

**COLLABORATIVE
EVALUATION
UNIT**



**FRRR Health and
Wellness Program
2019
Evaluation Report**



FEDERATION UNIVERSITY
COLLABORATIVE EVALUATION UNIT
FRRR HEALTH & WELLNESS PROGRAM
YINNAR & DISTRICT MEMORIAL HALL COMMITTEE
EVALUATION REPORT





ACKNOWLEDGEMENTS

The Collaborative Evaluation Unit (CEU), Federation University, Gippsland acknowledges Aboriginal and Torres Strait Islander people as the traditional owners and custodians of the land, sea and nations and pay our respect to elders, past and present.

The CEU would like to thank the Foundation for Rural and Regional Renewal (FRRR) for funding this report.

Additionally the CEU would like to thank Glenys Webster, Yinnar and District Memorial Hall President and Kathleen Millet, Exercise Specialist for their contribution.



ABOUT THE COLLABORATIVE EVALUATION UNIT

The CEU is an innovative initiative that aims to build evaluation capacity and expertise within Gippsland. As a local provider, the CEU understands the value of listening to the community and has the ability to deliver timely and sustainable evaluations tailored to the needs of a wide variety of organisations.

The Director of the unit is Associate Professor Joanne Porter. Joanne led the development of the Unit, has managed a number of evaluations and worked with industry partners building research and evaluation capacity in the region.

The team that evaluated the Yinnar Health and Wellness Program included:

Associate Professor Joanne Porter (Lead)

Dr Michael Barbagallo

Ms Elissa Dabkowski

Ms Val Prokopiv



*Associate Professor
Joanne Porter*



CONTENTS

Acknowledgements	...	4
About the Collaborative Evaluation Unit	...	4
List of Figures	...	6
List of tables	...	6
Abbreviations	...	6
Human Research Ethics	...	7
Research and Innovation	...	7
1. Executive Summary	...	8
2. Project Description	...	11
3. Literature Review	...	12
4. Evaluation Methodology	...	14
4.1. Data Collection and Analysis	...	14
5. Findings	...	15
5.1 Analysis of the Yinnar Exercise Program Data	...	15
5.1.1. Profile of Participants / Target Audience	...	15
5.1.2. Attendance	...	16
5.1.3 Participants Health History	...	17
5.1.4. Previous Exercise History	...	18
5.1.5. Variety of Exercise Modalities	...	19
5.1.6. Participant Satisfaction	...	20
5.1.7. Discussion	...	20
5.2 Reflections from the Exercise Specialist	...	21
5.3 Thematic Analysis of Focus Group Discussions	...	22
5.3.1 Identifying the Service Gap	...	22
5.3.2 Adaptive in Design	...	22
5.3.3 Improving Mobility and Independence	...	23
5.3.4 Social Connection	...	23
5.3.5 Recharging the Batteries to Feel Good	...	24
5.3.6 Summary	...	24
6. Recommendations	...	25
7. Limitations of the Evaluation	...	26
8. Evaluation Summary	...	26
9. References	...	27
10. Appendices	...	29



LIST OF FIGURES

Figure 1. Participants Place of Residence	...	15
Figure 2. Attendance at Weekly Exercise Sessions	...	16
Figure 3. Participants Health History	...	17
Figure 4. Effect of the Program on Participant’s Confidence	...	20



LIST OF TABLES

Table 1. Participants Previous Activities	...	18
Table 2. Exercise Modalities	...	19
Table 3. Thematic Analysis Themes	...	22



ABBREVIATIONS

CEBP	Community Based Exercise Program
CEU	Collaborative Evaluation Unit
FRRR	Foundation for Rural & Regional Renewal
The Program	Yinnar Health & Wellness Program
WHO	World Health Organisation



HUMAN RESEARCH ETHICS

Federation University Human Research Ethics Committee approved an ethics application, '*Evaluating the impact of the Yinnar Health and Wellbeing Exercise Program*' (A19-075) (Appendix 1).



RESEARCH AND INNOVATION

The CEU encourages collaboration between higher degree students and CEU evaluation projects to address issues of significance, particularly in a regional setting.



Ms Elissa Dabkowski completed a thesis for the degree of Bachelor of Nursing (Honours) titled *The Efficacy of a Community-Based Exercise Program for Ageing Adults: A Qualitative Study*.

The purpose of the study was to

Assess the significance of a weekly community-based exercise program (CBEP) for ageing adults in a small regional town in Gippsland, Victoria, Australia (Dabkowski, 2020).

Publications

Dabkowski, E. Porter, J.E. & Barbagallo, M. (2020). The efficacy of community-based exercise programs (CBEPs) on the health and wellbeing of ageing adults: A Qualitative study. *Health and Social Care in the Community*. (Under Review)

Dabkowski, E. Porter, J.E. & Barbagallo, M. (2020). The efficacy of community-based exercise programs (CBEPs) on the health and wellbeing of ageing adults: A systematic review. *Sage Open*. (Under Review)

The findings from this study have formed a part of this report.



1. EXECUTIVE SUMMARY

The primary focus of the Yinnar Health and Wellness Program is to improve the health and wellbeing of older adults in the Gippsland region by removing barriers to participation in facilitated health and wellbeing activities.

This report provides analysis and evaluation of the impact of the Program using the CEU Participatory Evaluation Framework for the period February – December 2019. Working in collaboration with key stakeholders, a mixed methods approach was taken and included the analysis of both quantitative and qualitative data. A literature review was also completed.

Results of the data show that the Program successfully delivered weekly classes for a period of twelve months to a consistent number of participants with some significant positive outcomes. The Program was adaptive in design so that it met the individual needs of each participant. Participants reported improvements in their physical health and in their confidence. Results also showed that the Program had a positive impact on the social connectiveness of participants.

In confirmation of the literature that was analysed the Program has shown that regular exercise classes have a positive physical, social, and psychological impact on individuals. Although the majority of the participants lived in Yinnar, there were a number of regulars that travelled to attend the program from neighbouring communities. There was a direct impact to the participant's health with many individuals stating that their overall health, function and movement had improved because of attending the program.

A total of 23 out of 24 participants agreed or strongly agreed that the Program had improved their fitness levels and overall confidence. Participants stated that the Program addressed a gap in the service delivery for the region. Not only did the Program improve recovery from illness it helped to maintain overall fitness levels of the participants which ultimately may lead to fewer hospital admissions. It also addressed the need for organised social connection activities for the aging population. The participants agreed that the Program met the needs of the community and the individuals, providing significant physical, mental and social benefits from regular attendance.

Four major recommendations have been made as part of this evaluation:

1. Yinnar Health and Wellness Program continues to deliver facilitated weekly health and wellness sessions to community members in Gippsland, ensuring that physical activity and social connection remain a key focus for improved participant health, function and wellbeing.
2. The Yinnar and District Hall Committee consider developing a succession plan in the likelihood that the current exercise specialist is unable to continue in the current role. The succession plan should also include ongoing funding options to ensure the long-term sustainability of the program.
3. Administrative support to coordinate attendance sheets and participant registration forms.

4. Further investigation is warranted to ascertain the long-term health, emotional, physical and social benefits of the Yinnar Health and Wellness program. It is recommended that further research be conducted to assess the level of benefit of the program on its participants.

The Program has been shown to improve the health and wellbeing of an aging population in a regional community. Benefits to mobility, confidence and independence were noted together with the sense of social connectiveness that was evident among the participants. The success of the Program can be partly attributed to the appointment of the exercise specialist and the efforts the Yinnar and District Hall Committee for the determination and dedication to obtaining funding to facilitate the program, addressing the community service delivery gap. It is highly recommended that the Program continue to be supported to deliver this important activity in the regional community.

The impact of the Yinnar Health and Wellness program is best described by the participants:

“We needed somewhere where people could come back from having a serious illness or having an operation and be able to walk into the hall and to feel comfortable. To sit down amongst other people that were being faced with many of these issues.”

“They’re remaining independent and they are staying in their own homes. Now, that’s probably the biggest thing of all”

“This program concentrates on keeping us well rather than medicating the issues, it’s preventing the issues.”





"They're remaining independent and they are staying in their own homes. Now, that's probably the biggest thing of all."



2. PROJECT DESCRIPTION: WHAT IS THE YINNAR HEALTH AND WELLNESS PROGRAM TRYING TO ACHIEVE?

Funded by Foundation for Rural & Regional Renewal (FRRR) Grants for Resilience and Wellness, the Yinnar Health and Wellness Program was held at the Yinnar & District Memorial Hall, Yinnar in Gippsland for 12 months. The primary focus of the Program was to improve the health and wellbeing of older adults in the local region by removing barriers to participation in facilitated health and wellbeing activities. It was delivered weekly at no cost to seniors and was facilitated by an exercise specialist.

The classes catered for seniors of various abilities, with the exercise specialist adapting and modifying the exercises accordingly. Tai Chi was consistently practiced each week along with exercises involving strength, balance and mobility, to assist with daily living and general wellbeing. Interactive education sessions were included such as correct lifting techniques, climbing stairs and preventing falls. Staying well in winter, correct use of a walking stick and ways to perform housework tasks were further examples of the education delivered to the participants.

Social connection amongst members was successfully encouraged with designated time at the end of each class for them to convene and engage in conversation. Participants were encouraged to have a cup of tea and meet other members of their community.

The Program aligns with three of the health priority areas identified by the Victorian State Government in the *Victorian public health and wellbeing plan 2019-2023*¹, which are reducing injury, increasing active living and improving mental wellbeing. These priority areas are identified with the purpose to plan and work towards the state government's vision of "*the highest attainable standards of health, wellbeing and participation at every age*"¹.



3. LITERATURE REVIEW

A literature review to investigate how community based exercise programs (CBEPs), such as the Yinnar Health and Wellness Program, impact the health and wellbeing of older people has been completed.

Government and non-government organisations have established various support programs for ageing adults to enhance their quality of life; however, few programs have been evaluated to provide an evidence base to support further program development². Given that 75% of Australians aged 65 years and over do not achieve the recommended levels of physical activity³, this line of investigation is necessary to develop an understanding of the health issues faced by older adults and to establish the effectiveness of the current interventions used.

Insufficient physical activity is identified as one of the key contributing factors to the burden of disease in Australia, which in turn contributes to the increasing pressure on Australia's health system³. The World Health Organisation's (WHO) Global strategy and action plan on ageing and health recommended the establishment of an evidence base to address the evaluation, monitoring and further research into healthy ageing⁴. Another key finding showed that participants struggled to maintain their own identity as they aged, thus increasing the risk of social isolation, depression and low self-esteem⁵. These themes are consistent with those in the *World Report on Ageing and Health*⁶ and provides useful information for health professionals to improve existing or implement new services.

Current literature highlights significant and measurable improvements in the physical health of ageing adults that have participated in a CBEP^(7 8 9 10 11 12 13 14 15 16). The role of the exercise instructor was considered highly influential in increasing exercise program adherence rates. In one mixed methods study, instructors brought a sense of fun and enjoyment to the program and safely adapted the exercises, depending on participants' functional status¹⁷. Poor health was cited as the main reason for discontinuing CBEPs and limiting physical activity^(18 9 19 14). Other studies identified difficulties with public transport, including the cost, decreased accessibility and lack of proximity to other services as a barrier to regular attendance of CBEPs^{19 20}. Combined, this body of literature suggests that further research is required into the long-term efficacy of CBEPs. Long-term retention rates and factors associated with initiating and adherence to CBEPs have been identified as potential areas that may benefit from future investigation²⁰.

The review of 17 studies included three that took place in an Australian setting. The literature that was analysed identified the following key themes:

- Improved physical fitness and health
- Social connection
- Improved mental health
- Barriers to participation
- Instructor engagement and
- A demand for further research

Analysis of the literature has shown that regular participation in community based exercise programs has positive physical, social and psychological benefits in older adults. In rural areas in particular, reducing loneliness and social isolation are important outcomes that can be addressed with participation in a regular exercise program.



4. EVALUATION METHODOLOGY: HOW WE APPROACHED THE MEASUREMENT OF THE EXERCISE PROGRAM'S SUCCESS

The Program was evaluated using the CEU Participatory Evaluation Framework that was developed and tested as part of the *Development of and Evaluation Framework for Latrobe* project¹. Designed as a live tool, the Evaluation LAP Cycle (Learn, Assess and Participate), was applied. LAP Cycles facilitate a process of continual review and amendment throughout the duration of a project. The Program LAP Cycle included three phases; the project planning and implementation phase, the mid project phase and the end of project evaluation (*Appendix 4*).

In collaboration with key stakeholders, evaluation objectives and an implementation plan were established. They included recommended data collection tools and strategies in a mixed methods approach (*Appendix 4*).

4.1. DATA COLLECTION AND ANALYSIS

Quantitative data collected included participant enrolment data, attendance records, survey data and weekly session notes recording the type and variety of the exercise sessions made by the exercise specialist. Data was analysed using descriptive statistical analysis techniques.

Qualitative data was collected through four focus group discussions with program participants and two individual interviews with the program co-ordinator and exercise specialist using a semi-structured interview technique. The data was collected over a six-week period at the conclusion of the weekly sessions. Each focus group had 5 – 6 participants who provided written and verbal consent to participate in the study. Focus group discussions and interviews lasted for approximately 30 -60 minutes and continued until data saturation was reached with no new themes emerging.

The interviews were audio-recorded and transcribed verbatim. To maintain participant confidentiality, all identifying data was removed from the transcripts before a thematic analysis was conducted. The data collected was thematically analysed using Braun & Clark's six-step approach which entailed: Familiarising yourself with the data, Generating initial codes, Searching for themes, Reviewing themes, Defining and naming themes and Producing the report²¹.

(*Appendix 3: Focus Group Questions*)

¹ The CEU, Federation University Gippsland completed the *Latrobe Health Innovation Zone Project* in 2019. The purpose of the project was to develop a model / framework for the establishment of a local evaluation unit, which will both conduct evaluations and build evaluation capacity and capability within Latrobe.



5. FINDINGS: WHAT HAS THE HEALTH AND WELLNESS PROGRAM ACHIEVED?

5.1. ANALYSIS OF YINNAR HEALTH AND WELLNESS PROGRAM DATA

5.1.1. PROFILE OF PARTICIPANTS / TARGET AUDIENCE

Overall, 57 people attended the Program, with three people choosing not to fill out a registration form. Of the 54 participants who completed registration forms, 80% (n= 43) were female and 20% (n=11) were male.

The Project successfully reached its target audience of seniors 60+ years in age. The ages of participants ranged from 61 to 90, with the average age of 73.7 years.

Most of the attendees were from Yinnar / Yinnar South (43%, n=23) and Boolarra (33%, n=18) with participants attending from Churchill (6%, n=3), Hazelwood (7%, n=4), Traralgon (4%, n=2), Morwell (2%, n= 1), Mirboo North (2%, n=1), Jeeralang Junction (2%, n= 1) and Driffield (2%, n=1), seen in Figure 1. The majority of participants lived close to the hall however a small number of participants travelled up to 28km (distance from Yinnar to Traralgon) to attend the sessions.

Data was not collected on the cultural or religious backgrounds of participants.

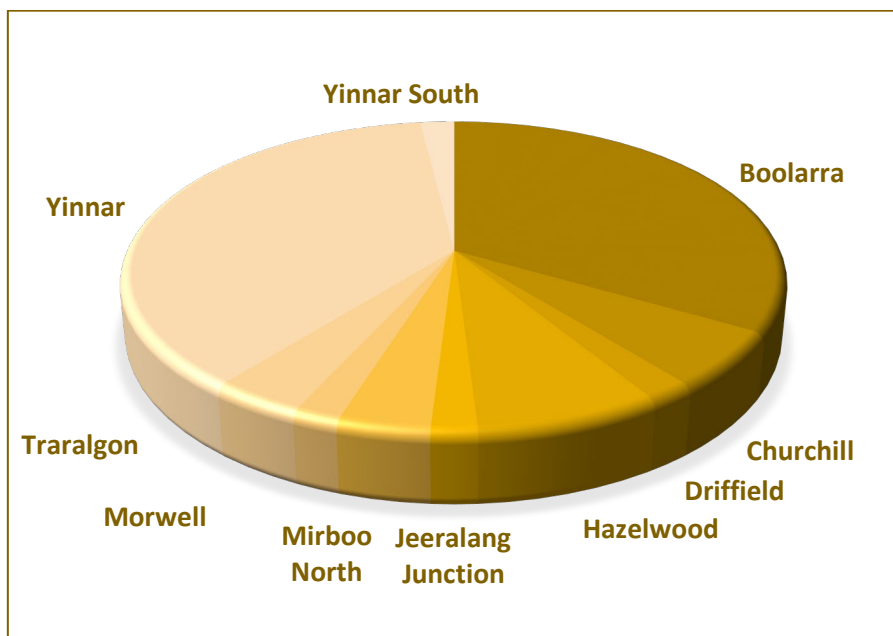


Figure 1: Participants Place of Residence

5.1.2. ATTENDANCE

As shown in Figure 2, attendances at the classes were consistent throughout the year. Attendance rates decreased significantly during September, which coincided with participants going on extended holidays and having planned surgeries. Attendance rates also decreased during the winter months of July and August. The consistent number of attendances each week, however, demonstrates the compliance and success of the Program.

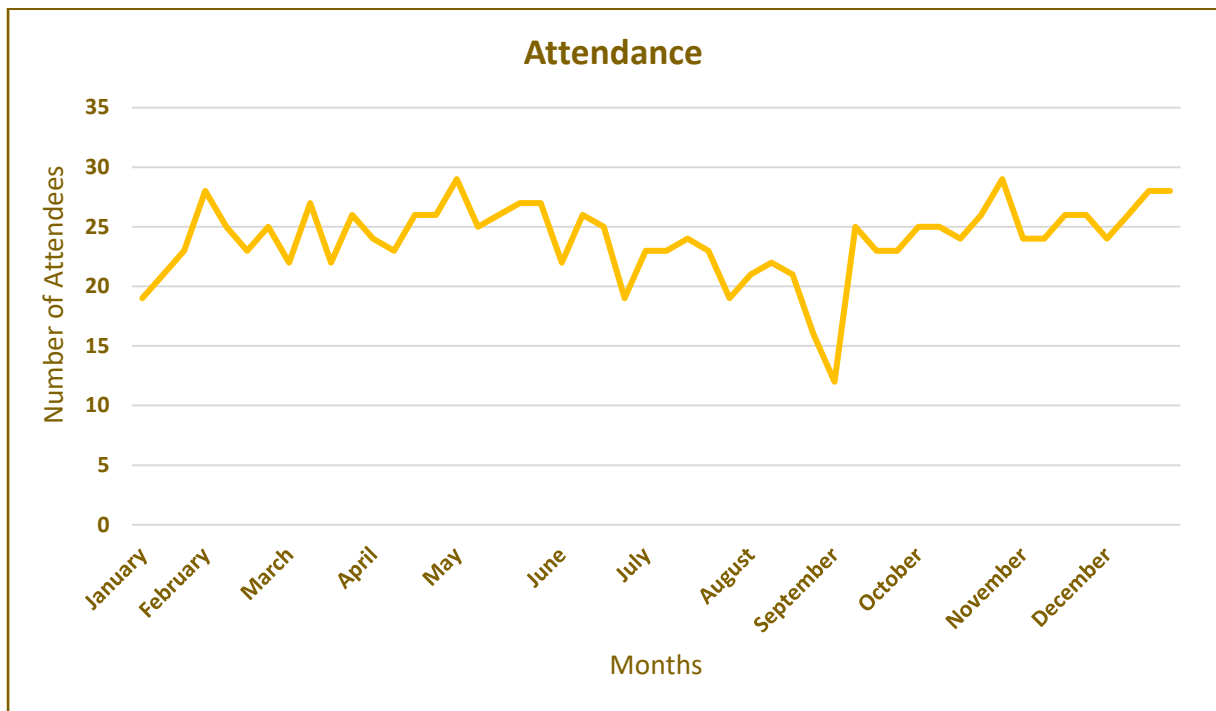


Figure 2: Attendance at Weekly Health and Wellness Sessions

A total of 1168 attendances over the 49 weeks were recorded, averaging 24 participants each week.

5.1.3. PARTICIPANTS HEALTH HISTORY

When completing the registration form, 50 participants completed the question about their main health issues. As depicted in Figure 3, of these reported issues, osteoarthritis, chronic pain and balance/mobility issues including falls were listed by 70% (n=35) of participants. A total of 22% (n= 11) of the participants reported having cardiac-related conditions and hypertension which are significant health issues for the aging population.

The data signifies the need for community-based interventions to assist with encouraging physical activity in the aged population and pain management techniques to facilitate independent living.

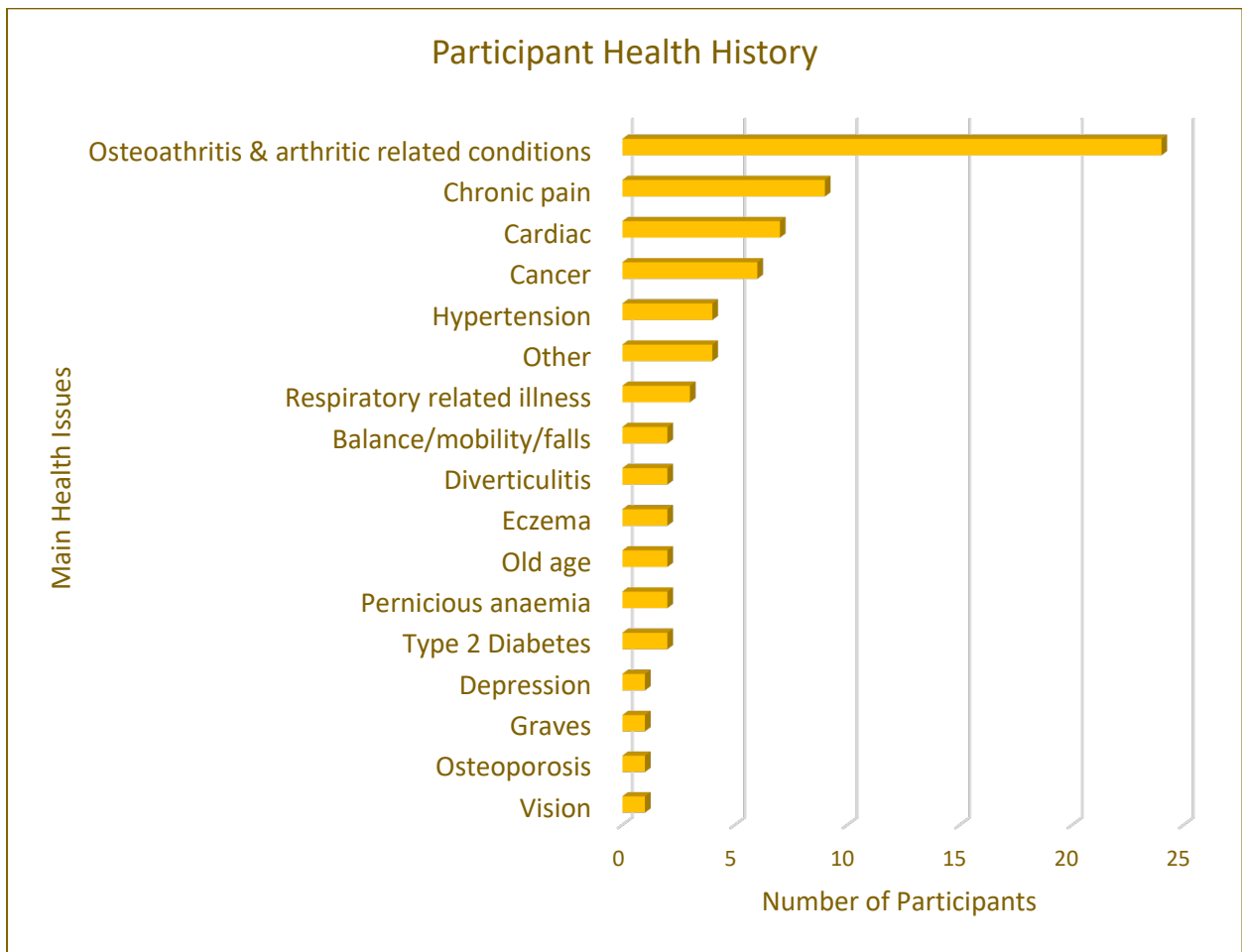


Figure 3: Participants Health History

5.1.4 PREVIOUS EXERCISE HISTORY

When completing the registration form, 31 participants answered questions about their exercise history prior to taking part in the Program. A total of 19% (n= 6) reported that they had never engaged in any type of physical activity prior to attending. A total of 35% (n=11) of participants reported that they have participated in various community exercise programs over the years with the current exercise instructor with 16% (n= 5) of participants participating in the Yinnar Exercise Program in 2018.

Some of the participants reported high fitness levels, with 13% (n= 4) of attendees participating in high impact sports such as basketball, netball, cycling, swimming/hydrotherapy and tennis before attending the program. Some participants (n=6) reported attending their local gym whilst another 6% (n= 2) of participants participated in low impact sports such as walking and yoga.

The wide range of fitness levels demonstrates the importance of tailoring the exercises to cater for each fitness level, given that the Yinnar Health and Wellness Program is an inclusive program.

Activity	Participants (n)
Previous community-based exercise class	11
None	6
This exercise class last year	5
Active sports	4
Swimming/Hydrotherapy	4
Walking	2
Gym	2
Yoga	2

Table 1: Participants Previous Activities

5.1.5. VARIETY OF EXERCISE STRATEGIES

As demonstrated in Table 4, the Program encompassed a variety of exercise strategies. Tai Chi was consistently practiced over 47 weeks of the program, along with core engagement and balance/alignment exercises. Exercises comprised of functional activities such as climbing stairs, walking backwards, sitting, lifting techniques and activities of daily living. Upper and lower body strength was also addressed, along with functional movement patterns.

Types of Exercise	Incidence ²
Tai Chi 25 mins	47
Core engagement	15
Balance/Alignment	13
Squats	6
Shoulders	5
Ball work	4
Hand weights	4
Improve climbing stairs	3
Falls Prevention	3
Pilates Balls	3
Cross pattern moves/brain connections	3
Gliders	3
Breathing	2
Lifting Techniques	2
Rotation	2
Resistance bands	2
Activities of Daily Living	2
Posture	1
Walking backwards	1
Sitting	1
Bean bags	1

Table 2: Exercise Strategies

² Measured as the number of weeks in which the activity occurred.

5.1.6. PARTICIPANT SATISFACTION

From the Program, 24 attendees consented to participate in a research survey about their thoughts on the program. A total of 67% (n=16) of those surveyed strongly agreed that the Yinnar Exercise Program helped to improve confidence, with 29% (n=7) of respondents agreeing with this notion.

Survey participants were largely satisfied with the health outcomes gained from participating in the exercise program with 67% (n=16) of participants strongly agreeing that this program helps their fitness levels. A total of 33% (n= 8) of respondents agreed that the program helps their fitness levels.

These results reflect the positive health outcomes that participants gained, which reflects the success of the Yinnar Health and Wellness Program.

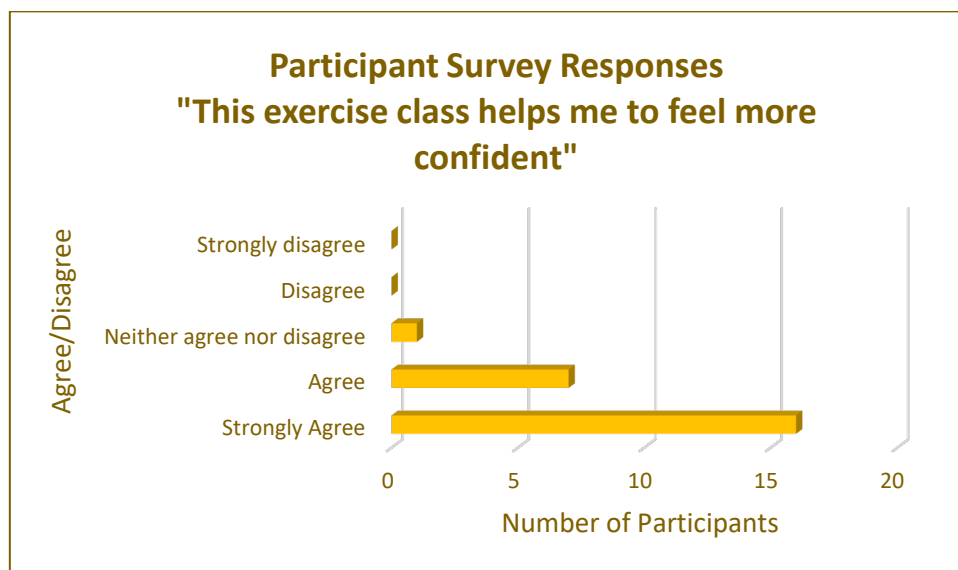


Figure 4: Effect of the Program on Participant’s Confidence

A total of 67% (n= 36) of those surveyed strongly disagreed with the notion that the exercise class made their medical conditions worse. A total of 29% (n=16) of the attendees surveyed disagreed that this exercise class made their medical condition worse. This demonstrates that the class is not having an adverse or negative effect on participants’ health. The exercise specialist also reported that there had been no falls or incidents regarding health and safety recorded

To ensure the safety of participants, a committee member secured additional funding through FRRR for the provision of an automatic external defibrillator in the event of a cardiac arrest.

5.1.7. DISCUSSION

In keeping with current literature, the Program has demonstrated that participants report significant improvements to their physical and mental health.

Data relating to health issues is indicative of the growing burden of chronic disease in Australia in the aged population, contributing to rising medical costs, emergency room presentations and increased medication use.

5.2. REFLECTIONS FROM THE EXERCISE SPECIALIST

Following each exercise session, the exercise specialist was asked to write brief notes on her observations and interactions with participants. These observations were documented and summarised as the following:

1. **New participants:** A total of 19 new participants were recorded for the duration of the program, with the maximum of three new participants attending the week of 15th May 2019.
2. **Notable improvements:** the exercise instructor recorded 'wonderful' improvements for two clients who were identified of being most 'at risk.' The nature of the improvements in these clients and the risk factors are not known.
3. **Visitors:** The Yinnar Exercise Program received a visit by Hon. Russell Northe, MLA and the Latrobe Health Advocate, Jane Anderson. Several visits were recorded regarding representatives from Federation University Australia.
4. **Missed attendances:** The exercise specialist documented each time that attendance numbers were decreased due to illness or holidays.
5. **Education sessions:** Participants were provided with various education elements over the course of the 49 weeks. These sessions included the importance of squats, the effects of music, the importance of hydration and the importance of Vitamin D, especially during the winter season. Participants were also educated regarding the usage of walking sticks and frames with their correct heights. Participants were also given the opportunity to practice skills at home or during the holidays with set 'homework tasks' for the holidays. These specific tasks included foot/ankle rocks and Tai Chi routine practice.



The automatic external defibrillator (below) secured through funding from FRRR and a note of thanks displayed outside the Yinnar and District Memorial Hall



5.3. THEMATIC ANALYSIS OF FOCUS GROUP DISCUSSIONS

The thematic analysis of the focus group discussions was analysed using Braun & Clark's²¹ six-step approach, resulting in the identification of two main themes; Meeting Community Needs and Benefits to Health and Wellbeing and five minor themes as detailed in Table 5. The findings of the thematic analysis will be presented under the minor theme headings.

Major Themes	Minor Themes
Meeting community needs	Identifying the service gap Adaptive in design
Benefits to Health and Wellbeing	Improving mobility and independence Social connectiveness: bringing people together Recharging the batteries to feel good

Table 5: Thematic Analysis Themes

5.3.1. IDENTIFYING THE SERVICE GAP

A significant number of participants discussed the demand for the continuation of the Program, as they felt that these classes catered to a need in which previous community programs had not succeeded. The participants also reinforced the notion that a health service gap in the community existed particularly for older adults who required extra assistance after discharge from hospital. One participant explained, *"We needed somewhere where people could come back from having a serious illness or having an operation and be able to walk into the hall and to feel comfortable. To sit down amongst other people that were being faced with many of these issues."* Participants identified that the nature of the group environment was more effective than exercising alone and they believed that the Program helped to satisfy that specialised service gap in the community.

Reactions regarding the delivery of health services in Gippsland were mixed. Some participants were complimentary about access to the regional hospital and community services. Conversely, other participants remarked on their frustration with the continuity of treatment and their decreased ability to access medical services within the community. The participants acknowledged that this is a significant issue of concern, given their increasing age, vulnerability and long-term health concerns. Interestingly, some participants identified that in general, health services neglected to cater for their particular age group. As one participant pointed out, *"It's like you are the forgotten group. You are that older person so who is going to take any notice of you?"* This suggests that some participants did not feel their health needs were being met in the community and they were concerned about the long-term implications on their future health and wellbeing.

5.3.2. ADAPTIVE IN DESIGN

Participants identified the important role that the exercise specialist has in guiding a successful generalised exercise program. They acknowledged the importance of the educational element to the Program, leading to functional gains outside of the Program and improvements in their ability to perform everyday tasks at home. As one participant explained, *"I find it better for me because she explains why we're doing these things, so we're more inclined to remember that when we're at home. I find that more helpful than any other classes I've done."* The importance of providing education for

older adults in a respectful manner was discussed, with one person offering the following advice, *“Keep it quite simple, but explain why you’re doing something that way, and people really love that. They like to feel like you’re educating them but you’re not treating them like an idiot either.”* The participants of the Program were complimentary towards their exercise specialist and they welcomed the knowledge that she shared with them. Participants also discussed how the exercise specialist tailored the exercises to suit participants to ensure that the exercises catered to everyone regardless of their abilities. When participants were asked about potential improvements to the structure of the program, a participant offered, *“I’ll be pushing a little bit to say how you could improve, other than probably having two sessions a week.”* Given that there were no further suggestions on how to improve the structure or delivery of the program, this demonstrates that participants were largely satisfied with the Program and the way that it was adapted for their needs.

5.3.3. IMPROVING MOBILITY AND INDEPENDENCE

Participants were unanimous in their discussion relating to the positive physical benefits they experienced, which they directly attributed to the weekly classes. They reported significant health benefits, specifically with improved mobility, improved balance and improved posture, with one member explaining, *“...it’s the only thing that’s kept me mobile and it’s kept me out of a wheelchair.”* The fact that the Program caters to all abilities regardless of pre-existing mobility levels was an important consideration for those attending the program. Pain management was another positive benefit that was identified by participants. Throughout the focus groups, participants were generous in sharing their health journeys with most members experiencing a significant amount of health difficulties, affecting their everyday function. One participant commented, *“I’ve found it’s improved my pain level. I used to wake up early in the morning because I have a pain in my neck. That doesn’t bother me anymore.”* Participants also elaborated on the stress management concept as important influences of the program.

Participants reported increased physical endurance and functional gains from regularly attending the Program. One participant mentioned a recent holiday he had undertaken and directly attributed his independence to the exercise class, *“I went up to the Cape, the tip of Australia. I don’t think I would have been able to get there if I hadn’t been doing the exercises. It gave me confidence as well as better balance.”* Another member explained, *“They’re remaining independent and they are staying in their own homes. Now, that’s probably the biggest thing of all”* which reinforced the concept of increased independence and security.

5.3.5. SOCIAL CONNECTIVENESS: BRINGING PEOPLE TOGETHER

All of the participants discussed the social component to the Program as instrumental to its success with members convening in the hall for a cup of tea after the one-hour long exercise class. Participants believe that the social component has a positive influence for those who may be socially isolated, *“A lot of us are by ourselves, so it’s also a social outlet.”* The participants seemed to rate the benefits of social connection from the exercise program, just as highly as the physical benefits. Improved mental health was another consideration for participants of the program, with members commenting, *“You could see the differences in the people. The mental attitude of them as well. The way they have grown together as a group and the respect they have for one another.”*

Participants commented on the learning benefits and networking opportunities that the social component of the program provides. As one person suggested, *“The wonderful thing with the class is people are sharing information amongst themselves as well.”* The fact that the exercise class is free resonates with many participants, as they consider that it facilitates social inclusiveness and fosters local community spirit. As one participant explained, *“That sense of community is wonderful. You can’t put a price on that, its fantastic stuff.”* The term ‘country hospitality’ is a fitting description for the welcoming nature of the group and the approach they take to improve their general health and wellbeing.

5.3.6. RECHARGING THE BATTERIES TO FEEL GOOD

As previously mentioned, participants discussed the impact that the Program had on their physical, mental and social wellbeing. Participants also described the energy and increased vitality they experienced after a class, which they attributed to the addition of Tai Chi exercises. The low impact nature of the exercises, resonated with most participants, with one stating, *“I think the exercises are very good for you and just do what you can without pushing yourself too hard. I think you feel a lot better in yourself.”* Another participant agreed with the concept of ‘feeling good’ after a class, explaining *“For me it’s just how I feel when I finish. I feel really good when I finish a class. That’s great because it’s not often during the week that I feel really good.”* The concepts of pain management and prevention was again conveyed with participants reinforcing, *“This program concentrates on keeping us well rather than medicating the issues, it’s preventing the issues.”* The increased energy and the fact that participants ‘feel good’ after the weekly exercise sessions was a common theme throughout the data findings of this study, which motivates participants to continue attending the classes. Although a few participants reported they occasionally experienced tenderness after completing the exercises, they were mindful of the positive, energising effects from exercise, *“Sometimes I go home and I feel absolutely knackered, but the next morning I’m revitalised through having this exercise today. It’ll keep me going.”* Recurring themes of stress management was present during focus group discussions with participants describing the weekly exercise classes as a distraction to the everyday stresses in their lives, with one person explaining, *“[The classes are] an escape and it makes me feel good. When I leave here, I feel better.”* These thoughts establish that participants feel re-energised and have increased vitality from attending the Yinnar Exercise Program, leading to healthy coping strategies in the presence of everyday stresses.

5.3.7. SUMMARY

The findings demonstrate that the 23 participants who contributed to the study have high opinions of the program, which consists of one-hour low impact physical exercises followed by a social component. The participants agreed that the weekly program met the needs of the community, providing significant physical, mental and social benefits from regular attendance. The increase in vitality and vigour were also identified as significant gains from this Program.

Participants discussed the education and functional benefits they derived from the program, in which they have been able to successfully incorporate these strategies into their everyday life. The role of the exercise specialist was also considered crucial to the success of the program. Overall, participants were positive and complimentary with their evaluation of the Program and highly recommended the continuation of the program.



6. RECOMMENDATIONS

1. The Yinnar Health and Wellness Program continues to deliver facilitated weekly health and wellness sessions to community members in Gippsland, ensuring that physical activity and social connection remain a key focus for improved participant health, function and wellbeing.
 - There is evidence to indicate that the Program has many direct and indirect benefits for the participants and the community and to cease the Program would be detrimental to the health and wellbeing of all those involved.
 - There were testimonials of the positive impact the program was having to the community and individuals (*Appendix 2*).
 - Regular attendance to a weekly exercise program assists to improve mobility and reduce the likelihood of falls and injury among participants. Increasing the sessions to twice per week may further improve the participant's health and wellbeing.
2. The Yinnar and District Hall Committee consider developing a succession plan in the likelihood that the current exercise specialist is unable to continue in the role. The succession plan should also include ongoing funding options and management to ensure the long-term sustainability of the program.
 - The success of the program is currently reliant on the availability of the exercise specialist. It is important that the committee work on contingency plans to ensure that the program continues regardless the individuals involved.
 - The committee should also consider adding additional support for the key committee members responsible for the program, ensuring that multiple individuals have the skill set and connections in order to facilitate the program into the future.
3. Administrative support to coordinate attendance sheets and participant registration forms.
 - Currently attendance is recorded by the exercise specialist. Attendance records and registration forms, which include emergency contact details, should also be kept by the hall committee to ensure accuracy of records and documentation.
4. Further investigation is warranted to ascertain the long-term health, emotional, physical and social benefits of the Yinnar Health and Wellness Program. It is recommended that further research be conducted to assess the level of benefit of the Program for participants.
 - The current research was limited to a 12-month timeframe, to ascertain the long-term benefits for participants and the community a longer exploration of the program is needed.



7. LIMITATIONS OF THE EVALUATION

Participants of the Program were extremely positive in their assessment of the benefits of the program structure and were complimentary of the exercise specialist who facilitated the weekly sessions. Participants of the focus group discussions quickly dismissed the negative issues raised as insignificant. Utilizing individual interviews instead of focus group discussions as the qualitative data collection method may have yielded different results.

The advanced age of many of the participants resulted in the evaluation team having to modify the survey data collection method. The survey was designed with both negative and positively worded statements which some participants found to be difficult to interpret. On many occasions the evaluation team resorted to reading the questions out aloud and completing the survey for the participants with hearing, vision or physical impairments.



8. EVALUATION SUMMARY

The Yinnar Health and Wellness Program has been shown to improve the health and wellbeing of an aging population in a regional community. Benefits to mobility, confidence and independence were noted together with the sense of social connectiveness that was evident among the participants.

The success of the program can be partly attributed to the appointment of the exercise specialist and the efforts the Yinnar and District Hall Committee for the determination and dedication to obtaining funding to facilitate the program, addressing the community service delivery gap. It is highly recommended that the Program continue to be supported to deliver this important activity in the regional community.



REFERENCES

- ¹ State of Victoria. (2019). *Victorian public health and wellbeing plan 2019-2023*. Retrieved March 6, 2020, from <https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan>
- ² McNamara, A. J., Pavol, M. J., & Gunter, K. B. (2013). Meeting physical activity guidelines through community-based group exercise: "Better bones and balance". *Journal of Aging and Physical Activity, 21*(2), 155. doi:10.1123/japa.21.2.155
- ³ Australian Institute of Health and Welfare. (2018). *Australia's health 2018*. Retrieved April 6, 2019, from <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>
- ⁴ World Health Organisation. (2017). *Global strategy and action plan on ageing and health*. Retrieved April 3, 2019, from <https://www.who.int/ageing/global-strategy/en/>
- ⁵ Health Issues Centre. (2019). *Consumer perspectives: Ageing residents' access to health services in Gippsland*. Retrieved April 10, 2019, from <https://www.gphn.org.au/wp-content/uploads/2019/03/Health-Issues-Centre-Consumer-Perspectives-Ageing-Residents'-Access-to-Health-FINAL.pdf>
- ⁶ World Health Organisation. (2015). *World report on ageing and health*. Retrieved April 9, 2019, from <https://www.who.int/ageing/publications/world-report-2015/en/>
- ⁷ Hughes, S. L., Seymour, R. B., Campbell, R. T., Whitelaw, N., & Bazzarre, T. (2009). Best-practice physical activity programs for older adults: Findings from the national impact study. *American Journal of Public Health, 99*(2), 362-368. doi:10.2105/AJPH.2007.131466
- ⁸ Hulya, T. D., Sevi, Y. S. S., Serap, A., & Ayse, O. E. (2015). Factors affecting the benefits of a six-month supervised exercise program on community-dwelling older adults: interactions among age, gender, and participation. *Journal of Physical Therapy Science, 27*(5), 1421. doi:10.1589/jpts.27.1421
- ⁹ Keogh, J. W., Rice, J., Taylor, D., & Kilding, A. (2014). Objective benefits, participant perceptions and retention rates of a New Zealand community-based, older-adult exercise programme. *Journal of Primary Health Care, 6*(2), 114-122. doi:10.1071/hc14114
- ¹⁰ Kim, T. H. M., Eke Dogra, S., Al-Sahab, B., & Tamim, H. (2014). Comparison of functional fitness outcomes in experienced and inexperienced older adults after 16-week tai chi program. *Alternative Therapies in Health & Medicine, 20*(3), 20-25.
- ¹¹ Levy, S. S., Thralls, K. J., Goble, D. J., & Krippes, T. B. (2018). Effects of a community-based exercise program on older adults' physical function, activities of daily living, and exercise self-efficacy: Feeling fit club. *Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society, 733464818760237*. doi:10.1177/0733464818760237

- ¹² Manson, J., Ritvo, P., Ardern, C., Weir, P., Baker, J., Jamnik, V., & Tamim, H. (2013). Tai chi's effects on health-related fitness of low-income older adults. *Canadian Journal on Aging, 32*(3), 270-277. doi:10.1017/S0714980813000305
- ¹³ McNamara, A. J., Pavol, M. J., & Gunter, K. B. (2013). Meeting physical activity guidelines through community-based group exercise: "Better bones and balance". *Journal of Aging and Physical Activity, 21*(2), 155. doi:10.1123/japa.21.2.155
- ¹⁴ Stathokostas, L., Speechley, M., Little, R. M. D., Doerksen, S., Copeland, J., & Paterson, D. H. (2017). Long-term evaluation of the "get fit for active living" program. *Canadian Journal on Aging, 36*(1), 67-80. doi:10.1017/S0714980816000635
- ¹⁵ Vratsidis, F., Hill, K., Haralambous, B., Renehan, E., Ledgerwood, K., Pinikahana, J., Harper, S., & Penberthy, M. (2014). Living Longer Living Stronger™: a community-delivered strength training program improving function and quality of life. *Australasian Journal on Ageing, 33*(1), 22. doi:10.1111/ajag.12008
- ¹⁶ Werner, D., Teufel, J., & Brown, S. L. (2014). Evaluation of a peer-led, low-intensity physical activity program for older adults. *American Journal of Health Education, 45*(3), 133-141. doi:10.1080/19325037.2014.893851
- ¹⁷ Killingback, C., Tsofliou, F., & Clark, C. (2017). Older people's adherence to community-based group exercise programmes: A multiple-case study. *BMC Public Health, 17*(1), 1-12. doi:10.1186/s12889-017-4049-6
- ¹⁸ Bennett, E. V., Hurd Clarke, L., Wolf, S. A., Dunlop, W. L., Harden, S. M., Liu, Y., Estabrooks, P. A., Rhodes, R. E., & Beauchamp, M. R. (2018). Older adults' experiences of group-based physical activity: A qualitative study from the 'GOAL' randomized controlled trial. *Psychology of Sport & Exercise, 39*, 184-192. doi:10.1016/j.psychsport.2018.08.017
- ¹⁹ McNamara, B., Rosenwax, L., Lee, E. A., & Same, A. (2016). Evaluation of a healthy ageing intervention for frail older people living in the community. *Australasian Journal on Ageing, 35*(1), 30-35. doi:10.1111/ajag.12196
- ²⁰ Wallace, R., Lees, C., Minou, M., Singleton, D., & Stratton, G. (2014). Effects of a 12-week community exercise programme on older people. *Nursing Older People, 26*(1), 20-26.
- ²¹ Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101



APPENDICES

Appendix 1: Human Research and Ethics Committee Approval Letter	...	30
Appendix 2: Letters from General Practitioners	...	32
Appendix 3: Focus Group Questions	...	34
Appendix 4: Program Evaluation Plan and LAP Cycles	...	35

Principal Researcher:	Associate Professor Joanne Porter
Co-Researcher/s:	Dr Michael Barbagallo Mrs Elissa Dabkowski
School/Section:	School of Nursing and Healthcare Professions
Project Number:	A19-075
Project Title:	Evaluating the impact of the Yinnar Health and Wellbeing exercise program.
For the period:	05/07/2019 to 30/06/2020

Quote the Project No: A19-075 in all correspondence regarding this application.

Approval has been granted to undertake this project in accordance with the proposal submitted for the period listed above.

Please note: It is the responsibility of the Principal Researcher to ensure the Ethics Office is contacted immediately regarding any proposed change or any serious or unexpected adverse effect on participants during the life of this project.

In Addition: Maintaining Ethics Approval is contingent upon adherence to all Standard Conditions of Approval as listed on the final page of this notification

COMPLIANCE REPORTING DATES TO HREC:

Final project report:
30 July 2020

The combined annual/final report template is available at:
<https://federation.edu.au/research/support-for-students-and-staff/ethics/human-ethics/human-ethics3>



Fiona Koop
Coordinator, Research Ethics
5 July 2019

Please note the standard conditions of approval on Page 2:

STANDARD CONDITIONS OF APPROVAL

1. Conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC.
2. Advise (email: research.ethics@federation.edu.au) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project.
3. Where approval has been given subject to the submission of copies of documents such as letters of support or approvals from third parties, these are to be provided to the Ethics Officer prior to research commencing at each relevant location.

Submission for approval of amendments to the approved project before implementing such changes. A combined amendment template covering the following is available on the HRE website: <https://federation.edu.au/research/support-for-students-and-staff/ethics/human-ethics/human-ethics3>

- Request for Amendments
 - Request for Extension. Note: Extensions cannot be granted retrospectively.
 - Changes to Personnel
4. Annual Progress reports on the anniversary of the approval date and a Final report within a month of completion of the project are to be submitted by the due date each year for the project to have continuing approval.
 5. If, for any reason, the project does not proceed or is discontinued, advise the committee by completing the Final report form.
 6. Notify the Ethics Coordinator of any changes in contact details including address, phone number and email address for any member of the research team.
 7. The HREC may conduct random audits and / or require additional reports concerning the research project as part of the requirements for monitoring, as set out in the National statement on Ethical Conduct in Human Research.

Failure to comply with the *National Statement on Ethical Conduct in Human Research* (2007) and with the conditions of approval will result in suspension or withdrawal of approval.

THE HEALTHCARE CENTRE

185a-189 PRINCES DRIVE (PO Box 962)

MORWELL, VIC 3840

Telephone: (03) 5133 9966

Facsimile: (03) 5134 6635

Dr Ian Webb (M.B., B.S. F.R.A.C.G.P),
Provider No. 0300659B

6/8/2018

Foundation for Rural & Regional Renewal

Dear Sir/Madam,

Barrie and Glenys Webster are patients of mine. They have attended a weekly Health & Wellness group at Yinnar for the last 8 months, approximately. I have found this program to have been very helpful to both of them.

There are many others in the region who would benefit from attending such a group. It is helpful for both physical and mental health, and helps people recover from illness and injury and supports those with chronic illness.

I support the application for more funding for such program, and feel it will fill a gap to assist in the management of both my patients and many others attending general practitioners in the area.

Yours sincerely,



Dr Ian Webb

Hazelwood Health Centre

9a Georgina Place (PO Box 69)

Churchill 3842

Phone: 5122 2555 Fax: 5122 3214

03/08/2018

To Whom it may concern (FRRR)

**Re: Mrs Leigh Vains
13 William Crescent
Yinnar. 3869
My record no.: 116**

I have acted as Leigh's GP for the last 25 years or more. She is currently attending a rehabilitation exercise program which has been developed locally and I am writing to provide a letter of continuing support for this activity.

The program is provided to the community of Yinnar. This program which has been provided by Grant from FRRR is run by Kathleen Millett, a local and highly experienced exercise therapist who has been undertaking this type of work for more than 25 years. She has many qualifications that will assist in providing this detailed program. Her emphasis is on core strength, Pilates and Tai Chi which will improve movement, stability and balance that is needed to assist people in their recovery from injury and to cope with growing older.

Many of my regional patients have not got the option of attending such a program as they are not usually available in smaller towns. It is excellent that this free program has been conducted in the small town of Yinnar and is available to my patients to assist in the recovery of conditions such as stroke, spinal injuries and arthritis. It also allows increased social interaction for more isolated patients as well as providing health improvements.

I wish to thank FRRR for funding this community run program and hope that they will provide further funding for the future.

Taking control of her own health needs should be rewarded.

Yours sincerely

Dr Fred Edwards MB CHB.



Dr. Fred Edwards
Provider Number: 0810168K
Hazelwood Health Centre
9A Georgina Place Churchill 3842
(03) 5122 2555 Fax: (03) 5122 3214

Appendix 3: Focus Group Questions

The following questions were asked at each focus group:

1. How has this exercise program helped you?
2. Why do you attend the exercise class?
3. What's the best thing about the exercise program?
4. Do you attend every week?
5. How long have you been attending the classes?
6. Do you meet with anyone from the class outside of this program?
7. Have you ever participated in a structured exercise class before?
8. Would you still attend if you had a different exercise instructor?
9. Do you access any other community health services such as the community nurse, podiatry, physiotherapy?
10. Do you access any social services in the community e.g. meals on wheels, housecleaning or gardening?
11. Do you volunteer within the community or attend any community events?
12. Do you feel that your health needs are being met?
13. Have you ever felt discriminated against because of your age?
14. What health advice would you give to your younger self?
15. Would you still attend the exercise program if you had to pay?
16. If this program was ceased what would you do instead?

Appendix 4: Yinnar Health and Wellness Program Evaluation Plan and LAP Cycles

EVALUATION OBJECTIVES: THE QUESTIONS WE ASKED AND THE TOOLS WE SELECTED

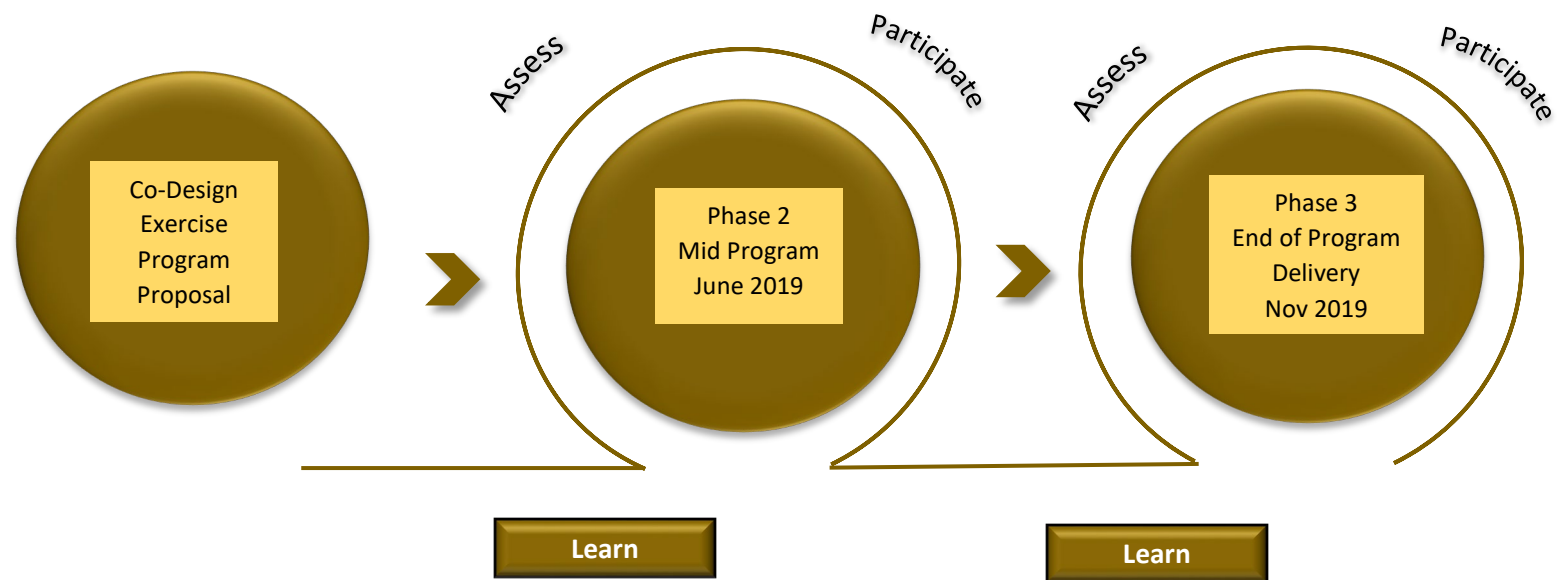
Objective	Description	Evaluation Tool	Timelines
Outcomes Evaluation			
1. Successfully run the Health and Wellness program for a period of 12 months	Recording the number of attendees to each weekly session including a description of the exercise.	Record of number of attendees to the weekly exercise program (1) Record the type and variety of exercise sessions (2)	Nov 2019
2. Develop an understanding of the participants motivation for attending the Health and Wellness program	Each participant completes an enrolment form which includes a health history and what they hope to achieve by attending the program.	Participant enrolment data (5) Focus group discussion (3)	Nov 2019
3. To develop an understanding of the impact the Health and Wellness program has on social connectedness	Using a variety of data collection methods evaluate the impact of the Health and wellness program on social connectedness between the facilitators, participants and broader community.	Focus group discussion (3) Survey data (4)	Nov 2019

Evaluation Tools

1	Attendance record
2	Variety of exercise sessions
3	Focus group discussion
4	Survey data
5	Participant enrolment data

EVALUATION LAP: YINNAR HEALTH AND WELLNESS PROGRAM

LEARN – What do you want to learn? ASSESS – how will you measure / assess impact? PARTICIPATE – Action / Activity = **EVALUATION LAP**



***Community engagement and co-design are core to all phases and activities**

COLLABORATIVE EVALUATION UNIT

Federation University Australia

Office 5N 190 | Building 5N | Gippsland Campus
PO Box 3191 Gippsland Mail Centre Vic 3841

T 03 5327 6766 M 0432 702 272
ceu@federation.edu.au



CRICOS Provider No. 00103D | RTO Code 4909

Federation University Australia acknowledges the Traditional Custodians of the lands and waters where its campuses are located, and we pay our respects to Elders past and present, and extend our respect to all Aboriginal and Torres Strait Islander and First Nations Peoples.