



ActiveStrongerBetter



ActiveStrongerBetter: A pilot project supported by NSW Health

FINAL REPORT SUMMARY | June 2024

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ActiveStrongerBetter classes are exercise sessions in the community, delivered weekly and in an ongoing capacity by qualified and upskilled Fitness Professionals.

The classes are low-to-moderate intensity and are open to everyone. They are safe and appropriate for older people who are new or returning to exercise; or who are managing a variety of health conditions and/or risk factors

Each session includes elements to improve strength, balance, fitness, flexibility, coordination, confidence and social interaction. They are predominantly group classes and include music to help make exercise fun.



A. Acknowledgements

The ActiveStrongerBetter Pilot Project team would like to acknowledge the Traditional Custodians of the unceded lands that we work, learn and live on. The work we have done extends across a number of Aboriginal lands, and we acknowledge the First Nations People's ongoing connection to waterways, country, culture and community. We pay respect to Ancestors and Elders past, present and emerging.

The work conducted as part of the ActiveStrongerBetter Pilot Project in the Hunter was only made possible through the work of:

Dr John Ward – without whose passion, dedication, knowledge, connections to the health teams and to older people more broadly, this project would not have seen the light of day. As the Chair of the Hunter Ageing Alliance, Geriatrician and advocate, he has enabled us all to work towards achieving the project goals.

Mr Joseph McCarthy, Ms Teresa Brown, Ms Megan Sutton, the staff and Board of Novacare Community Services – who have provided oversight, care and infrastructure to give the project the opportunity to be implemented. Under an auspice agreement with Hunter Ageing Alliance, Novacare have been fundamental in the delivery of the project.

Ms Laraine Dunn, Fitness Professional – who provided project guidance, advocated and helped train the Fitness Professionals who will go on to deliver exercise safely to older people.

Ms Zeljka Prentice, Web designer (among other things, including providing administrative support for HAA) – who provided comprehensive support and advice on our community facing web pages.

Ms Yasmin Catley and her office – who advocated on our behalf to the Ministry of Health to fund the Pilot Project.

Mr Brad Hazzard and his office – who agreed to the granting of the funds for the Pilot Project.

Ms Viki Brummel and Ms Ailsa MacKenzie – who supported the Funding Agreement and administered the grant from the HNELHD.

Ms Karen Amos, Mr Thomas Croft, Ms Lilli Holmes and Ms Michelle Pritchard – who collectively provided the content and context of training from the perspectives that highlight the importance of:

- social and emotional wellbeing
- Aboriginal Health services and programs
- the Fitness Provider.

The **ActiveStrongerBetter Project Team** who have been employed by Novacare to undertake and service the deliverables of the grant:

Deborah Moore – ASB Pilot Project Manager
Natasha Whyte – ASB/PHN Early Intervention
Project Manager
Amy Huff – ASB/PHN Project Coordinator
Joanna Rodgers – ASB/PHN Project Officer

Julie McCaughan – ASB Project Officer
Rosemary Moore – ASB Project Officer
Anthony Robinson – ASB Contributor

The **ActiveStrongerBetter Project Consortium** (individuals and representatives of organisations) who provided the clinical, professional, research, academic, practitioner and project advice for direction and connection. A full list is provided below.

<ul style="list-style-type: none"> • Alice Rice • Christopher Barnett • Deborah Moore • Barrie Elvish – represented by Mariana Ivanstoft • Brendan Flynn • Bruce Bastian • Bruce Donald • Dawn McIvor • Evelyn Collins • Fiona Niddrie • Isobel Stoodley 	<ul style="list-style-type: none"> • Laraine Dunn • Lauren Williams - represented/ by Sarah Plessiet • Libby Rodgers-McPhee • Liz Asimus • James Lynam • Jane Brogan • John Ward • Joseph McCarthy • Jenni White • Kamilla Haufort • Kylie Wales 	<ul style="list-style-type: none"> • Mark Goswell • Megha Mulchandani • Meredith Tavener • Michelle Kriss • Robin Callister • Ron Plotnikoff • Shane Osmotherly • Sarah Askie • Susan Denhom • Susannah Ward • Tim Roberts
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The work of the **Heartmoves Project 1998-2016**, specifically, Dr Amanda Nagle, must also be acknowledged as much of the ASB work derives its logic, sensibility and planning from Deborah Moore’s experiences with the Dr Nagle, and the Heart Foundation’s Heartmoves Integrated Model. In 2021, the Heart Foundation granted Deborah Moore the Intellectual Property of Heartmoves.

B.Executive Summary

Longitudinal studies have shown that physical activity participation across the lifespan is associated with reductions in all-cause mortality, has a specific protective effect for a number of chronic disease conditions, and is associated with reduced co-morbidities. Physical inactivity is also an independent risk factor for a range of health conditions affecting every system in our bodies: cardiovascular, orthopaedic, mental, neuromuscular, respiratory, hormonal. It also has a compounding impact on other modifiable risk factors (eg type II diabetes, blood pressure, blood lipids, mood, muscle atrophy, smoking).

Many health-service programs involving exercise training and provided by health professionals (eg physiotherapy, nursing, exercise physiology) have been shown to be cost-effective interventions in reducing mortality and improving morbidity levels. However, the transition after the rehabilitation/education sessions to an independent exercise routine is often difficult for patients to maintain in the long term. In addition to this group of (health-service) clients, the increasing rates of sarcopenia, obesity, diabetes, dementia, heart disease and falls, in conjunction with the ageing population, highlight the need for low-to-moderate exercise options, which are safe and appropriate for a significant proportion of the adult population who may also have underlying risk factors. These exercise options need to be attractive for those who are older, who may be sedentary or for whom the perceptions of exercise may be associated with being difficult, painful or being for 'the young, the fit and the beautiful'.

The ActiveStrongerBetter Model was designed as an innovative community intervention that provides accessible low-to-moderate intensity exercise programs for the general population but could be safely utilised by those who are older, new to exercise, have risk factors for falls, risk factors for chronic disease or existing stable chronic disease.

Further, the ActiveStrongerBetter Pilot Project endeavoured to link health professionals and the fitness industry by promoting integration. Health professionals, in particular general practitioners (GPs), were identified as a key stakeholder group due to their role in general population wellbeing, their role in lifestyle modification advice and referral to relevant secondary and tertiary prevention programs.

Fitness leaders were chosen as the delivery mode for these ASB exercise programs as they have:

- CPR and First Aid training (required to be maintained)
- Registration with a national peak body (AUSActive) that provides a Code of Conduct and Scope of Practice standard
- professional indemnity and public liability insurance
- industry requirement to continue education to retain registration
- availability and accessibility throughout regional, rural, remote and metropolitan areas
- been generally accepted as a viable option for exercise delivery in a range of settings
- WWC and Police Checks.

A brief study of the ActiveStrongerBetter Model was undertaken as part of this Pilot Project to evaluate the safety, quality, reach and acceptability of the program to clients, health professionals and the fitness industry. The evaluation also aimed to determine the program's ability to increase the range of low-to-moderate exercise classes offered in the community (fitness centres, halls, Day Centres, Residential Aged Care Facilities, and condition-specific program services).

Surveys and physical assessments were administered to consenting ASB participants, Fitness Professionals and some Health Professionals. As part of the Pilot, we created a social media and web presence that is informative and up to date. We collaborated with a number of organisations to embed the appreciation of exercise opportunities into their core business.

The ActiveStrongerBetter intervention incorporated quality assurance and safety guidelines. The ActiveStrongerBetter Training Workshop gained accreditation from AUSActive (6 Continuing Education Credits) and ActiveStrongerBetter practical workshops were well attended by fitness leaders, with over 60% of those trained going on to establish ActiveStrongerBetter classes in the community. The exercise classes were well received by participants, attracting over 250 participants within the first nine months. Anecdotally, retention is well established.

The ActiveStrongerBetter programs successfully attracted the target audience with clients being more likely to be over 60 years, and overall increased the number of low-to-moderate intensity exercise classes offered in the community in the Newcastle and Lake Macquarie LGAs.

Further engaging GPs and Allied Health Professionals in the use of ActiveStrongerBetter as a safe physical activity referral option may also strengthen the financial viability of low-to-moderate intensity programs targeting older adults within the fitness industry. The work of this ActiveStrongerBetter Pilot suggests that it has the potential to become a core program within the fitness industry and that, combined with the other dissemination components, it can provide a capacity-building model for delivering safe, appropriate and accessible physical activity resources to the local community.

Acceptability of ActiveStrongerBetter classes to health professionals suggests that ActiveStrongerBetter could have a role in being utilised as an appropriate referral option for health service rehabilitation and education programs, as well as in GP developed Enhanced Primary Care plans, general health maintenance for the older person and for falls prevention.

Further work is required to identify the barriers to health professional referral, and to develop the tools and resources to enable health professionals, particularly GPs, to take a more proactive role in referring clients to appropriate and safe exercise options. ActiveStrongerBetter provides a safe community-based exercise program, available at low cost to the public, delivered by registered, specially trained and accredited fitness leaders, and can potentially link with health professionals.

Since launching in late 2022, among other achievements, the ASB program has:

- Finalist in the 2023 AUS Active Awards for Social Value & Community Impact.
- Developed an online professional development **training program** for fitness professionals, which has been **accredited by AUSActive**.
- **Trained 40+ fitness professionals** to deliver ASB classes and provided mentorship and quality assurance checks.
- Supported local fitness leaders to grow their businesses and deliver **55+ ASB classes in 28 separate locations** throughout the Hunter region - <https://activestrongerbetter.net/class-locations/>
- Was a finalist in the 2023 AUS Active Awards for Social Value & Community Impact.
- Developed the **ASB website** <https://activestrongerbetter.net/> including healthy ageing information targeted at older adults, health professionals and fitness providers.
- Established a **social media** presence and promotion of ASB activities through community channels: <https://www.facebook.com/profile.php?id=61554159009080>
- Created systems for **GP and health professional referrals** including e-referrals through **Health Pathways** as a Falls Prevention provider and Physical Activity for Older Adults provider.
- Collected **data** and feedback from **participants, fitness professionals** and **health professionals** on effectiveness of the ASB program.
- Engaged with the local **community** through Seniors Week, local government events, Men's Sheds, Landcare and University of the Third Age (U3A).
- Developed **collaborations/partnerships** with **key health organisations** for cross promotion, building participation in ActiveStrongerBetter sessions and shared goals around healthy ageing. These collaborations include:
 - ❖ Aboriginal Health Service
 - ❖ Council on the Ageing (COTA)
 - ❖ Hunter New England LHD
 - ❖ Arthritis NSW
 - ❖ The Kaden Centre
 - ❖ Hunter Medical Research Institute (HMRI)
 - ❖ Cardiac Rehabilitation Clinics
 - ❖ Falls Prevention teams (and state-based Network)
 - ❖ Stroke recovery programs
 - ❖ Heart Foundation Walking

There are numerous opportunities to further promote and increase participation in ActiveStrongerBetter classes in the community. Some of our anticipated work for the next 1-3 years includes:

- Generally, an increase in the number of ActiveStrongerBetter sessions across the spectrum of community settings
- More ActiveStrongerBetter programs in Residential Aged Care Facilities. We have some already engaged and during the Pilot worked with the lead agency to build this presence.
- ActiveStrongerBetter programs in social support centres and agencies for the Disability Sector. We have some already engaged and expect to build these relationships.
- Providing additional content training workshops for ASB Leaders. Whilst ASB Providers are able to accept all participants and adapt exercises to suit most conditions, we have developed modules to provide a more in-depth understanding of:
 - o Diabetes, Dementia, Falls Prevention, Heart Disease, Mental Health, Parkinson's and Stroke. These will be viewed by the subject matter experts in the Consortium and submitted to AUSActive for accreditation.
 - o We have further modules planned for Arthritis, Cancer, Community Physiotherapy, Community Transport, Continence, Multiple Sclerosis, Osteoporosis, Prolapse, Respiratory, Sarcopenia
- Ongoing quality monitoring of programs and building the health professional networks.
- ActiveStrongerBetter in Registered Clubs – where a number of cross promotional opportunities exist.
- Continue to work with our research partners in HMRI and the University of Newcastle.
- Build more content into the website to support ASB Providers.
- Work with Councils to establish programs for outdoor gyms (ActiveStrongerBetter Outdoors – an outdoor gym equipment proposal with existing grant funds from PWC and City of Newcastle)

Finally, there is a strong case for this ActiveStrongerBetter Pilot Project to expand and build on the thorough and comprehensive body of work achieved, because, to:

“Be active, get stronger and feel better - there are few chronic medical conditions experienced by older people for which exercise is not one of the effective therapeutic options.”

*~Dr John Ward
Geriatrician
Hunter Ageing Alliance, Founder and Co-Chair
ASB Management Team
2024 NSW Senior of the Year*



C.Recommendations

There is an abundance of scientific evidence highlighting that safe and effective exercise programs are essential strategies, if not the most important strategy, for the prevention and management of many of the major health problems facing older people. It is inexcusable and cost-ineffective for these not to be available for older people in an accessible and ongoing way.

Exercise has repeatedly been shown to play a statistically significant and positive clinical role in the prevention, management and improvement of following conditions (among others):

- Impaired Glucose Tolerance
- Diabetes
- Heart Disease
- Bone fragility
- Arthritis
- Respiratory conditions
- Social isolation
- Depression
- Cognitive decline
- Dementia
- Parkinson's Disease
- Multiple Sclerosis
- A range of Mental Health conditions and states of wellbeing (including social connectedness and reduced isolation)
- Sarcopenia
- Falls
- Loss of independence
- Prolonged hospital stays
- Premature nursing home placement
- Stroke recovery
- Effectiveness of cancer therapies

With the delivery and implementation of the ActiveStrongerBetter Pilot Project and the embedded basic evaluation*, it is clear that physical activity plays a positive role across a person's life. Perhaps now is the time to cease looking at whether or not physical activity is effective, and rather deliver a model that is demonstrating a sensible, partially sustainable mechanism for establishing a routine referral.

**While not an evaluation of scientific rigor, it is clear that members of the community greatly benefit from participating in an ActiveStrongerBetter program. Information gathered from ActiveStrongerBetter participants shows the overall positive impact the program has thus far had on participant's physical health, social wellbeing, acceptability of the sessions, and its successful integration into local communities. It is recommended that further funding be granted to the ActiveStrongerBetter Project to continue studying the project's acceptability and feasibility over a greater time course.*

From the 18 months of work in this ActiveStrongerBetter Pilot Project, the following statements and recommendations are made for consideration and further discussion:

1. The Fitness Professional is recognised as an appropriate provider within a number of sector settings (gyms, centres and other health, aged care or community spaces) for the delivery of ActiveStrongerBetter physical activity programs.
 - It is recommended that they receive overarching support, training and quality assurance engagement to ensure the longevity of their programs (eg marketing strategies to focus upon the financial viability and potential of such programs in the fitness industry).
2. Further strategies to engage, encourage and incentivise health professionals in the promotion of, and referral to, physical activity programs need to be investigated and established, particularly:
 - access to and utility of decision support tools for General Practice
 - communication tools between Allied Health and Fitness Professionals working with the same client
 - linkages between ActiveStrongerBetter and other health professional programs need to be explored (eg secondary prevention and condition- or disease-specific courses)
 - ActiveStrongerBetter being the most relevant community-based exercise program for referral to a physical activity destination

3. An ActiveStrongerBetter Team should be established and funded within State and/or Federal Departments of Health and Ageing to provide ongoing support to the:
- fitness providers (for training, quality monitoring and business development/support)
 - health professional (for ongoing education in relation to referral and feedback mechanisms; and to engage them within the training of the fitness provider)
 - participant (for information transfer, relationship building for research and/or quality assessment)

3a. This ActiveStrongerBetter Team would have an umbrella role:

- creating resources for fitness, community and health professionals
- presenting at conferences and advocating for ongoing funding
- collecting data where relevant and collaborating with researchers
- promoting all ASB programs and exercise more generally
- building the ASB profile and improving access to safe exercise opportunities

3b. It is estimated that the program is scalable and, in a position, to be rolled out, based on years of work with implementing this type of program at a regional, state and national level. It could be delivered well, with quality monitoring and comprehensive reporting; but not high-level research-style evaluation. This estimate for delivery is for:

- regional maintenance and expansion: 2.5FTEs with organisational support – approx. \$250,000 per year
- state activation, maintenance and expansion: 3.5FTEs with organisational support – approx. \$400,000 per year
- national rollout, activation, implementation, maintenance and expansion: 5FTEs with organisational support – approx. \$600,000 per year
- There is capacity within the model for an income stream to be established, however, if that was slow to build or did not yield as much as calculated for any given year, the program cost is still relatively low for the potential cost-savings that could be derived from this investment.

This type of investment by Government for supporting the fitness industry in the way the ActiveStrongerBetter Integrated Model proposes, as part of the Healthy Ageing Solution, could categorically help with the expected costs associated with (among others):

- the increase in ageing population ([Intergenerational Report, 2023](#))
- the associated increases in incidence of falls, dementia/s other chronic disease (eg The Clinical Excellence Commission's [White Paper](#) on Falls)

Considered and ongoing investment in ActiveStrongerBetter would make optimal ageing a realistic healthy ideal for Government to attain, based on the premise:

*We do not stop exercising because we grow old –
we grow old because we stop exercising.*

~ Dr. Kenneth Cooper