPRINTER and Sport Australia	13
Table 2. Adherence to evaluation measures	24
Table 3. Participant demographic information in funded Better Ageing Move it AUS programs.....	33
Table 4. What worked, why and what next in the delivery of Move it AUS Better Ageing Grants.....	73
Table 5. What didn't work, why and what next in the delivery of Move it AUS Better Ageing Grants	76

Report aims

- The aim of this report is to present an independent, critical appraisal of the Sport Australia Move it AUS Better Ageing Grant Program.
- The SPort Recreation INTervention and Epidemiology Research (SPRINTER) Group¹ at the University of Sydney were commissioned to undertake the independent national evaluation of the Move it AUS grant programs.

This report provides evidence summarised by SPRINTER from the national evaluation of the Move it AUS Better Ageing Grant Program tackling physical inactivity in older Australians through sport and physical activity.

- The information herein will inform decisions made by government policymakers and strategic thinkers, sport and recreation sector organisations, practitioners, researchers, and evaluators.

The report will provide the following:

- Background of aged health care and physical inactivity as priority area for health in this cohort
- Overview of the Better Ageing Grant Program within the political and strategic context with which the grant was delivered
- An overview of the evaluation method used, including the use of logic models, and theoretical underpinning of the evaluation explained
- Project snapshots providing a flavour for the variety of Better Ageing funded projects
- Quantitative findings from participant surveys to showcase the impact of the Better Ageing programs from before to after participation

¹ The Sport & Recreation INTervention & Epidemiology Research (SPRINTER) Group are a policy-focused research group based at the Charles Perkins Centre, Prevention Research Collaboration at the University of Sydney (<https://www.sport.nsw.gov.au/sectordevelopment/sprinter-group>)

- Qualitative findings from semi-structured interviews with program deliverers and funded organisation CEOs to understand the impact of the Better Ageing funding on organisations' capabilities and capacity to cater sport and physical activity products to older adults
 - Headline summary to provide key take-home messages from the collated data on the impact of the Better Ageing funding on improving physical, social, and mental health and wellbeing for participants
 - What worked and what did not in the use of the Better Ageing programs to engage inactive older adults in physical activity interventions. This will provide a blueprint for policymakers, the sport and recreation sector, aged care providers, and researchers regarding the determinants of success for tackling physical inactivity of older adults through sport and physical activity
 - This report focuses on evaluating programs funded through the Move it AUS Better Ageing Grant Program and those who participated in the national evaluation
 - Please note a separate evaluation report for the Move it AUS Participation programs, also funded through the Move it AUS scheme, can be accessed here: <https://doi.org/10.25910/3k45-fe26>
- Who is the report for?

This detailed report is aimed at policy makers, sport and recreation organisations and stakeholders, aged care providers, researchers, and evaluators all interested in tackling physical inactivity of older adults through sport. An executive summary document accompanies this report which presents a headline summary of the national evaluation.

[Aged health context globally and in Australia](#)

By 2057, the Australian population over the age of 65 years is set to more than double (based on AusPlay data, 2018) (1). Critically, the global population is ageing, and it can be expected that there will be an increase in healthcare costs due to the increased prevalence of age-related illnesses (2).

It is important to recognise the diversity of subgroups within the category of older adults, such as different age brackets over the age of 55 years, socioeconomic backgrounds, cultural diversity, indigenous heritage, and disability or chronic injury/illness, particularly when considering health outcomes (1, 3). Various barriers to healthy behaviours facing these subgroups contribute to lifestyle risk factors that result in life expectancy gaps, which may be reduced with targeted approaches.

There are multiple health benefits of physical activity at the societal and environmental scale. Active Societies not only experience improved health across all ages, but also cleaner air, safer transport systems, and improved access to infrastructure that support healthy living (4). These societal outcomes are of importance due to their close relationship with the Sustainable Development Agenda 2030 (4).

The United Nations in 2015 announced 17 Sustainable Development Goals (SDGs) that are designed as a universal call to action to collectively contribute to *“end poverty, protect the planet, and improve the lives and prospects of everyone, everywhere”* (5). Improving the accessibility of appropriate physical activity and sporting products contributes to several key SDG s, namely SDG 3, *“Good health and well-being”* and SDG 10, *“Reduced inequalities”*; with indirect contributions to achieving overarching sustainability goals in the process. It is essential for Australian governments to show progress on this interconnected political agenda in collaboration with other countries around the world (5).

Further, the disease burden due to physical inactivity is of great interest to communities, with more than 5 million deaths and billions of dollars lost globally each year (6). This is a significant social and economic cost that has legitimate and pragmatic solutions available. By providing opportunities and initiatives to build physical literacy and improve participation in appropriate and targeted physical activity and sports within communities, particularly those who are most inactive, a reduction in this burden may be achieved (6, 7).

At an individual level, the physical and mental health benefits of achieving adequate amounts of physical activity have been well established throughout the life course. These include a reduced risk of cardiovascular disease, diabetes, cancer, and musculoskeletal issues, as well as reduced incidence of anxiety and depression and improved social wellbeing and community connectedness (1, 4, 7).

Older people aged over 65 years are identified as a discrete priority group due to the greater impact of age-related risk factors to health conditions associated with physical inactivity. Impaired muscle function, mobility, and the reduced ability to perform regular daily activities are a sign of ageing which result in increasing rates of physical inactivity. Not only does physical inactivity impact physical health, and can contribute to a higher incidence of falls, the reduced functional capacity of older adults due to inactivity also negatively impacts mental and social health and wellbeing (8, 9).

A 2011 policy document from the Public Health Association of Australia reported that the annual cost of acute care due to falls was estimated at over \$600 million. It reports that in 2003, there were expectations that this cost could increase to \$1,375 million by 2051 (10). A 2020 Cochrane review has found that regular exercise reduced the incidence of falls by 23% when compared to a control, which suggests the clinical relevance of regular exercise in older adults (11). Not only are people who achieve physical activity guidelines more likely to be healthier and happier (12), but they are at a lower risk of falls, which pose serious health concerns to older adults.

Regular physical activity has been shown to have a protective effect on physical and mental health, and can contribute to sustaining strong positive social connections (4, 8). Studies have found there may be a significant mitigation of health care costs associated with adopting national physical activity guidelines (13, 14). However, targeted approaches are required to ensure safety, effectiveness, and appeal to the various subgroups of older adults.

The World Health Organisation (WHO) advises that adults aged 18-64 should achieve 150-330min of moderate-vigorous physical activity (MVPA) or 75 – 150min of vigorous physical activity (VPA) each week. Muscle strengthening exercises targeting overall body strength are also recommended on at least two days each week. Older adults over 65 years should achieve varied, multicomponent bouts of moderate physical activity on a minimum of three days a week to prevent falls and fall-related injuries, improve physical function, and reduce the risk of frailty and osteoporosis (15).

Physical inactivity, defined as not achieving physical activity guidelines, is responsible for in excess of 5 million deaths worldwide (7) and is estimated to cost \$67.5 billion of economic

burden per year (6). Further, the impact of increasing age on reduced physical activity has been cited by Sun (et al., 2013) as *“the most consistent finding in PA epidemiology”* (16).

Between 2017-18, 69% of men and 75% of women over the age of 65 in Australia were not meeting the recommended guidelines for physical activity (17). Furthermore, the prevalence of inactivity has been found to worsen with age. A reduction in the proportion of adults meeting physical activity guidelines was found to drop from 48% of 18-64 year old’s compared to only 25% aged 65 and older in a 2018 Australian report (18).

Of particular interest is retaining individuals in sports and physical activities over the life span, to mitigate the widening inactivity gap with age. Research has found that participation fluctuates over time with varying impacts of transitional life stages and competing priorities such as parenting or carer responsibilities, work, relationships and educational commitments (19).

Physical inactivity is also a major contributor to health inequalities as people from disadvantaged areas (low socio-economic status, LSES) are more likely to be physically inactive and are therefore at an elevated risk of developing chronic diseases (20). AusPlay data has shown that factors such as living in rural and remote locations, Indigenous populations, culturally and linguistically diverse (CALD) communities, and those with chronic health conditions or a disability, reduce the likelihood of older adults in these groups regularly participating in sport or physical activity (1).

Reducing the global physical inactivity rates to 15% is a voluntary target set by the World Health Organisation in their Global Action Plan for Physical Activity (GAPPA). Preventative health care including adequate physical activity can mitigate the impact of some chronic diseases, including those related to physical inactivity (2, 21). Therefore, strategies supporting physical activity interventions targeting older adults, particularly those who are inactive or are also in other priority target groups, should remain a key national strategic priority.

Strategic and policy context

In 2018, the Australian Government committed more than \$150 million to drive national sports participation and physical activity initiatives to get more Australians moving more often. A life course approach was fundamental to this, emphasising the clear distinction of older people within the Australian community.

The Move it AUS Better Ageing Grant Program was designed to target inactive older Australians and improve their health and wellbeing through participation in tailored sport and physical activity programs. Grants were provided to support activities engaging inactive target groups over the age of 65, including those who are in low socioeconomic and/or culturally and linguistically diverse groups, and people with a disability.

Beyond participation alone, grants were also designed to improve health literacy and understanding of the importance of regular physical activity within this population, and to improve the capabilities and capacities of organisations to successfully deliver age-appropriate programs to this cohort.

Several key policy documents framed the release of the Move it AUS grant programs both globally and nationally in Australia. A summary is provided below:

- In 2018 the World Health Assembly approved and launched the **Global Action Plan on Physical Activity 2018-2030 (GAPPA)** adopting a voluntary target of reducing physical inactivity by 15% by 2030 (4). All member states signed this commitment, including Australia. This plan included specific reference to supporting physical activity across the life span, with reference to how regular physical activity can benefit older adults' physical, social, and mental health (4). To help support populations to achieve the target, all countries were advised to develop and implement appropriate national and subnational policies and programs to enable people of all ages and abilities to achieve physical activity guidelines and improve population health and wellbeing (22).
- The **Sport 2030 plan** released by Sport Australia articulated a clear and bold federal government vision for sport in Australia — to ensure that Australia would be the world's most active and healthy nation, known for our integrity and sporting success (23). Sport 2030 was Australia's first national sport plan and identified four key priority areas to create a platform for both sporting success and a healthier population through to 2030 and beyond. The priorities were to Build a more active Australia; Achieving sporting excellence; Safeguarding the integrity of; and Strengthening Australia's sport industry. Sport Australia have committed to supporting and

collaborating with organisations that consider the complex needs and barriers facing certain population groups, and to enabling access to age-appropriate physical activities through accessible networks for older Australians.

- The **Australian Burden of Disease Study (2015)** provides updated estimates for over 200 diseases and injuries in Australia for 2015, 2011 and 2003 (3). Physical inactivity was responsible for 19% of the disease burden due to type 2 diabetes, 17% due to bowel cancer, 16% of the uterine cancer burden, 14% of dementia burden, 12% of coronary heart disease burden, 11% of breast cancer and 10% of stroke burden. Disease burden attributable to physical inactivity was the 8th ranked leading risk factor contributing to total burden within the over 65 years age group, and not featured in the top ten of younger age brackets, highlighting its necessary importance.
- In 2021, Sport Australia launched the **Participation Design Toolkit** (24) to enable sport organisations to deliver insight-driven and participant-centred plans, products, and experiences. The Participation Design Toolkit places strong emphasis on understanding community need and the drivers and barriers of participation whilst adopting a life course approach.

The publication of this national evaluation report of the Move it AUS Better Ageing Grant Program will provide evidence-based insights, collected directly from the Australian Sport and Physical Activity sector, on how to enable more Australians over 65 years to become physically active through sport, to benefit their health and wellbeing.

Evaluation strategy

The purpose of the national evaluation was to critically appraise Sport Australia's Move it AUS Better Ageing grant to better understand how organisations can utilise sport or targeted physical activity programs to tackle physical inactivity amongst older Australians.

The primary aim of the independent evaluation of the Better Ageing grant program was to understand the extent to which the Move it AUS grant programs were influencing and supporting inactive individuals, aged over 65 years, to engage in physical activity opportunities.

The secondary aims were to:

- Determine levels of awareness of physical activity guidelines and the proportion of the population that meet their age-appropriate physical activity guidelines
- Enhance understanding of the reach and engagement of inactive individuals to reduce population physical inactivity
- Observe how involvement in funded programs may impact the prevalence and/or management of chronic disease and quality of life in older adults
- Measure individuals' self-efficacy to initiate and maintain a physically active lifestyle
- Report on how the impact of participation in tailored physical activity programs may influence balance and falls prevention in older adults
- Understand the sport and physical activity sector's capability and capacity to tackle population physical inactivity.

The evaluation team provided their expertise, as central advisors, to all funded programs and their associated staff and projects to evaluate the program aims during delivery. The Move it AUS Better Ageing Grant Program, and the findings in this evaluation, contribute to existing evidence on tackling physical inactivity through sport and physical activity for older Australians. The collective impact of the activity delivered on specific target populations over 65 years was explored and will inform future strategies to promote achieving physical activity guidelines for older adults.

Data gathered here complements national surveillance data sets, with primary collected evaluation data captured directly from funded organisations and their program recipients. Based on findings, recommendations on what works and what does not work when tackling physical inactivity for older adults through a grant program within the sport and physical activity sector are provided.

The publication of this national evaluation report of the Move it AUS Better Ageing Grant Program provides evidence-based insights, collected directly from the Australian Sport and Physical Activity sector, which contribute to the evidence base on how to enable more Australians to become physically active.

Our evaluation approaches

Population behaviours change interventions which are delivered within community, real-world settings make traditional evaluation design and implementation difficult, especially as they are outside of experimental conditions.

The national evaluation of the Move it AUS Better Ageing Grant Program aimed to overcome these challenges by embedding a pragmatic evaluation framework (25) which adapted to the organic and diverse nature of all programs funded through the Better Ageing Grant Program. In addition, the utilisation of valid measurement tools and analytical frameworks were adopted.

Theoretical underpinning

The '*Theory of Change*' (26) is a method for describing a set of assumptions that explain the steps that lead to the long goal(s) of interest as well as the connections between program activities and outcomes that occur at each step.

Realistic evaluation (27) has often been used as an underlying framework for community-based evaluation. Rather than solely focusing on '*what works*', realistic evaluation attempts to understand the reasons for a certain outcome. Recognising the pragmatic approach adopted here, principles of Realistic Evaluation were considered in the evaluation design.

Within the Move it AUS evaluation, the Theory of Change was primarily used to understand how the grant program could influence change amongst the sport and physical activity sector (funded organisations) and the individuals who participated in funded programs (participants). This also directly informed the evaluation measures used to capture the specified outcomes.

To achieve this, a logic model was developed collaboratively.

Logic models

A logic model can help identify the primary and secondary outcome indicators. Logic models describe the relationship between each element in a project or intervention, and the likely direction of change. They can be useful in describing and explaining what is expected to happen in a project, providing a mechanism to check that the appropriate indicators have been selected and the project is likely to achieve its objectives.

A logic model for the Move it AUS Better Ageing Grant Program was developed by Sport Australia in a collaborative workshop facilitated by Dr Reece and the independent evaluation team (Figure 1).

From an evaluation perspective, logic models are essential in prioritising and structuring data collection to ensure the data can ultimately be used to explain whether the program achieved its outcomes, or why it did not achieve its outcomes.

Inputs	Activities	Outputs	Outcomes		
			Short (June 2019 – June 2021)	Medium (July 2021 – June 2023)	Long-term (July 2023 -)
Sport and Physical Activity Sector					
<ul style="list-style-type: none"> • \$22.9m fed gov't funding over 2 years • Funding and marketing support from fed gov't • 2 FTE Sport Australia staff members plus in-kind cross agency support. • Independent Academic Evaluation from SPRINTER. • AUSPLAY priority groups • Sport 2030 (political climate) • Sport AUS Corporate Plan (2018-2022) • Move It AUS campaign 	<ul style="list-style-type: none"> • \$22.9m allocated in funding for 27 projects • Development of Sport AUS resources incl. marketing toolkit for project leads and partners, case study toolkit, monitoring and evaluation toolkit. • Development of Evaluation framework. • Design and delivery of workshops with the sector x 3 	<ul style="list-style-type: none"> • 27 projects implemented • 10 marketing case studies produced • 27 Project reports (monitoring and evaluation reports returned to Sport AUS (6 mths/12mths) • Increased understanding of strategies to tackle physical inactivity with particular focus on priority groups. • Enhanced partnerships between gov't, non-gov't and sport/PA sector • Increased capacity of funded partner organisations to deliver physical activity to inactive people over 65 	<ul style="list-style-type: none"> • Engage people aged over 65 in physical activity including those who are: <ul style="list-style-type: none"> ○ Active ○ Inactive • In-depth insights into participation behaviour among people over 65 by priority group, location and setting • In-depth insights and understanding among project partners of what works and what doesn't work in implementing initiatives to tackle inactivity in people over 65. • Enhanced sector understanding of the behaviours of participation in people over 65 	<ul style="list-style-type: none"> • Increased number of people over 65 (including new and retained participants from year 1) engaged in health enhancing physical activity. • Contribute to a reduction in national physical inactivity rates. • Increased variety and availability of physical activity opportunities for people over 65 • Increased and diverse partners providing physical activity opportunities to people over 65 • Increased capacity and capability of partner organisations to deliver physical activity to people over 65 • Continued contribution to the evidence bases 	<ul style="list-style-type: none"> • Increased number of people over 65 (including new and retained participants from years 1-3) engaged in physical activity • Enhanced sector capacity and capability to deliver targeted physical activity initiatives to people over 65 including by priority groups. • Contribute to a reduction in national physical inactivity rates. • Sustainable sector-wide approaches to engaging with and supporting people over 65 to move from inactive to active (and remain active).

		<ul style="list-style-type: none"> • Independent National Evaluation report (SPRINTER). 	<ul style="list-style-type: none"> • Improved collaboration between departments, Sport AUS and sector partners. • Evidence generation and continued reflection and re-evaluation. 	<p>across the sector for what works (and what doesn't work) in reducing physical inactivity in people over 65.</p> <ul style="list-style-type: none"> • Evidence generation and continued reflection and re-evaluation. 	<ul style="list-style-type: none"> • Evidence generation and continued reflection and re-evaluation for ways to reduce physical inactivity in people aged 65 years and over.
People over 65 years					
		<ul style="list-style-type: none"> • Inactive individuals aged 65 years and over engaged across 27 physical activity projects • Increased awareness of physical activity guidelines among people over 65. • Increased awareness of the Move It AUS campaign among people over 65 	<ul style="list-style-type: none"> • Increased awareness of physical activity opportunities for people over 65. • Increased self-efficacy and confidence in people over 65years to initiate and/or maintain physical activity behaviours. • Increased understanding among people over 65 on how to lead a physically active lifestyle. • Increased physical, emotional and social wellbeing in active and inactive people over 65. 	<ul style="list-style-type: none"> • Increased understanding among people over 65 of the ways in which to maintain a physically active lifestyle. • Increased self-efficacy and confidence in people over 65 to initiate, continue/maintain physical activity behaviours. • Improved quality of life of people over 65 engaged in physical activity through enhanced physical, emotional and social wellbeing. 	<ul style="list-style-type: none"> • Increased proportion of people aged 65years meeting PA guidelines. • Contribute to population reduction of physical inactivity. • Improved quality of life of people over 65 engaged in physical activity through enhanced physical, emotional and social wellbeing. • Contribute to reduction in chronic disease in

			<ul style="list-style-type: none"> • Increased awareness among people over 65 of the physical activity guidelines and benefits of physical activity in the prevention and management of chronic disease. • Increased awareness among people over 65 of the importance of physical activity in improving physical strength and balance to reduce the risk of falls. 	<ul style="list-style-type: none"> • Increased number of people over 65 with an awareness of the physical activity guidelines and benefits of physical activity in the prevention and management of chronic disease. • Increased physical strength and balance in new and retained participants over 65. 	<p>people over 65 through engaging in physically active lifestyles.</p> <ul style="list-style-type: none"> • Reduced risk of falling and fall related injuries in people over 65.
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Table 1. Move It AUS Better Ageing Logic Model developed in collaboration between SPRINTER and Sport Australia

Principles of evaluation

Evaluation is about judging the value of an activity and assessing whether, or not, a project or program has achieved what it set out to do (25). To ensure an independent comprehensive evaluation, a combination of 'Process' and 'Outcome' indicators were implemented:

- *Process evaluation*: this will aid insights and collect information about the actions taken by the organisation delivering each program, to understand if and how the steps taken by the organisation contributed to achieving the anticipated outcomes.
 - It will help understand what works and what does not work, for whom and why, to increase participation and/or engagement in physical activity and the funded program.
 - Put simply, was the grant delivered as intended?
- *Outcome evaluation*: this component of the evaluation will measure whether the program achieved its outcomes.
 - Specifically, understanding if participants in the program met physical activity guidelines, or improved health and wellbeing outcomes and critically if, or how, the funded activity supported them to do so.
 - Put simply, what changes occurred following the grant program implementation? Did it make a difference?

Evaluation methods

The evaluation adopted a mixed method approach including quantitative surveys, case studies to provide snapshots of program delivery, and qualitative interviews with program and organisation leads for more detailed understanding on program delivery and impact of funding on organisational priorities. Collectively these methods ensure data collected aligned with the outcomes identified in the logic model.

Sport Australia made it an essential requirement that all programs funded through the Move it AUS Grant Program participated in the national evaluation.

Prior to commencing delivery, all funded programs were invited to attend 3 evaluation workshops delivered in partnership between Sport Australia and the SPRINTER national evaluation team (SPRINTER) (1 in Melbourne, 1 in Sydney and 1 online).

Standardised national evaluation toolkit and question bank (quantitative survey)

The SPRINTER national evaluation team developed a national evaluation toolkit which was circulated to all funded programs prior to their commencement of delivery. The evaluation toolkit was a bespoke evidence-based, mixed method question bank that was specifically designed for the Better Ageing Grant Program (see Appendix 1).

This standardised question bank aligned with the outcomes articulated in the logic model and clearly outlined minimum and recommended data required from all engaged participants in any funded activity. The question bank was administered as a quantitative survey for completion amongst all program recipients both pre and post their engagement with the funded intervention. The mode of delivery (online, on paper, or a hybrid) was decided on by the program lead, depending on the nature of the program, catering to the needs and resources available to support completion by participants.

The purpose of this question bank, with flexible delivery methods for each funded program, was to reduce data collection burden, allow for transparent reporting against the specified grant program aims and ensure flexibility amongst the breadth and depth of funded activities.

Mandatory minimum data requirements

All participants engaged with a funded Move it AUS program were expected to complete a quantitative survey (method of delivery selected by funded program). This information was critical in not only understanding the reach of the funded activities, but also the potential behavioural changes from participants in the program.



To understand the reach of the funded projects, specifically to inactive target populations within the brackets of over 65 years, comprehensive measures on socio-demographics were required. These included:

- Age, sex, area level socioeconomic status (LSES), employment, household structure, cultural background and language spoken at home.
- Socioeconomic indexes for areas (SEIFA). LSES status is calculated using SEIFA, which is a scale produced by the Australian Bureau of Statistics that identifies areas of socioeconomic advantage and disadvantage throughout Australia based on census data of postcode, education and occupation status, and economic resource. Including SEIFA in this analysis provides information on the impact of socioeconomic barriers on participant engagement or outcomes of the Better Ageing program.
- Primary outcomes of the grant funding. The mandatory data showed physical activity status as reaching physically inactive people and increasing the proportion of people who participated in the Move it AUS programs and meeting physical activity guidelines. This was assessed using the Prochaska (et al., 2001) the single item measure for Adults 18+ years old (28).
- Secondary outcomes of the grant funding. They were assessed, aligned where possible with existing validated or accepted measures. Organised sport participation (29), self-rated levels of general self-efficacy (30), health-related quality of life (31), falls risk and balance self-assessments, and readiness for physical activity behaviour change (32) were additional mandatory measures to investigate secondary outcomes from participants.
- Cross-sectional data which captured pre- and post-program participation for all engaged program participants will be analysed.
- Confidence intervals, which are presented for all data points. The width of these vertical lines in figures presents the variance in responses from participants around the average reported point. It is necessary to consider the breadth of variation within target groups may be large, care in inferences is suggested.

Case studies

- To complement evidence provided by program participants through the quantitative surveys, the evaluation will also include program case studies.
- Case studies are an excellent method for facilitating a deeper understanding of a program. In this context, the participant experience, perceived impact, and general feedback was learnt, alongside a deeper understanding on the impact of funding on operational functions within the funded organisation and any long-term changes that occurred because of the funding.
- Specific case studies, at a program level, were captured to enrich and '*tell the story*' behind the quantitative data. Program deliverers, or organisation CEOs, were invited to complete a short online survey (n=5) using questions focussed on the impact of the funding on the organisation's approach to reducing physical inactivity in older adults. Key learnings from their involvement in the Better Ageing funding program were also captured (See template in appendix 2).
- The national evaluation toolkit was not adopted by some programs due to specific implications in using the toolkit with their target group, or due to unforeseen circumstances. The details of which will be discussed later, but some instances in which this occurred included when the target group were not digitally literate and, due to limited resources, it was not possible to conduct the evaluation using paper surveys, the impact of COVID-19 meant program delivery was changed or didn't occur, and some participants were living with a disability or had mental ill health that impacted their ability or willingness to participate in the evaluation etc.
- In these situations, this case study template was given to the program or evaluation lead for completion.
- Collectively, information obtained from the case studies was included in the qualitative analysis of the Better Ageing programs.

Qualitative interviews

- A nested qualitative study was designed to capture the experiences of delivering a grant program focused on tackling physical inactivity from the provider and organisational perspective.
- Interviews were conducted across both the Participation and Better Ageing funding streams and were assessed collectively. For brevity, the key themes directly relating to programs funded within the Better Ageing stream are reported here, but for full details regarding the methods and analysis, refer to the Move It AUS Participation Evaluation Report (33).
- The secondary aims of the interviews were to understand the impact of the grant program on the capability and capacity of the funded organisation, to explore at an operational level what went well and what did not go well, key learnings and how this grant could inform future policy, programs and practice.
- A structured interview topic guide was used for all interviews. This guide was collaboratively developed by the national evaluation research team using existing evidence. A copy of this guide can be found in appendix 3.
- To ensure a representative sample of programs for inclusion, the research team selected a sample of interviews using the following criteria for all funded projects:
 - Geographic location: Metro, inner regional, outer regional/remote
 - Type: National sporting organisations (NSOs), state sporting organisations (SSOs), non-government organisations (NGOs), educational organisations, and local governments
 - Target audience; Indigenous, women and girls, adolescents, Culturally and linguistically diverse (CALD).
- The Framework analysis (34) method will be adopted for qualitative analysis. Framework analysis is deemed an appropriate approach to analyse qualitative data due to the systematic nature of the approach.

Ethics

- The University of Sydney ethics committee granted ethics approval for this evaluation, ethics number 2019/533 – see appendix 4. Where required, written informed consent was attained prior to data collection.

- The qualitative study was also approved by The University of Sydney ethics committee 2020/250 – see appendix 5.

Evaluation caveats

The evaluation methods implemented to assess the effectiveness of the Move it AUS Better Ageing Grant Program reflect an academically sound and evidence-based approach. The process has been managed by a pragmatic and experienced evaluation team to ensure validity and reliability in the findings.

The mixed method adopted provides insights that will enable researchers, practitioners, and policymakers to better understand the role of sport and recreation in tackling physical inactivity for older adults in Australia. However, there were numerous challenges that must be acknowledged. Please find evaluation caveats below:

- Select funded programs commissioned independent evaluations of their programs and therefore did not fully participate in the national evaluation. 14 of the 26 participation programs listed independent evaluators or had an independent evaluation separate to the national evaluation approach. Sport Australia facilitated communications between the national evaluation team and all funded programs.
- Some participants engaged with funded activities but did not engage or complete an evaluation. Some might have engaged in evaluation pre and/or post, some not at all. This report focuses on the outcomes of participants who engaged and/or completed an evaluation, at either time point. We therefore must recognise the potential self-selection bias.
- Some programs had reported they were going to complete the evaluation using a certain method that changed over the implementation period.
- Participants who completed the evaluation survey might not have completed all survey questions, resulting in different samples for variables presented. The total sample of data included for each variable is presented in each figure title.
- Some programs only recruited small evaluation sample sizes which limit the generalisability of the results to the wider population. There are also therefore differences in the proportion of people represented in different age categories and

demographic groups. When this may impact generalisations on data findings, it has been reported.

- Whilst it was intended that longitudinal data could be assessed to measure individual change pre and post funded programs, the variations in program duration and delivery (and the unforeseen impact of COVID-19 on altered program delivery) made it difficult to authentically assess pre and post. Participants' data could not be linked, so each timepoint includes a different sample of participants. Descriptive statistics including frequencies and proportions were calculated for the pre and post timepoint. Generalised linear models were used to examine changes in outcomes over time and interactions between demographic characteristics and outcomes of interest.
- Much of the data is cross sectional, based on uncontrolled pre- and post-study designs. The absence of experiential design means firm conclusions about the causal reasons for change are limited.
- This was a national grant program funded over a 2-year period. Therefore, seasonal variations, environmental disasters and global pandemics could not be controlled.
- Evaluation data presented is accurate at the time of report. Any subsequent delivery and/or changes to any funded programs are not reflected here.
- The diversity of funded programs by geography, target population, size, scale, and target audience made data collection difficult. To ensure consistent data capture at scale, an adaptable online toolkit was designed. All data therefore was self-report and the limitations of this must be recognised. In future, objective measurements of physical activity and sport could be considered.

Adherence to the evaluation

- Only programs that collected data using the national evaluation toolkit and had completed program delivery are included in the analysis. Some programs collected their own data which could be reported separately to this national report.
- Due to extensions provided for program delivery in 2020/21 in response to COVID-19, 5 of the 26 funded programs were granted an extension beyond 30 June 2021, and had not completed their program delivery, nor the evaluation. These programs, and the subsequent evaluation, are ongoing at the time of writing this report.

- Data from 6,687 participants was collected through national evaluation surveys (Figure 2) which is included within this report.
- Project leaders from 26 funded organisations in the Participation Move it AUS grant, including 6 project leads from the Better Ageing grant program, participated in qualitative interviews and 6 provided case studies that will be collectively distilled in the qualitative section of this report (Figure 1).
- A complete breakdown of what data was collected from which projects and participants is detailed below in Table 2.

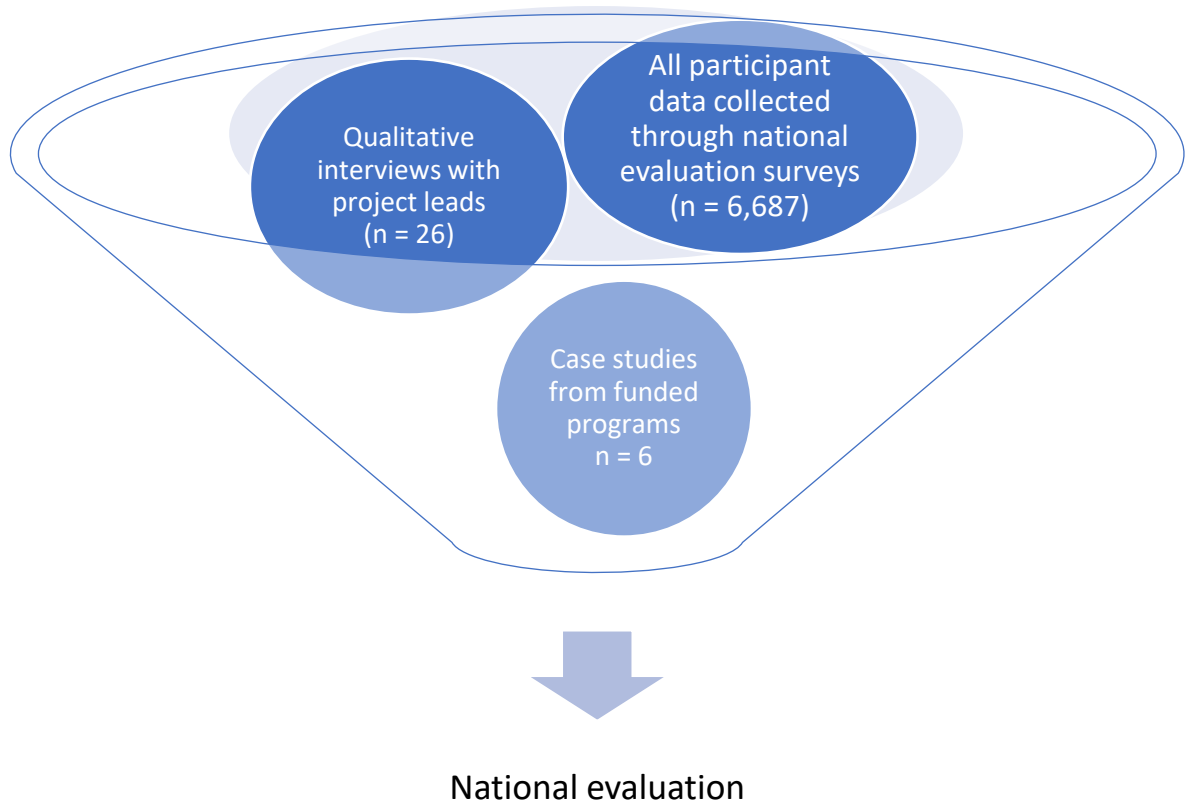


Figure 1. Proportion of included data in each evaluation method

Applicant ¹	Project Title ²	Included Participant surveys ³	Other evaluation method ⁵
Arthritis Foundation of Australia Inc.	The Joint Movement for Better Ageing	240	Case study
Australian Taekwondo	Ageless Taekwondo	0	Qualitative interview
Australian Multicultural Community Services Inc.	Moving for Life - The Way I Like It	1,270	
Basketball Australia	Walking Basketball	16	Case study
Bowls Australia Limited	Move it Aus - Roll Back the Clock	3	
Canberra Ultimate	Senior Disc Golf Pilot	2	
City of Albany	Long Live You - Active Seniors	84	
City of Parramatta Council	Capability Building and Mobile Outreach Program/Free Health and Fitness Activities	388	
Corporation of the City of Marion	Move it Marion	3	Qualitative interview
Corporation of The City of Unley	Daily Moves	74	Qualitative interview
COTA Australia	Strength for Life: Living Longer Living Stronger	113	

Applicant ¹	Project Title ²	Included Participant surveys ³	Other evaluation method ⁵
Exercise & Sports Science Australia (ESSA)	Exercise Right for Active Ageing	161	
Football Australia	Walking Football, One Million+	55	Case study
Golf Australia Limited	Get into Golf for Seniors	1	Qualitative interview
Gymnastics Australia	Fitter for Life	50	
Macedon Ranges Shire Council	Loddon Mallee Region Move It	1198	
Musculoskeletal Australia	Active Neighbourhoods for Older Australians	14	
National Heart Foundation	The Walk Wise Program /Heart Foundation Walking	4	Qualitative interview
Netball Queensland Limited	Walking Netball	141	
parkrun Australia	The parkrun Generations Project	2,500	Qualitative interview
Perth Glory Foundation	Move Together Western Australia	2	Case study
Reclink Australia	Looking Forwards (Better Living for Older Australians)	2	Case study

Applicant ¹	Project Title ²	Included Participant surveys ³	Other evaluation method ⁵
Royal Flying Doctor Service of Australia	RFDS National Rural and Remote Active Ageing Program	4	
Sport Inclusion Australia	Inclusive Sport Program	1	Case study
Surf Life Saving Australia	Silver Salties	1	
Wyndham City Council	Target 1000 - Active Ageing in Wyndham	360	
Total	26 funded groups	6,687	6 Qualitative interviews 6 Case studies

Table 2. Adherence to evaluation measures

- 1. Applicant refers to the organisation that was provided funding for the Move it AUS grant programs*
- 2. Project Title refers to the name of the project funded by the Move it AUS Grant Program*
- 3. Included Survey Data refers to data that has been collected using the Standardised National Evaluation Toolkit and Question bank, and included in the analysis provided in this report as the program has completed delivery at the time of publication*
- 4. Excluded Survey Data refers to data that has been collected using the Standardised National Evaluation Toolkit and Question bank, but is excluded from the analysis provided in this report as the program has not completed delivery at the time of publication and has been provided an extension*
- 5. Other Evaluation Method refers to supplementary data that has been collected using one of three other means described in the methods: Qualitative interviews, Case studies, and/or Grant reports. In instances where all other evaluation data was absent, the grant report was recorded as the only available evaluation mode for the funded project*

Program details

The Move it AUS Better Ageing grants funded a broad array of programs, catering to different target groups. Funded organisations used this opportunity to diversify products offered, to learn more about targeting a specific audience namely older adults, and often created key partnerships to assist in delivery. This section provides some *Project snapshots* which provide in-depth insight into the types of programs offered, the locations, and who was engaged in the programs.

Project snapshot 1: ESSA “Exercise Right for Active Ageing”



ESSA maintained a broad target audience, inviting all eligible adults over the age of 65 years to participate. A special focus was initially indicated in supporting rural and remote communities through the introduction of the tele-health delivery mode. Lower age limits (minimum 55 years) for eligibility for indigenous populations was also employed to mitigate the Indigenous health gap and enhance the scope of eligibility for this target group.

Older adults often suffer from age-related health conditions, only exacerbated by a lack of physical activity. Health literacy among this age group is also critically poor. However, affording university-trained specialists that are qualified to educate, and facilitate, safe and effective physical activity programs to this target audience can be a fundamental barrier to participation. ESSA used the grant funding to subsidise the cost for eligible participants to participate in an integrated range of services including initial health screenings and assessments, group classes, individualised exercise programs and information on chronic

disease management, physical activity prescription, health insurance, and facilitated walking groups and social gatherings.

A diverse range of locations was available for program delivery, including in community settings such as aged care homes, council owned leisure facilities, church and community halls, outdoor parks, and sporting facilities.

The programs were designed to run for 12 weeks, with participants completing an initial health screening, and then completing 1hr per week group fitness classes. Participants may also have been provided with a specific exercise programs tailored to their needs to complete outside of the 1hr weekly group sessions.



Project snapshot 2: parkrun “parkrun Generations”

parkrun is a free, weekly timed 5km run/jog/walk in local parks and green spaces all over the world. The organisation prides itself on inclusivity and focuses on not just physical, but also mental and social wellbeing within local communities. The target cohort for this program included all older Australians living locally to a parkrun event.

Interviews with the head of parkrun Australia Health and Wellbeing revealed that research has shown parkrun is often socially prescribed to older adults by trusted friends, family, and health professionals. The parkrun Generations project looked to invest in the recruitment and support of this cohort through a multifaceted approach.

The parkrun Generations project consisted of developing a formal relationship with the Royal Australian College of GPs to facilitate a referral system that introduced eligible participants to parkrun. Funding also contributed to the development of an Ambassador system where motivated volunteers were recruited and trained to facilitate attracting and retaining older adults in participating in, or volunteering at, parkrun events. These volunteers developed critical community connections and built relationships with local aged care facilities and community centres to encourage participation within this target group.

parkrun delivers events all around Australia, with ambassadors located in each major city of Australia. Selection of new ambassadors considered the proximity to existing ambassadors, and either new, or potential new sites for parkrun events. This approach was designed to enhance the reach and availability of parkrun events to more older adults, particularly in rural and remote areas.

parkrun is an ongoing event, with events taking place every Saturday around Australia. The funded programs were designed to have long-term impact on the participation and retention of older Australians within the parkrun community, as participants and/or volunteers. Funding for the evaluation of these initiatives will provide a foundation for sustainable models and future scaled-up versions.



Project snapshot 3: Netball Queensland “Walking Netball”

Netball Queensland is a state sporting organisation (SSO) and governing body for netball in Queensland. The organisation oversees memberships, participation, inclusivity, and governance of the sport of netball in Queensland. The Walking Netball program was at this stage only rolled out in Queensland and specifically recruited older adults living locally to facilities where the program was delivered.

Walking Netball is a modified version of netball, one of the most popular sports in Australia. It is modified in a way that reduces risk of injury, whilst retaining the central components of the game of netball, familiar to many older adults that may have played in their youth. Strategies used to encourage engagement included a clear focus on “laughter” and “friendship” as well as “participation”. Alongside the physical component of the game, the Walking Netball program also aimed to improve the capacity of staff and community coaches to deliver inclusive Netball products to older participants. The program ran weekly for eight weeks, allowing participants to develop social connections with their team and program deliverers.

Quantitative findings

This section provides an overview of the results captured directly from participants before and after their engagement in the funded Move it AUS activities. Data presented only includes people who voluntarily completed the online survey designed by SPRINTER and distributed by each individual project. This data is essential in understanding the demographics of people who engaged with the Move it AUS funded programs and the extent to which the grant program impacted people’s health, wellbeing and physical activity and sport participation (identified in the logic model, Table 1).

Community Reach and engagement in funded Move it AUS Better Ageing programs

Improving accessibility of age-appropriate physical activity programs to enhance the number of older adults achieving physical activity guidelines will greatly contribute to reducing the burden of chronic disease facing our ageing population (19, 35). Understanding how the funding from the Move It AUS Better Ageing Grant Program successfully engaged the key target audience and impacted on health and wellbeing markers is critical in directing future efforts.

Participants completing the survey were sorted into those that reported being “*new to the activity*” as a “*pre*” time point as a starting point before they engaged with the Move it AUS funded program, and those who reported “*participating in the activity for at least three months*” as the “*post*” time point, after engaging with the funded Move it AUS program. As explained in the evaluation caveats, some questions might not have been answered by all

participants. Each set of data presented includes reference to the sample size the data represents.

- 6,687 participants completed an evaluation survey about their involvement in the funded program (Table 3).
- 56% were female and most (18%) were in the oldest age category, over 70 years old. **Differences in engagement between age-groups is common and a stratified approach based on the different needs and abilities of different age groups of older adults should be used in program designs.**
- Only a small proportion, <1% identified as Aboriginal and/or Torres Strait Islander heritage. 5% of the Australian population identify as Aboriginal and/or Torres Strait Islander (36), indicating that greater engagement with this target group is required. This is particularly critical given the younger life expectancy for indigenous populations comparative to non-indigenous Australians (36).
- **There was a large representation of culturally and linguistically diverse (CALD) communities, with 11% of respondents speaking a language other than English at home.** An understanding of the cultural acceptability of physical activity interventions is required to overcome barriers to participation for cultural minority groups, which may be achieved through both a deep understanding of the target group, and/or co-design approaches (37, 38).
- 40% were retired, with 55% either living alone or with a partner and no children at home. The World Health Organisation recognises that loneliness in old age is not only a social issue, but that it also holds detrimental effects on mental and physical health (39). Engagement in sport and physical activity, particularly group based, has been found to combat the onset of these risk factors, reducing loneliness, maintain connection with local communities, and positively influencing health (40). **Supporting older adults to participate in age-appropriate organised physical activities can effectively reduce the incidence of loneliness and significantly impact social and physical health among our ageing populations.**
- Predominantly participants resided in major capital cities (50%), but there were 21% living in inner regional areas and 12% living in outer regional and remote locations also represented. Improving access of appropriate interventions reduces barriers to

participation, with many programs selecting specific locations for program delivery based on the population density of community-dwelling older adults. **Ensuring the sustainability of programs in rural and remote locations beyond initial engagement and delivery of the funded period is necessary to ensure sustained uptake of physical activity behaviours in these often under-resourced locations** (41).

- There was a spread of socioeconomic advantage in the engaged cohort. 15% lived in most disadvantaged areas, and 26% in areas of least disadvantage. Evidence portrays an equity gradient in health outcomes between areas of least disadvantage to most disadvantaged (41). Understanding how funding like the Better Ageing programs can engage the most disadvantaged communities in effective sport and physical activity programs is one strategy to reducing engrained population health inequalities.
- 38% of respondents reported they lived with a chronic illness or injury. **The sport sector needs to be equipped to deliver modified programs to cater to this target group.** Understanding the barriers created for older adults with various health conditions is necessary to design appropriate exercise interventions and may guide future program development.
- Only 33% of participants were achieving the physical activity guidelines for their age at baseline. The Better Ageing program **successfully targeted and engaged physically inactive older adults into funded programs.** The sport sector is well placed to deliver targeted interventions that can reduce the burden of disease due to inactivity in older cohorts.
- The integration of independent evaluation is essential in providing transparent evidence for who is engaging in programs, as this data is not routinely collected throughout the sport sector. Additionally, this data goes some way to inferring the impact of funded opportunities in creating real public health outcomes and providing evidence to inform future program design and delivery.

		Data from individuals engaged in a funded activity (no data indicating timepoint)		Data from individuals before participating in funded activity (Pre)		Data from individuals after completing participation in funded activity (Post)		All	
		N	%	N	%	N	%	N	%
All persons		687	10.3	3,351	50.1	2,649	39.6	6,687	100.00
Age category	55-59	23	3.35	24	0.72	166	6.27	213	3.19
	60-64	40	5.82	39	1.16	302	11.40	381	5.70
	65-69	68	9.90	81	2.42	425	16.04	574	8.58
	70+	222	32.31	171	5.10	795	30.01	1,188	17.77
	Missing	334	48.62	3,036	90.60	961	36.28	4,331	64.77
Sex	Male	50	7.28	1,001	29.87	382	14.42	1,433	21.43
	Female	310	45.12	2,079	62.04	1,382	52.17	3,771	56.39
	Missing	327	47.60	271	8.09	885	33.41	1,483	22.18
Indigenous	Yes, Aboriginal and/or Torres Strait Islander	.	.	57	1.70	6	0.23	63	0.94
	No	390	56.77	3,104	92.63	1,821	68.74	5,315	79.48
	Missing	297	43.23	190	5.67	822	31.03	1,309	19.58
Primary language	English	350	50.95	3,086	92.09	1,610	60.78	5,046	75.46
	Other	41	5.97	94	2.81	601	22.69	736	11.01
	Missing	296	43.09	171	5.10	438	16.53	905	13.53
Employment	Employed	44	6.4	1085	32.38	434	16.38	1563	23.37
	Unemployed	10	1.46	119	3.56	802	30.28	931	13.92
	Student	.	.	11	0.33	2	0.08	13	0.19
	Pension or welfare	56	8.15	328	9.79	280	10.57	664	9.93
	Retired	246	35.81	1446	43.15	997	37.64	2689	40.21
	Other	6	0.88	113	3.37	64	2.42	183	2.74
	Missing	325	47.31	249	7.43	70	2.64	644	9.63
Household structure	Adult shared house	56	8.15	445	13.28	246	9.29	747	11.17

		Data from individuals engaged in a funded activity (no data indicating timepoint)		Data from individuals before participating in funded activity (Pre)		Data from individuals after completing participation in funded activity (Post)		All	
	Family with all children 16 years or older	44	6.40	635	18.95	579	21.86	1,258	18.81
	Family with at least one child under 15 years old	6	0.87	93	2.78	37	1.40	136	2.03
	Single/Couple – no child	222	32.31	1823	54.4	1628	61.46	3673	54.93
	I'd prefer not to say	24	3.49	92	2.75	71	2.68	187	2.8
	Missing	335	48.76	263	7.85	88	3.32	686	10.26
Location	Major Cities	274	39.88	1,363	40.67	1,720	64.93	3,357	50.20
	Inner Regional	51	7.42	1,071	31.96	282	10.65	1,404	21.00
	Outer Regional and remote	33	4.80	637	19.01	118	4.45	788	11.78
	Missing	329	47.89	275	8.21	527	19.89	1,131	16.91
Socioeconomic (SEIFA) quartiles	1st (most disadvantaged)	47	6.84	642	19.16	298	11.25	987	14.76
	2nd	82	11.94	920	27.45	459	17.33	1,461	21.85
	3rd	79	11.50	664	19.81	623	23.52	1,366	20.43
	4th (least disadvantaged)	152	22.13	847	25.28	741	27.97	1,740	26.02
	Missing	327	47.60	278	8.30	528	19.93	1,133	16.94
Health condition	Yes	6	0.87	1,451	43.30	1,107	41.79	2,564	38.34
	No	.	.	1,416	42.26	1,381	52.13	2,797	41.83
	Prefer not to say	.	.	82	2.44	59	2.23	141	2.11

		Data from individuals engaged in a funded activity (no data indicating timepoint)		Data from individuals before participating in funded activity (Pre)		Data from individuals after completing participation in funded activity (Post)		All	
	Missing	681	99.13	402	12.00	102	3.85	1,185	17.72
Proportion meeting PA Guidelines	Yes	91	13.25	1,096	32.71	752	28.39	1,939	29.00
	No	209	30.42	2,055	61.32	1,882	71.05	4,146	62.00
	Missing	387	56.33	200	5.97	15	0.57	602	9.00

Table 3. Participant demographic information in funded Better Ageing Move it AUS programs

Recruitment and motivations for participation in the Move it AUS programs

- **32% of participants discovered the Better Ageing funded programs through social media**, followed by word of mouth (18%) and advertisement flyers (8%) (Figure 2).
- The top four reasons for participating in a Better Ageing funded program: for *“Physical health or fitness”* (52%), *“Fun/enjoyment”* (44%), *“To lose weight”* (33%), and *“Social reasons”* (32%) (Figure 3).

Social media was the most effective method for marketing the Better Ageing programs. This is particularly significant for interventions targeting this age bracket as digital illiteracy had previously been cited as a barrier to recruitment and engagement via technology for older adults. Understanding latest innovative ways of marketing and delivery of these could change the priorities of some delivery models.

Reasons for engaging in PA are consistent across the life course with the most cited reasons including fitness, fun, and social reasons (19, 42). The sector should also consider the use of social media to engage older adults and integrate fun, fitness, and social elements into their program design for improved retention and recruitment.

Figure 2. How participants heard about the funded program

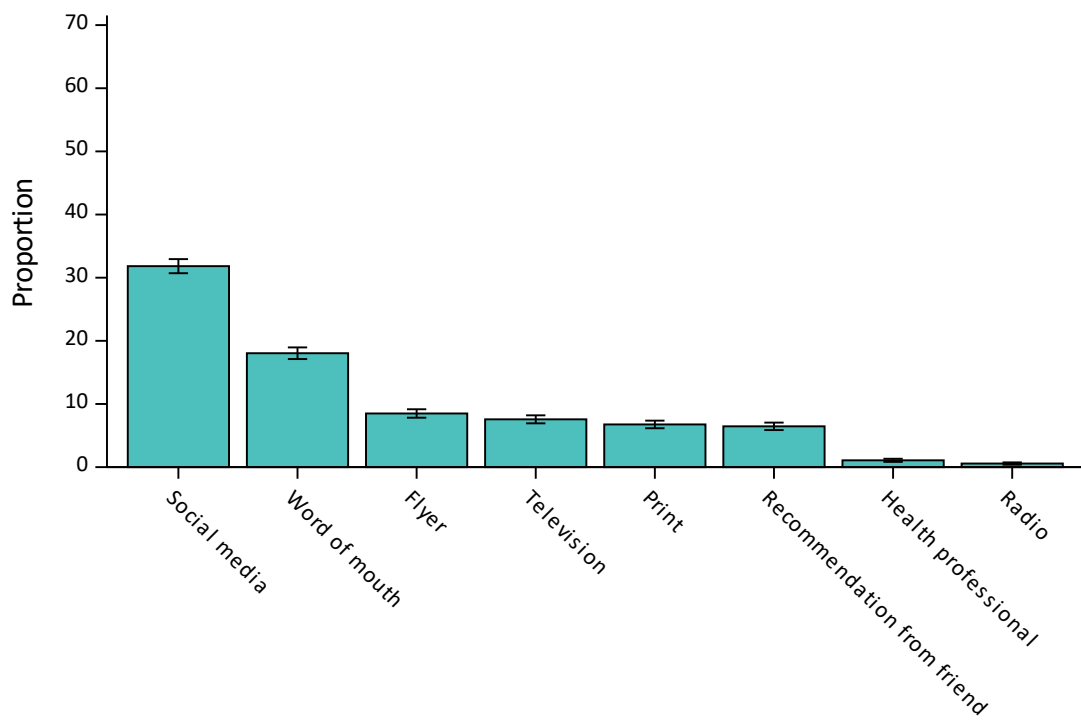
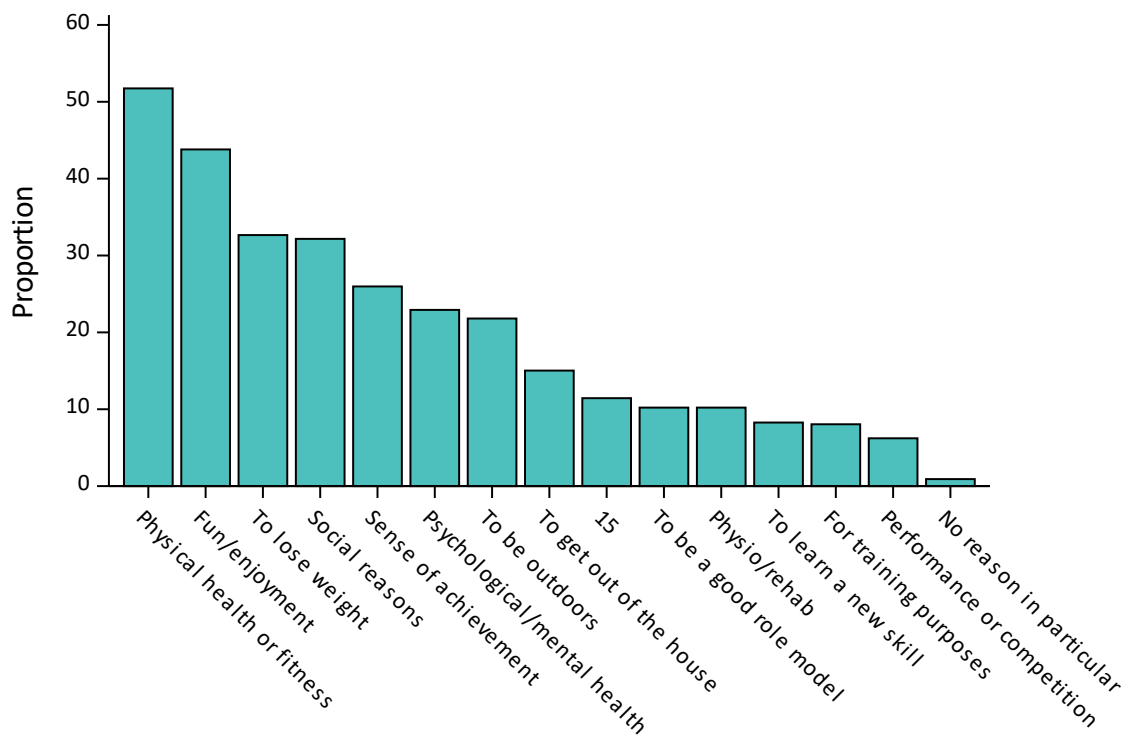


Figure 3. Reasons for participating in the funded program



Physical activity behaviours

Physical activity has positive physical and mental health benefits as well as benefits in preventing and managing long term chronic conditions. About half of the physical decline associated with ageing could be due to a lack of physical activity and therefore supporting older people to engage in regular physical activity is recommended.

Physical activity refers to all-encompassing movement. In Australia, people aged 65 years and over are recommended to do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for substantial health benefits (21). Global physical activity guidelines also recommend limiting time being sedentary (21).

This section provides insights into the physical activity and sedentary behaviours of older people, measured by proportion meeting physical activity guidelines, minutes of moderate physical activity, time spent sitting and participation in organised sport and physical activity, for those engaged with the Move it AUS programs.

Overall physical activity

- Adequate physical activity for adults between the age 18-64 years is 30 minutes of moderate-vigorous physical activity on most, preferably all, days of a week. Older adults, over 65 years, should achieve this guideline also, with the added inclusion of varied, functional training designed to improve balance and prevent falls. It is also recommended that older adults should limit the amount of time spent being sedentary to prevent detrimental impacts on health (16, 21).
- **The Better Ageing program successfully recruited physically inactive participants. Only 23% of participants met physical activity guidelines at pre** (excluding missing data, Figure 4). Most respondents averaged 2.3 days of 30 minutes of moderate-vigorous physical activity each week, the minimum recommended guideline for adults is 30 minutes on five or more days per week. This figure was lower at the post time point (Figure 5), which may be primarily attributed to the negative impact of COVID-19 on program delivery.

- **Overall days per week achieving 30 minutes of physical activity reduced in most SEIFA categories, but most prominently for the most disadvantaged socioeconomic groups** (Figure 6).
- **There was also a greater reduction at the post time point in days completing 30mins of exercise for those that speak a language other than English at home** (Figure 7).
This emphasises the potential that targeted and inclusive sport and physical activity programs may have on the health outcomes for marginalised groups.

COVID-19 affected everyone, yet the pandemic did not affect population participation rates equally. Younger age groups experienced greater disruptions in their regular physical activities, perhaps due to a greater involvement in cancelled sport and organised activities (43). Other research has found a reduction in PA among people with chronic medical conditions, of particular concern when PA can form part of a treatment plan or alleviate symptoms (44). Priority groups before COVID-19 remained priority groups post COVID-19 as social inequalities in physical activity were exacerbated (45). Sport England has also found that PA participation in individuals from minority ethnic backgrounds and communities of least advantage were more negatively impacted by COVID-19 (46).

Latest Ausplay data shows increases in the proportion of individuals increasing their PA during COVID-19, but hasn't focussed on the varied impacts of subgroups within the population outside of gender and age which may spotlight areas for future opportunity (43). Significantly, it seemed that at-risk target groups in this data set that are traditionally less active were more negatively impacted by disruptions to program delivery due to COVID-19, as seen elsewhere (46, 47). Reductions in physical activity at the post time point were observed for the more disadvantaged socioeconomic groups (Figure 4), as well as those that speak a language other than English at home (Figure 5). Increased pressures placed on these groups because of the COVID-19 pandemic have created further barriers to participation and highlight the potential for a widening of this socioeconomic gradient in health outcomes if not targeted directly (47). Further work to tackle health inequalities through sport are required.

Understanding the diversity among older adults and the various barriers to participation in appropriate physical activities is needed in addition to learnings around the needs of CALD and most disadvantaged target groups. Awareness of specific sensitivities and requirements

is critical to inform strategies for participation (37). Identified approaches to implement this includes co-designed interventions, with members of the target community involved in stages of design and implementation. Another is allowing flexibility in program design to allow for refinement based on continual feedback loops during program delivery from the participating target cohorts. Engaging and retaining these populations is necessary to effectively close the gap in health disparities and has become particularly more relevant recently with the impact of COVID-19.

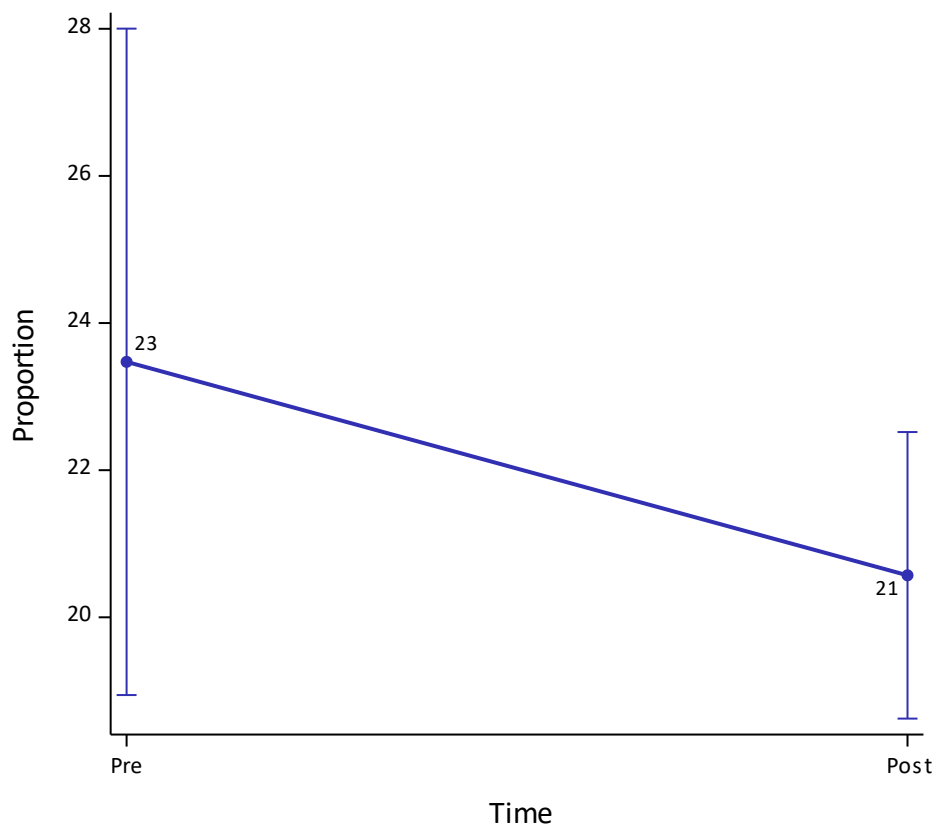


Figure 4. Proportion of respondents who met physical activity guidelines by timepoint

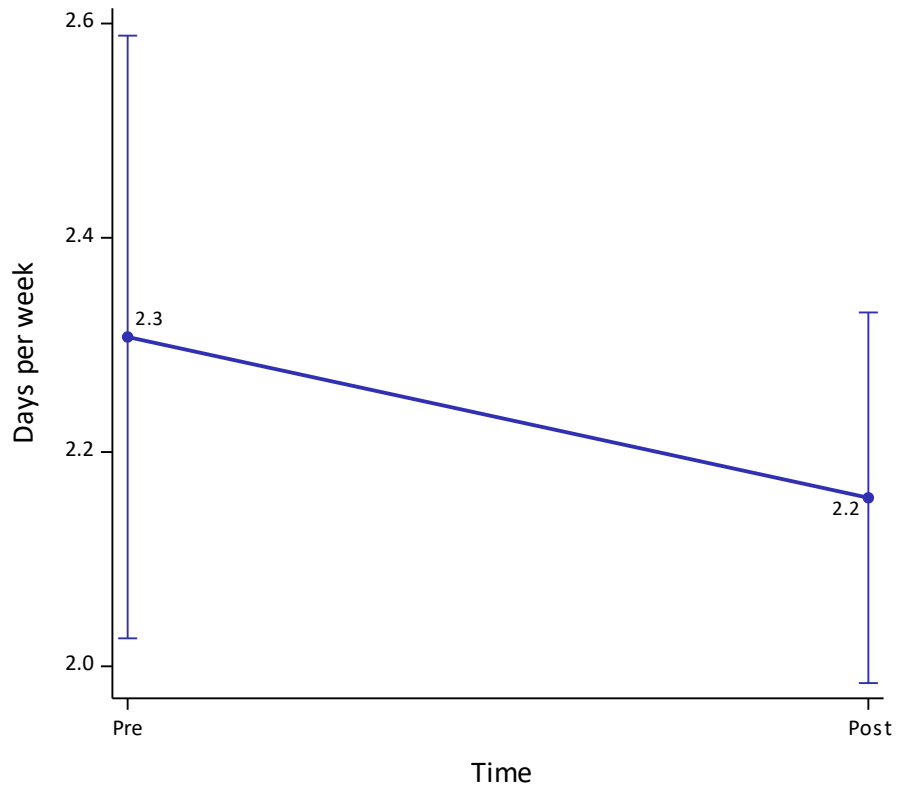


Figure 5. Days of moderate physical activity achieved per week

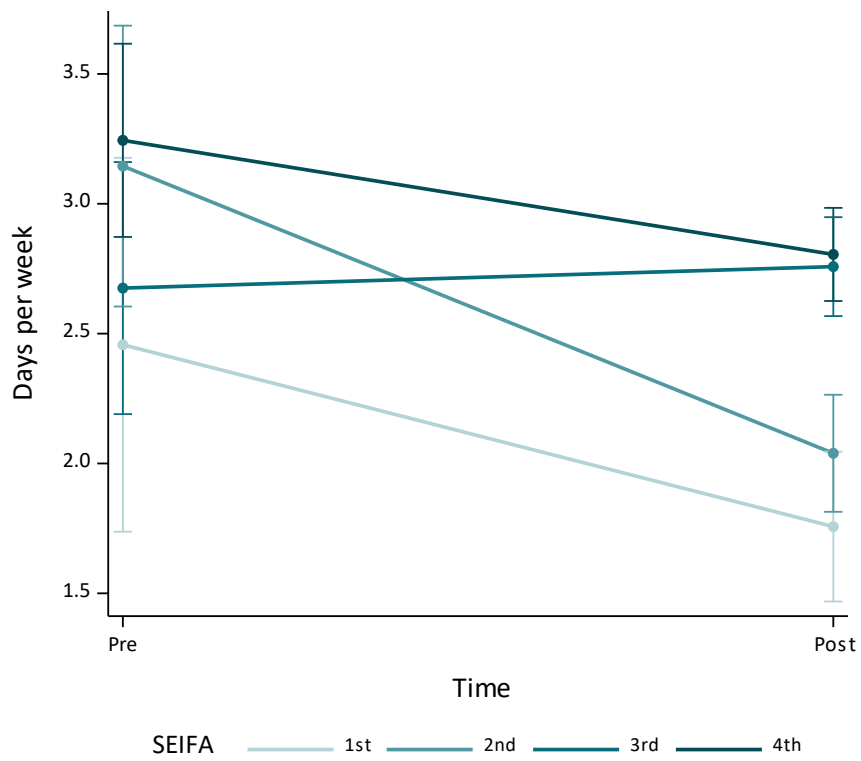


Figure 6. The number of days achieved physical activity guidelines by SEIFA quartile

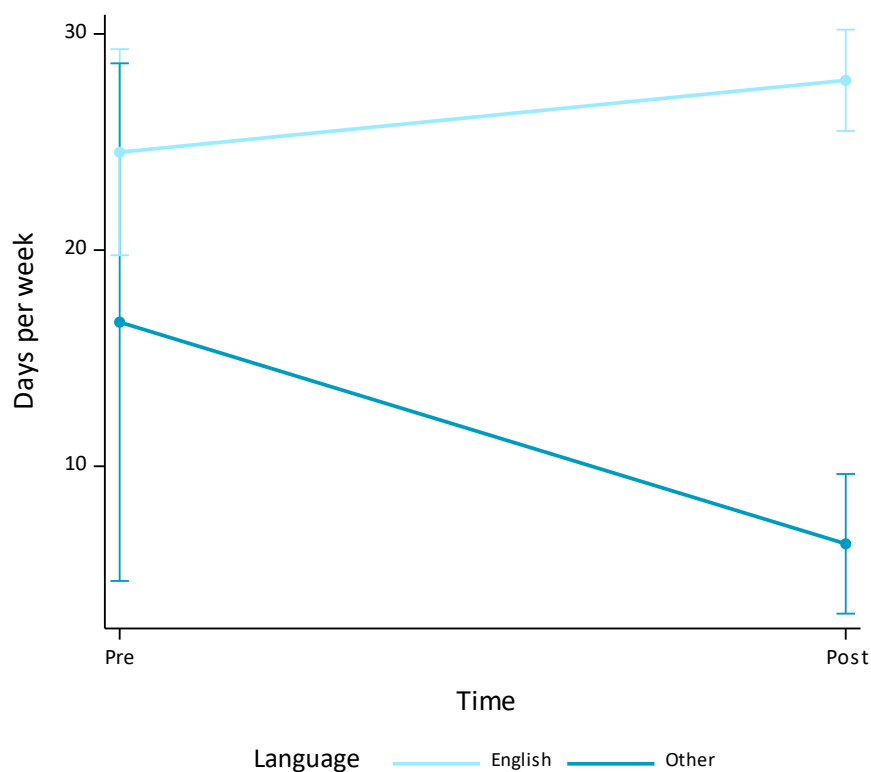


Figure 7. The number of days achieved physical activity guidelines by language

Sedentary behaviour

Increased sitting time has been found to enhance the risk of all cause and cardiovascular disease mortality, and recommendations state adults should be sitting for no more than 6-8 hours each day (44). COVID-19 has resulted in increased in sitting time, screen time, and negatively impacted physical activity levels (48). There is also a clear disparity between CALD and SEIFA minorities in sitting times that provides insight on the differing impact of COVID in these populations.

- **Weekly minutes spent sitting decreased between pre (380mins per week) to post (376mins per week) time points (Figure 8).**
- **At baseline, the weekly minutes spent sitting for participants who speak a language other than English was, on average, 30 minutes more than their native-English-speaking counterparts (Figure 9). Although both groups reduced sitting time at post, the disparity between them significantly grew with CALD participants sitting an average of 81 minutes more each week.**

- At baseline, participants categorised in the lowest SEIFA quartile reported the largest reduction in time spent sitting each week, from 594 minutes at pre to 435 minutes per week at post (Figure 10).

Evidence from this data suggests more needs to be done to address the disparities in health behaviours within the most disadvantaged and CALD communities (20, 37). Commonly reported as priority target groups for physical activity interventions, understanding the different contexts and conveying health literacy messages within these groups is critical to effective engagement and impact on health behaviours.

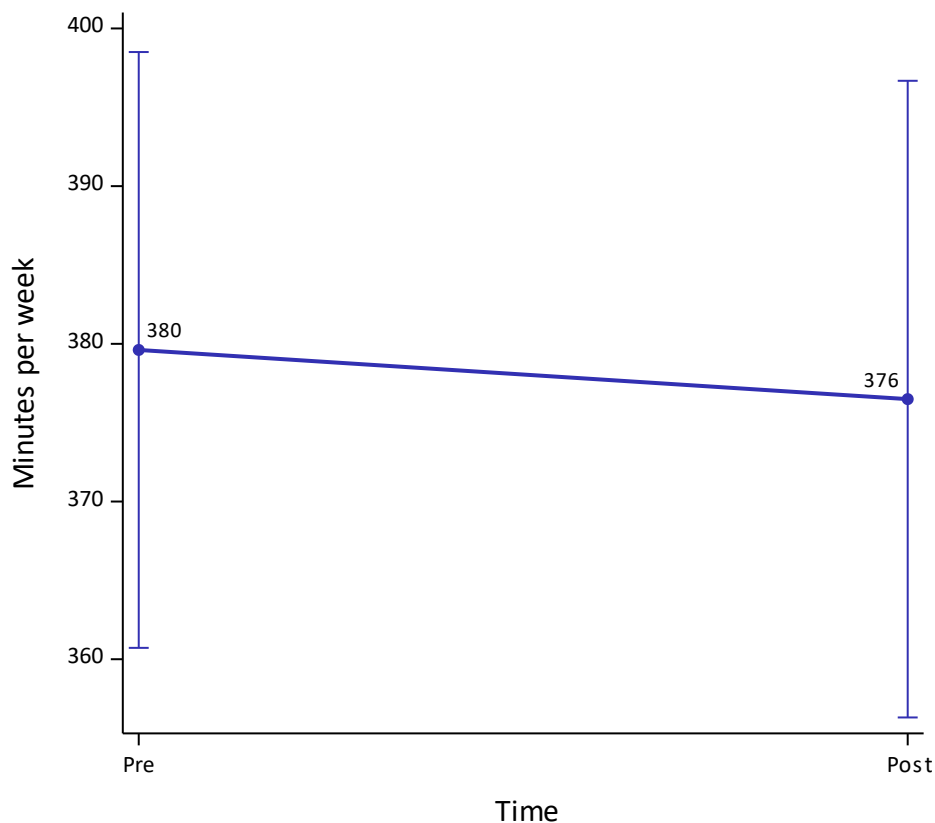


Figure 8. Weekly sitting minutes per week

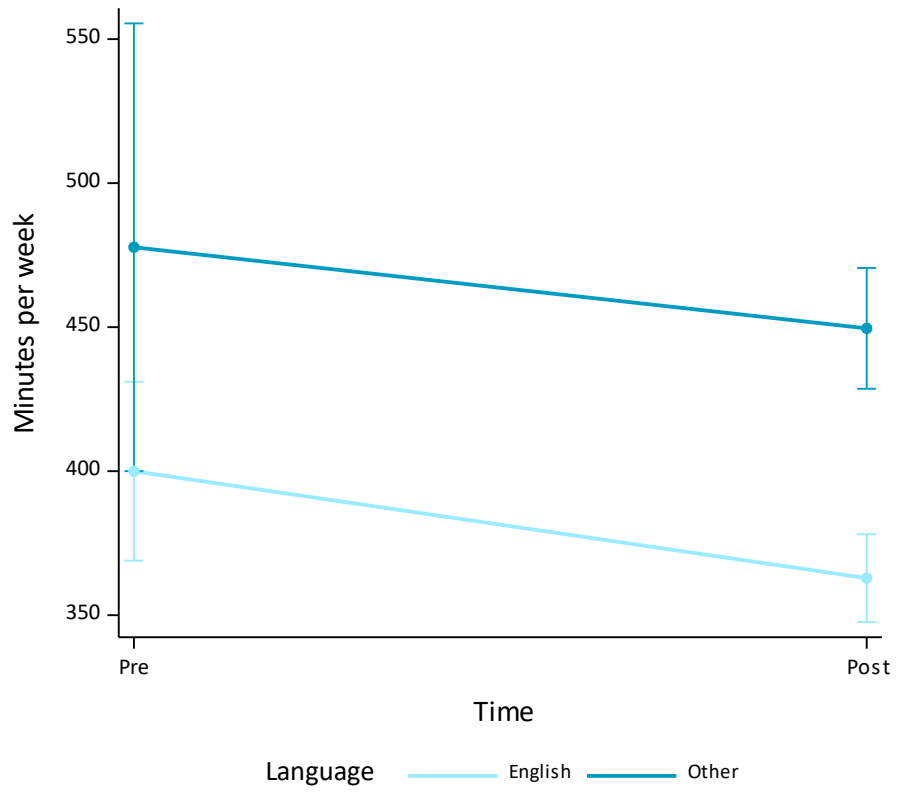


Figure 9. Weekly sitting minutes per week by language

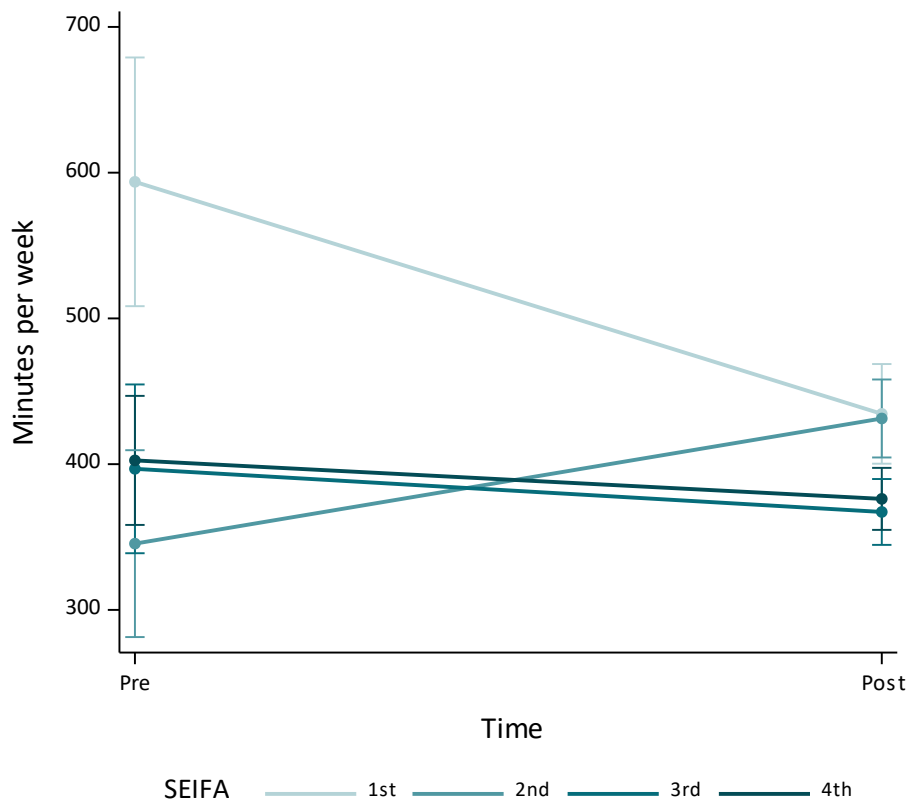


Figure 10. Weekly sitting minutes per week by SEIFA

Participation in sport and organised physical activity

People choose to be active in numerous ways and in different settings. In addition to walking, organised and structured sport and physical activity is another way that individuals can accumulate their active minutes as recommended by the physical activity guidelines. AusPlay is the sport sector population representative measure of organised sport and physical activity and therefore data collected here aligns to this national survey (1). All the funded programs delivered organised sport and physical activities.

- The frequency of **participation reported in organised sport and physical activity each week increased significantly at the post time point from 1.7 times per week to 2.7 times per week** (Figure 11). Participants reported that the weekly time spent in the funded Better Ageing activities was on average 108 minutes per week and they participated in an average of 1 session per week.

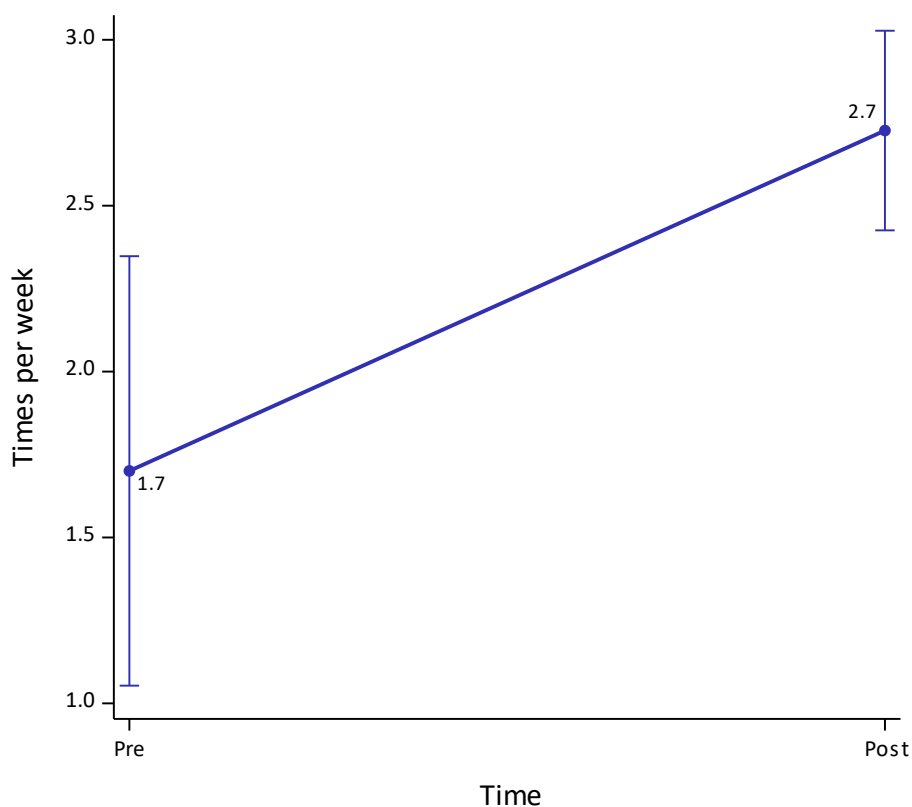


Figure 11. Average number of times of organised sport and physical activity per week

- There was an insignificant increase across all SEIFA groups in the number of times per week participants were involved in organised sport and/or physical activity. Of note, **the largest increase, from 1 day per week to 2.9 days per week, was observed in the lowest SEIFA category (Figure 12).**

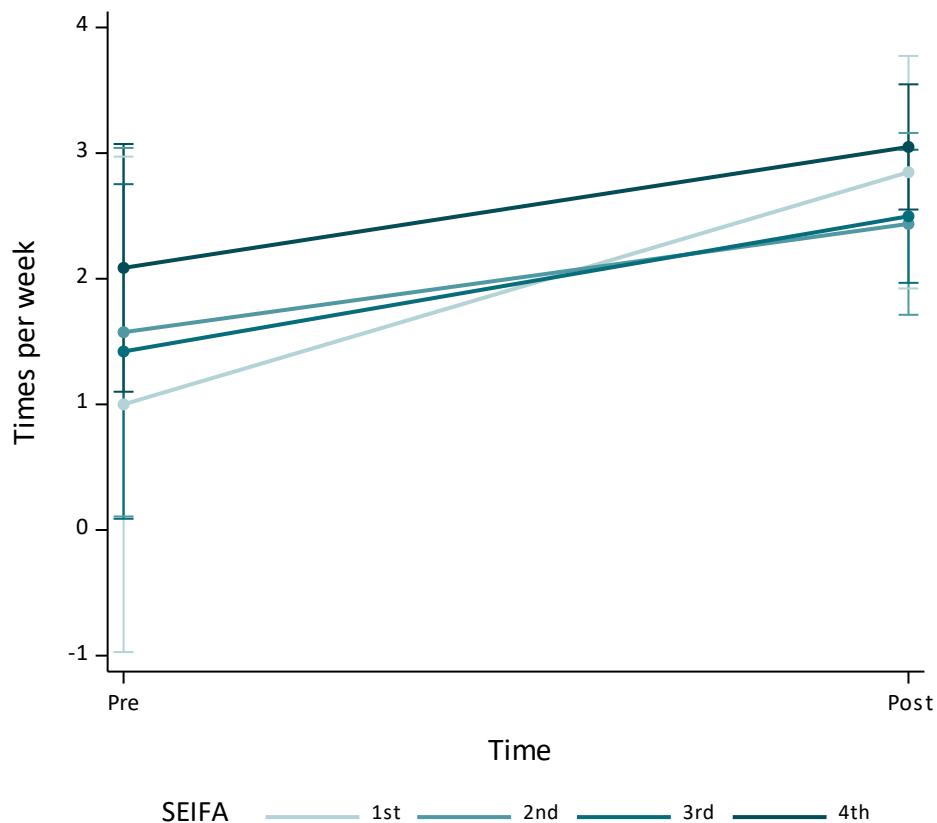


Figure 12. Average number of times of organised sport and physical activity per week by SEIFA

Participation in funded Better Ageing Programs

Funded programs ran for different durations and frequencies during program delivery. Depending on the program design, participants were able to participate multiple times a week, or commonly once a week for a period of 8-12 weeks. The varied nature of program delivery provided participants with several opportunities to participate and contributed to overall weekly minutes of physical activity achieved.

Participation in the Better Ageing programs supported participants in achieving 46% of their weekly physical activity guidelines². These strategies could significantly impact physical activity behaviours within older adults.

Recent literature has found that older adults re-engage with community sport for a variety of reasons including physical and mental health, social opportunities, and having more leisure time (19).

- The number of weekly minutes spent in the funded activity was also higher within low socioeconomic groups (Figure 13) when compared to more advantaged socioeconomic participants.
- **Participants that spoke a language other than English at home typically spent more time in the funded activity (115 minutes) than native English speakers (100 minutes) (Figure 14).**

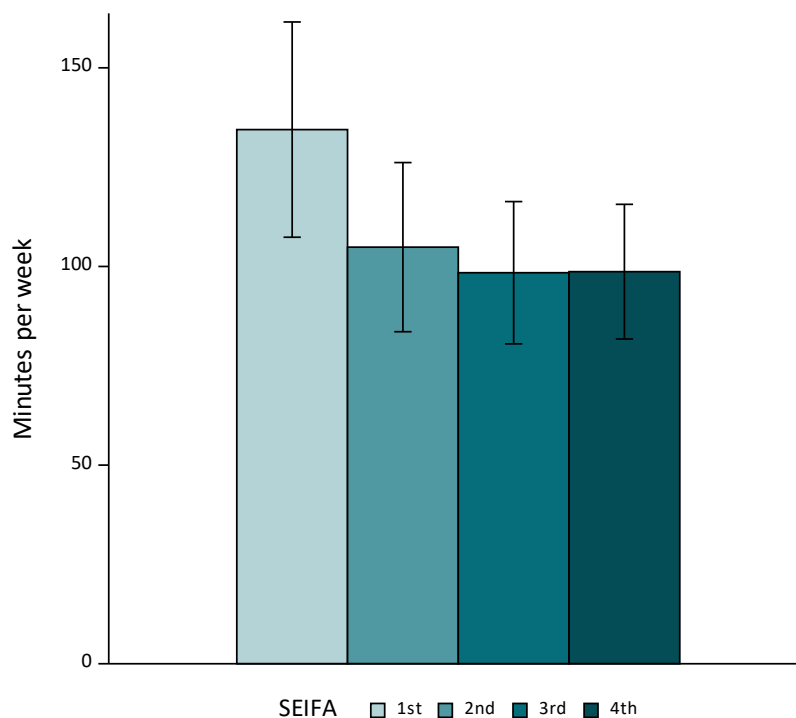


Figure 13. Typical weekly minutes spent participating in funded activity by SEIFA quartile

² based on participants reporting an average of 97mins engagement in Better Ageing programs from 210mins recommended PA for older adults.

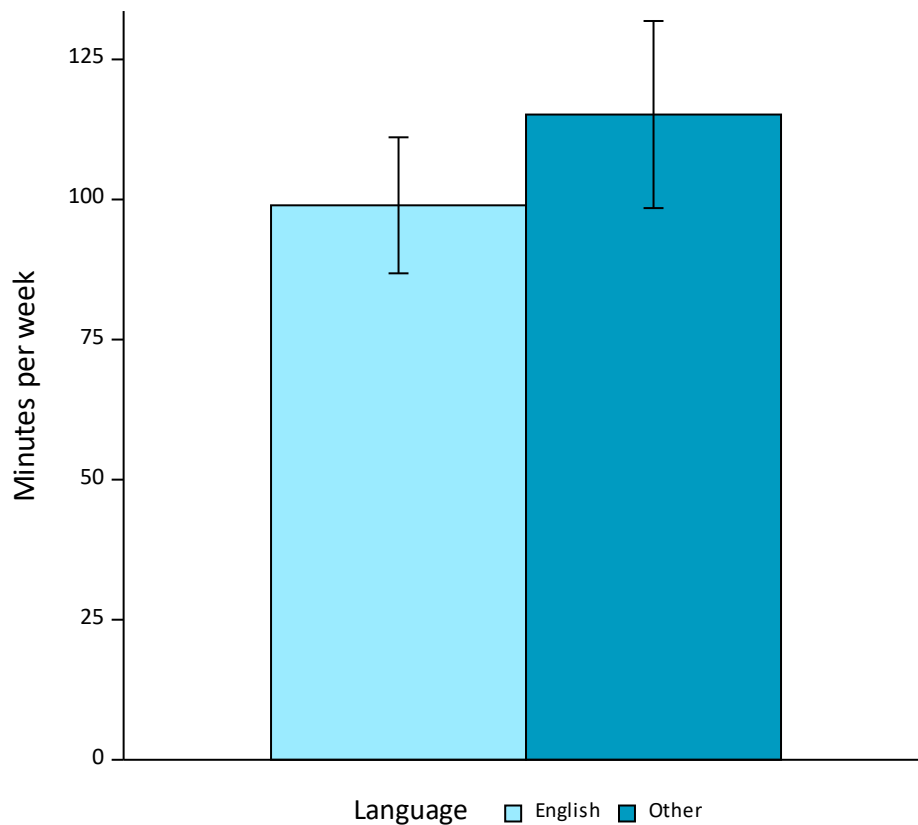


Figure 14. Typical weekly minutes spent participating in funded activity by language

Enhanced opportunities for participation in the sport sector have been found here to be successful at engaging and retaining CALD and lower socioeconomic groups. Some research evidences the role of sport in acculturation into a new culture, and the role sport can have in socialising new migrant communities (37). A deep understanding of the diverse cultures and pertaining sensitivities is required to best cater sports and physical activities to different CALD communities in Australia. One constant feature across CALD communities, though, is the ability for sport to create social connectedness and an improved sense of social acceptance which contributes to the success of these targeted Better Ageing programs (37).

Overcoming barriers to participation for the least advantaged older adults may contribute to the high adoption and impact of the Better Ageing grants in this cohort. Reducing the cost for participation, creating safe spaces for local community engagement, and low barriers for entry including local delivery models and no required equipment has been a key strength of the program. There is a clear opportunity for community sporting clubs to play an important

role in maintaining the health and wellbeing of our ageing population, and, in particular, minority groups. Identifying and replicating successful elements of the Better Ageing programs such as culturally sensitive practices and low barriers to entry (e.g., reduced cost, local programs, no equipment or uniform requirements) will be necessary to sustain engagement from these inactive minority cohorts in organised sport and physical activity.

Awareness of physical activity guidelines

Awareness of age-appropriate physical activity guidelines were measured at pre and post involvement in the funded program. Reported scores from participants were coded as either the correct number of weekly minutes of physical activity, less than, or more than.

- A greater proportion of participants correctly reported PA guidelines for their age group at the pre time point, however there were more underestimating the guidelines at post (Figure 15).

There is an opportunity for a stronger emphasis around the education of guideline awareness through the delivery of funded physical activity programs. Improving health literacy and awareness around available and age-appropriate sport and physical activity programs can enhance commitment to healthy behaviour change. By improving the awareness of individuals, this process can encourage the development of intrinsic motivation and self-efficacy for older adults to achieve physical activity guidelines and sustain this behaviour change into the future (9, 49).

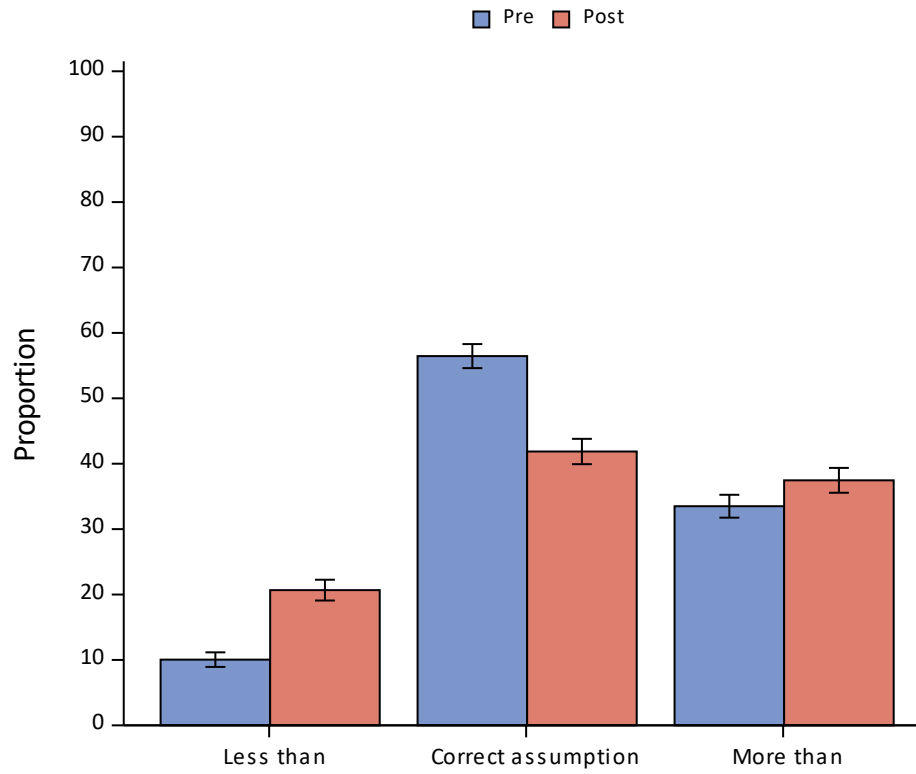


Figure 15. Proportions of people aware of physical activity guidelines by timepoint

Attitudes and behaviours towards sport and physical activity

This section reports on current levels of physical activity and asks participants to compare this to the state of physical activity in the last 12 months. It also reports on attitudes towards dropping out of current physical activities and rates the primary reasons for doing so.

- There is a decline in the proportion of respondents at the post time point that report they “currently exercise regularly and have been doing so for more than 6 months”, which may represent the disruption caused by COVID-19 on program delivery. **Small, but significant, increases in ratings of frequency participation in exercise compared to 12 months prior (rating 6 to rating 9) are observed in Figure 16.**
- **Increases in current levels of physical activity (10% increase in “more active”) are reported in Figure 17, with concomitant reductions in the proportion of participants stating they are “about the same” at the post time point.**
- **When asked about any sports or physical activity programs they were planning on giving up, most participants were planning to continue at post (91%) (Figure 18).** This future planned engagement also increased at post compared to the pre time point, with a reduction in the proportion of respondents that stated they had either already given up or were planning on giving up.
- At both time points, the top-rated reasons for planning to quit current sport or physical activities remained the same. They were “poor health or injury” (18%), “increasing age/too old” (10%), and “not enough time” (10%) (Figure 19).

Consistent participation in organised physical activity interventions have been previously shown as effective strategies to creating new health behaviours. Despite the impact of COVID-19, there is a positive trend shifting participants to more active categories at the post time point and increases in self-reported current levels of physical activity, indicating an improvement in frequency and adoption of exercise behaviours. Data collected and reported in the most recent AusPlay report, as well as some overseas findings (50), supports this finding, suggesting that there was increase in sport and physical activity participation during COVID-19 lockdowns (43).

At the post time point, the proportion of people selecting any three reasons for dropping out greatly reduced. This data demonstrates that, despite the interruptions due to COVID-19, there was a higher proportion of participants planning to continue their participation in sport and physical activities after the delivery of the Better Ageing programs. Observing significant changes in motivations and exercise behaviour over a period during which most programs were temporarily paused, or transferred to online platforms, exemplifies the impact of strong initial engagement (and particularly continued social engagement during COVID-19 lockdowns) on lasting behaviour change of these inactive older populations.

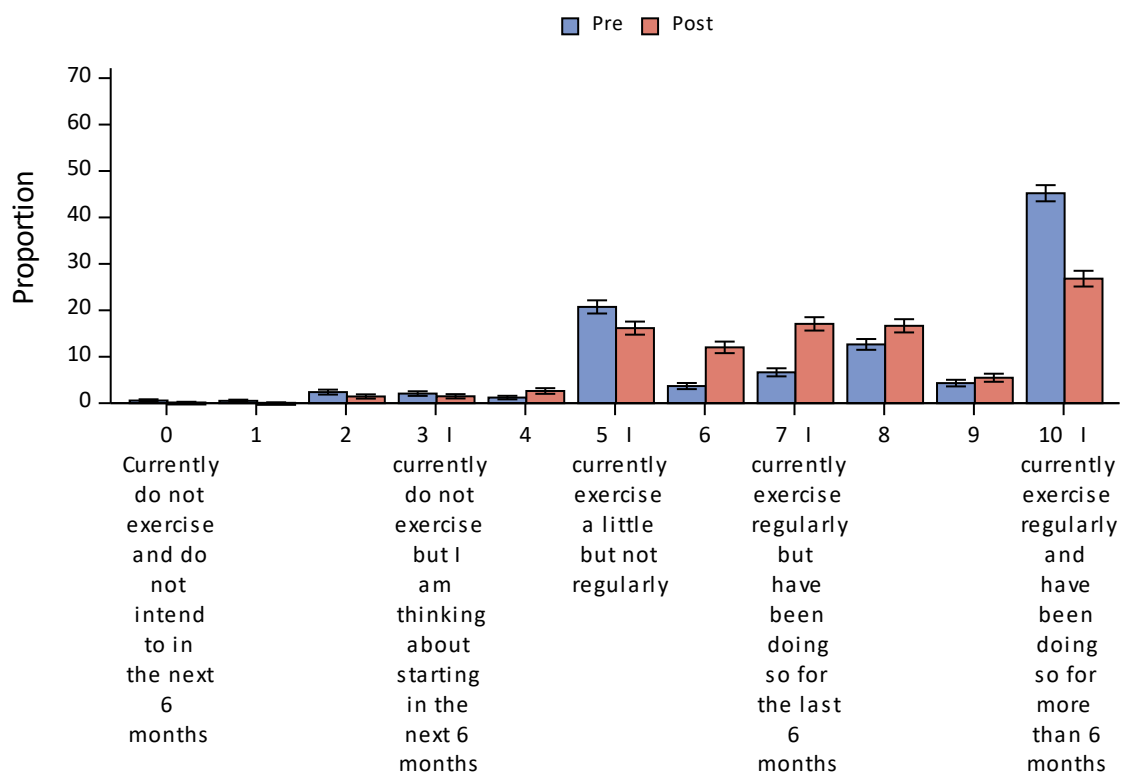


Figure 16. Readiness to change physical activity behaviour

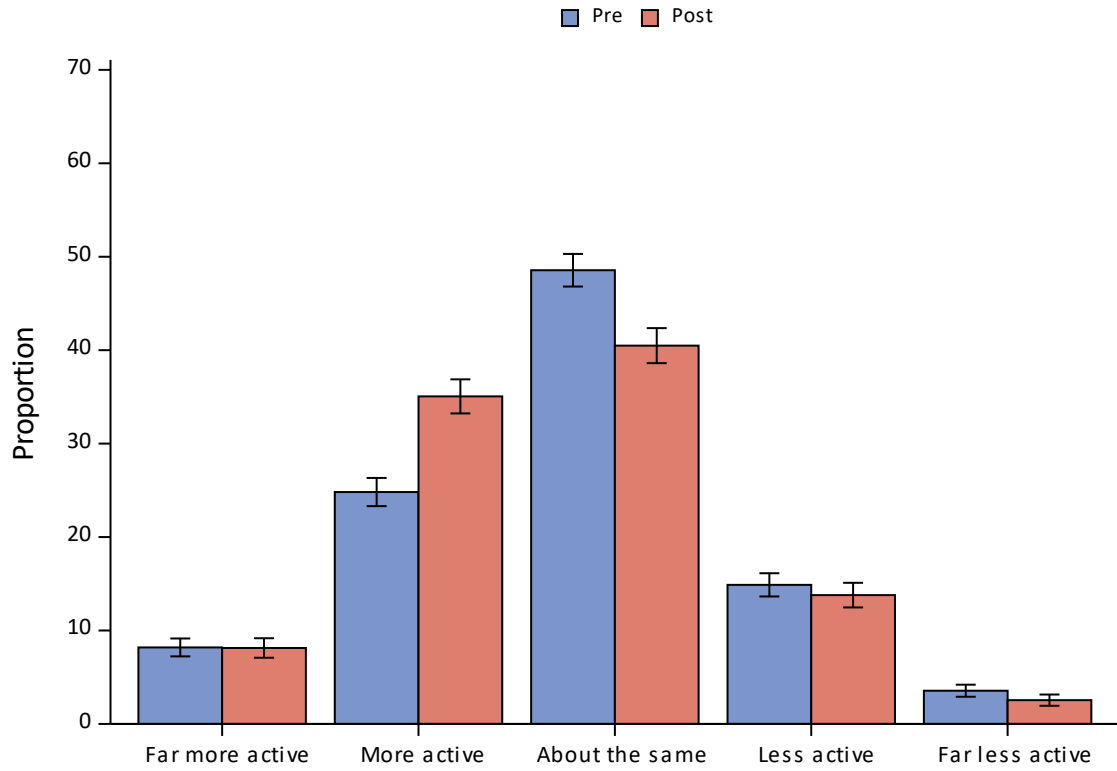


Figure 17. Current level of physical activity compared to 12 months ago

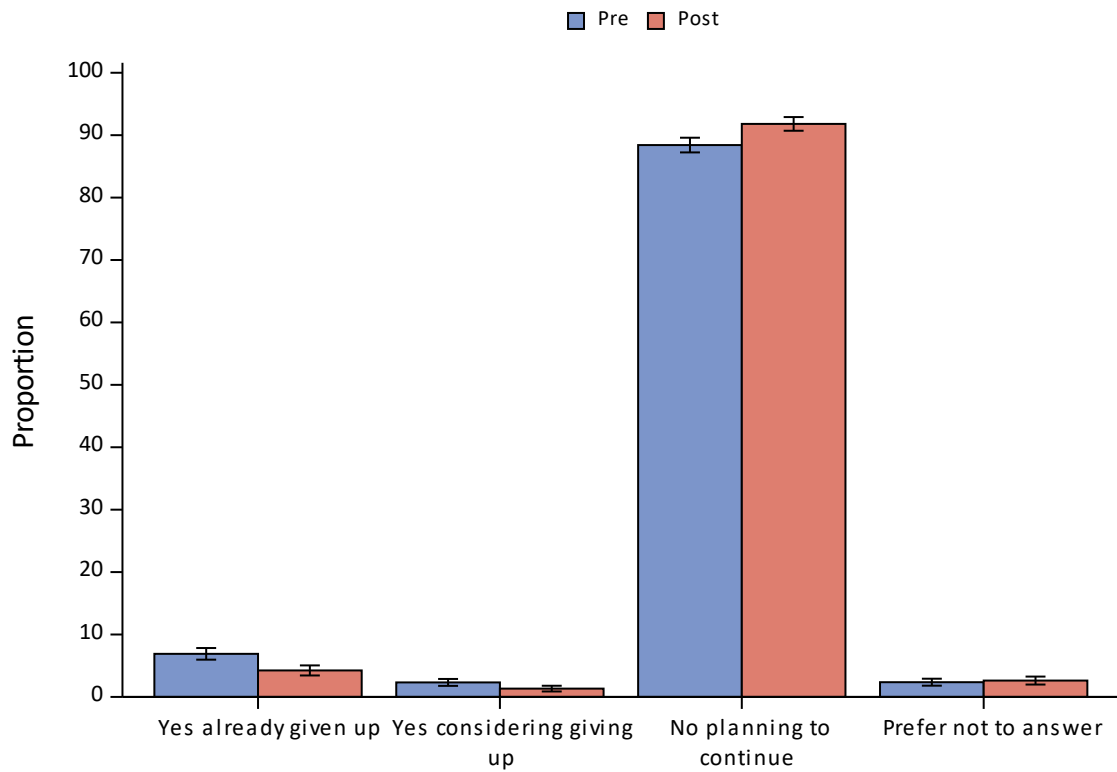


Figure 18. Considering drop-out by pre and post

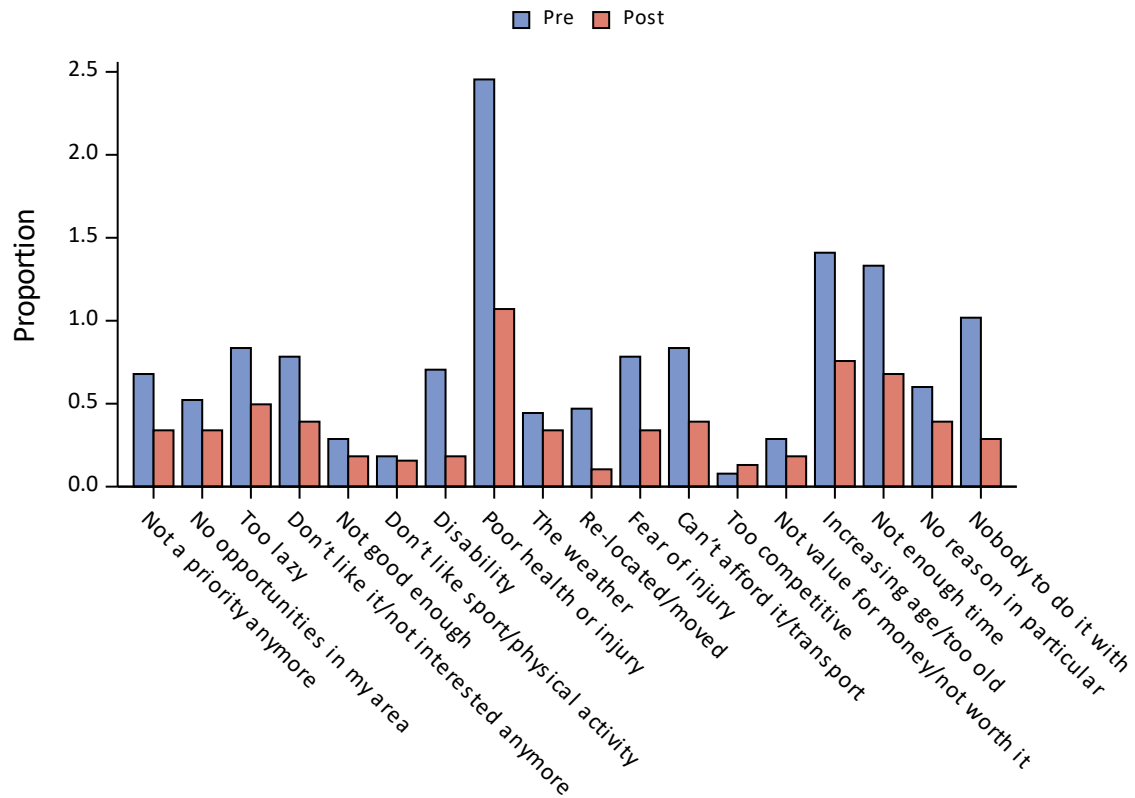


Figure 19. Reasons for drop-out

Psychological health and wellbeing

Markers of psychological health and well-being including self-efficacy, anxiety, and depression all contribute to the frequency of physical activity participation. These markers were measured using a Likert scale denoting agreement with a statement of self-efficacy and self-reported measure of anxiety and depression.

- Markers of self-efficacy declined between pre and post time points. Significant reductions were reported for those that “agree” or “strongly agree” with the validated question for self-efficacy; “I can achieve most of the goals I set myself” (Figure 20).
- There was also a negative trend in measures of anxiety. An insignificant decrease was reported for those that classified themselves as “not anxious or depressed”, and a slight increase in those that reported they were “moderately anxious or depressed” (Figure 21).

Research has evidenced the impact of COVID-19 on significant reductions in the quality of mental health due to social-isolation restrictions and general anxieties in populations throughout the pandemic (51). With the delivery of the Better Ageing programs running during COVID-19 restrictions, the subsequent impact on psychological health and wellbeing has been no different. Research has shown, however, that people that did exercise during these times of uncertainty experienced less of an impact of COVID-19 on mental and physical health (51). Promoting physical activity to previously inactive participants may be difficult when face to face delivery is restricted, however promoting the significant impact of participation on well-being may support uptake. Further, maintaining community connection and engagement using online platforms is not only an important strategy to ensure retention when face to face delivery returns, but enhances social and mental well-being during social isolation measures (52).

The vulnerability of older age groups in the face of the COVID-19 outbreak must also be recognised. Given the greater risk of severe illness or death because of contracting COVID-19, older adults may experience a more significant detrimental impact on markers of mental well-being (53). Positive (though insignificant) changes in markers of anxiety from pre to post time point suggest that involvement in the Better Ageing program may mitigate increases in anxiety between time points. This supports literature which exemplifies how maintaining physical exercise during periods of high stress or anxiety can be protective for mental health (51, 54). Highlighting the significant positive impact of participation is essential to maintain involvement in programs such as those funded through the Better Ageing program to alleviate mental stress and improve resilience of older adults. This has become particularly relevant when faced by periods of uncertainty or community health challenges such as seen during the COVID-19 pandemic.

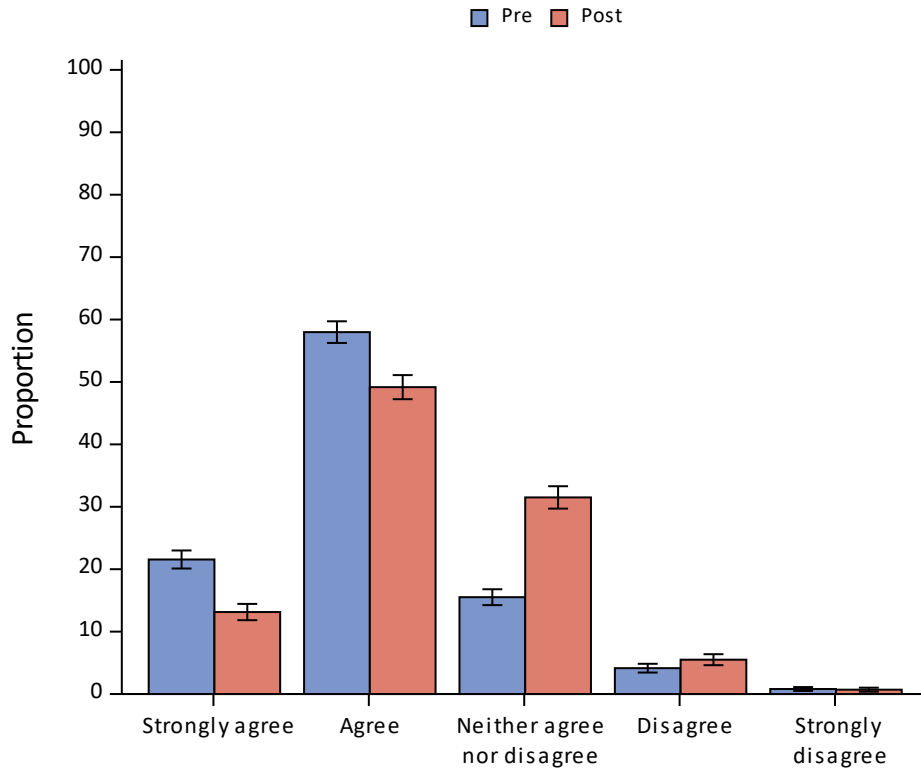


Figure 20. Self-efficacy by time point

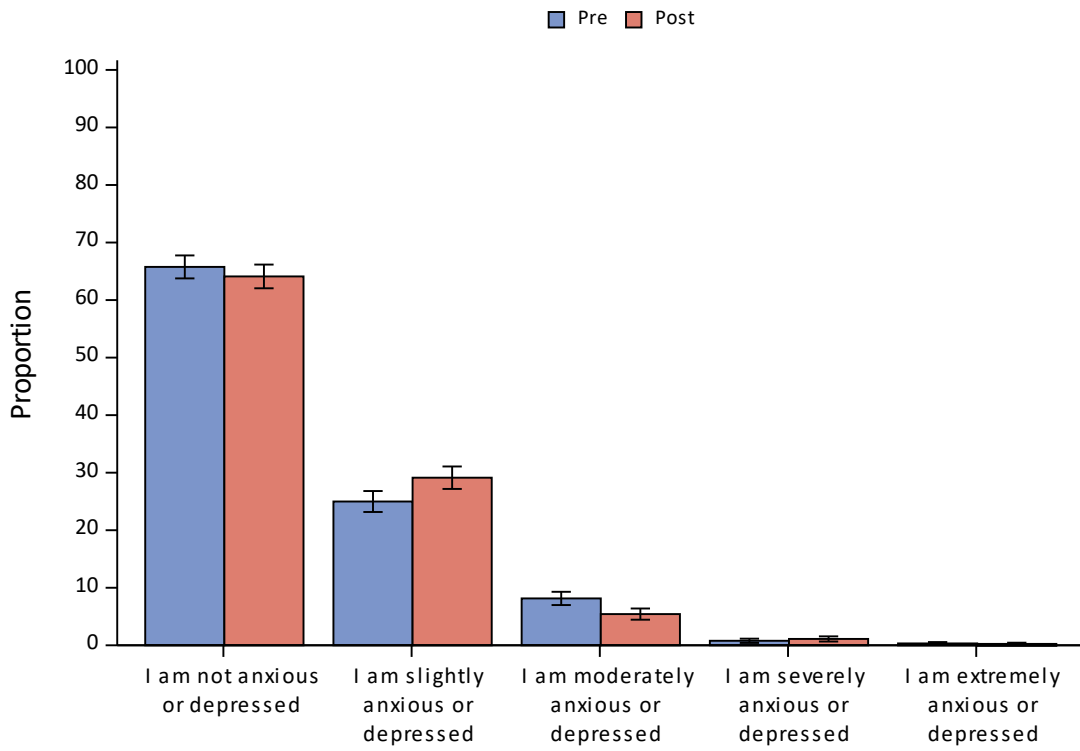


Figure 21. Anxiety by time point

Health-related quality of life

This section reports on health and wellbeing data for participants engaged in the Better Ageing program. Reoccurring pain or discomfort, problems completing usual activities, self-reported balance and fear of falls were all measured using a four- or five-point Likert scale from low to high for each marker.

Health and well-being data are not routinely collected by sporting organisations across the sector for their members or participants. This presents a missed opportunity for understanding the impact and relevance sport has on participants' health outcomes. A strength of this grant evaluation was the opportunity to capture comprehensive information on the health and well-being status of people who engaged with the Move it AUS funded programs. This report and findings herein demonstrate the promise of the power of this data and signpost where sport can reach and engage a broader audience including inactive older Australians.

- The proportion of respondents that reported having no reoccurring pain or discomfort decreased at the post time point by 2.5%, with a 3.4% increase in slight pain (Figure 22).
- At the post time point, there was a reduction in the proportion of participants that reported they experience “no problems doing usual activities” (Figure 23); with increases in the proportion stating they have “slight” or “moderate problems doing usual activities”.
- **After the Better Ageing program delivery, self-reported markers of balance generally improved with increases in the proportion of respondents that reported “very good” (27% improvement), and a reduction in those that reported “average” (17% reduction) (Figure 24).**
- Despite no significant changes in the incidence of the frequency of falls in this cohort, there was a slight increase in the fear of falls. Those that did “not fear falls at all” reduced by 11%, and those “moderately” and “quite a bit” fearful of falls increased by 5.8% and 3.8% respectively (Figure 25).

Research supports that improved functional ability in older adults leads to improved social, mental and physical health, and reduced incidence of disability-adjusted life years (DALYs) (30, 55). DALYs is a World Health Organisation term to represent the years of life lost due to premature mortality. Exercise supports the attenuation of cognitive and functional decline (such as the ability to perform daily routines and incidence of falls), with more severe consequences related to inactivity for older adults, this is therefore of critical importance (9, 30, 55). Promoting the overall benefits of continued participation in sport and physical activities, especially during times of global uncertainty, is critical for vulnerable age groups at risk of further serious health impacts due to physical inactivity. **Functional health and well-being markers significantly improved in the Better Ageing cohort after program delivery.**

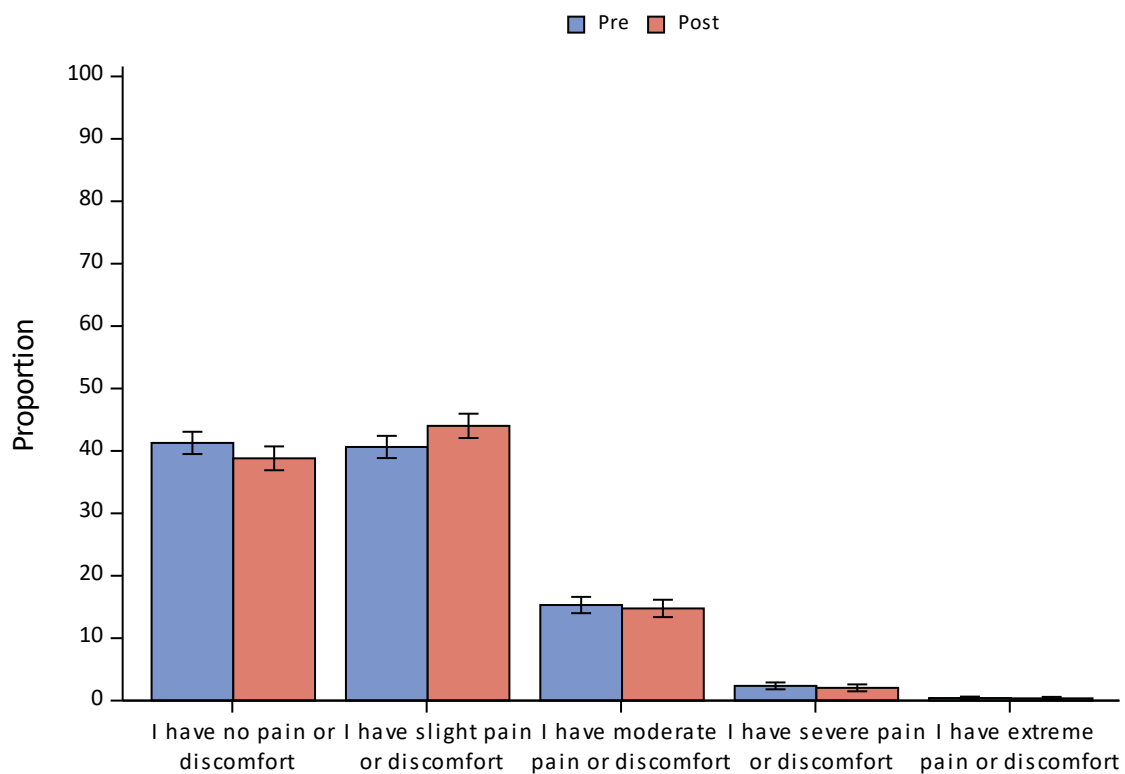


Figure 22. Self-reported pain by timepoint

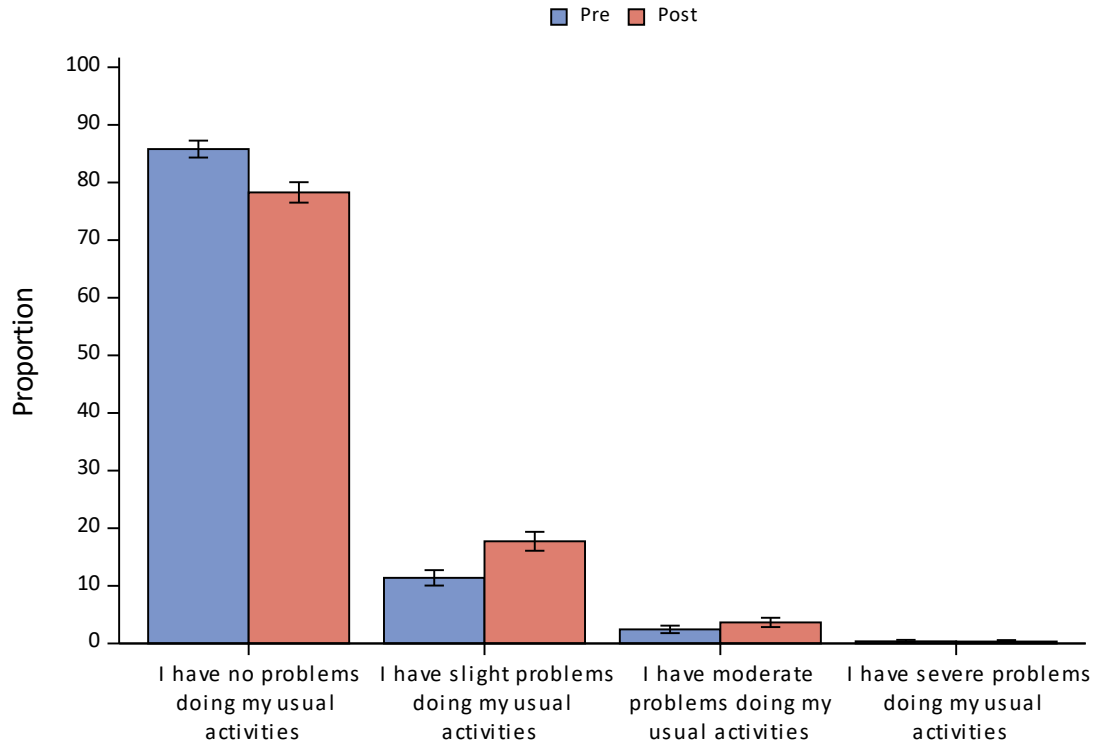


Figure 23. Ability to perform usual activities by time point

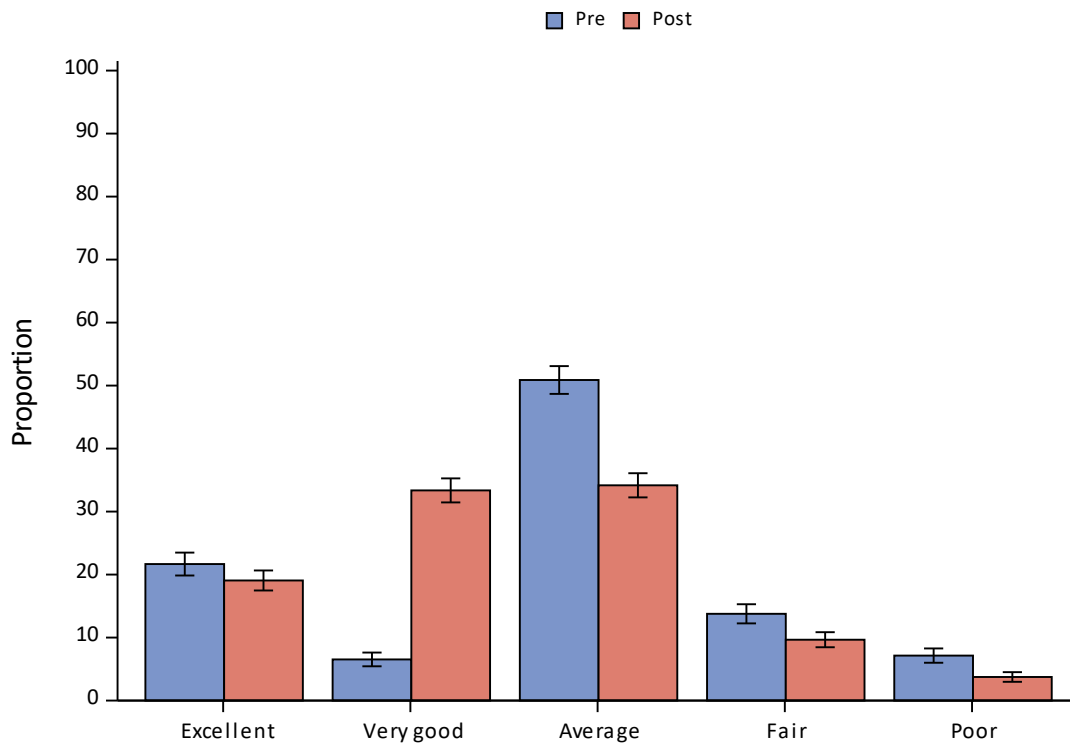
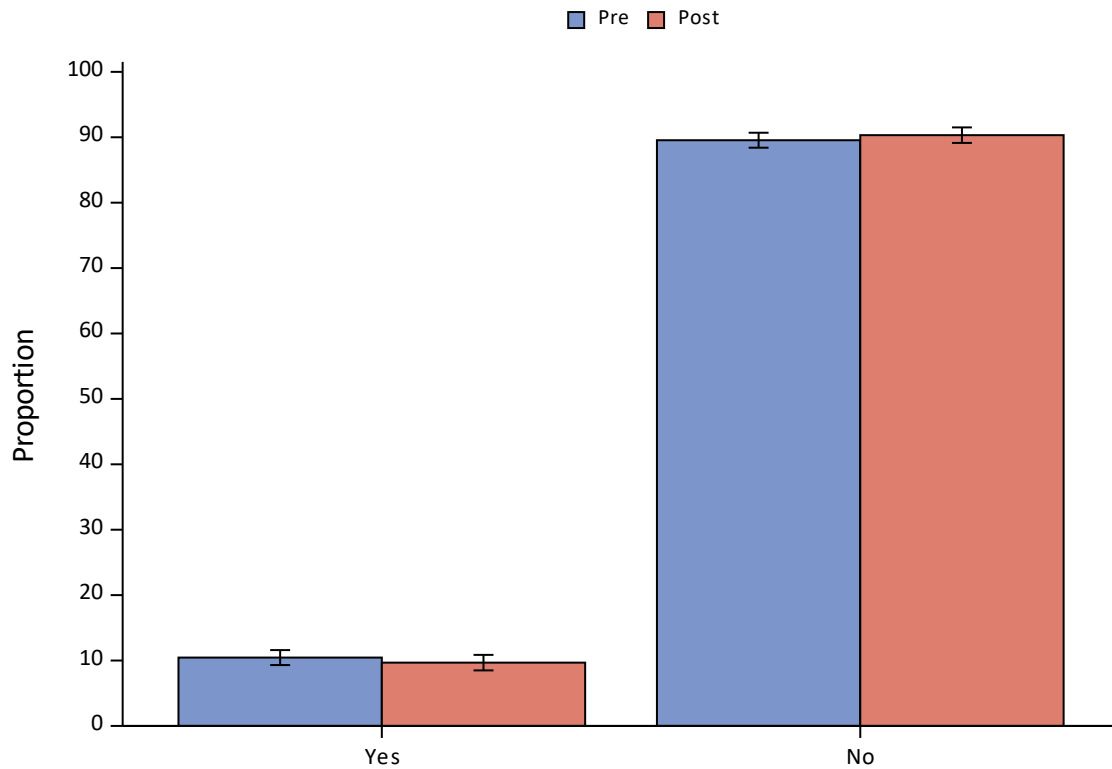


Figure 24. Balance by time point



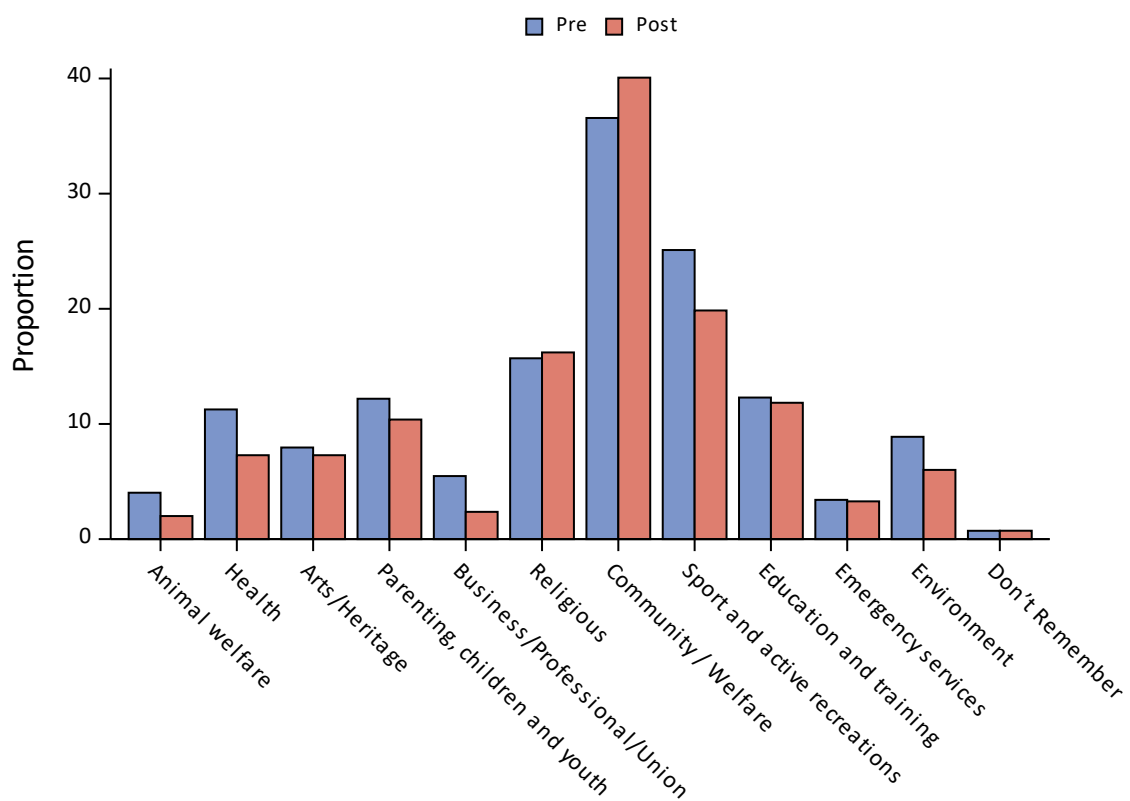
Volunteering behaviours

Data reported here presents the proportion of participants involved in volunteering and includes the type of organisation that participants volunteered at.

- A reduction in the proportion of participants volunteering in various organisations is an unfortunate by-product of cancelled events and face to face delivery of services.
- However, there was a shift in the types of organisations that existing volunteers volunteered at (Figure 26). “Community welfare” remained the most prominent type of volunteer organisation, however a slight drop in “health” and “sport and active recreation” organisations were noted. An increase in the proportion of respondents volunteering in “parenting, children and youth” was reported, as well as “emergency services”.

Volunteering is particularly beneficial for older cohorts for social connectedness, feeling a part of the local community, and general mental and physical well-being (56). The social impact of

COVID-19 has been felt keenly in all communities, with many responsibilities shifting within families, creating new priorities for individuals and reducing the prevalence of volunteering. However, beyond COVID-19, it is important to retain a focus on developing pathways for contribution for older adults, particularly as the physical ability to participate becomes more limited with age. Volunteering provides a powerful opportunity for sustained engagement of previously inactive individuals with local communities and organisations that can improve cognitive and physical wellbeing in later life (56, 57).



Qualitative interviews

Background

Creating systems-wide practices to contribute to long term behaviour change involves not only supporting the ability of target audiences to engage in appropriate physical activities, but to develop systems and structures within organisations that support continued participation (4).

CEOs from program deliverers or funded organisations were invited to participate in either a qualitative interview³, or to respond to a series of case study questions, regarding the delivery of the funded program and relating to the impact of the funding on their organisation's capacity to sustain engagement with older Australians (See appendix 1, 2). These support the quantitative data collected through surveys in understanding more broadly how the funding has supported organisations to encourage participation. It also informs on what the organisations perceive has been successful and what will need modification for future success.

Information from these semi-structured interviews provides stakeholder perspectives of the Move It AUS Better Ageing Grant Program delivery

This aspect of the evaluation was designed to understand the impact of the Better Ageing grants on the organisational processes, priorities, and outcomes from the sport sector and program deliverers themselves:

- Understand the key learnings from within organisations that may improve future funding opportunities and the longevity of age-appropriate physical activity interventions.
- Determine the impact of the funding on the capability and capacity of these organisations to provide appropriate physical activity interventions for older adults.
- Understand how organisations perceive their potential impact on the health and well-being of older adults through sport and physical activity offerings; and critically, how to sustain and improve successful aspects of the programs.

³ Details on the methods of the qualitative interview can be found in the Move it AUS Participation Evaluation Report: <https://doi.org/10.25910/3k45-fe26>

Findings

Seven key themes emerged from the thematic coding of the qualitative interviews derived from the interviews and case studies provided by program leaders of programs funded by the Better Ageing grant. These themes aim to describe how the funding has impacted the capability and capacity of the sport sector in delivering exercise interventions to inactive older Australians.

Clarity of 'Who'

- Increased awareness of the nuances required in designing and implementing programs to recruit and retain inactive older adults. There is a lot of diversity within this target category, and relevant subgroups, which require careful consideration. Creating connections and engaging older adults as a new target group has improved the understanding of their needs and barriers for future program delivery.

“One of the outcomes that council did want to achieve was increased engagement with older people, and I think that has been the case.”

- It is still a challenge to change perceptions that a modified version of the sport is only for elderly people and is not initially respected among the more physically capable older adults. Recognising that there are different ability levels and a lot of functional diversity in old age may mean functional scaling, as opposed to age-based scaling, could be a more appropriate approach.

“The population group is really interesting because when you say over 65, you know, it’s so diverse, right? You could have a 65-year-old that’s got the physical ability of a 95-year-old.

And you’ve got a 90-year-old who’s got the ability of a 50-year-old.”

- In future, many in the sector would look to lower age bracket to 40+ to target an audience that has more recently stopped sport and exercise. Developing positive health and well-being habits earlier is also protective of future age-related health concerns. This is also particularly relevant when considering age-related health disparity in some minority groups, such as the lower life expectancy of indigenous Australians.

“A lot of our programs focus on people in their 80’s and not a lot before then, it seems once people develop some sort of frailty then they pick up the phone and call. We’re connecting with people later in life and there’s a big gap after 65 plus to sort of 80. We saw that as a good opportunity to offer something to people earlier on.”

Partnerships; working together towards a unified goal

- Furthermore, using funds to promote programs or create referral pathways also worked to increase awareness of opportunities available to these target groups in more traditional referral networks.

“Welfare agencies and community centres have been made aware of the programs available and have been able to refer eligible participants more readily to the program which assisted in recruitment.”

“We support host organisations who have local coordinators within areas where walking groups are, we also piggyback off their communications and their networks that access community members.”

- A common recommendation from program deliverers was the importance of sharing information and engaging partners to develop programs that are designed to be more inclusive and more suited to older adults. These partnerships assisted in developing new networks to leverage for program delivery and resources that helped to upskill staff, coaches, organisations, and clubs in ensuring their environments are welcoming and inclusive for all.

“There have been opportunities to work together and be efficient in how we deliver, working with the transport co-ordinators to transport people there, so that’s been really good. I think it would be unique to a Council again being able to leverage those networks and existing resources out there.”

“I would probably suggest for them to really look at how they can leverage relationships with stakeholders and people who have a respect and access to community members in a particular area.”

- Partnerships with key players in aged health care improved and expanded networks and helped some organisations become the “go-to” organisation or the foundation program in inclusion practices within health and sport sector for older adults.

“The social prescribing model is obviously a priority amongst a lot of the different professional groups and bodies at the moment across the health sector. So [the funded program] is being viewed as one of the few organisations that could be a national provider of social prescribing opportunities.”

- The use of community halls and government health centres kept costs low and improved chances of other allied health professionals noticing the program and enquiring about future pathways that may be developed for partnerships or referrals.
- Engaging partners can help improve the sustainability of funded programs. Some partners have expressed desire to continue providing exercise opportunities for older adults to engage in the program after the funding period ends.
- Increased awareness of the value and accessibility of physical activity. Using the programs to activate local spaces and create lasting referral pathways for achieving physical activity has been positively received by participants and organisations.

“We’ve had quite a few comments of people saying that they didn’t know about this park [with gym equipment in it]. I do think that people will get out and use the spaces more. People were just blown away that we sent them out tai chi DVDs, or that we sent them out the brochure and the stretchy band. I’ve just got pages of sort of positive feedback about that.”

- Some programs that independently collected data, reported the data has shown significant improvement in all testing modalities (sit to stand, balance and 10 metre walk time). Participants who had never participated in the sport before committed to the 12-week block of sessions and an observed improvement in confidence and skills within the game on the field and being more involved in game play. Having this data improved the self-efficacy of involved participants, and provides organisations with rich evidence supporting the impact of the program for future participants and funding opportunities.

“It’s nice to know that even five weeks of [the activity] can really change, have an impact on some of these senior participants. As I said, through our relationship with ESSA, who created the testing, even after five weeks, I wrote two stats down here. That we saw an 81% increase or improvement in their sit-to-stand test scores, so their mobility, which is huge. And then we saw a 68% increase in their grip strength. Which doesn’t sound like much but for seniors can be really important.”

Communication; shifting the conversation

- A barrier to participation was the perception that sport may be too difficult or too much of a challenge for older, inactive adults, and deterred them from participating. Organisations need to communicate the safety precautions and benefits of their physical activity or sports products, to encourage recruitment and allay fears for older adults. At the other end of the spectrum, ex-athletes returning to sport and physical activity in older age may not be enticed by a low-impact version of their sport. Some funded groups found they had to work to remove the stigma around a softer modification of a traditional sport. However, when participants experienced the modified version, it was better understood that the modifications were more appropriate for continued involvement, with core elements of the sport such as strong team connection, fitness and skills required, retention remained high.

“We do try and kind of recreate that feeling that they all remember, because a lot of the guys are people who basically haven’t played sport in a long time. They used to play when they were younger. And we do try and create that environment that they remember fondly from when they were in their youth. A lot of the time that kind of keeps bringing them back.”

Program delivery; flexibility and resources

- Social prescription where neighbours, friends, family, and health professionals were encouraging participation in the funded program employed the use of social norms to motivate behaviour and engagement. Funded groups employed role models, local advocates, or mascots for programs that helped create realistic but aspirational goals for the intended target audience. This was also beneficial in promoting soft aspects of

the program such as community building and social connectedness and the sense of belonging that the funded programs offered as a segue into participation.

“I think what’s really highlighted to us is to really start to emphasise that walkers aren’t just welcomed but are actively encouraged to take part. And also starting to recognise that there are a large number of older people accessing our events through volunteering in the first instance and how volunteering can then segue into walking, but also into ensuring that then translate into the café afterwards for the socialising. Because that’s the most important part. People who respond to our surveys, who have had that social interaction at the end, are much more likely to come back.”

- Sustainable avenues for sufficient resourcing and recruiting of dedicated staff was highlighted as an asset that maximised the value of the funded project. Identifying motivated, qualified, and engaging program deliverers was seen to encourage social cohesion within the group and was commonly reported to improve engagement and retention. In future, it is recommended to be aware of the necessity of well-equipped staff and encouraging deliverers to play to strengths of the teams and skills of program deliverers.

“The best traction that the project had was when local clubs had a key stakeholder/champion who drove the project internally to recruit club members. However, this was often difficult to identify the right people and engage local clubs with volunteer management.”

- Word of mouth promotion was reported as being the most successful form of recruitment. This often stemmed from a motivated individual or program provider driving the success of the program through networking and connecting in an impactful way directly with current and future participants. In some instances, this is difficult to apply, as it is often difficult to recruit, or manufacture dedicated and motivated volunteers.

- Program deliverers reported the impact of the social cohesion and networks created within the 10-week program. This helped in connecting with other participants and teammates, reducing social isolation, and increasing the rate of retention.

“We actually built some of the funding as well, paying the centres to host social events at the end of lessons. So that was probably where I got the most feedback, not so much on the activity. It was really [feedback like], ‘I actually really enjoyed just meeting new people’. It’s come and socialise, just come and be a little bit active, whatever that is. Whether that’s just watching, or doing a bit of [the activity], or whatever it might be. And that’s been really good for us.”

Response to COVID-19

- While some activities could continue outdoors, the impact of COVID-19 resulted in a transition to online models of program delivery during COVID which impacted recruitment, but in some cases improved reach. This delivery, and impact on business models, has resulted in the lay-off of staff which has meant that resources were scarce.
- Many programs pivoted their delivery strategies to online models. However due to the limitations of technological awareness in this cohort, the funded group also provided guidance for using Zoom and other online platforms, therefore improving trust, and creating avenues for future online products.
- Modified activities were created in place of face-to-face classes. This has continued, alongside the initially planned face-to-face sessions, as it helps participants that are less mobile or live further away. In some ways this has enhanced the reach of funded programs. Digital approach provides reach and scalability, but it is also necessary to maintain a local connection point or networking feature to promote the social aspects of the program

“What’s been interesting from that is that we picked up a lot more people too. [Those people who] were maybe the more tech-savvy older person. It was easier to access because people

didn't have to come to programmes. So, those who were in caring roles and, you know, whether for grandkids or their partners."

- COVID-19 impacted delivery in 2020, but when face to face delivery returned in 2021, there have been increases in recruitment as the community have become more aware of the need to be active during this period of uncertainty. This has been reported as a key finding in the recent AusPlay data, in which adults became more physically active during COVID-19 (43).

Governance; Sport Australia support

- The funding opportunity provided to organisations allowed them to not only deliver a program to a new cohort, inactive older adults, but also to collect data on the impact of the program. Without this extra support from Sport Australia, this data may not have been collected. With this evidence, a clear understanding on the significant impact physical activity interventions can make on the health and wellbeing of our ageing societies can be presented and built upon for future initiatives.

"This was a good opportunity for us to run a program, but also bring on board some partners that would help us tell that story, people like ESSA with some surveys and data analysing...

[It] also gave us some very important data so that we could tell the story later on."

"Neighbourhood Houses, [our delivery partner], are offering programmes that they wouldn't have been able to offer otherwise. That they'd be reaching older people in their local community that they may not have otherwise done. And I think that some of the capacity and capability, we've been running webinars, and providing different items of information [to improve their capacity to deliver programs]".

Physical inactivity is a priority across the sport ecosystem

- The program assisted in the further development of a vision of reducing inactivity within the aged health care sector, and the importance of appropriate introductory programs to initially engage participants and connect them with the appropriate programs. The program has prompted a new openness to opportunities and identified synergies with other partners in the aged care sector. This has resulted in partners working on other inclusion strategies and helped to set an example for how a variety of different organisations can create networks and use partnerships to foster sustainable healthy practices for the wider community, not just catering to their traditional target markets or elite athletes.

“I think in an ideal world, and we’ve been talking about this, and, um, this is, you know, a legacy I’d like to see left behind. Is that we use this sort of premise of activation of spaces and sporting clubs to target a sort of wider variety of people who are inactive. So, sort of provide those introductory activities, the non-threatening activities, the accessible ones in terms of costs and geographical location and that sort of thing, so that we’re seeing more concerted effort to get underrepresented population groups physically active.”

Take-home messages

- The funding successfully reached physically inactive older people aged 65 years and over. Of all participants, only 23% at baseline were achieving the minimum recommended guidelines of physical activity for their age.
- The Move it AUS Better Ageing funding successfully enabled older people to increase their participation in organised sport and physical activity. The reported average frequency of participation in organised sport and physical activity per week significantly increased from 1.7 to 2.7 times per week.
- 91% of participants were aiming to continue their current sports and physical activities at the post time point, this data suggests that once engaged in physical activities, participants continued to participate, and planned to continue beyond the funding period.
- 27% of participants reported significant improvements in their balance after attending Move it AUS programs.
- Inequalities in engagement were observed, with fewer people from CALD, Aboriginal and/or Torres Strait Islander and disadvantaged communities participating in the Move it AUS programs.
- Yet those who did participate reaped greatest benefit, evidenced by participants that speak a language other than English at home participating in funded activities, on average, 15 minutes more per week than their native-English-speaking counterparts. Disadvantaged communities also gained the greatest increases in physical activity each week
- Social media was the most effective marketing strategy to recruit over 65-year-olds in the Move it AUS Better Ageing programs. The use of this approach could be integrated widely across the sport sector to engage this audience.
- Older people engaged with this funding were motivated to participate for fun, fitness, and social reasons. Integrating these into marketing strategies and program delivering could increase recruitment and foster a positive experience which positively influences retention rates and markers of health and wellbeing.

What worked, what didn't work, why, and what next?

Table 4 and Table 5 provide a high-level summary of principals that appear to 'work' and 'not work' in terms of reaching physically inactive people through a national government sport grant program. Key learnings identified throughout the mixed method evaluation can be used to judge the value of this grant in tackling physically inactive through sport, but also can inform future programs and organisations aiming to reach and engage inactive communities.

What worked	Why	What next
High quality, meaningful engagement with physically inactive older adults	<p>Sport Australia's recognition that physical inactivity needed to be addressed and the clear identification of target groups was valuable and provided a clear direction for funded organisation to strive towards.</p> <p>There is no question that the Move It AUS Better Ageing Grant Program successfully reached physically inactive, older adults.</p>	<p>The implementation of this Move It AUS Better Ageing grant certainly demonstrated the role sport has in reaching and positively engaging physically inactive older communities.</p> <p>Strategies that prioritise physically inactive older people are encouraged due to the significant health and wellbeing benefits associated with participation in sport and physical activity.</p> <p>Taking time to understand the drivers and barriers for older adults remains important.</p> <p>Efforts to measure the impacts of addressing physical inactivity through sport and recreation programs should be strengthened, especially among under-represented groups.</p>
Communication and partnerships between funded organisations and local aged health care providers or stakeholders	<p>Having the scope and network to refer participants to appropriate programs was a key outcome. Not only does this process ensure participants are directed to the most appropriate activity, but it also</p>	<p>Continued collaborations that strengthen pathways for older people to engage in physical and sport.</p>

What worked	Why	What next
	<p>encouraged knowledge sharing and strong partnerships within the aged care sector and affiliated stakeholders.</p>	
<p>Program design allowed for on-going feedback and flexibility in delivery</p>	<p>Providing clear processes for participants to provide feedback, enabled sport and physical activity providers to constantly refine programs that ensure participate needs and abilities were met.</p>	<p>A co-design approach, between provider and participant is critical in the design and delivery phases of physical activity programs. A co-design approach empowers participants and fosters a positive experience, which ultimately improves engagement and retention.</p>
<p>Low cost as one strategy for removing barriers to engage</p>	<p>Reducing barriers to participation, particularly cost, for older adults and under-represented groups was critical for increasing engagement in Better Ageing programs. Provision of the Move it AUS grant funding was welcomed by the sport sector.</p>	<p>Gathering insights to understand barriers of the target audience are recommended for the sport sector. Integrating evaluation within future grant programs is also encouraged to contribute to the evidence base.</p> <p>Building partnerships were also one identified strategy for leveraging costs longer term.</p>
<p>Small classes created a friendly atmosphere.</p>	<p>A fear of judgement in ability or appearance has been found as a barrier to participation, for older adults. One participant commented <i>“no pressure to perform, and no ‘fancy’ clothing required”</i>.</p> <p>By reducing class sizes, program providers were able to cater to the different needs within the group and social connections</p>	<p>Focus future efforts to engage physical inactive older adults in smaller group classes.</p> <p>Education pieces within organisations around the specific barriers to engagement faced by these subgroups may enhance future program design to combat these barriers.</p>

What worked	Why	What next
	<p>were made, alleviating the fear of judgement.</p>	
<p>Over 65 years old are not all the same.</p>	<p>Modifying delivery based on the ability levels of participants within programs was essential for retaining older people within the Move it AUS programs.</p> <p>It was widely acknowledged that the needs of 65-year-old were quite different to the needs of 75 + year old. Specific tailoring of programs within existing programs essential.</p>	<p>‘Catch-all’ approaches to program design may be useful in some instances, for example a local council catering to different needs within a local area, but a more tailored approach to different abilities within target groups could be applied with sport-specific programs.</p> <p>A deeper understanding of the different abilities and the potential impact of modified programs for participation could be useful for program design stakeholders and aged care providers.</p>
<p>Social aspect</p>	<p>Incorporating morning teas that were originally organised as part of the program but have now been taken on outside of the funded program</p>	<p>Primary motivations for older people to participate was for fun and for social connectedness. Social opportunities must be integrated within program design as well as marketing and communications.</p>
<p>Integrating health and wellbeing within sport and physical activity provision</p>	<p>Incorporating health education from a health practitioner within community-based sport and physical activity programs enhanced the capacity and capability of the funded providers, as well as providing education to the program participants on the benefits and importance of keeping active.</p>	<p>Explore innovative ways to bring clinical health and community sport and physical activity closer together. The value of social prescribing is increasing globally, and further work needs to be implemented in Australia to explore the role community sport could have.</p> <p>Upskill the sport and physical activity workforce in integrating physical activity and health.</p>

What worked	Why	What next
<p>Program staff essential for fostering positive participant experiences</p>	<p>Delivery staff significantly influenced participant experience. Engaged and motivated program deliverers were essential to maintain engagement of participants, and to facilitate safe and effective physical activities. Appropriate trained instructors were also able to take on advice and feedback from participants to modify the program to suit engaged participants, boosting retention.</p>	<p>The Sport and Physical Activity sector must invest in appropriate training and support for program delivery staff to optimise recruitment and retention amongst older people.</p> <p>Creating pathways for organisations to identify and foster enthusiastic delivery staff is essential for workforce sustainability.</p> <p>There could also be an opportunity to create a sector-wide resource for network and knowledge-sharing among organisations funding physical activity programs for older adults.</p>
<p>Re-defining Social Sport - Technology played a vital role in engaging older people especially throughout COVID-19</p>	<p>Social media was critical for recruiting participants.</p> <p>Educating participants on how to use technology to enhance their experience or enable participation during COVID-19 improved trust in the organisation more generally whilst also improving the confidence in the target group to engage in the program. This was particularly evident for participants that were able to continue participation during COVID lockdowns, or even if located in remote areas.</p>	<p>Sport and Physical Activity organisations must ensure they have a social media strategy that takes a life course approach – don't assume older people are not on social media!</p> <p>Designing programs that incorporate the use of technology and online tools are a cost-effective means of engaging older adults.</p> <p>Providing resources to improve the confidence and use of technology in older adults, could enhance the capability of this cohort, improving confidence in the brand of the organisation catering to older adults, but also improve the breadth of programs available to be delivered in the future.</p>

Table 4. What worked, why and what next in the delivery of Move it AUS Better Ageing Grants

What didn't work	Why	What next
<p>Increasing proportion of people meeting physical activity guidelines</p>	<p>Robust data on participation levels, during the Better Ageing delivery phase, was challenging due to COVID-19.</p> <p>However, positive increases in organised sport and physical activity were observed - inferring positive impacts of the Move it AUS funding.</p>	<p>Robust and consistent measurement of overall physical activity and organised sport participation are required. Integrating independent evaluation into future grant programs is essential to enhancing the sport evidence base on how to enable more Australians to be active more often.</p>
<p>Engagement with people who identify as Aboriginal and /or Torres Strait Islander.</p>	<p>Less than 1% of program participants identified as Aboriginal and/or Torres Strait Islander.</p> <p>Aboriginal and/or Torres Strait Islander communities face numerous age-related health conditions and have a lower life expectancy than those who do not identify as Aboriginal and/or Torres Strait Islander.</p>	<p>Lowering the age bracket for future grant programs could enable the sport and physical activity to target Aboriginal and/or Torres Strait Islander communities.</p> <p>Focused work to place Indigenous community needs at the heart of program design and delivery are required to optimise engagement and retention.</p>
<p>Challenging perceptions of 'old people' activities</p>	<p>Modified approaches often aren't engaging to "younger" older adults, particularly those that used to participate in competitive sport. Similarly, some older adults perceive "sport" as being for young people, with perceptions of fear and danger preventing them from participating</p>	<p>Challenging these beliefs requires exposure to programs and sharing stories of participants may help shift these perceptions within the public.</p> <p>Appropriate marketing and commercialisation of programs may also effectively modify the story behind participation and provides a new avenue for engaged organisations to recruit.</p>
<p>Priority groups were affected differently in the wake of COVID-19</p>	<p>The pandemic did not affect population participation rates equally. Priority groups before COVID-19 remained priority groups post</p>	<p>Understanding the equity gap already evident in health care may inform strategies to better care for priority groups. Future programs should consider how program</p>

What didn't work	Why	What next
	<p>COVID-19 as social inequalities in physical activity were exacerbated</p>	<p>interruptions unequally affect priority groups provide means to support continued participation, particularly during unforeseen interruptions.</p>
<p>Evaluation adherence and short time scales</p>	<p>Although the national evaluation toolkit utilised accepted and validated tools, the surveys were considered complicated and not easily understood by some participants. All surveys were in English and required arithmetic to calculate physical activity and sport participation.</p> <p>Whilst attempting to be pragmatic, the various options for distribution of the national surveys caused confusion amongst some funded projects.</p> <p>Collectively these issues hindered data collection. However, the use of validated, consistent evaluation measurement tools must remain a priority.</p>	<p>Engaging physically inactive communities in the evaluation design process is key.</p> <p>Further research is needed to ensure inclusive and diverse approaches to evaluation occur throughout the Sport ecosystem.</p> <p>Training for the sport and physical activity sector in complex pragmatic evaluation to increase capability and capacity for research and evaluation throughout the sport ecosystem.</p>
<p>Accurately identifying participant evaluation data pre and post participation in funded Move it AUS programs</p>	<p>The complexity and diversity of programs funded resulted in the need for a pragmatic evaluation method. Funded programs commenced at different times, some were new, some existing, some ran one off events, others ran programs of varying durations. Consequently, the ability to accurately identify participants before and after participation in funded activities was challenging.</p>	<p>A rigorous process for understanding participants engagement with programs is beneficial if program impact is important.</p> <p>Historical information on engagement with the activity or organisation, date of entry and date of exit are all key questions that could be integrated into future evaluations.</p>

What didn't work	Why	What next
	parkrun were however an exemplar project in linking pre and post participants.	
Increasing population awareness of physical activity	Consistently more than 40% of people engaged with the Move it AUS programs and the national evaluation incorrectly recalled the Australian physical activity guidelines.	Attempts to promote population awareness of physical activity recommendations, through public education including mass media, are required.

Table 5. What didn't work, why and what next in the delivery of Move it AUS Better Ageing Grants

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SPORTAUS

EVALUATION TOOLKIT FOR SUCCESSFUL BETTER AGEING GRANT RECIPIENTS

Move it AUS program

Prepared by

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THE UNIVERSITY OF
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Move It AUS program

The independent evaluation of the Move it AUS Grant program is pragmatic and mindful of the real-world context. A mixed method quasi experimental design incorporating quantitative and qualitative research method will be used. This will allow us to explore the implementation and impact of the Move it AUS grant funding on individual's physical activity and organised sport participation, quality of life as well as broader health and wellbeing outcomes. Critically though, it will begin to build the national evidence base here in Australia for how to get more people moving in a way that benefits their health and enhance the capability and capacity of the sport and physical activity sector to meet such aims.

The aim of the Move it AUS grant program, which includes the Better Ageing grant program and the Participation grant program, is to understand the extent to which the funding supports increased participation in physical activity amongst inactive Australians. For more information on the Participation grant program, [click here](#).

The Better Ageing grant program explores how the funded activities support the wider health and wellbeing impacts of being physically active amongst older Australians aged 65 years and older. It also aims to enhance the capability and capacity of the sport and physical activity sector to design and deliver age-appropriate interventions. These complimentary grant programs should be evaluated using consistent measurement tools and approaches to demonstrate the impact of the investment by the Australian Government in reducing



population physical inactivity by 15% by 2030, as outlined in the Global Action Plan for Physical Activity (GAPPA, World Health Organisation, 2018).



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Evaluation approach; Better Ageing grant

The primary aim of the independent evaluation is to understand the extent to which the Move it AUS grant program is effective in supporting inactive individuals into physical activity opportunities.

Secondary evaluation questions include the impact of the Better ageing grant program on.

- Awareness of physical activity guidelines and the proportion of the population that meet their age-appropriate physical activity guidelines
- Population physical inactivity
- Contribution to prevalence and management of chronic disease in older adults (aged 65years +).
- Quality of life in older adults (aged 65 years +)
- Physical, emotional, and social wellbeing in older adults (aged 65 years +)
- Self -efficacy and confidence to participate in physical activity in older adults (aged 65 years +)
- Balance and falls prevention in older adults (aged 65 years +)

This complex program evaluation is embedded into a pragmatic framework which adapts to the organic and diverse nature of all projects funded through the grant program.

It is an essential requirement that all projects identify whether an individual is inactive at the point they commence their engagement with a project. Inactivity is defined by a lack of achievement of the age-appropriate physical activity guidelines ⁴.

To achieve the primary outcome of the national evaluation, we require the total number of minutes spent in moderate and vigorous physical activity during a typical week by a program participant. We also require a measurement in minutes of the time spent participating in a project funded activity. This way, we can assess the contribution of the funded activity on

⁴ The Australian Physical Activity and Sedentary behaviour guidelines can be accessed here: <https://www.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines>



overall physical activity, but also measure the frequency and duration of physical activity within the funded activity.

To explore the reach of the funded projects, with a specific emphasis on the priority populations we know from evidence are less likely to be physically active, comprehensive measures on cultural background, language, socio-economic status, to name a few, are required.

Aligned with these aims and objectives, the following evaluation methods will be implemented, to ensure an independent comprehensive evaluation, Process and Outcome evaluation.

Process Evaluation: This will aid understanding around how the projects were delivered to understand if and how the processes involved were appropriately aligned to achieve the anticipated outcome. Put simply, it will aid understanding on what works and what doesn't work, for whom and why. To do this, online questionnaires, performance monitoring templates from project leads, and qualitative interviews with project staff will all be triangulated.

Outcome evaluation: This component of the evaluation will be measured if the program achieves its outcomes. Specifically, the physical activity status of individuals who attended the funded activities and critically if or how the funded activity supported them to do so. Findings from participant questionnaires before and after the funded activities will be analysed, along with specific case studies also captured to enrich and 'tell the story' of the quantitative data.

Logic Model

A logic model can help to identify primary and secondary outcome indicators. Logic models describe the relationship between each element in a project or intervention, and the likely direction of change. They can be useful in describing and explaining what is expected to happen in a project, providing a mechanism to check that the appropriate indicators have been selected and the project is likely to achieve its objectives. Figure 1.0 outlines the logic model for the Better Ageing grant program.



Inputs	Activities	Outputs	Outcomes		
			Short (June 2019 – June 2021)	Medium (July 2021 – June 2023)	Long-term (July 2023 -)
			Sport and Physical Activity Sector		
<ul style="list-style-type: none"> • \$22.9m fed gov't funding over 2 years • Funding and marketing support from fed gov't • 2 FTE Sport Australia staff members plus in-kind cross agency support. • Independent Academic Evaluation from SPRINTER. • AUSPLAY priority groups • Sport 2030 (political climate) 	<ul style="list-style-type: none"> • \$22.9m allocated in funding for 27 projects • Development of Sport AUS resources incl. marketing toolkit for project leads and partners, case study toolkit, monitoring and evaluation toolkit. • Development of Evaluation framework. • Design and delivery of workshops with the sector x 3 	<ul style="list-style-type: none"> • 27 projects implemented • 10 marketing case studies produced • 27 Project reports (monitoring and evaluation reports returned to Sport AUS (6 mths/12mths) • Increased understanding of strategies to tackle physical inactivity with particular focus on priority groups. • Enhanced partnerships between gov't, 	<ul style="list-style-type: none"> • Engage people aged over 65 in physical activity including those who are: <ul style="list-style-type: none"> ○ Active ○ Inactive • In-depth insights into participation behaviour among people over 65 by priority group, location and setting • In-depth insights and understanding among project partners of what works and what doesn't work in implementing initiatives to tackle 	<ul style="list-style-type: none"> • Increased number of people over 65 (including new and retained participants from year 1) engaged in health enhancing physical activity. • Contribute to a reduction in national physical inactivity rates. • Increased variety and availability of physical activity opportunities for people over 65 • Increased and diverse partners providing physical activity 	<ul style="list-style-type: none"> • Increased number of people over 65 (including new and retained participants from years 1-3) engaged in physical activity • Enhanced sector capacity and capability to deliver targeted physical activity initiatives to people over 65 including by priority groups. • Contribute to a reduction in national physical inactivity rates.



<ul style="list-style-type: none"> • Sport AUS Corporate Plan (2018-2022) • Move It AUS campaign 		<p>non-gov't and sport/PA sector</p> <ul style="list-style-type: none"> • Increased capacity of funded partner organisations to deliver physical activity to inactive people over 65 • Independent National Evaluation report (SPRINTER). 	<p>inactivity in people over 65.</p> <ul style="list-style-type: none"> • Enhanced sector understanding of the behaviours of participation in people over 65 • Improved collaboration between departments, Sport AUS and sector partners. • Evidence generation and continued reflection and re-evaluation. 	<p>opportunities to people over 65</p> <ul style="list-style-type: none"> • Increased capacity and capability of partner organisations to deliver physical activity to people over 65 • Continued contribution to the evidence bases across the sector for what works (and what doesn't work) in reducing physical inactivity in people over 65. • Evidence generation and continued reflection and re-evaluation. 	<ul style="list-style-type: none"> • Sustainable sector-wide approaches to engaging with and supporting people over 65 to move from inactive to active (and remain active). • Evidence generation and continued reflection and re-evaluation for ways to reduce physical inactivity in people aged 65 years and over.
<p>People over 65 years</p>					



		<ul style="list-style-type: none"> • Inactive individuals aged 65 years and over engaged across 27 physical activity projects • Increased awareness of physical activity guidelines among people over 65. • Increased awareness of the Move It AUS campaign among people over 65 	<ul style="list-style-type: none"> • Increased awareness of physical activity opportunities for people over 65. • Increased self-efficacy and confidence in people over 65years to initiate and/or maintain physical activity behaviours. • Increased understanding among people over 65 on how to lead a physically active lifestyle. • Increased physical, emotional and social wellbeing in active and inactive people over 65. • Increased awareness among people over 65 of the physical activity guidelines and 	<ul style="list-style-type: none"> • Increased understanding among people over 65 of the ways in which to maintain a physically active lifestyle. • Increased self-efficacy and confidence in people over 65 to initiate, continue/maintain physical activity behaviours. • Improved quality of life of people over 65 engaged in physical activity through enhanced physical, emotional and social wellbeing. • Increased number of people over 65 with an awareness of the physical activity guidelines 	<ul style="list-style-type: none"> • Increased proportion of people aged 65years meeting PA guidelines. • Contribute to population reduction of physical inactivity. • Improved quality of life of people over 65 engaged in physical activity through enhanced physical, emotional and social wellbeing. • Contribute to reduction in chronic disease in people over 65 through engaging in physically active lifestyles. • Reduced risk of falling and fall
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			<p>benefits of physical activity in the prevention and management of chronic disease.</p> <ul style="list-style-type: none">• Increased awareness among people over 65 of the importance of physical activity in improving physical strength and balance to reduce the risk of falls.	<p>and benefits of physical activity in the prevention and management of chronic disease.</p> <ul style="list-style-type: none">• Increased physical strength and balance in new and retained participants over 65.	<p>related injuries in people over 65.</p>
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Method: what do you need to do?

Process evaluation

- You will be required to complete the Sport Australia monitoring template online through the Smarty Grants portal, by the deadlines set in your funding agreement.
- You may be invited to participate in a short survey and/or a telephone interview throughout the duration of your program implementation using the grant funding from Sport Australia. Your involvement is highly valued. We would appreciate your support completing this and look forward to sharing the stories at the national level.

Outcome evaluation

- You must decide on one of the following three options to distribute the essential measurement tools to your program participants for the national evaluation.
 1. Hyperlink to online survey platform (Qualtrics). The online version of the survey can be completed by participants either at program registration or email invitation.
 2. Copy and paste national evaluation questions into your own form and complete the excel spreadsheet provided. This spreadsheet would then be sent at the same time as your monitoring tools to Dr Lindsey Reece SPRINTER.group@sydney.edu.au.
 3. Paper copies of questionnaire distributed to participants and data inputted into excel spreadsheet provided.
- You must give all participants that engage with your program, a questionnaire before they start the activity and when they complete (using the criteria you specified at the start of the program).
- Participant responses will be linked to the process evaluation data provided from the program using the funded program/activity name provided at the start of the survey (online), participant date of birth and gender. This data must be provided for all survey responses



Resources

An online questionnaire has been created and is ready for you to use with your participants. You can access these below:

- Participant information sheet with all information for potential participants – [available here](#).
- Online survey link for distribution to all participants attending your funded activity.
<https://tinyurl.com/BetterAgeingSurvey>
- Word document detailing the questions should you wish to copy and paste into your own evaluation.
 - Please note: the wording for all the questions must remain as it is found in this document. This is for validity reasons. Please therefore, do not change any wording.
- Text to include in correspondence if participants are invited to research using email – [available here](#).
- Data reporting excel ([available here](#)) for you to complete and return to us at the same time as your monitoring template provided by Sport Australia.
 - Please note this should be sent to SPRINTER.group@sydney.edu.au email address and should only be returned if you are copying and pasting the national evaluation questions into your own evaluation tool.
 - All evaluation queries should be emailed to Dr Lindsey Reece SPRINTER.group@sydney.edu.au in the first instance.



Measurement Tools

SPRINTER has developed a question bank for all funded recipients. The following tables include both **essential (marked with an *)** and **desirable** questions to be used in the Move It AUS evaluation which will provide evidence related to the program objectives.

Indicator	Question (Pre and Post surveys)	Response option
Age*	What is your date of birth?	dd/mm/yyyy
Sex*	Sex i.e., the legal sex listed on your original birth certificate	Female; Male; I'd prefer not to say
Area-level SES*	Postcode of residence	Valid AU postcode
Employment*	Which of the following best describes your current employment status?	Employed, working full time, more than 35 hours a week; Employed, working part time, less than 35 hours a week; Self-employed; Unemployed, looking for full time work, more than 35 hours a week; Unemployed, looking for part time work, less than 35 hours a week; Not employed, and not looking for work; Student; Pension, beneficiary or welfare recipient; Retired; Domestic duties; Other – please specify



Household structure*	Which of the following best represents your household structure?	Family with at least one child under 15 years old; Family with all children 16 years or older; Single/Couple – no child; Adult shared house; I'd prefer not to say.
Cultural background*	Are you of Aboriginal or Torres Strait Islander origin?	No; Yes, Aboriginal; Yes, Torres Strait Islander; Yes, Aboriginal and Torres Strait Islander; I'd prefer not to say
	In which country were your parents born?	Australia; Greece; UK/Channel Islands/Isle of Man/Ireland; Germany; New Zealand; Sri Lanka; China; America; Canada; India; Lebanon; Italy; Hong Kong; Vietnam; Korea; Philippines; Indonesia; South Africa; Malaysia; Don't know; Other - please specify.
Language*	What language do you mainly speak at home? <i>If more than one language, indicate the one that is spoken most often.</i>	English; Other - please specify
Health*	Do you have any health or other conditions that have lasted, or are likely to last, for six months or more?	Yes, no; I'd prefer not to say
	If yes – which one/s?	Shortness of breath; Blackouts, fits or loss of consciousness; Chronic or recurring pain; Difficulty learning or understanding things; A nervous or



emotional condition; Limited use of arms or fingers; Long term effects as a result of a head injury, stroke or other brain damage; Difficulty gripping things; Any other long term condition that requires treatment or medication; Limited use of legs or feet; Any other long term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.; Any condition that restricts physical activity or physical work (e.g. back problems, migraines); Sight problems, not corrected by glasses or contact lenses; Any disfigurement or deformity; Hearing problems; Any mental illness for which help or supervision is required; Speech problems; Other

Physical Activity guidelines*	In the past week, on how many days have you done a total of 30 mins or more of physical activity, which was enough to raise your breathing rate? <i>This may include sport, exercise and brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that is part of your job.</i>	0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days
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Sport participation* In the last 12 months, approximately how many times in total have you participated in organised sport and physical activity (including any practice or training)? Text entry – numeric. Times per week; Times per month; Times per year; You only need to respond to one of the options. If zero times in 12 months, please enter the number 0.

Self-efficacy* To what extent do you agree with the statement ‘I can achieve most of the goals I set myself ‘? Strongly agree; Agree; Neither agree nor disagree; Disagree Strongly disagree; Prefer not to say

Behaviour change* Compared to this time 12 months ago, how would you rate your current physical activity levels? Far more active; More active; About the same; Less active; Far less active

On the scale, which statement best describes you now?

0	1	2	3	4	5	6	7	8	9	10

Considering:

0 = Currently do not exercise and do not intend to in the next 6 months

2 = I currently do not exercise but I am thinking about starting in the next 6 months

5 = I currently exercise a little but not regularly



8 = I currently exercise regularly but have begun doing so in the last 6 months

10 = I currently exercise regularly and have been doing so for more than 6 months

Indicator	Question <u>(Pre and Post surveys)</u>	Response option
Resistance training	<p>Some activities are designed to increase muscle strength or tone, such as lifting weights, resistance training, pull-ups, push-ups, or sit-ups.</p> <p>Including any activities already mentioned, on how many days last week did you do any strength or toning activities?</p>	0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days
Travel	<p>This question asks about types of transport you have used during the last 7 days to get from place to place, to work, to sport sessions or to visit friends.</p> <p>What was your main mode of transport?</p>	Personal car; Public Transport; Motorbike; Carpool; walking; Riding a bike; other



Volunteering Volunteering is defined as willingly giving unpaid help in the form of time, service or skills, through an organisation or group but may involve payment of costs like out-of-pocket expenses. This does not include any volunteering required for work, e.g., work for the dole, or required as part of study commitments.

Yes, No

In the last 12 months, have you undertaken any volunteering?

If Yes: Animal welfare; Health; Arts/Heritage; Parenting, children and youth; Business/Professional/Union; Religious; Community / Welfare; Sport and active recreations; Education and training; Emergency services; Environment; Other - please specify; Don't Remember.

If yes: hat kinds of organisations, did you volunteer for in the last 12 months? *Select all that apply*

Number field

Number field

If yes: How much time did you spend volunteering with...
Sport and active recreation organisations (number of hours)



All other organisations (number of hours)

Sport drop-out Thinking about all of the sports and physical activities that you have done during the last 12 months, are there any that you are considering giving up during the next 12 months, or any you have already given up?

Yes, already given up; Yes, considering giving up; No, planning to continue; Prefer not to answer; Don't know

If either yes:

What are the reasons you have given up/are considering giving up sports and activities during the past 12 months?

Not a priority anymore; No opportunities/facilities/clubs in my area; Fear of discrimination; Too lazy; No transport/can't get there; Not culturally appropriate; Don't like it/not enjoying it/boring/not interested anymore; Pregnancy; Not familiar with activity/rules; Not good enough; Looking after child/infant; Don't like sport/physical activity; Disability; Too busy doing child's activities to do activity myself; Not in season; Poor health or injury; The weather; Re-located/moved; Fear of injury; Can't afford it/can't afford transport; Too competitive; Not value for money/not worth it; Increasing age/too old; Not enough time/too many other commitments; No reason in particular; Nobody to do it with; Don't know; Other (record answer)



Indicator	Participation only questions <u>(Pre and Post surveys)</u>	Response option
Physical activity guideline awareness*	<p>There are national recommendations for how adults aged 65 years and over should be active in a typical day.</p> <p>How many minutes of physical activity do you think is recommended for adults 65+ on most days?</p>	Number field
Physical activity, sedentary behaviour and sport participation IPAQ-E	<p>We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days.</p> <p>Please answer each question even if you do not consider yourself to be an active person. To describe the intensity of the physical activity, two terms (moderate and vigorous) are used:</p> <p>Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.</p>	



Vigorous activities refer to activities that take hard physical effort and make you breathe much harder than normal.

The first question is about the time you spent **sitting** during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time.

This may include time sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

Minutes _____

Hours _____

Don't know/not sure _____

During the **last 7 days**, how much time did you spend **sitting** during a day?

Physical
activity,

Think about the time you spent **walking** in the last 7 days. This includes at work and at home, walking to



sedentary behaviour and sport participation travel from place to place and any other walking that you have done solely for recreation, sport, exercise, or leisure.

0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days

IPAQ E During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

Minutes _____

Hours _____

Don't know/not sure _____

How much time did you usually spend **walking** on one of those days?

Physical activity, sedentary behaviour and sport participation During the **last 7 days**, on how many did you do **moderate** physical activities like gardening, cleaning, bicycling at a regular pace, swimming or other fitness activities?

0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days

Minutes _____

Hours _____

Don't know/not sure _____

IPAQ E How much time did you spend usually doing **moderate** physical activities on one of those days?



Physical activity, sedentary behaviour and sport participation

During the **last 7 days**, on how many days did you do vigorous activities like heavy lifting, heavier gardening or construction work, chopping woods, aerobics, jogging/running or fast bicycling?

0 days; 1 day; 2 days; 3 days; 4 days; 5 days; 6 days; 7 days

Minutes _____

Hours _____

Don't know/not sure _____

IPAQ E

Indicator Health and Wellbeing, Quality of Life questions
(Pre and Post surveys)

Health-related Quality of Life

Participation in physical activity has an impact on health and wellbeing. Please tell us a little more about how you feel in your current life.

EQ5D

Mobility

I have no problems walking about

I have slight problems walking about

I have moderate problems in walking about



I have severe problems walking about

I am unable to walk about

Self care

I have no problems washing or dressing myself

I have slight problems washing or dressing myself

I have moderate problems washing myself

I have severe problems washing myself

I am unable to wash or dress myself

Usual activities (E.g. work, study, housework, family or
leisure activities)

I have no problems doing my usual activities

I have slight problems doing my usual activities

I have moderate problems doing my usual activities

I have severe problems doing my usual activities

I am unable to do my usual activities

Pain / Discomfort

I have no pain or discomfort

I have slight pain or discomfort

I have moderate pain or discomfort



I have severe pain or discomfort

I have extreme pain or discomfort

Anxiety / Depression

I am not anxious or depressed

I am slightly anxious or depressed

I am moderately anxious or depressed

I am severely anxious or depressed

I am extremely anxious or depressed

We would like to know how good or bad your health is today

Sliding scale 0 - 100

This scale is numbered 0 to 100.

100 means the best health you can imagine

0 means the worst health you can imagine

Falls How many falls have you had in the past 12 months? Yes; No

Did you sustain any fractures as a result of this/these falls? Yes; No



Balance	Do you feel your balance is:	Excellent; Very good; good; fair; poor
Fear of falling	Are you afraid of falling?	Extremely; Quite a lot; Moderately; A little bit; Not at all
Indicator	Program Participant's Post Survey only	
Program awareness*	How did you hear about <<Funded activity>> ?	Print (Newspaper/Magazine); Radio; Television; Flyer; Social media (Facebook/Instagram); Word of mouth; Recommendation from friend/neighbour; Health professional; Banner/poster
Motivations*	Tell us your main reasons for engaging with <<Funded activity>> ?	To be a good role model/to encourage others to participate; To lose weight/keep weight off/tone; Physio/rehab/physical therapy/post op; Performance or competition; Sense of achievement; To be outdoors/to enjoy nature; Fun/enjoyment; For training purposes; No reason in particular; Social reasons; To get out of the house; Don't know; To learn a new skill; Physical health or fitness (strengthening/conditioning/flexibility); Psychological/mental health/therapy; Other (record answer)



Program participation* Have you participated in <<Funded Activity>> in the last 12 months? Yes, continuing usual/regular participation; Yes, started participating less than 3 months ago; Yes, but haven't participated in more than 3 months; No, returning after a break; No, I am trying a new activity

If yes: During a typical week you were involved with <<Funded activity>>, on which days did you attend?
Select all that apply

If yes: In a typical week how many sessions did you attend <<Funded Activity>>? 0 sessions; 1 session; 2 sessions; 3 sessions; 4 sessions; 5 sessions; 6 sessions; 7 sessions; 8 or more sessions

If yes: In a typical session, how much time did you spend doing <<Funded Activity>>? Hours _____ Minutes _____

If no: What were your main reasons for not participating in <<Funded Activity>>? Parenting/Grandparenting commitments; Activity was too challenging physically; Too expensive; Caring commitments (not parenting commitments); Activity was too challenging mentally; Activity wasn't enjoyable; Work commitments; Lack of connection with other participants; Activity location was more difficult to get to than expected; Disability or Injury; Not interested in attending regularly;



Location/facility was not very safe; No car or poor public transport; Bad experience at activity previously; Participated in different sport/activity; Lack of time; Fear of being judged by others; Previous commitments (doctors appointment/birthday); Other (specify)

Note: All indicators with an asterisk () are considered essential in the evaluation of the Move it AUS grant programs for Sport Australia. <<Funded Activity>> inserted here, using survey logic.*



Appendix 2. Case study questions

Hi *[program leader]*,

I hope this email finds you well.

Due to challenges in obtaining participant data to understand the impact of the Move it AUS program, Sport Australia and SPRINTER research team from the University of Sydney have designed a series of short questions in a case study format for you to complete for your program. Please complete in as much or as little detail as you wish. This descriptive information will be integrated into the evaluation report and will help us tell a comprehensive story of the experiences of the sport and recreation sector in tackling physical inactivity. Your feedback and input on the program and how the program impacted participant's health behaviours would be greatly appreciated.

A final reminder - If you have any completed participant surveys or data please add it to the attached evaluation template to avoid this not being captured in the evaluation report – thank you.

Q1: What changes (if any) have you seen in people involved in this program?

Q2: How effective, in your opinion, has your program been in engaging inactive communities to build a more active Australia, and why?

Q3: How has your project and your organisation been affected by COVID19?

Q4: On reflection, throughout your program what has worked well?

Q5: On reflection, throughout your program, what hasn't worked well?

Q6: Key learnings. As a result of this program will you be doing anything differently in your organisation or the products you offer in the future?

Thank you for your time in evaluating the Move it AUS grant programs. If you have any further questions, please let me know.

Regards,

[SPRINTER Research Team]



Appendix 3. Qualitative interview script

Interview Greeting, Participant Information, Consent

*** ADDITIONAL NOTES**

- Make the interviewee a co-host in the call and explain that you will both be required to record the interview at the same time
- Ensure you both record from the following point #1
- Ensure that the interviewee understands that they are not able to use the video or audio recordings of the interview for any external purposes
- Let the interviewee know if there will be someone else sitting in on the interview
- Save the file in the SPRINTER>Sport Aus>Qualitative interviews>Zoom Interview recordings folder in the following manner: Initials of Interviewer. Initials of interviewee. Date. i.e. CR.LR.11.06.2020

1. General greeting and introductions.
2. Thank you for making the time to speak with us regarding your Move it AUS Grant funded program titled [insert name of program]. In order to proceed further with the interview, I will need to gain your consent to participate in this conversation.
3. To reiterate the participation information sheet, I will reinform you of what this study is about and explain your involvement in the study, as well as highlight the ways in which the data collected will be used and stored, and then will gain your consent verbally before we continue to the questions.

You are invited to take part in this evaluation because you have been identified as the nominated project lead of a project funded through Sport Australia's Move it AUS grant program. Together, Sport Australia and the SPRINTER research group at The University of Sydney are interested in finding out more about your experience in receipt of the grant funding, your experiences in implementing the funded activities and associated evaluation process, along you're your comments on the role of these funded programs have in reducing physical inactivity in Australia.

This interview will last for up to 60 minutes and will be recorded and then transcribed using an accredited, secure, transcription service. Questions will be designed to go into more detail surrounding the funded project and the impact of the project in tackling physical inactivity both within the organisation, as well more globally across Australia.



Your personal information will not be collected or reported on within either the interview. All your responses will be de-identified from the interview response as the researchers will not receive any personal information about you, however there will be details required with regards to the funded project, which may will be published and may enable re-identification. All measures will be taken in order to prevent this from occurring, however due to the public nature within which these programs run, it is possible the project lead details might be identifiable.

The SPRINTER group will share de-identified data and summary reports of the information collected in this evaluation with Sport Australia, Commonwealth Government. Evaluation findings may be used in Ministerial briefings, conference presentations, journal publications and other reports. No individuals will be identified in the results.

4. Participating in the telephone interview is an indication of your consent to participate in the evaluation. If you decide to take part in the evaluation and then change your mind later, you can withdraw your responses, up to the point that we have analysed and published the results. You can do this by contacting SPRINTER.group@sydney.edu.au .
5. By providing your consent, you are agreeing to us collecting information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise.
6. Do you have any questions about the process of this interview, or how the recordings of your answers in this interview will be used for research and/or publication purposes?
7. Are you happy for us to tape record your voice?
8. Are you happy to provide your verbal consent now to take part in this interview?

Interview Questions

QUESTIONS	INTERVIEWER PROMPTS
Project description & background	
1. Tell us a bit about your funded program, who, what, when,	<i>Which sport activity, target audience, capacity of the program, when is/has it been</i>



where, and how has it been delivered?	<i>delivered, for how long, frequency, where is it being delivered, number of staff or volunteers</i>
2. Tell us about you and your role please within the organisation and the funded project?	<i>Lead, Admin, coach, referee etc</i>
3. What was your organisation's primary aim of this funded project?	<i>Increase participation in general/of a target group, introduce a new product, collaborate with new partner?</i>
4. Where did you receive information about the MoveItAus grant program from?	<i>Website, media, people, Sport Australia, SSO, word of mouth etc</i>
5. What inspired you to register in the MoveItAus grant program?	<i>Financial, recognition of your organization, increase in business, collaboration etc</i>
Impact of recent events	
6. How your program has been impacted by recent events in our communities. Has the delivery of your program been impacted in any way by unforeseen circumstances?	<i>Has your program been impacted by the 2019/20 bushfires/ COVID19 – Coronavirus, other factors? Or not affected at all?</i>
7. If your program has been affected, can you please detail how it has been affected?	<i>Program delivery is unchanged or near completion and will meet milestones, program delivery unchanged but may be affected in the future, program delivery affected and delivery will be delayed, program affected and format or activities delivered will have to be altered, it is too early to know how our program will be affected?</i>
8. What key activities will be undertaken over the coming weeks to manage risk or mitigate the impacts of COVID-19?	<i>Delay program delivery, alter program format or activities delivered?</i>
9. Based on the information provided, do you believe you will be able to complete the project in the allocated time frame?	<i>Will you finish the project by the project end date? Will you be able to spend and acquit funds by the due date?</i>
A bit about your experience delivering the Move it AUS program...	
10. How has the program been received by the participants?	<i>Positive/negative</i>



	<i>How did you form this opinion? What is this based on?</i>
11. Has the program influenced your membership or participation Figures in any way?	<i>Issues related to travel, expense, security, competitiveness, engagement Yes- how and why do you think so? No- how and why do you think so?</i>
12. What is the target audience for your program and what is the reason for this?	<i>One of the target audiences highlighted in Move it AUS grant applications, or simply inactive population of a specific age group? Explain why that choice was made?</i>
13. Were you successful in delivering the program to the target group?	<i>Funds, engagement of effective deliverers who engage with target market, staff, attitudes of participants</i>
14. What were three things that worked well and why?	<i>Participation rate, conversion to memberships, positive feedback</i>
15. What challenges or barriers (at least 3) did you come across while delivering the program? Did you overcome them? How will you overcome them in the future?	<i>Participation rate, Dropouts, barriers, implementation, staff, parental support, data collection, funds</i>
16. To continually promote your program, what measures have you or will you try to promote the participation of people in your program?	<i>Attitudes, behaviours, secure environment, attractive spaces, less competitive atmosphere, engagement, awareness, knowledge, targeted approach</i>
17. Did your organization carry out this program before the MoveItAus grant? Yes- what changes did you make in the original program? No- what motivated you to conduct this program?	<i>Capacity building of the organization, staff recruitment, enhancement of the sporting area, targeted participation, how does the program fit within the organisational structure etc</i>
How does the funded program fit within your organisation?	
18. How does your funded program fit within your organisation?	<i>Is it a new program or scaling/alteration of existing program?</i>
19. Has this project influenced your wider organisation in any way? If yes, how?	<i>Recognition, collaborations, motivation to improve, employment etc</i>



20. Tell me about the priorities of your organisation? What are your key performance outcomes and how was this program designed to impact these KPIs?	<i>Increased membership, improved public perception of organisation, increased participation of target group etc.</i>
21. How does your organisation tackle physical inactivity outside of this grant program?	<i>Targeted approaches to increasing participation amongst inactive or disengaged members of public? Or not at all? Why not? Is this the first time this approach has been taken and why?</i>
22. What are your key learnings for you and your organisation from this program?	<i>Implementation issues, target audience difficulties, staff management of the program, how did you keep the participants engaged, how has it impacted your key KPIs and organisational outcomes</i>
23. Does your organization intend to increase the reach of this program? How?	<i>Capacity building – staff, volunteers, type of sports, frequency of program, means to increase participation rate, engagement, study the attitudes of target audience, technological support, collaboration etc</i>
Your funded program and organisation's role within the global approach to reducing physical inactivity	
24. On a scale of 1-10, how important is tackling physical inactivity to your organisation?	<i>Self-driven research, funding programs for the inactive, evaluation of programs on improving PA outside of this current evaluation?</i>
25. Do you believe your program is tackling inactivity? If so, how?	<i>Which sport, geographical area, target group, effects of this sport on health</i>
26. How has this program helped your organization to tackle inactivity?	<i>Funds helped in capacity building, better provision of resources, technological support</i>
27. On a scale of 1-10, how important is tackling physical inactivity through sport to state and national governments?	<i>Your opinion</i>
28. On a scale of 1-10, how important SHOULD tackling physical inactivity through sport to state and national governments?	<i>Your opinion</i>



29. How confident are you that your organisation can reach the following target groups identified as more inactive?	<i>Culturally & linguistically diverse people, Aboriginal & Torres Strait Islander people, people with disability, people living in rural/remote locations, and women & girls</i>
30. Do you believe that increase in the number of programs like your program can change the present scenario related to disease burden due to physical inactivity?	<i>Yes/no - why?</i>
Recommendations and next steps	
31. How do you think this program might be improved for the future?	<i>Resources required, effective reach to target groups,</i>
32. How might you alter your program delivery in the future to increase effectiveness or address the challenges/barriers you previously mentioned?	<i>Refer to earlier challenges</i>
33. What would be your advice to other organisations looking to deliver a program like this?	<i>Ensure effective program planning & staff recruitment to effectively roll out program, plan of previous attempts</i>
34. Any final comments?	

Thank you for your time.



Appendix 4. Move it AUS Grant Program Evaluation Ethics Approval: 2019/599



Research Integrity & Ethics Administration
HUMAN RESEARCH ETHICS COMMITTEE

Friday, 16 August 2019

Dr Lindsey Reece
School of Public Health: Public Health; Faculty of Medicine and Health
Email: lindsey.reece@sydney.edu.au

Dear Lindsey,

I am pleased to inform you that after consideration of your response, your project has been approved.

Details of the approval are as follows:

Project No.: 2019/599

Project Title: Move it AUS Grant Program Evaluation

Authorised Personnel: Reece Lindsey; Foley Bridget; Owen Katherine; Bellew William; Warr Matthew; Nugara Lisa;

Approval Period: 16 August 2019 to 16 August 2023

First Annual Report Due: 16 August 2020

Documents Approved:

Date Uploaded	Version Number	Document Name
05/07/2019	Version 1	Performance monitoring - Better ageing
05/07/2019	Version 1	Performance monitoring - Participation
12/08/2019	Version 1	Participation evaluation toolkit
12/08/2019	Version 1	Better ageing toolkit
12/08/2019	Version 1	Participation Grant guidelines
12/08/2019	Version 1	Better ageing grant guidelines
05/07/2019	Version 1	Summary of programs being evaluated
16/08/2019	Version 2.1	PIS v2.1
16/07/2019	Version 1	Participation survey
04/07/2019	Version 1	Better ageing survey
04/07/2019	Version 1	Recruitment information

Condition/s of Approval

- Research must be conducted according to the approved proposal.
- An annual progress report must be submitted to the Ethics Office on or before the anniversary of approval and on completion of the project.
- You must report as soon as practicable anything that might warrant review of ethical approval of the project including:
 - Serious or unexpected adverse events (which should be reported within 72 hours).
 - Unforeseen events that might affect continued ethical acceptability of the project.
- Any changes to the proposal must be approved prior to their implementation (except where an amendment is undertaken to eliminate *immediate* risk to participants).
- Personnel working on this project must be sufficiently qualified by education, training and experience for their role, or adequately supervised. Changes to personnel must be reported and approved.

Research Integrity & Ethics Administration
Research Portfolio
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- Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, as relevant to this project.
- Data and primary materials must be retained and stored in accordance with the relevant legislation and University guidelines.
- Ethics approval is dependent upon ongoing compliance of the research with the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research*, applicable legal requirements, and with University policies, procedures and governance requirements.
- The Ethics Office may conduct audits on approved projects.
- The Chief Investigator has ultimate responsibility for the conduct of the research and is responsible for ensuring all others involved will conduct the research in accordance with the above.

This letter constitutes ethical approval only.

Please contact the Ethics Office should you require further information or clarification.

Sincerely,

Associate Professor Rita Shackel
Chair
Human Research Ethics Committee (HREC 3)

The University of Sydney of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) [National Statement on Ethical Conduct in Human Research \(2007\)](#) and the NHMRC's [Australian Code for the Responsible Conduct of Research \(2007\)](#)



Appendix 5. Sport Australia Move it AUS Grant Provider Evaluation Ethics Approval: 2020/250



Research Integrity & Ethics Administration
HUMAN RESEARCH ETHICS COMMITTEE

Monday, 25 May 2020

Dr Lindsey Reece
School of Public Health: Public Health; Faculty of Medicine and Health
Email: lindsey.reece@sydney.edu.au

Dear Lindsey,

The University of Sydney Human Research Ethics Committee (HREC) has considered your application.

I am pleased to inform you that after consideration of your response, your project has been approved.

Details of the approval are as follows:

Project No.: 2020/250

Project Title: Sport Australia Move it Aus Grants Provider evaluation

Authorised Personnel: Reece Lindsey; Bellew William; Foley Bridget; Owen Katherine; Rose Catriona; Lokhande Prajakta Anil; Nugara Lisa; Warr Matthew;

Approval Period: 25 May 2020 to 25 May 2024

First Annual Report Due: 25 May 2021

Documents Approved:

Date Uploaded	Version Number	Document Name
01/05/2020	Version 2	Interview script
01/05/2020	Version 2	Consent Form
01/05/2020	Version 2	Participant information sheet
01/05/2020	Version 1	Interview Script Consent
23/03/2020	Version 1	Protocol
23/03/2020	Version 1	Invitation to participate email text

Condition/s of Approval

- Research must be conducted according to the approved proposal.
- An annual progress report must be submitted to the Ethics Office on or before the anniversary of approval and on completion of the project.
- You must report as soon as practicable anything that might warrant review of ethical approval of the project including:
 - Serious or unexpected adverse events (which should be reported within 72 hours).
 - Unforeseen events that might affect continued ethical acceptability of the project.
- Any changes to the proposal must be approved prior to their implementation (except where an amendment is undertaken to eliminate *immediate* risk to participants).
- Personnel working on this project must be sufficiently qualified by education, training and experience for their role, or adequately supervised. Changes to personnel must be reported and approved.

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THE UNIVERSITY OF
SYDNEY

- Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, as relevant to this project.
- Data and primary materials must be retained and stored in accordance with the relevant legislation and University guidelines.
- Ethics approval is dependent upon ongoing compliance of the research with the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research*, applicable legal requirements, and with University policies, procedures and governance requirements.
- The Ethics Office may conduct audits on approved projects.
- The Chief Investigator has ultimate responsibility for the conduct of the research and is responsible for ensuring all others involved will conduct the research in accordance with the above.

This letter constitutes ethical approval only.

Please contact the Ethics Office should you require further information or clarification.

Sincerely,

Associate Professor Michael Skilton
Chair, Health Review Committee (Low Risk)

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