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Impact Assessment of the ActiveStrongerBetter Pilot Program (2022-2024)



Prepared for: ActiveStrongerBetter Program Lead Team

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ActiveStrongerBetter

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List of Definitions and Acronyms

ASB	ActiveStrongerBetter Pilot Program
AUSactive	Australia's peak body for the exercise and active health sector
CCA	Cost-Consequence Analysis – a method of economic analysis used to understand the return on the NSW Health investment in the ActiveStrongerBetter Pilot Program
FAIT	Framework to Assess the Impact of Translational health research – the framework used for this assessment
Fitness leader	Defined as a fitness professionals trained and accredited by the ASB Program.
GPs	General practitioners
HAA	Hunter Ageing Alliance - a citizen-formed advocacy group that aims to make the Hunter Region an age-friendly community and has been actively involved in the ActiveStrongerBetter Pilot Program
Heartmoves	A program established by the Heart Foundation that provides gentle physical activities suitable for individuals with low physical activity requirements.
HealthPathways	Community HealthPathways (CHP) is a web-based portal providing clinical management information for use by primary care providers during patient consultations.
Health professionals	Defined as a general practitioner, geriatricians or allied health professionals who are aware of the ASB Pilot Program and refer their patients
HMRI	Hunter Medical Research Institute – the impact evaluators of the ActiveStrongerBetter Pilot Program
HNECC PHN	Hunter New England Central Coast Primary Health Network – funders of the expansion of the ActiveStrongerBetter Pilot Program

LGA	Local government area
NSW	New South Wales, Australia
NovaCare	A Hunter based, not for profit organisation providing aged and community services that has been the main auspice organisation for the ActiveStrongerBetter Pilot Program
Participant	Defined as a senior aged 65+ who participates in exercise classes run by fitness leaders accredited by the ASB Program
PEARFs	Pre-Exercise Assessment and Referral Form
PLM	Program Logic Model used as the basis for an impact assessment using FAIT
PHN	Primary Health Network
RACHs	Residential Aged Care Homes – also known as Residential Aged Care Facilities
STSU	Sit-to-stand-up test
6-MWT	6-minute walk test

Executive Summary

Background

Older Australians have a high prevalence of chronic conditions, such as cardiovascular disease, diabetes and musculoskeletal problems (e.g., falls and frailty). These health issues not only compromise their mobility, independence and healthy ageing, but also contribute to significant public health costs. Prior research demonstrates that physical activity and exercise programs can help manage and prevent these conditions, promoting both physical and mental well-being. Unfortunately, many older people face barriers to participation in appropriate exercise programs, such as limited access, social stigma and geographic isolation, particularly in regional Australia.

The Hunter Ageing Alliance (HAA) was successful in receiving a NSW Health grant to pilot a program that assists in overcoming these barriers. The ActiveStrongerBetter (ASB) Model was designed to provide 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, have risk factors for chronic disease, and/or an existing stable chronic disease. HAA has shared management of the ASB Program with NovaCare Community Services through an auspice agreement. Fitness leaders were chosen as the delivery mode for these ASB exercise programs and health professionals, in particular general practitioners (due to their role in general population wellbeing) and allied health professionals (due to their role in health-service based outpatient and secondary prevention initiatives) were engaged as potential points of referral to the ASB Program. The ASB Pilot was rolled out in 2022 in the Newcastle and Lake Macquarie local government areas with financial support from NSW Health and extended to the Hunter Valley and Port Stephens LGAs in 2023 when further funding was secured from the local Primary Health Network. The Research Impact team at the Hunter Medical Research Institute was commissioned to assess the ASB Pilot Program's impact to inform ongoing investment and scale-up of the program.

Methods

The Framework to Assess the Impact of Translational Health Research (FAIT) was chosen as the most suitable framework for the assessment. FAIT integrates and adapts three established techniques for research impact assessment (1) the Payback model (2) economic analysis and (3) narrative approaches. The first step in implementing FAIT was the development of a modified Project Logic Model (PLM), which provided the framework for conducting the retrospective impact assessment. Next, specific "domains of benefit" and corresponding metrics were identified to capture the various impact of the ASB program. A cost-consequence analysis (CCA) was conducted to estimate the program's value

and return on investment in the ASB Pilot Program. A narrative account of the benefits of ASB Program based on interviews with participants, fitness leaders, and health professionals who were involved in the program was developed to contextualise the pathway to impact and to complement the quantitative metrics derived from the Payback model and the results of the economic analysis. Three case studies, each describing the experience from a different beneficiary group, were also created as evaluation collateral that could be used by the ASB Pilot Program for promotional and other purposes.

Results

Payback

The following table captures the most notable impacts achieved by the ASB Pilot Program, grouped within domains of benefit. Even at the pilot stage the ASB can evidence capacity and capability building impacts and community and economic benefits.

Domain	Metric	Result
Knowledge advancement	New training sub-modules addressing issues of relevance to seniors	19
	Customised resources developed for NovaCare (RACH)	3
	Presentations about ASB	19
	Unique access to the class locator on the ASB website	2581
	Downloads of the screening and referral tools for ASB	81
Capacity and capability building	New fitness leaders trained by the ASB team	38
	Health professionals educated about ASB	30
	Training sessions run	10
Engagement and collaboration	Partner organisations	22
	Client acceptability surveys completed	100
	Reference/advisory group/steering committee members	32
Policy and practice changes	Contribution to policy documents (NSW White Paper on Falls Prevention)	1
	Additional ASB classes running per week (Table 4 lists a summary of the metrics)	72
	Different locations that ASB classes are run at including 3 RACHs	32
	Residential aged care homes that run ASB classes	3
	Participants referred to ASB by health professionals	373
Community benefit	Improvement in fitness levels	98%
	Improvement in strength	97%
	Feeling more confident in their daily activities	96%
	Classes run over the pilot period	1871
Economic benefit	Revenue from running ASB classes	\$275,000
	Profit margin after removing venue hire costs	\$219,145
	Leveraged funding to expand the program to other areas in the Hunter.	\$120,832

Cost-Consequence Analysis

The cost consequence analysis (CCA) of the ASB Pilot Program found that the pilot program incurred total costs of \$395,306, primarily funded by a \$250,000 grant from the NSW Ministry of Health. This grant covered ASB staff salaries, web design, impact evaluation consultancy fees, and non-salary expenses like marketing. Additionally, opportunity costs associated with the Consortium Advisory Group, Executive meetings, and training for fitness leaders totalled \$49,335. NovaCare's in-kind support contributed a further \$20,340 in administrative support and office space. Although there was limited data to quantify patient-related outcomes like the economic impact of potential reduced falls and delayed entry into residential aged care, the program generated sufficient monetisable benefits including \$272,832 in leveraged grants, PHN funding and philanthropic donations; \$1,445 from training revenue and merchandise sales; and \$219,145 from profits for fitness leaders from running ASB classes, resulting in a positive return on investment over the life of the ASB Pilot Program.

Narrative

Seven key impact themes emerged from the narrative analyses. These themes were robustly and consistently positive for the three stakeholder groups.

- 1. Personal enjoyment and mental health:** Participants reported enjoying the classes that were fun and appropriate to their level of fitness. They also had very positive feedback about the fitness leaders. Exercises were reported as being a good mix of balance, aerobics, resistance and cognitive challenges.

"I enjoy the classes. Particularly the fitness one, which they try to make fun by bringing about games. Then you realise that you're enjoying the game, but more importantly, you're doing exercise without realising it." (Participant)

- 2. Social connection and engagement:** The ASB Pilot has increased participants social connections. They are more motivated to get out of the house and go to the classes. The classes promote opportunities to connect during and after the classes such as for morning teas.

"After the class they all catch up for coffee and a little bit of cake and a chat for an hour. We also put on morning teas for them, so they can socialise. It's really important for them mentally [psychologically] say, you know, to socialise as well." (Fitness Leader)

3. Physical health benefits: Participants reported that they are getting fitter, stronger and more confident in doing their daily activities. The benefits are recognised by the participants and their fitness leaders and health providers also spoke about the impact on medication use.

I've had a few health issues. Yeah, well, I had a heart attack. Yeah, I had a couple of stents put in and if it wasn't for me doing the exercise class three days a week, I would not have recovered as well as I did. I'm nearly 85, so it makes me feel really good that I can move, and I can get around. (...)." (Participant)

"Being able to come off some of their medications. Getting off, you know, some of their medications reducing their diabetes medication, their anti-hypertensive medication, some of their antidepressant medication." (Health Professional)

4. Cognitive benefits: Challenging exercises such as balance with hand-eye coordination are excellent for keeping participants' brains active and working well – all participants were very appreciative of this.

"Juggling and then trying to think of names or something, at the same time. And I think that helps with Parkinson's and keeps the brain working as well as the body." (Participant)

5. Maintaining independence: Participants, fitness leaders and health providers all acknowledged that exercises (ASB) are a good strategy to maintain them stronger for longer, which results in them living more independently for longer as well.

"I decided to do it because I understand that exercise is good for everyone, but particularly I think it can have a big impact on older adults in the community [...] because it promotes strength and fitness...healthy ageing and physical independence, reducing the risk of frailty and potentially injury." (Participant)

"Oh, I think the biggest benefit is the independence aspect of it, the fact that it just allows them to remain independent their own home for longer. I think that's the biggest benefit." (Health Professional)

6. Personal growth and satisfaction: Most of the fitness leaders were generous in their praise for the training program. They also expressed gratitude for the opportunity to work with seniors and for the credibility that comes with the ASB Program and the potential to build trust with their clients.

"I thought it was an excellent workshop. I thought the videos and online component was good. It really explained things well and had some good reference points" (Fitness Leader)

7. Financial benefits: Opinions about the financial benefits of the ASB Program was mixed. Some fitness leaders did not report financial benefits whereas others did.

"I already had a lot of numbers to start with, so it didn't really increase my business. It just legitimised what I was trying to promote amongst them without looking too fake and all the rest of it." (Fitness Leader)

“The return investment is massive, you know. Depending on how big your class is, you know you might have 10/15/20 participants in the class, and if everyone is paying \$10...and if people are showing up to 2-3 classes a week, you got, you know, two hundred dollars a class three times a week, six hundred a week.” (Fitness Leader)

Discussion

The ASB Program successfully trained 32 new ASB fitness leaders, created 19 modules for AUSactive accreditation, educated 30 health professionals about ASB, and influenced policy on falls prevention and exercise funding. It facilitated the delivery of 72 ASB classes weekly in the Hunter Region, improved the fitness and quality of life for around 388 older people, and potentially saved healthcare and social service costs. Besides the physical, mental and social benefits of the ASB Program described by the participants, fitness leaders and health professionals, the key strengths of the programs were: 1) a strong partnership network (22 diverse organisations), which has given the program expansive community support and credibility; 2) their strong association with NovaCare who is their main sponsor; 3) a strong network of health professionals cultivated by the program; and 4) the ability to generate economic benefit both for the sustainability of the program and employment in the fitness industry.

The main limitations with regards to the impact assessment included (1) the lack of patient-level health and health utilisation data, which would have been beneficial in corroborating evidence of the physical, mental and social outcomes such as fitness level and strength gains, functional test performance, or reduced fall rates; (2) potential bias in relation to barriers seniors have in accessing the exercise classes given that all interviews were with ASB participants, and (3) the difficulty in securing interviews with health providers due to their limited availability which could have limited the views from this group. Those limitations made it harder to determine what changes were specifically caused by the program versus other confounding factors.

Areas for improvement of the ASB Program include (1) considering target strategies to increase male engagement and participation, such as targeted promotional material for this group; (2) increasing the representation of First Nations Australians by making sure the classes are culturally appropriate and safe; (3) increasing the number of classes offered in residential age care homes; (4) improving data collection regarding falls to explore the links between ASB Program participation and falls reduction, which is important to prove a potential reduction in downstream health care costs and the cost of early placement in residential aged care facilities and (5) investigating making the program sustainable in the longer term through a membership model and other income generating activity. Overall, the impact assessment found the ASB Program to have extensive benefits for participating older Australians and fitness leaders and to be a sound investment in the physical, mental and social health of this population.

Introduction

Background

Participating in regular physical activity can delay age-associated morbidity and disability, improving both quality of life and extending years of independent living. (1,2) These benefits are reflected in physical activity guidelines recommending that older adults engage in at least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous-intensity physical activity per week, or an equivalent combination of moderate-to-vigorous physical activity. (3) However, older adults represent the least active segment of the population worldwide (4), and in Australia, the context of this impact assessment, only 16.1 per cent of those aged 65 years and older meet the minimum physical activity recommendation of 30 minutes or more of physical activity on most, preferably all, days. (5)

Furthermore, chronic health conditions and falls among senior Australians (aged 65 and over) are widespread and place a significant financial burden on the healthcare system. (6,7) Approximately 80% of Australians live with at least one chronic condition, such as cardiovascular disease, while around 30% of seniors experience at least one fall each year. (8) Both cardiovascular conditions and falls are leading causes of hospitalisation, accounting for 11% and 77% of hospital admissions in this age group, respectively, and driving up healthcare costs. (7,9) In 2019-20 alone, the Australian Institute of Health and Welfare reported \$2.3 billion was spent on treating fall-related injuries (7), while an estimated \$12.7 billion is spent annually on cardiovascular diseases. (8) In addition, the rate of cognitive decline increases with age (10) with the prevalence of cognitive impairment in older Australians estimated to range from 7.7% to 33.3%. (11)

Seniors are particularly vulnerable to falls due to factors such as diabetes, weakened muscle strength, and impairments in balance and vision. (12,13) Most falls (60%) occur at home, typically resulting from slips, trips, or stumbles, and nearly 50% of these falls lead to bone fractures. (7,13) Treating such injuries often requires hospitalisation, which increases the risk of life-threatening complications in seniors and poses additional challenges to their recovery. (7) Furthermore, the extended recovery period associated with fall injuries can accelerate reduced bone density, sarcopenia and exacerbates lack of confidence, which can result in early placement in residential aged care. (14,15)

These figures highlight the urgent need for effective preventive measures, such as physical activity, to reduce the incidence of chronic conditions, falls and cognitive decline to ease the healthcare burden of this growing population. (3,4) Regular physical activity and formal exercise programs have proven effective in keeping seniors mobile and independent, slowing cognitive decline, reducing the likelihood of transitioning into aged care facilities and enhancing overall health in older adults. (10,11)

Despite the known benefits, significant barriers to participation in physical activity remain for this older age group. Previous research has identified a range of barriers that are relevant to older people's decisions to engage in physical activity. Some of the barriers that are most frequently identified in this age group include poor health and injuries (16), lack of motivation or interest (17), lack of social support (18), lack of transport (17), and lack of affordable and attractive local exercise programs and facilities. (19) Limited access to appropriate programs is further compounded in rural, regional and remote areas. (20) **Despite clear benefits, these exercise programs are also not formally recognised as part of essential health management for seniors in Australia.** As a result, transport subsidies available for medical appointments do not extend to cover travel to exercise programs, limiting access to these vital resources.

Response

The ASB Program was launched as a pilot project in 2022, targeting the Newcastle and Lake Macquarie local government areas (LGAs) in New South Wales, with support from NSW Health. The Program is auspiced by NovaCare, a Hunter based, not for profit organisation that has been recognised for excellence in aged and community services in partnership with the Hunter Ageing Alliance (HAA), a citizen-based advocacy group. NovaCare provided accommodation, in-kind support and joint management support to the ASB Pilot Program since its commencement in November 2022. In October 2023, the program received additional funding from the Hunter New England Central Coast Primary Health Network (HNECC PHN), allowing it to expand into the Hunter Valley and Port Stephens local government areas (LGAs). (21)

The program, developed by Dr John Ward and Deborah Moore as part of the Hunter Ageing Alliance (HAA), was built on the foundation of two previous evidence-based initiatives—Heartmoves (1998-2016) and NSW Health's Active Over Fifties (1998-2013)—and further informed by international research emphasising the importance of safe exercise as a key strategy for preventing and managing various health issues common in older adults. (21) The program focused on low to moderate-intensity exercises designed to promote independence, boost confidence, and improve overall health and wellbeing in older adults who are generally well but need additional support to engage in regular physical activity. (21)

The program includes tailored exercise sessions designed to meet the needs of different groups, such as:

- 1) Community-dwelling older adults** who are generally healthy. This is achieved through aerobic, strength, and balance exercises to optimise mobility, health, and independence
- 2) Frail older adults accessing Day Centres or living in Residential Aged Care Homes (RACHs).** This is achieved through chair-based and gentle exercise routines

3) Individuals with specific health issues through customised exercise plans developed in collaboration with healthcare professionals to enhance their health management.

To assess whether the ASB Pilot Program has achieved its aims and potential impacts, the Research Impact team at the Hunter Medical Research Institute (HMRI) was engaged to undertake an impact assessment of the ASB Pilot Program. These findings would identify and report on a broad range of impacts of the Program; from the perspectives of the key stakeholders; understand the return on the original NSW Health investment; and inform future adoption and scale-up of the ASB Pilot Program into the future.

The findings also have the potential to inform other initiatives in this space nationally and internationally. The objectives of the impact assessment were to:

- Develop a PLM that maps the pathway from the need for the ASB Pilot Program to its eventual community benefits/impacts
- Assess and report on the impact of the ASB Pilot Program using quantitative metrics
- Assess and report on the impact of the ASB Pilot Program using qualitative narrative methods
- Determine the cost of delivering the ASB Pilot Program and monetise, where possible, the consequences of the intervention.
- Develop three case studies that provide deep dives into the impact of the ASB Pilot Program from the perspective of the three key stakeholder groups: participants, fitness providers, health professionals.

Method

Framework to Assess the Impact of Translational health research (FAIT)

The HMRI Impact team applied the Framework to Assess the Impact of Translational Health Research (FAIT) to evaluate the impact of the ASB Program. FAIT was developed by HMRI to measure and encourage research translation and impact. In this project, FAIT was applied to the ASB Pilot Program. The original design and protocol for applying FAIT can be found at Searles et al. (22)

The FAIT model was developed by reviewing, combining and modifying three existing validated techniques for research impact assessment: payback, economic analysis and narratives. (22) FAIT was applied to the ASB Pilot Program to understand the broad impact on key end-users. The results are reported as a set of impact metrics, a narrative, three case studies and a cost-consequence analysis, which collectively present a comprehensive evaluation of the impact.

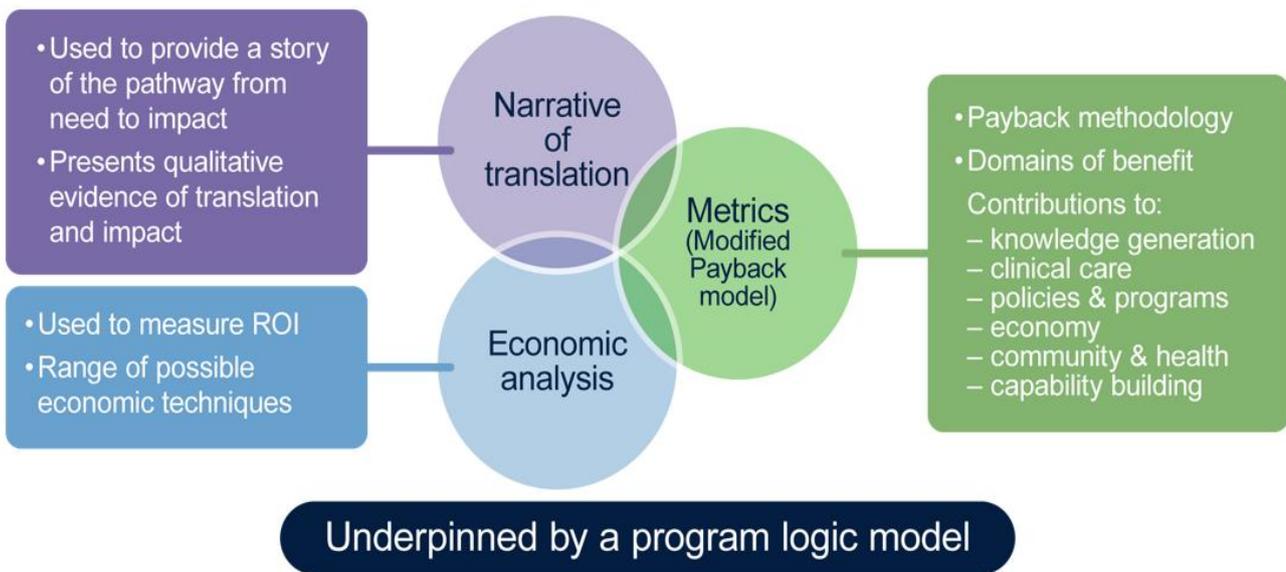


Figure 1 Framework to Assess the Impact of Translational health research (FAIT)

Development of Program Logic Models

The first step in implementing FAIT is developing the Program Logic Model (PLM), which will serve as the foundation of the impact assessment. Logic models are a simple, transparent, and systematic way for researchers or practitioners to articulate their understanding of the relationships between the need or problem they are trying to address, their planned activities and the impact they hope to realise.

In the context of FAIT, the PLM should be thought of as a strategic map that links each individual stage of the program intervention and impact assessment into a cohesive whole. The PLM provides a road map for the development of impact metrics, the collection of evidence for these metrics, the activities and impacts to monetise for the economic evaluation and the pathway from need to impact, the basis of the narrative.

FAIT's modified PLM includes seven core elements:

1. The **need** addressed by the program.
2. The specific **aims** of the program.
3. The program **activities** that will be undertaken to meet these aims.
4. The expected **outputs** from those activities
5. The **end-users** who will implement and/or benefit from these outputs.
6. The **pathway to adoption** of the program intervention
7. The anticipated **impact** of the program intervention.

HMRI staff facilitated the development of a retrospective PLM with members of the ASB Pilot Program Lead Team. This involved a series of online meetings before iteratively confirming a final PLM. The HMRI team then applied the Payback Framework using the PLM as a guide. See **Appendix 1** for the complete PLM for the ASB Pilot Program.

Payback Framework

Selecting Domains of Benefit

Payback uses "domains of benefit" to highlight the different areas where a particular research project or intervention program could have impact. The original Payback had five domains of benefit (Knowledge Advancement, Clinical Implementation, Community Benefit, Legislation and Policy, and Economic Impact) which were designed to cover a wide range of perspectives. Within FAIT, additional domains can be added and customised to the program being assessed. Conceptually, Payback was modified for application within FAIT in three ways:

1. to be applied prospectively rather than retrospectively (although retrospective application is still possible);
2. to populate the domains of benefit with quantitative metrics, rather than qualitative interview data;
3. to include other relevant domains of benefit such as capacity building and health system change if appropriate.

Producing evidence across multiple categories helps ensure that the impact of the program can be readily understood by end-users across different sectors. For the ASB Pilot Program the relevant domains selected included knowledge advancement, capacity and capability building, engagement and collaboration, policy and practice, community benefit, and economic benefit.

Developing Impact Metrics

The next step in FAIT is the selection of impact metrics. Careful consideration must be given to ensure that there is a clear rationale for why a certain metric merits measurement and how it will generate meaningful evidence about the impact of the research or implementation program. It is also important to ask which stakeholders may be interested in each impact selected. Keeping these stakeholders in mind, it needs to be understood whether the impact can be effectively assessed within the domains that matter to those stakeholders. There are several existing banks of impact metrics, but these are mainly for application to research projects, programs or organisations. (23,24) Consequently, many of the metrics for the ASB Pilot Program needed to be customised to its intended and aspirational impacts.

Impact Metric Data

Data for the various impact metrics were obtained from ASB administrative records and two surveys:

1. a participant experience survey (n=95)
2. a health professional acceptability survey (n=5)

Both surveys were administered by the ASB Pilot Program staff and analysed data provided to the HMRI team for verification and collation. Data were provided to the HMRI Impact team via a customised spreadsheet developed specifically to capture relevant impact data by Domains of benefit.

Cost Consequence Analysis

Economic evaluation is an essential part of implementing FAIT, but it is also undoubtedly one of the most complicated steps in the process. Alongside development of impact metrics, stakeholder engagement is central to conducting an economic evaluation. Those who plan, provide, receive, are

affected by, or pay for research want to be able to measure the merits of that research, and a measurement of merit that is understood by almost all stakeholder groups is monetary value. For the ASB Pilot Program, a Cost-Consequence Analysis (CCA) was selected as the most appropriate method of assessing value and the return on investment. It was also selected as the most pragmatic economic method based on the availability of data, specifically the lack of patient-level data that would have been required for a full cost-benefit analysis. A CCA involves converting benefits into monetary values wherever possible, but it will also include the ones for which this is not feasibly possible, using their original measurements or values without attempting to aggregate across dimensions. The CCA is intended to present a transparent account of costs and benefits across many different dimensions using their original measurements, allowing decision-makers to see clearly what types of information are included and omitted, and where information is quantitative or qualitative. Within FAIT, the Payback table records all the consequences using quantified metrics, leaving the monetisable impacts to be included in the cost-consequence analysis. This was the methodology used for this application of FAIT to the ASB Pilot Program.

Determination of the costs and consequences of the ASB Program

Data for the costs of running the ASB Pilot Program (mainly staff salaries and consultant fees) were obtained from ASB financials and discussions with the ASB Project Lead Team. Data for assessing the cost of in-kind community and NovaCare contributions, the revenue generated for fitness leaders by the ASB classes, and any ASB income generated by the sale of merchandise, or the cost of the training were also obtained from ASB records and financials. Costs are presented in monetary units so that the value of different resources can be aggregated and compared. Program administration costs included the costs of overheads (electricity, water, security, building maintenance, etc) and oncosts (superannuation, leave, etc).

All grants and sponsorships were attributed to the ASB program (100% attribution) given they would not have been leveraged without the ASB Program. Sensitivity analyses were added to account for potential variations in the estimated revenue from ASB classes based on a variation in class number and cost. All monetary values were converted to 2024 values to account for inflation. No adjustment (discounting) was made to future monetary values to account for the time value of money in any of the calculations for the CCA.

Narrative

FAIT includes a method of impact assessment in the form of narratives to provide further context to the impact pathway. Narratives allow the evaluator to:

- tell the story of the program (using the PLM as the scaffold);
- evidence impacts that cannot be quantified or monetised (impacts best expressed qualitatively);
- bring the beneficiaries' perspectives into the impact assessment.

Furthermore, narratives allow the presentation of qualitative evidence of impacts, such as by providing end-user quotes. This type of evidence is also particularly useful for telling the story about the program and bringing it to life. Expressing the benefits from the perspective of the beneficiaries in their words helps bring the human element to the impact, which resonates with funders, policymakers, and the public seeking to understand the program's benefits.

Narrative Data Collection

A total of 12 interviews were conducted by a member of the HMRI Research Impact team – 6 participants of the program (4 female, 2 male), 4 fitness leaders (2 female, 2 male) and 2 health professionals (1 female, 1 male).

The ASB management team contacted potential interviewees (participants, fitness leaders, and health professionals) to invite them to an interview and provided them with consent forms. Contact details of consenting interviewees were sent to the HMRI team, who organised phone calls to book interviews. All interviews were conducted via phone, recorded by an external application, and transcribed using the Microsoft Word Web audio transcription function. The qualitative data (quotes) were coded into themes and then used in the narrative. Ethical approval was not sought as the assessment was seen as part of a quality improvement activity for the program and there was no intention, at the time, to publish the results from the impact assessment.

Results

The results for the impact assessment are presented in three sections, each reflecting one of the three FAIT methods: Payback metrics, economic analysis and narratives.

Payback Metrics

This first section reports on the quantitative indicators of impact, grouped by relevant domains of benefit, a key feature of the Payback Framework, which forms one of the impact assessment methods used within FAIT.

Knowledge advancement

Knowledge impact refers to the impact when knowledge generated from the ASB Pilot Program potentially translates to other users such as policymakers, clinicians, fitness professionals or the public. The ASB Pilot Program advanced knowledge through training resources, the ASB website, media and social media. Table 1 shows a summary of the metrics for which data were available. Some relate to the products themselves, while others focus on the level of access and utilisation. Some standouts include having 2852 unique visitors to their website, including 2581 who used the “find a class locator”, presumably to find an ASB class.

Table 1 Knowledge advancement benefits

CATEGORY	METRIC (No of)	RESULT
Training resources	Customised ASB training modules developed	1
	Follow-up sub-modules covering other health conditions	19
	Screening and referral tools developed	3
	Customised resources developed for NovaCare	3
Presentations	Presentations promoting the program	19
	Public exercise class demonstrations	10
Resource listings	Listings of ASB in community resources	2
Website analytics	Unique visitors	2852
	Downloads of the screening and referral tools	81
	Downloads of the Pre-Exercise Assessment Form (PEARFs)	65
	People using the class location page	2581
	Time on page (average time a user spends on a page)	53 seconds
	Articles posted	11 posts (Jan-Jun 2024)
Media and Social Media	Media mentions (print)	5
	Media mentions (broadcast)	1
	Followers on Facebook	143
	Facebook posts, promotions and shared Facebook posts	192
	Likes, comments, reactions, etc	1101

Capacity and capability building benefits

Capacity and capability building refers to the impact when the ASB Pilot Program built the skills, knowledge and expertise of individuals for improved performance and growth of the Program. The ASB Pilot Program advanced capacity and capability building of fitness leaders through education and training events and resources. A summary of the metrics appears in Table 2 Capacity and capability building benefits.

Table 2 Capacity and capability building benefits

CATEGORY	METRICS (No of)	RESULTS
Education & Training	Fitness leaders trained and accredited (during pilot)	38
	Currently undergoing training (partway through)	12
	Health Professionals educated about ASB	30
	Training session for fitness leaders	10
	Attendances at the training sessions	47
	AUSactive accredited courses including healthy aging component	1

Engagement and collaboration benefit

Engagement and collaboration refer to the reach of the ASB Pilot Program including the people engaged with the Program and the collaborations developed. Of note are the broad range of partner organisations (n=22) collaborating on the Program, the 32 reference, advisory or steering committee members and almost 100 client acceptability surveys completed by ASB participants.

Table 3 Engagement and collaboration impacts

CATEGORY	METRICS	RESULTS
Engagement and collaboration benefit	No. of ASB partners*	22
	No. of partnership proposals prepared and submitted	2
	No. of connections established with AUSactive and RTOs	1
	No. of reference/advisory group/steering committee members	32
	No. of reference/advisory group/steering committee meetings held	10
	No. of MOU's (Memorandum of Understanding) signed	20
	No. of feedback forms completed	23
	No. of acceptability surveys completed by the fitness leaders and health professionals	9
	No. of acceptability surveys completed by the client	95

*Arthritis NSW; COTA NSW; University of the Third Age; NSW Falls Prevention Network; Veteran's Health Network; City of Newcastle; Heart Foundation/HF Walking; Kaden Centre; Australian Men's Shed Association; Lake Macquarie City Council; Community Transport Options; Aboriginal Health Unit (LHD); Northern Settlement Services; Hunter Medical Research Institute; University of Newcastle; Centenary Institute; Chronic Disease teams from LHD and private sector; Community Physiotherapy and Aged Care Services (LHD); AUSactive; Stroke ESTEEM; NovaCare and Hunter Ageing Alliance. (Consortium).

Policy and practice changes

Policy and practice changes refer to the impact when findings of the ASB Pilot Program inform changes in population/public health outcomes/healthcare policies resulting in improving population health outcomes or access to health care. The ASB Pilot Program advanced policy changes through publishing a case study in the Falls Prevention in NSW White Paper 2023 (case example 6). (25) Practice changes included 72 additional ASB classes running per week at the time of reporting in 32 different locations, including 3 residential aged care homes. A summary of the metrics appears in Table 4.

Table 4 Policy and Practice change benefits

CATEGORY	METRICS (No of)	RESULTS
Policy	NSW Health Policy documents citing ASB	1
	Response letters advocating for transport scheme	1
Practice	ASB classes/week	72
	New RACHs offering ASB	3
	Different locations running classes	32
	Trained fitness leaders delivering ASB	15
	New participants referred to the program by health professionals	373

Community benefit

Unfortunately, there was insufficient data to capture improvement in functional tests like the 6-minute walk test (6-MWT) or the sit-to-stand-up test (STSU), improved overall health, mental health outcomes such as energy and reduced loneliness and a reduction in falls. However, a survey of participants with 93 respondents was able to provide some subjective metric data on their satisfaction with the program and their perceived benefits, as described in

Table 5. The most significant results were that 98% thought they had improved their level of fitness as a result of the ASB classes, 97% said that their strength had improved, and 96% said they were more confident in their day-to-day activities.

Table 5 Community benefits

METRICS	RESULTS
In relation to experience of their fitness leaders	
Understanding of my needs	89% were completely satisfied
Helpfulness of my fitness leader	95% were completely satisfied
Respectful of my safety	96% were completely satisfied
Ability to teach the exercise	94% were completely satisfied
Let me exercise at my own pace	93% were completely satisfied
In relation to other aspects of the program	
The music choice is good	88% were completely satisfied
The music volume and speed is good	94% were completely satisfied
I feel welcome	94% were completely satisfied
The price is appropriate	99% said YES
Level of strength work	84% are completely satisfied
Level of fun and interaction in class	96% were completely satisfied
Complexity overall	89% were completely satisfied
Level of fitness work involved	88% were completely satisfied
Use of chairs	85% were completely satisfied
Amount of balance work being done	80% were completely satisfied
No. clients (participants) with improved physical health outcomes	
Improved level of fitness	98% said YES
Improved strength	97% said YES
More confident in my day-to-day activities	96% said YES
Perceptions of referring health providers	
Impact on physical health outcomes	80% said significant impact
Impact on mental health outcomes	80% said significant impact
Impact of emotional wellbeing	80% said significant impact
Impact on socialisation	80% said significant impact

Economic benefit

The main economic benefits from the ASB Program, expressed in 2024-dollar value, included a total revenue of \$273,505 to the fitness leaders generated over two years from running 1,871 ASB classes. The profit margin after excluding venue hire was \$219,145. The ASB program was also able to leverage \$120,832 in funding from the PHN to expand the pilot to Port Stephens and further up the Hunter Valley.

Table 6 Economic benefits

METRICS	RESULTS
Leveraged funding for continued delivery and expansion of ASB	\$120,832
Total revenue for fitness professionals from running ASB classes	\$273,505
Total profit for fitness professionals from running ASB classes	\$219,145
No. of classes	1871
Income from fitness leader training*	\$745
Profits from ASB merchandise (introduced in the second half of 2024)	\$700
Value of sponsorships	\$152,000

* cost of training was covered by the grant funding of the pilot. Participants had to pay the training costs from Sept 2024.

Cost Consequence Analysis

This section presents the results of the cost-consequence analysis (CCA) for the ASB Pilot Program from its commencement in 2022 until 18 October 2024. The costs and monetisable consequences from available data provided by the ASB Pilot Program staff are presented in aggregated form. All other non-monetisable consequences can be found as metrics in their natural units in the previous section. All monetary values reported are in Australian dollars.

Program Costs

The total cost for the establishment and running of the ASB Pilot Program are grouped into five categories, all converted into 2024 values. The first and largest category included the costs covered by the grant from the NSW Ministry of Health. That covered costs for ASB staff salaries, consultant expenses, including web design and impact evaluation and non-salary expenses, such as marketing and IT expenses, totalling \$357,090. The second category included the opportunity cost associated with the running of the Consortium Advisory Group (5 meetings), which totalled \$3,060 and the third was the opportunity cost of running the Executive meetings which totalled \$14,815.

NovaCare, a Hunter-based, not-for-profit organisation that has been recognised for excellence in aged and community services, has provided accommodation, in-kind support and joint management support to the ASB Program. The fourth category reflects the value of the in-kind support provided by NovaCare to the ASB Pilot Program, which totals \$20,340. The fifth cost category is the opportunity cost associated with fitness leaders undergoing mandatory training, assessments and in services in order to be eligible to deliver the ASB Program. This totalled \$31,460, bringing the total cost of the ASB Pilot Program establishment and delivery to \$395,306. Details for these appear in Table 7.

Table 7 Cost of ASB Program

Item	Description	Value	Adjusted to 2024 value
Costs covered by grant	Salary and non-salary costs	\$352,300	\$357,090
Consortium Advisory group	Non salaried participant opportunity cost	\$2,940	\$3,060
Executive meetings	Non salaried participants opportunity cost	\$14,550	\$14,815
NovaCare Contribution	In Kind contribution		\$20,340
Training/Assessment/ Inservice attendance	Fitness leader opportunity cost	\$31,323	\$31,460
TOTAL COSTS			\$395,306

Monetisable consequences

Whilst the true value in the ASB Pilot Program would be in its potential ability to contribute to preventing falls, keeping people living independently for as long as possible, improving the management of chronic conditions and improving the quality of life for older adults, we were unable to evidence these impacts due to insufficient data to be able to link and empirically assess and attribute the contributions of the ASB Program to these potential longer-term outcomes. Given the significant potential savings from avoidable falls, including healthcare costs and delaying admission to residential aged care homes, their exclusion from this analysis means the value of monetisable consequences is likely to be conservative.

What we were able to monetise was the value of additional funding leveraged through the PHN, an individual donor and Clubs NSW, required by legislation to contribute to local charities and community organisations. These leveraged funds were valued at \$272,832 at full attribution.

A second monetisable consequence was the income obtained from the delivery of training (this was not in place at the start of the program but started towards the end of the program in 2024) and some ASB merchandise. This modest amount totalled \$1,445 but has the potential to increase in future years.

A final monetisable benefit was income generation for the fitness leaders. This was based on data from the fitness leaders about the number of ASB classes they were running, the cost charged to participants, and other details such as venue hire costs. This totalled \$219,145, bringing the total monetisable consequences up to \$493,422, as shown in Table 8. Given none of these consequences would have occurred without the ASB Program, we have applied 100% attribution rate to all these consequences.

Table 8 Monetisable consequences of the ASB Program

Consequences	Description	Value (100%)
Funding leverage	PHN, Individual donor, Clubs NSW	\$ 272,832
Revenue generated	Training and merchandise	\$ 1,445
Revenue generated	By ASB class delivery (paid to fitness leader)	\$ 219,145
Total		\$ 493,422

In summary, even without the ability to value potentially significant downstream economic benefits from the ASB Pilot Program such as a reduction in the number of falls and a delay in older people moving from independent living to residential aged care homes; there was still a monetisable benefit that outweighed the investment in the program over the 24 months. It is likely that a focus on revenue generation and monitoring of longer term outcomes and downstream impacts such as average age of movement into RACHs in the ASB cohort could provide a more comprehensive economic assessment.

Narrative

Need

Four out of five Australians over 65 have at least one chronic health condition, with cardiovascular disease being the most prevalent. Falls, which account for more than half of all hospitalisations in people over 65 years, impose a significant financial burden estimated at a staggering \$600 million per year, just in NSW. Concurrently, this cohort, regardless of where they live, also experiences a period of increasing cognitive decline, including dementia. Managing these conditions often requires multidisciplinary care, which is costly for healthcare systems. Exercise programs incorporating aerobic, strength and balance components are the most effective strategy to manage most chronic disease problems experienced by older people, slow their cognitive decline, prevent a loss of mobility and independence and support healthy aging. However, access to and participation in suitable exercise programs for older adults are often limited, particularly in rural, regional and remote communities. This is due to a lack of tailored programs on offer, reluctance amongst the older cohort to attend gyms or other facilities, and their early placement in residential aged care homes (RACHs). A further barrier is the lack of recognition that exercise classes for this cohort should be part of active health management. Consequently, transport subsidies for medical appointments do not cover transport to exercise classes, further limiting participation.

What is needed are local fitness leaders trained and accredited to deliver safe, tailored exercise programs for this cohort. It is also essential to create a referral pathway for GPs and other health professionals to link seniors with such exercise programs, ensuring continuity of care. Since GPs are often the first point of contact for patients seeking specialised care, a clear referral system would enable quicker access to these programs, improve resource allocation, and enhance the overall efficiency of the healthcare system.

Response

Active Stronger Better (ASB) is a low to moderate-intensity exercise program tailored to older adults that has been piloted in the Hunter community since November 2002. The Program aims to promote and increase access to safe, evidence-based exercise programs to manage chronic disease, improve health and social wellbeing, and promote healthy aging by preventing loss of cognition, mobility, falls prevention and independence. Based on a highly successful Australia-wide Heart Foundation' program called 'Heartmoves' (1998-2016) and NSW Health's 'Active over Fifties' (1998-2013), the pilot started in Newcastle and Lake Macquarie regions with the financial support of NSW Health and later secured additional funds, which allowed its expansion to the Hunter Valley and Port Stephens areas. The program has a shared management model involving Hunter Ageing Alliance (a citizen-formed advocacy

group) and NovaCare Community Services (a professional homecare service provider in the Hunter region). The program has 6 paid staff (program manager and administrative positions totalling 2.3 FTE), and with the existing philanthropic and remaining grant funds, the ASB Program can continue operating until 30th June 2025.

Outcomes

Since 2022, the ASB Pilot Program has trained 38 fitness leaders in the Hunter, is currently training another 12 fitness leaders, and has delivered 29 promotional activities, including 19 in-person presentations and 10 exercise class demonstrations. The Program has engaged with 30 healthcare professionals and 373 participants who have been referred by healthcare professionals to the Program. The Program has 143 Facebook followers, and 2581 unique individuals have accessed the class locator on the ASB website. The ASB Pilot Program has 22 partner organisations.

ASB Staff, in partnership with Hunter Ageing Alliance members, have organised meetings to advocate for:

- 1) ongoing funding for maintenance and expansion of the program throughout the Hunter region and Australia-wide and
- 2) the inclusion of exercise classes in the current transport subsidy scheme for older Australians to enable older residents to access these classes at a lower overall cost.

The program has secured \$120,000 in additional grant funding and over \$152,000 in sponsorship that allowed its extension from Newcastle and Lake Macquarie to the Upper Hunter and Port Stephens LGAs, expanding the reach of the program and improving accessibility of older Hunter residents to appropriate exercise classes. There are currently 72 ASB classes running in 32 different locations in the Hunter per week, either in community-based settings or in RACHs (n=3), with roughly 388 seniors participating in the program.

Impacts

The main benefits of the ASB Pilot Program are summarised into seven interconnected themes. These themes emerged from interviews conducted with participants who have attended the ASB classes; ASB fitness leaders; and health professionals who have referred patients to the ASB Pilot Program.

Theme 1 Personal enjoyment and mental health

In general, all interviewed participants talked very highly of the program and the fitness leaders. They expressed the enjoyment of the classes and recognised that the classes are tailored to their needs. They all agreed that the fitness levels of the classes were adequate and allowed them to keep up with the

exercises. They all reported that the fitness leaders do a great job of keeping the classes interesting as they have a good mixture of exercises that focus on balance, strength and cardio and mix it up with games. The fitness leaders respect their limitations but still push the participants' limits enough for them to give the best they can.

"Well, the mood is much more cheerful. It's something to get up for in the morning. So that's good. I enjoy the classes. Particularly the fitness one, which they try to make fun by bringing about games. Then you realise that you're actually enjoying the game, but more importantly, you're doing exercise without realising it." (Participant)

Some participants also reflected on the mental health benefits of the classes.

"I had suffered a lot with great anxiety, and I did have a little time off last year. I went into Warners Bay Clinic for a little while because I got quite down. It was over the COVID period, and I had done a lot of voluntary work previously and because that all stopped. I was isolated. Then I went back to exercises, and now I feel great." (Participant)

Fitness leaders also reflected on the issues of personal enjoyment, excitement and happiness as being observable benefits for attendance at ASB classes, while health professionals spoke about the mental health benefits:

"They actually get quite excited and they're happy knowing that the class is being tailored just for them. And so yeah....that's what I mean, like I always did that anyway, but as soon as I announced the training with ASB, it was different. They seem more excited and that sort of thing that you know now, it was really just all about them." (Fitness Leader)

Theme 2 Social connection and engagement

ASB participants who were interviewed also reported that participation in ASB classes increased their social interaction with the community and other seniors and increased engagement with other participants outside of the classes. Predominantly female participants reported establishing friends with other participants, while others (most males) reported that they had only made acquaintances. Some participants organised coffee catch-ups and morning teas, and they held themselves accountable for the classes, so whenever someone missed a class, they always checked up to see if that person was okay.

"Certainly, I've made friends. Quite often after the class we go and have coffee together, have a bit of social conversation, so, it's widened my social circle if you like." (Participant)

"We do have coffee and a meal and I don't ever want to leave the group. I don't want to leave because of [the fitness leader], because [the fitness leader] is amazing." (Participant)

"I realised I needed to go back to the women in the group because the social aspect of it was better for me." (Participant)

This benefit of establishing social connection was also captured in the reflections of one of the fitness leaders.

"After the class they all catch up for coffee and a little bit of cake and a chat for an hour. We also put on morning teas for them, so they can socialise. It's really important for them mentally [psychologically] say, you know, to socialise as well." (Fitness Leader)

And also reflected by the health professionals who refer to the ASB Program:

"The socialisation benefit is certainly important. Getting out and mixing with people and making new friends." (Health Professional)

"But I know socialisation is so important as well and that's a big aspect for them as well...some people have had made friendships now from attending these programs as well, which is so important as well as to get older." (Health Professional)

Theme 3 Physical health benefits

All participants recognised the physical benefits of the ASB classes, such as improved muscle strength and balance. They reported being happy to do the exercise classes as the classes kept them reasonably fit.

"I'm talking about ladies that have been like my age now starting or in their 90s. We've got, like, half a dozen women starting there in their 90s, and they sort of start on their chair and their wheelchair and their little walking stick, but after a while now, you can see that these ladies have got so much more confidence in themselves." (Participants)

"I'm nearly 85, so it makes me feel really good that I can move, and I can get around. And some of the older ladies that have started will start sitting down to start their exercises but give them a few months and these ladies are standing up because the teachers actually give these women so much confidence." (Participants)

Some participants with chronic conditions also report that the classes are a good strategy to manage their existing chronic conditions.

For example, a male participant who has Parkinson reported that since he started taking ASB classes, he improved his balance and his walking. A female participant who had a previous heart attack reported that the ASB classes were fundamental to her improvement – without the classes, she would not have recovered as well and as fast.

"I've had a few health issues. Yeah, well, I had a heart attack. Yeah, I had a couple of stents put in and if it wasn't for me doing the exercise class three days a week, I would not have recovered as well as I did." (Participants)

Fitness leaders also reported that participants sometimes shared positive feedback regarding their participation in the classes. This included things like decreasing medication intake and being able to do things they couldn't do before they started exercising such as going for trips and climbing stairs or carrying their luggage.

"I can absolutely see the physical improvement in their abilities, and they can see it as well. And you know, they're always telling you how they feel more confident on their feet now or how they were able to do this thing. You know, they might be able to walk up a flight of stairs now without breathing being a limiting factor or something. And that's something that keeps them coming back, as well, as they know where they were when they started. They know where they are now, and they don't want to lose that. So that's important to them." (Fitness Leader)

"I had a couple call me last week and tell me: "Thank you very much. We're on a cruise we had been on before. We would never have been able to walk up all those stairs, but because of what you do in your class, we can now walk up 6 flights stairs. [...] they would not been able to walk half that on their holiday if it wasn't for my exercise classes... If they didn't pick up a weight they wouldn't be able to carry their luggage, you know. They wouldn't be able to balance and do a lot of things that they do when they're away." (Fitness Leader)

One health professional spoke about his patient being able to come off their medications as a consequence of participation in the ASB Program.

"Being able to come off some of their medications. Getting off, you know, some of their medications reducing their diabetes medication, their anti-hypertensive medication, some of their antidepressant medication. Like, these sorts of programs are probably as good for depression as the pills that we give out. So, you know, there are a lot of benefits for people." (Health Professional)

Theme 4 Cognitive benefits

Participants were also very grateful for the cognitive activities that the fitness leaders embedded into the training as they consider these activities important to keep their brains active and working well. This included specific activities that require hand-eye coordination or tasks that required them to use their short-term memory.

“Juggling and then trying to think of names or something at the same time. And I think that helps with Parkinson's and keeps the brain working as well as the body.”

(Participant)

“You've got to throw things to your partner like a ball, and that's good for your eyesight and your hand-eye-coordination. Well, all that's good for your brain.” (Participant)

Theme 5: Maintaining independence

All fitness leaders acknowledged the benefits of exercising for healthy aging, such as keeping participants as strong and as fit as possible and keeping them independent for longer, which is associated with a decreased risk of falls and the onset of chronic conditions that could lead to early placement in residential aged care homes.

“I decided to do it because I understand that exercise is good for everyone, but particularly I think it can have a big impact on older adults in the community [...] because it promotes strength and fitness and all the, you know, promoting healthy ageing and physical independence, reducing the risk of frailty and potentially injury.” (Participant)

This is also reflected by one of the health professionals who refers to the ASB Pilot Program:

“Oh, I think the biggest benefit is the independence aspect of it, the fact that it just allows them to remain independent in their own home for longer. I think that's the biggest benefit.” (Health Professional)

Theme 6 Personal growth and satisfaction

For fitness leaders, a personal benefit they experienced related to the personal growth and satisfaction they experienced being involved in the ASB Pilot Program. There was a mix of professional experience in this group, ranging from 2 to 20 years of experience as a fitness leader. Those working in the field for longer have been working with seniors for a while and decided to take the training because they wanted to improve their knowledge and ensure the exercise programs were tailored to the needs of the seniors.

“The active, stronger, better course was always going to be 100% what I needed to do to continue and to grow.” (Fitness Leader)

“the practical components of the accreditation are really good and the same with the online modules. Compared to other CC or professional development modules that are available, it was extremely affordable.” (Fitness Leader)

“I think it's one of the more comprehensive training courses I've done for like an upskilling workshop. So, I think the training was really, really good and valuable.” (Fitness Leader)

"I thought it was an excellent workshop. I thought the videos and online component was good. It really explained things well and had some good reference points. Yeah, it was a good experience overall. [...] I thought it was well balanced. A day to practice what you've been studying when you're already trained in the area is plenty." (Fitness Leader)

They were also interested in creating more credibility with the clients as it increased the trust of seniors in their capabilities as fitness leaders.

"...mostly to build trust with the clients I work with. So obviously when they see the Hunter Ageing Alliance and titles like that, people feel comfortable rather than me just saying I've got experience and telling them what I've done. They know if I've been accredited by Hunter Ageing Alliance or the Medical Research Institute whom they can trust, they know they can trust you more." (Fitness Leader)

Theme 7 Financial benefits

Opinions about the financial benefits of the ASB Program was mixed. Some fitness leaders did not report financial benefits from the increased classes and fees paid by the participants attending the classes.

"I already had a lot of numbers to start with, so it didn't really increase my business. It just legitimised what I was trying to promote amongst them without looking too fake and all the rest of it." (Fitness Leader)

Some felt that the return, at times, was not enough, suggesting that fitness leaders needed to do it for enjoyment as well as for profit. Most would be supplementing their income with other types of classes or other work outside the fitness industry.

"If you do it because you love it, you'll enjoy it. [...] I've got four classes, that's probably about \$300.00, by the time I get rid of my petrol and other expenses." (Fitness Leader)

However, others reported the growth in their number of classes, the participants coming to the classes, and the subsequent return on investment.

"The return on investment is massive, you know. Depending on how big your class is, you know you might have 10/15/20 participants in the class, and if everyone is paying \$10 because that's, I think that's about the median or the average cost of the class that people are charging in the Lake Macquarie, Newcastle area. You know, if people are showing up to 2-3 classes a week, you got, you know, \$200.00 a class three times a week, \$600 a week. It's a very good return on investment, I would say." (Fitness Leader)

Another financial benefit raised by a hospital-based health professional was the impact of the ASB Program on the length of stay in hospital for this age group.

“Generally, what happens is we're discharging the patients and then sending them on. So, it's definitely part of our referral pathway now that we have somewhere to send them when we do this. I would say probably it's helping the health service as well because it's reducing their length of stay with us because we have somewhere else to send them to where they can continue their strength and conditioning program.” (Health Professional)

Although not usually captured as part of an impact assessment, the issue of affordability and accessibility of classes was raised by health professionals and asked of participants. Participants spoke about two issues that impacted their participation that have been included as part of this report, given their importance to the future scale-up of the program. The first is around the affordability of the classes.

Additional non-impact themes

Theme 8 Affordability of classes

All interviewees felt that paying \$7- \$10 per class was not a burden for them, even those who attend three classes a week, which would cost around \$30 per week or \$120 per month.

“Where I go, if you join their community centre where they held it, it costs you ten dollars a year [membership], which is like 2 cups of coffee maximum, and then each session is only seven dollars, which is really very cheap for what the benefit is.” (Participant)

“No, not at all [impacted financially], and not on the other ladies and gentlemen as well. It's only eight dollars.” (Participant)

“It doesn't matter [the financial impact] because it's only \$8. It doesn't make any difference.” (Participant)

This is at odds with the reflections of the health professionals who refer patients to the ASB classes.

The only other thing would be cost. Well, I know it's not expensive, but still, ten dollars is a lot or like seven or eight sometimes is a lot for some people. I think for some patients, that might be a barrier as well.” (Participant)

The second is around the issue of accessibility of classes for those who are accessing the ASB classes in the community rather than in a residential aged care home.

Theme 9 Accessibility of the community classes

Most ASB participants who are residing in the community are still able to drive, and they drive themselves to the classes. Whenever they cannot drive, they organise a pickup, which usually involves another participant from the class or their spouse. None of the interviewees reported having any issues with accessing the classes while driving, such as parking etc.

"I just drive. But if I haven't got a car, I organise for some of the ladies to come pick me up." (Participant)

"You know, everyone knows in the group that if we can't make it, they will come and organise something for us." (Participant)

Others spoke about the use of carpooling and the NovaCare bus as potential options as well.

"Like, if we're all in communities, then it's easy access to get to the class. Most of them carpool. They'll get, you know, a few of them will jump in ...or the NovaCare, they have a bus where they pick people up and bring them to the class. So, a lot of people get themselves there on the buses. It's like a day out for them." (Fitness Leader)

When asked if there were barriers relating to transport or access, some said that if the NovaCare bus was made available, that could potentially help others who could struggle to go to the classes.

"There are some ladies who can't drive now, and they've got those little motor scooter things and I think if it was in the rain, they can't make it. Maybe organise a bus or something, one of those NovaCare buses." (Participant)

These reflections were contrary to the views of some health professionals who believe that transport and specifically the lack of funding to cover transport to the ASB classes are the major impediment to participation, such as stairs to get to some of the classes.

"Transport is a massive barrier, and the only other barrier would be, I think, is that I know in one or two locations there are stairs to get to the site. So, I think that would be a major barrier, but definitely, transport is definitely the number one barrier for our older population." (Health Professional)

"it's disgraceful the way the health system sees exercise. I mean, it's probably as useful as any of the therapeutic strategies we got available for most conditions. But the health system just ignores it. It ignores it in funding it ignores it in providing assistance. I mean, you can get them to pay for you to go and see the doctor, but DVA won't pay for you to go on to the exercise program. So yeah, I think it's only one of many weaknesses in our

system at the moment.” (Health Professional)

This is potentially due to these health professionals having greater insight into impediments for older people they had referred to the ASB Program but did not attend due to transport and other accessibility issues.

One health professional also spoke about the flexibility of My Aged Care packages that allowed them to be used for transport to classes, and a potential solution to the issue of transport, whereas the homecare packages appeared to be more restrictive.

“My Aged Care assessment packages provided them with transport...that if exercise classes were considered part of the reason for the transfer that you could access the transport. I know well like home care packages sometimes don't provide the transport. So if you had like a My Age Care system that was more, I suppose, accessible, then that would be great. That would be massive cause a lot of those patients have level 1-2 packages or 3-4 packages so they should be able to use their funding as they want to take these programs.” (Health Professional)

Another health professional spoke about a system of support that has been working well where one of their allied health professionals takes the referred patient to their first class to settle them in.

So, one way of really ensuring that we are like encouraging our patients to continue their exercise once they're finished with our service...we have started a program now where we get one of our allied health assistants to actually bring patients along if they do want somebody to bring them to that first program. And so either a physio or allied health assistant will attend with them to the first ASB session to encourage them and to break down the barriers at that very first initial contact... So that's what we're doing now, which has been working really well.” (Health Professional)

Another key sub-theme around accessibility is the strong evidence base and safety of the classes that ensure that health professionals are confident to refer their patients to the ASB classes.

“I think the biggest incentive is that I know that it's a well-rounded program, evidence-based and that they've got excellent fitness leaders that are educated and looking after older people. So, I think I know it's a safe, evidence-based program that works. So that's probably the biggest.” (Health Professional)

“And I refer a lot of people to programs, to Active Stronger, Better, and to a particular gym which provides very careful training in lifting and strengthening. So, I use those 2 resources mainly.” (Health Professional)

The next section contains three case studies that reflect the themes covered in the above narrative while staying in one perspective at a time. It allows the reader to fully immerse themselves in the experience of each of the three perspectives.

Case Studies

Case Study 1: Participant, April Adams (pseudonym)

Background

April is a retired nurse who has been attending the ASB Pilot Program for over seven years. After retiring, she moved to Newcastle and was looking for ways to connect with her new community. Through her volunteering work, she learned about the ASB Program for seniors. As she had always understood the importance of physical activity for mental and physical wellbeing, she decided to join the group as a participant.

"I've always been into fitness. I'm a retired nurse so I needed to keep up exercise for my mental health as well as my physical health."

The ASB Pilot Program has been a great way for April to establish new relationships in her new community while keeping her healthy and fit. Over the 7 years she has been attending the exercise classes, she has increased her connections, making lots of friends.

"Yeah, for the simple reason I don't come from here [Newcastle], and when I retired from nursing here, you don't have workmates. So, I think the universe put me where I ended up in the centre [community centre where her ASB classes are held]."

Social and Physical benefits of the ASB Program

According to April, the ASB exercise groups provide a strong sense of social connection. She appreciates the social component of the program, which she believes to be very important as some seniors attending the group are widowed and living by themselves, which can increase the risk of loneliness and social isolation.

"We are very very social... I've still got a husband, I'm lucky, but many ladies are on their own. And if it wasn't for our social group and exercise group, they wouldn't have anyone."

The classes provide a great social opportunity for seniors around the area to connect, make friends, laugh and feel supported.

"The instructors [fitness leaders] are very tolerant because we laugh listening to the music and ... they are all fine with that. They're really good with it. They don't mind. (...) We do have coffee and meals together, and I don't ever want to leave the group"

When asked about the physical impacts of the program on her health and wellbeing, April is adamant that the program is safe and appropriate to all fitness levels. She had a heart attack two years ago and attributes her full recovery to the ASB program.

"I had a heart attack. Yeah, I had a couple of stents put in and if it wasn't for me doing the exercise class three days a week, I would not have recovered as well as I did."

She also reflects that all the years of continuous exercise before the heart attack also made her body stronger, so she was more able to pull through her recovery. April also acknowledges the adaptive aspect of the ASB program. During her cardiac rehabilitation, she was moved from her original group to an ASB cardiac rehabilitation group, which tailored the exercises to the needs of people recovering from cardiac surgery. Due to her great fitness levels from attending ASB classes before the heart attack, April was the fittest senior in the rehab group. This meant she was able to move back to her original group

"I was the youngest in the group and I just could do more because of the exercise program that I had been attending. So, they suggested that I did three weeks of it, which I did, and they just said - "Maybe you should go back to your group". (...) My heart's healed. If it wasn't for the exercise program, I wouldn't have healed as well or as quick as I have."

Suggestions for improvement in the future

Despite the group being very social and always arranging carpooling for those who are unable to drive or, for transport reasons, are unable to access classes by themselves, April believes having some sort of transportation for the group would help them maintain participation in the classes, so they can keep getting the physical and social benefits of exercising.

"There are some ladies who can't drive now, and they've got those little motor scooter things and I think if it was in the rain, they can't make it. Maybe they can organise a bus or something, one of those NovaCare buses."

Case Study 2: Fitness Leader, Stephanie Biggins (pseudonym)

Background

Stephanie is a fitness leader with over 10 years of experience in the industry. She joined the previous iteration of the program when it was called Heartmoves and continued with the program when it became Active Stronger Better. Stephanie reflects that for her, ASB was not a change or addition to her areas of focus as she has always had an interest in working with seniors. She took the program because she wanted to grow her own knowledge and her clientele:

"I have always based my work on seniors. So the Active Stronger, Better course was always going to be 100% what I needed to do to continue and to grow... I just love it. So you know, I'm just one of those people that really love what I do, and Active, Stronger, Better, has helped that.... (also) I have grown probably 50% in participants coming now"

Personal benefits of ASB for herself and/or her practice

Since delivering the ASB Program, and its predecessor Heartmoves, Stephanie has witnessed its many benefits firsthand for herself. A key thing has been its impact on her knowledge and her practice:

"I learnt lots about exercise... Well, it taught me lots of different ways of doing things that I was doing, like, you know for balance. There was lots of different things that I hadn't known about balance... the course was great."

Stephanie reflects that the training course has helped to add extra bits she learned with ASB to her previous knowledge and her new knowledge has been transferred into the program she offers to her seniors:

"I incorporated the exercises... I do segments like 10 mins there'll be a cardio, maybe aerobics. Then, you know, that's warm up as well. Then I go into some maybe some strength, some balance, and then some fun games at the end, cause they all love to have a bit of fun at the end. So, it's all incorporated into my program."

Delivering the ASB Pilot Program has also had a positive impact on Stephanie's mental health. Being someone who finds satisfaction and joy in helping others, the ASB Pilot Program has been a rich source of satisfaction in helping others. She can see the daily impact it has on the clients from the positive

reviews they provide, and it helps her mental health knowing she's helping them:

"It's actually kept my mental health in check...and that is the biggest thing, just watching and looking at what you do for other people is really, really, is probably the best benefit I get from Active Stronger Better... I don't do it for the money either. I do it because I enjoy watching what others get out of it."

Having said that, Stephanie is not convinced that there have been monetary benefits from running the program yet, given she has only swapped over the Active Stronger Better in the past few months. However, there has definitely been an increase in classes and client participation overall.

"Since Active Stronger Better started, we've gone from 2 classes to 5 classes a week, just senior classes. That's how much it's built up since it's become Active Stronger Better. I can't attribute the increase of classes to the ASB Pilot Program just yet. I'd have to answer that in 12 months' time. You know, we've only been under the Active Stronger Better program for a few months. Ask me in 12 months tax time... Client participation has also increased around 50%."

Benefits for her clients

Stephanie has also been able to witness the many benefits her ASB classes are having on her clients. Some of the specific instances she was able to share relate to physical health benefits for her client, such as a reduction in medications.

"I have women and men, for that matter, come up and they'll let you know that they've halved their medication because of the exercise that they've started to do."

Physical improvements and mobility are another area of benefit for her client that Stephanie has observed. Here she paraphrases some feedback she received from a couple who attend her ASB classes who claimed that they would not have been able to walk to that extent or pick up their own luggage if not for her class.

"Thank you very much. We were on a cruise before. We would never have been able to walk up all those stairs, but because of what you do in your classroom when we're participating, we now can walk up know 6 flights of stairs!! ...and if they didn't pick up a weight [in class] they wouldn't have been able to carry their luggage."

There are the social benefits of the class. She explained that all of her clients enjoy the social side of it because it brings them together and improves socialisation, which is positive for mental health and wellbeing.

"A lot of the seniors are, you know, widowed, living on their own so a big part of ASB is also about being social for them, too. After the class they all catch up for coffee and a little bit of cake and a chat for an hour. We also put on morning teas for them so they can socialise. It's really important for them mentally say, you know, to socialise as well"

Suggestions for improvement

Although raised as a challenge by some participants, in Stephanie's view, it is relatively easy for most participants to get to the class.

"Most of them carpool and some use the NovaCare buses....NovaCare, they have a bus where they pick people up and bring up. So, a lot of people get themselves there by buses. It's like a day out for them. I haven't experienced any senior not coming to the classes because of lack of transportation. Someone always offers to pick them up."

Case Study 3: Health Professional, Dr Graham Giles (pseudonym)

Background

Dr Graham Giles is a geriatrician in Newcastle who has a clientele of older patients he sees in his practice. As a leader in the ageing sector, particularly in Newcastle, Dr Giles is a passionate advocate for the benefits of physical activity to maintain the health and wellbeing of his aging patients. It is common practice for him to refer his patients to exercise classes, with the ASB Pilot Program being one of his two programs of choice.

"I don't think I see anybody for whom exercise wouldn't be probably one of the most important therapeutic strategies that they could use. So I really encourage everybody to exercise in some form or another...and I refer a lot of people to programs; mainly to Active Stronger Better and to a particular gym which provides very careful training in lifting and strengthening..."

Occasionally, if they're very sort of old, I might recommend they go to a day centre that provides an exercise program. But mostly, you know, for people who can get out, I'll refer them either to Active Stronger Better or to gym work"

Rationale for referring patients to the ASB Program

When asked about why he prefers the ASB Pilot Program and how confident he is about the program itself, Dr Giles reveals that he has actually observed some of the ASB classes and even participated in one to ensure he was comfortable sending his patients there. He elaborates on the reasons for his confidence:

"Oh, look yes, I've actually watched the programs. And I've actually taken part in one. And look, I think the thing that distinguishes Active Stronger Better is the skill of the fitness leaders, their excellent training, and the enjoyment that people get. I mean, they're fun programs. The exercises they build into the programs are a lot of fun, you know. It can be the jokes, the discussion from the fitness leader, or just simply the way the exercises are done. They're a nice mix of aerobic, resistance and balance exercises combined with having a lot of fun."

Another aspect of the ASB Pilot Program for his patients is its longevity and their ongoing participation. When required, Dr Giles refers his patients to other specialised classes, such as those targeted for

patients requiring cardio or respiratory rehabilitation, but acknowledges the short-term nature of those exercise offerings when compared to programs like ASB:

"A lot of the cardiac rehab programs and the respiratory rehab programs are available. When I was doing clinics out of Toronto, these programs used to go on just beside my clinic area, and I referred a lot of people to those, and they are great. But they are short term. That's the problem. I mean the advantage of Active Stronger Better is they just go on and on. And that's what people need...the beauty of what Active Stronger Better does is that it's ongoing.

Another positive outcome from Dr Giles' patients participating in the ASB Pilot Program is the feedback he receives from both the fitness leaders and his patients, confirming the benefit of his referral practice.

"Sometimes the patients themselves will come back [and tell me about their experience]. Sometimes the gym will come back, and you know, thank me for referring someone and tell me how well they're going. Or if I see the patient again, of course I'll know what they're doing and what benefit they're getting from the exercise."

Dr Giles is convinced that he is not an outlier in this aspect of his care. He believes that given the option, most health providers would refer their patients to these programs; the key was to make them widely available and let those health professionals know how their patients can access the classes.

"I think most GPs now are very aware of the value of exercise. And you know, I know there's a lot of specialists in particular, you know, in rheumatology and areas like, that do a lot of referrals. I think it's just a matter of making the programs available. And letting people know how they can access them."

Benefits of the ASB Pilot Program for his patients

Dr Giles sees three main health and wellbeing benefits from his patients participating in the Active Stronger Better Program. These can be summarised as independence, socialisation and physical improvements.

"I think the biggest benefit is the independence aspect of it, the fact that it just allows them to remain independent in their own home for longer. I think that's the biggest benefit..."

The socialisation benefit is certainly important. Getting out and mixing with people and making new friends.

[A third is] being able to come off some of their medications...reducing their diabetes medication, their anti-hypertensive medication, some off their antidepressant medication. Like these sorts of programs are probably as good for depression as the pills that we give out. So you know, there are a lot of benefits for people."

The future of the ASB Program

Being an advocate for the needs of older people, Dr Giles is very vocal about the lack of support for older people to pursue group exercise classes in Australia and sees this very much as a failing of the health system.

"... it's disgraceful the way the health system sees exercise. I mean, it's probably as useful as any of the therapeutic strategies we got available for most conditions. But the health system just ignores it. It ignores it in funding, it ignores it in providing assistance. I mean, you can get them to pay for you to go and see the doctor, but DVA [Department of Veterans Affairs] won't pay for you to go on to the exercise program. So yeah, I think it's only one of many weaknesses in our system at the moment."

Discussion

The combination of the payback metrics, cost-consequence analysis, narrative and case studies has provided a comprehensive picture of the achievements and impacts of the ASB Program and highlighted some potential areas of future focus.

Key Achievements

The key achievements of the ASB Pilot Program have been:

- The training and accreditation of 38 new ASB fitness leaders, plus 12 that are currently undergoing training.
- Achieving AUSactive accreditation for the training program and creating an additional 19 modules targeting issues of significance to this population group.
- Creating an additional income source for these fitness leaders, allowing them to undertake meaningful work for which they can see the direct benefits to their clients.
- Educating 30 health professionals about ASB and the referral pathway has introduced 373 new older adults to ASB and potentially reduced the length of hospitalisation for some of these patients.
- Influenced policy on both falls prevention (NSW White Paper) and the use of government funding packages for exercise programs like ASB (direct submission).
- Facilitated the delivery of 72 ASB classes per week in the Hunter Region at 32 different locations, increasing its reach and accessibility to a wider population.
- Improved the fitness, strength and confidence in everyday activities for up to 388 older people in the Hunter Region with potential improvements in their quality of life, ability to age in place for as long as possible, and potential downstream cost savings in healthcare and social services.

Strengths of the Program

A key strength of the ASB Pilot Program has been the ability to partner with 22 diverse organisations, which has given the Program expansive community support and credibility.

A second key strength of the Program has been the strong association with NovaCare as the main sponsor of the ASB. NovaCare has provided in kind support through office space, administrative support and management guidance and continues to auspice the ASB program.

A third strength is the network of health providers that the Program has cultivated. Health professionals play a critical role in driving engagement with the ASB Program, with most referrals coming directly from them. Each service has different ways of navigating this referral system, but some have value added to

this. For example, some health professionals actively support patients by attending classes with them after discharge, which has proven particularly effective in overcoming barriers and encouraging behavioural change. This approach could be a valuable strategy for the ASB program to consider implementing across other health services.

A fourth strength of the ASB Program is the ability to generate significant economic benefit, both for the sustainability of the program longer term, and for increasing employment in the fitness industry as Australia's population over 65 continues to grow.

While the full return on investment will take a few more years to be realised and also relies on access to patient personal health data and health usage data, the Program has already generated a positive return on the initial investment. The realisation of the full value of the Program also hinges on the ability to keep the Program running .

Areas for Improvement

Despite the many achievements and strengths of the ASB Program, there is room for improvement in its operations and future scale-up.

Even when accounting for females living longer than males, there is still a gender disparity in the ASB classes, with the majority of participants being female. To address the significant gender disparity among participants, it could be beneficial for the ASB team to consider targeted strategies for increasing male engagement. Although male participants mentioned that the gender imbalance was not a major concern, they did express that having more male peers would enhance their experience by providing additional opportunities for friendship. Furthermore, creating promotional materials specifically aimed at men could be an effective approach to boost male participation and foster a more balanced community within the ASB Program. Other population groups that are not well represented are people from culturally and linguistically diverse populations and First Nations Australians. Exploring ways to make classes more culturally diverse and appropriate for these groups could be a worthwhile investment for the ASB Program in the future, ensuring that the reach and accessibility of the Program continues to grow.

While residential age care homes are represented in the ASB family at the moment (n=3) there is room to expand this further and increase the number of RACHs offering the program. This will require RACHs to be identified as a priority target group for the future.

The data required to make the links between the ASB Program and a reduction in falls or a delay in having to give up independent living (both of which have significant societal economic benefits) relies on the ASB Program investing in robust data collection mechanisms to capture the required data. This is a worthwhile investment for the Program who will be able to leverage this evidence to build a stronger

case for further funding for the continuation of the ASB Program.

Limitations

The main limitations of the impact assessment of the ASB Pilot Program include:

Lack of patient-level health and health utilisation data

A limitation of the ASB Pilot Program is the lack of systematic collection of patient-level health data, making it challenging to assess the community benefits of the program quantitatively. Without this data, we were unable to corroborate the patient reports of physical improvements such as fitness and strength gains, functional test performance, or reduced fall rates. However, collecting such data was not a priority to the ASB Pilot Program as the entire ASB model and training are underpinned by robust existing evidence demonstrating the benefits of physical activity and exercise for older adults. A potential solution would be to map the outcomes from the Heartmoves data to the ASB cohort.

Sample biases

While health professionals and fitness leaders believe transport and cost could be barriers to accessing classes, seniors did not see them as significant obstacles. This could suggest sample selection bias, as we may not have captured the perspectives of those who face transport challenges or those who may have not attended classes after being referred due to a lack of accessible and affordable transport. Without data on potential participants who never joined, it remains unclear if transport is a barrier for them.

In addition to possible sample selection bias regarding transport, there may also be a lack of diversity in the participant sample itself. Many of the seniors interviewed appeared to have a previous history of physical activity and were socially engaged, characteristics that may not represent the broader target population. Including participants who are less active or more reserved could have provided valuable insights into potentially different impacts.

One significant challenge faced during the project was the difficulty in securing interviews with health providers due to their limited availability. The limited input from this key stakeholder group may have introduced biases, as the few interviews conducted may not represent the broader viewpoints within the healthcare community.

Difficulty with attribution

Some of the participants and the fitness leaders were also involved in the Heartmoves, the predecessor program to the ASB. This made it challenging to accurately attribute some of the benefits or changes observed wholly to the ASB Program.

Differences in the qualitative and economic data

There was a discrepancy between the qualitative and the economic data collected. The economic analysis indicated a significant increase in the number of classes offered and a promising return on investment for fitness leaders. However, the qualitative data from fitness leaders indicated a mix of experiences. While some fitness leaders observed a positive impact on revenue and class attendance, others did not perceive a noticeable financial change.

Conclusion

The ASB Program is a sound investment in the physical, mental and social health of older Australians and is a feasible program to roll-out across NSW and further afield. Repeating the economic assessment in a year or two with more robust data and allowing the opportunity for the full impact of the program to be realised would provide a clearer and more accurate assessment of the return on the investment by the NSW Ministry of Health in the ASB Pilot Program. It will also inform future scale-up of the ASB Program.

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Appendices

Appendix 1: ASB Pilot Program Logic Model

Appendix 2: Interview Schedules

Appendix 1: ASB Pilot Program Logic Model

AIMS	ACTIVITIES	KEY OUTPUTS	PATHWAYS TO ADOPT	IMPACTS
1. To train and accredit community-based fitness professionals to deliver exercise programs that align with the Australian Healthy Ageing Framework.	<p>1.1 Update education modules for generic sub-populations of older adults for application to ASB:</p> <ul style="list-style-type: none"> • chair-based and general gentle exercise for frail older people accessing Day Centres and RACFs • aerobic, strength and balance exercises to optimise health, mobility and independence for older people living in the community who are generally well • specific exercise programs for people with defined health problems to enhance their self-management in conjunction with their health professional <p>1.2 Deliver the digital education modules.</p> <p>1.3 Update and customise 1-day practical workshop for fitness professionals for ASB.</p> <p>1.4 Deliver 1- day workshops to fitness professionals.</p> <p>1.5 Develop follow up modules for fitness professionals. for specific sub-populations of older adults for application ASB –</p> <p>1.6 Develop and administer MOUs with all ASB trained fitness professionals to ensure quality assurance of the ASB program.</p> <p>1.7 Establish, maintain and involve a Consortium of multidisciplinary professionals to help guide the ongoing delivery and enhancement of the program.</p> <p>1.8 Evaluate the ASB training</p>	<p>1.1 & 1.2 Updated customised generic online modules with assessments</p> <p>1.1–1.4 Shared electronic resource folder</p> <p>1.1–1.4 Accreditation certification with AusActive</p> <p>1.3 & 1.4 Customised F2F workshop with materials</p> <p>1.4 Feedback about the style of fitness instruction to guide fitness instructors on appropriate styles for older adults</p> <p>1.5 Submodules covering other health conditions (e.g. dementia, arthritis, stroke), community transport and health promotion</p> <p>1.6 Memorandum of Understanding, program implementation guidelines, and program eligibility guidelines</p> <p>1.7 Advisory consortium</p> <p>1.8 Course evaluation results</p>	<ul style="list-style-type: none"> • Develop and maintain website • Develop and maintain Facebook page • Develop and maintain an ASB Instagram/X profile • Promote ASB in other community newsletters • Promote ASB widely amongst potential users • Deliver presentations to the RACF and day centres about ASB and also to the CoP of facility managers • Create Digital/printed promotional material (flyer, etc) 	<p>Knowledge advancement (reach and utility)</p> <ul style="list-style-type: none"> • Customised training modules • Resource folder • Follow-up sub-modules • Implementation and participant eligibility guidelines • Screening and referral tools • Website analytics • Facebook analytics • Instagram/X analytics • ASB items in community newsletters • Promotional material (e.g.flyer) • Media releases and coverage (print/ broadcast/online) • F2F presentations • ASB database • HealthPathways for PA and FP • Publications • Presentations promoting ASB • Business case for implementation and scale up <p>Capacity and capability building</p> <ul style="list-style-type: none"> • Number of fitness instructors trained and accredited to deliver ASB
2. To create an ASB integrated model/ referral pathway for health professionals to direct older people to appropriate exercise and physical activity	<p>2.1 Develop screening tools for assessing exercise needs of older people</p> <p>2.2 Engage with the HealthPathways physical activity and falls prevention pathways and associated collateral</p> <p>2.3 Educate health professionals about the ASB program, its benefits, and options for exercise</p> <p>2.4 Develop and deliver workshops, promotion materials and modules to train health professionals on how to use the referral pathway appropriately</p> <p>2.5 Develop follow-up and ongoing feedback mechanisms</p>	<p>2.1 Screening tool (PEARFs) and referral sheet</p> <p>2.2 HealthPathways modules for physical activity and falls prevention for Hunter New England</p> <p>2.3 Number of HPs educated about ASB</p> <p>2.4 Workshops delivered</p> <p>2.4 b Promotional materials created</p> <p>2.4c Modules developed</p> <p>2.5 Feedback form (reporting back to health professional, incident log/form, reporting enhanced primary care plan)</p>	<p>Promote ASB and HealthPathways for physical activity and falls prevention to health professionals when the opportunity arises</p>	<ul style="list-style-type: none"> • Growth of ASB trained fitness instructors delivering the program • Number of different classes running and coverage of locations • Number of GPs and allied health professionals trained to use the referral pathway • Number of NovaCare professionals trained in ASB • Proposals for continued funding and expansion of the program • Ongoing support and training of fitness instructors • Adherence to ASB training guidelines including screening and moderate levels of physical activity <p>Practice change</p> <ul style="list-style-type: none"> • Increase in delivery of ASB sessions overall • Increase in proportion of ASB classes versus all classes delivered by accredited professionals
3. To ensure all NovaCare affiliated health professionals are trained to promote and refer clients to ASB	<p>3.1 Run the same training from health professionals internally</p> <p>3.2 Customise the training program and materials to include reference to Sandwai (client record management software system used in homecare)</p>	<p>3.1 Training conducted</p> <p>3.2 Resources customised for NovaCare.</p>		<ul style="list-style-type: none"> • Increase over time of older patients being referred to ASB • AUSActive courses include a healthy aging component. • RTOs training courses include healthy aging components
4. To evaluate the effectiveness of the ASB program for participants and its implementation and efficacy	<p>4.1 Train fitness professionals in the use of the health outcomes measures</p> <p>4.2 Support fitness professionals to administer the health outcome measures (4 tests)</p> <p>4.3 Collect data on the implementation of the program from the perspective of fitness professionals</p> <p>4.4 Collect data on the implementation of the referral pathways for PA and FP in reference to ASB</p> <p>4.5 Collate and analyse the health outcome and implementation data</p> <p>4.6 Report on the health outcome measures to NSW Health and PHN</p> <p>4.7 Review the health outcome measures and feedback to continually improve the program</p>	<p>4.1 & 4.2</p> <p>a. Protocol and data sheet for the assessments</p> <p>b. Educational video on how to administer the test</p> <p>c. QR code for them to enter the data (tests, assessment data)</p> <p>d. Face-to-face visits to support data collection</p> <p>4.3 Acceptability survey for the fitness instructors</p> <p>4.4 Survey of health professionals</p> <p>4.5 Database of people coming to the program</p> <p>4.6 Report</p> <p>4.7 Evaluation outcomes and suggestions for improvement</p>	<p>Updates to the ASB program as required</p>	<ul style="list-style-type: none"> • Increase in community exercise programs focusing on seniors • Increase in aged care exercise programs overall <p>Policy and regulatory approvals/legislation</p> <ul style="list-style-type: none"> • Transport subsidy for health protocol includes subsidies for travel to exercise classes for older people • MyAgedCare code established for ASB group exercise as part of a healthcare plan • Protocols changed to allow holders of DVA cards to claim transport to/from an ASB class. • ASB classes are included and claimable from Medicare • Health department discharge planning protocols include referral to an ongoing exercise program (ASB if in that region); • Private health insurance company policies recognise ASB Fitness Professionals as providers for older members exercise services

AIMS	ACTIVITIES	KEY OUTPUTS	PATHWAYS TO ADOPT	IMPACTS
5. To develop a Business Case to expand the reach of the program	5.1 To undertake an impact evaluation of the ASB Program and develop impact metrics relevant to ASB 5.2 Undertake a costing study to determine the full cost of delivering the program 5.3 Evidence the impact of the program (qualitatively) on the key stakeholders including ASB participants, fitness professionals and GPS and allied health professionals 5.4 Develop of a business case for scale up ASB	5.1 Impact metrics 5.2 Cost consequence analysis Impact metric 5.3 Narrative case studies 5.4 Business Case developed	Promote the findings and advocate for the continuation and expansion of ASB across NSW and beyond	Community benefits <ul style="list-style-type: none"> • Improvements in 6 min walk test • Improvements in sit to stand test • Improvements in timed up and go test • Improvements in Balance test (all 4) • Improvements in overall health • Increase in minutes of moderate PA • Increase in minutes of vigorous PA • Increase in walking time • Increase in other PA time (excl walking) • Increase in days of PA • Increase in total PA time per week • Improvement in pain affecting PA • Improvement in feeling calm and peaceful • Improvement in feeling energetic • Improvement (reductions) in feeling downhearted or blue • Improvement in physical or emotional health that was interfering with social activity
6. To secure ongoing funding for maintenance and expansion of ASB in the Hunter	6.1 Administer a fee for service arrangement for fitness professionals to cost recover training cost 6.2 Administer retainer fees for fitness professionals to maintain affiliation with ASB program 6.3 Develop a paid membership for ASB participants a package including benefits such as discounts, pension concessions etc. 6.4 Explore having ASB merchandise and sponsorship 6.5 Prepare and submit proposals to philanthropic, industry and government funders 6.6 Developing partnerships to support the continuation of ASB program	6.1 Training payment schedule administered 6.2 Process for ASB affiliation established and administered 6.3 ASB participant membership rolled out 6.4 ASB merchandise produced and sold for a profit 6.4b Sponsorships secured 6.5 Proposals prepared and submitted 6.6 ASB Partners	Continually undertake general advocacy work to promote the value and visibility of ASB program and brand	<ul style="list-style-type: none"> • Reduction in chronic disease risk factors for this cohort (e.g. reduction in high BP, lipids, blood sugar, BMI.) • Reduction in falls • Reduction in complications from falls • Reduce hospitalisations due to falls • Reduce chronic disease and fall-related placements in residential care facilities • Improved social connectedness amongst ASB participants • Reduced loneliness • Improved quality of life and wellbeing • Reduced cognitive decline in ABS participants • Exercise classes funded by aged care funding as part of a holistic health care plan are available and offered to all older people
7. To advocate for the inclusion of exercise classes in the current transport subsidy schemes for older Australians	7.1 Develop letter for Minister of Veteran's Affairs (use this as a template for further transport advocacy opportunities) and addressing the response to create an information flyer for ASB clients and providers 7.2 Develop an ASB Provider education module on Community Transport Organisation(CTO) and host it on the ASB website 7.3 Meet with registered Community Transport Providers (CTP) in each region to present our model and facilitate the relationship between their service and our ASB class locations	7.1 Response letter used to prepare information flow 7.1b Information flyers for ASB clients and providers 7.2 Podcast (Webinar style conversation recorded) and PowerPoint presentation 7.3 Regional CTPs establish connections with older adults & fitness leaders	Promote information flyer to ASB clients and providers Promoting to ASB providers Maintain and follow-up connections with the regional CTPs	<ul style="list-style-type: none"> • Reduced healthcare costs due to hospitalisations • Reduction in follow up rehabilitation care • Leveraged funding for continued delivery and expansion of ASB • Income from training and retainer contracts for fitness professionals • Income from participant membership • Profits from ASB merchandise • Value of sponsorships • Reduction in personal cost to access appropriate exercise classes
8. To advocate for the inclusion of healthy aging within the fitness industry	8.1 Lobbying AUSActive and Registered Training Organisations (RTOs) to include healthy aging components in their Certificate III and IV in Fitness courses 8.2 Lobbying government for: a) A MyAgedCare code that enables a client to attend ASB group exercise classes as a health management attendance rather than a "social centre attendance" b) DVA to fund those with a DVA card transport to/from an ASB class. c) Inclusion of ASB classes in Medicare d) health department discharge planning to include referral to an ongoing exercise program (ASB if in that region); e) government to put pressure on private health insurance for inclusion of ASB Fitness Professionals as recognised providers for older members exercise services 8.3 Lobbying aged care service providers (through ACCPA) to include referral to community-based, fitness professional-led exercise classes as a standard offering for new clients as part of their health management plans	8.1 Lobbying plan and collateral developed for AUSActive and RTOs 8.1b Key relationship established with AUSActive and relevant RTOs 8.2 Lobbying plan and collateral developed for the Government based on all five requests 8.2b Key relationships established with relevant government bureaucrats 8.3Lobbying plan and collateral developed for the aged care providers 8.3b Key relationships established with relevant aged care providers.		Economic benefits <ul style="list-style-type: none"> • Reduced healthcare costs due to hospitalisations • Reduction in follow up rehabilitation care • Leveraged funding for continued delivery and expansion of ASB • Income from training and retainer contracts for fitness professionals • Income from participant membership • Profits from ASB merchandise • Value of sponsorships • Reduction in personal cost to access appropriate exercise classes

Appendix 2: Interview schedules

Interview questions – Participants

1. Can you tell me about how did you come to be on the ASB Program? And how long ago was that? How long ago did you start?

For example:

- Did your GP recommend and refer you to it? Do you know someone already doing the program?
 - If they say they found out about the program online, using the website: Can you describe your experience with that? For example, was it hard or easy to access the website? To find a local program?
 - If they say it was through their residential aged care home: How was the experience? Was there anything that made it easier or harder for you to access the program?
2. Can you tell me how the ASB Program changed your life from when you started to now? What's changed?
 3. What are the current living arrangements? Has that changed before and since you started the ASB program?
 4. How would you describe your overall experience with the the ASB Program so far?
For example:
 - a) Do you feel that the exercises are safe and appropriate for your fitness level? Are they easy to follow?
 - b) How many times do you attend to the sessions?
 - c) How comfortable do you feel performing the exercises provided in the program? Have you experienced any injuries or discomfort while participating in the program?
 - d) Have you noticed any changes in your physical health since you started the program?
 - e) Do you feel more confident in your ability to perform daily activities?
 - f) Have you noticed any changes in your mobility?
 - g) Have you had any falls? If so, how do you think the program is helping you with that?
 5. How has participating in the ASB Program affected your mood and overall mental health?
 6. How has participating in the ASB Program affected your connection with the community?
 - a) How important is the social aspect of the ASB Program to you?
 - b) Have you made new friends or strengthened existing relationships through the ASB Program (e.g., loneliness and isolation)?

7. Because of participating in the ASB Program, have you been participating in any other activities? Any other activity, it can be for example, social, physical, etc.
8. If you were to recommend the ASB Program, what would you say it would be main benefit of it that you would tell them about?
9. Has accessing the ASB Program had an impact on your financially? (For example, cost of attendance and transport).
 - a) How do you fund your participation, including your transport? Have you encountered any difficulties with transportation to and from the ASB Program?
 - b) Can you describe how you usually get to the ASB Program (e.g., driving, public transport, walking, etc)?
10. What could help improve the accessibility of the ASB Program for you?
11. Is there anything else you would like to add that you think I didn't ask?

Interview questions – Fitness Leaders

1. What motivated you to join the ASB Program? How did you find out about the program?
2. How would you describe your overall experience with the ASB Program so far?
3. How do you describe your experience with the the ASB Program training (educational modules and workshops, and available tools?
For example:
 - a) What impact did the program have on your professional development?
 - b) What impact did the program have on how you practice?
4. How do you describe the impact of the ASB Program on the participants?
5. Is there anything else you would like to add that you think I didn't ask?
6. Finish up: Thank you so much for your time. This is all for today – I have no further questions. Hope you have a lovely day. See you.

Interview questions – Health Professionals

1. How did you find out about the ASB Program?
2. What did you use to do with your patients before the ASB Program?
3. How would you describe your overall experience with the ASB Program so far?
For example:
 - a) Is there any feedback from the ASB Program/patients in terms of management?

- b) How does the referral happen?
4. What impact did the program have on how you practice?
 5. What are the benefits of the ASB Program for older people? Do you think the program covers all aspects they need?
 6. What are the biggest benefits of the actual the ASB Program ?
 7. What incentivises you to refer the patients to the ASB Program?
 8. How do you think the ASB Program can be widened so that all health professionals can refer people to exercising?
 9. Have you actually had your patients access any of the specialised sessions for people, you know, who are recovering from cardiac surgery, or do you know where they specialise in a particular group? Have you had to refer any patients to those clinics?
 10. Do you see any particular barrier for these patients to access the ASB Program? For example, there is a concern that transportation to the exercise is a barrier for those who are not as mobile, or even the cost of the program, as these people are on pensions, etc.



Lot 1 Kookaburra Circuit
New Lambton Heights
NSW Australia 2305

Locked Bag 1000
New Lambton
NSW Australia 2305

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