Overview

* indicates a required field

Applicant eligibility

This is to confirm your organisation's eligibility to apply for this grant. To be eligible, primary applicants must be one of the following Australian entity types and must have been operating for 12 months or longer. Please consult the Better Ageing Guidelines for a full definition of eligible organisations and to see more information about the requirements.

1 -1. Organisation type *
- Sporting Organisations, including National Sporting Organisations and National Sporting Organisations for people with a disability
- Non-Government Organisation (NGO), including physical activity NGOs
- Local Government
NB: An NGO is defined as an organisation which is neither a government department or a business operating for profit.

1-2. Has your organisation been operating for 12 months or longer? *
- Yes
- No

Organisation Details

The applicant must be the entity which will receive the grant funding - there must be only one applicant per project even if it is to be conducted in a partnership

2 -1. Organisation Name *
Western Australian Centre for Rural Health (WACRH), The University of Western Australia

2-2a. Organisation Primary Address *
167 Fitzgerald Street
Geraldton WA 6530 Australia
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

2-2b. Organisation Postal Address *
PO Box 109
Geraldton WA 6531 Australia
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

2-3. (For non-NSOs or NSODs), what is your organisation's primary purpose?
WACRH’s, a University Department of Rural Health, primary purpose is building rural health workforce capacity and improving health and wellbeing for people living in rural and remote WA. We take a capacity building and partnership approach to our key priorities of providing innovative rural health education, research/evaluation, and community engagement. This section is optional for National Sporting Organisations, which Sport Australia already has a relationship with. Brief summary of the activities and programs you deliver. - no more than 50 words.

2-4. Organisation Website
http://www.wacrh.uwa.edu.au
2-5. Organisation ABN
37 882 817 280

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Information current as at 12:00am today

Must be an ABN.

Contact for this application

3-1. Applicant Project Contact *
Sandra Thompson

3-2. Project Contact Position *
Director, Western Australia Centre for Rural Health (WACRH)/ Professor of Rural Health, University of Western Australia (UWA)

3-3. Project Contact Phone Number *
0407 592 740
Must be an Australian phone number.

3-4. Project Contact Email *
sandra.thompson@uwa.edu.au
Must be an email address.

3-5. Applicant Admin Secondary Contact *
Sandra Hamilton

3-6. Applicant Admin Secondary Contact Phone Number *
0412 231 954

3-7. Applicant Admin Secondary Contact Email *
sandy.hamilton@uwa.edu.au
Must be an email address.

Proposed Program Details
Priority will be given to projects which best demonstrate how they will achieve the Move It Aus - Better Ageing Grants Program objectives and the organisation's ability to meet the Selection Criteria.

The Program will fund eligible organisations to implement initiatives to encourage older Australians, particularly those less active, to incorporate participation in sport or physical activity into their everyday lives. Priority will be given to projects that best demonstrate how they will achieve the Program’s objectives and their ability to meet the selection criteria. Each successful applicant must demonstrate capability building to ensure ongoing local community benefit for older Australians. Programs that develop an increased workforce with the capability to help older Australian’s to become more active will be valued highly.

Examples of participation based sport and physical activity programs may include, but are not limited to:

- Modified sports initiatives that include adapted time, equipment, playing formats, rules, non-physical contact or intensity, and/or
- Activities that develop greater flexibility, strength, balance and endurance.

Further examples may be found at https://campaigns.health.gov.au/longliveyou

Programs should be designed to accommodate diversity and an ease of access for older Australians (e.g. location, socio-economic status, equipment requirements).

Expenditure of grant funds is restricted to activities directly related to project details which have been specified in the funding agreement.

**Ineligible projects and activities**

Examples of projects/activities that will not be funded will include:

- Stand-alone, one-off events
- Established projects that are already operating (and do not offer increased scope, reach or scale)
- Ongoing operational costs beyond the life of the Program
- High performance sport (including elite, representative sport and Masters Sport)
- Purchase of capital assets (e.g. buildings, motor vehicles, furniture)
- Requests for retrospective funding
- International travel

Sport Australia reserves the right to alter this list and the list is not exhaustive.

**4-1. Program Name**

CountryActive

**4-2. Program Overview**

This partnership draws upon substantial existing, relevant capacity and local knowledge to support engagement of older Australians in sport and physical activity programs across rural/remote WA. Programs will emphasise inclusiveness, social connectedness and activities appropriate to local needs, encouraging local champions to utilise existing recreational infrastructure with evidence-based approaches. Must be no more than 50 words.

This is an overview only, you will have the opportunity to expand on your response to the selection criteria in subsequent questions

**4-3. Program Objectives**

Increase access to and uptake of age-appropriate sport and physical activity for older people residing in regional, rural and remote WA
Showcase and share programs that have worked for engaging older people in sport and physical activity to encourage uptake of effective activities in new rural locations.

Provide community-based activities that meet the cultural and environmental needs of the community by engaging local and regional expertise.

Build the capacity of rural and remote communities and workforce to support and deliver activities appropriate to older people.

Increase social connectedness and wellbeing through inclusive physical and social activities appropriate to Aboriginal and non-Aboriginal community participants.

Provide a mechanism for motivating older rural and remote Western Australian’s with chronic conditions to increase their activity level in a welcoming, supported and safe environment.

To identify and upskill locally based Champions to provide motivation, support and activities and ongoing program sustainability.

Outcomes
1. Improved access to sport and physical activities in regional, rural and remote WA communities.
2. Growth in attendance at physical activity programs leading to a more active older community
3. Improved self-management of physical activity, either as individuals or in group settings.
4. Improved social connectedness and wellbeing leading to a more connected older community.
5. Increased community capacity and skills ensuring ongoing sustainability of physical activity and social events within the community.

Longer term outcomes
1. Improved physical and emotional health in older people with and without chronic conditions.
2. Sustained access to sport and physical activities in CountryActive communities.

Describe the outcomes you want the program to achieve

4-4. Will any of these sports/activities feature in your program? *

☐ Aircraft Sport ☐ Dragon Boat ☐ Kung Fu - Wushu ○ Softball
☐ Archery ○ Eight Ball ○ Lacrosse ○ Sport Climbing ○ Squash
☐ Athletics ○ Equestrian ○ Modern Pentathlon ○ Strength Training
☐ AFL ○ Fencing ○ Motor Sport ○ Surf Life Saving
☐ Badminton ○ Fishing (recreational) ○ Mountain Bike ○ Surfing
☐ Baseball ○ Fitness/Gym ○ Muaythai ○ Swimming
☐ Basketball ○ Floorball ○ Netball ○ Synchronised Swimming
☐ Billiards / Snooker / Pool ○ Flying Disc ○ Orienteering ○ Table Tennis
☐ BMX ○ Football (Soccer) ○ Outrigger Canoeing ○ Taekwondo
☐ Bocce/Boules ○ Gaelic Football ○ Petanque ○ Tennis
☐ Bocce ○ Goalball ○ Pilates ○ Tenpin Bowling
☐ Bowls ○ Golf ○ Polo ○ Tai Chi
☐ Boxing ○ Gridiron ○ Polocrosse ○ Touch Football
☐ Calisthenics ○ Gymnastics ○ Pony Club ○ Triathlon
☐ Campdraft ○ Handball ○ Powerlifting ○ Underwater Sports
☐ Canoeing/ Paddlesports ○ Hockey ○ Bowls ○ Polo
4-5. Other sports/activities not listed above
Walking soccer, Walking hockey

4-6. Proposed Project Start Date *
14/01/2019
a date and between 20/9/2018 and 30/4/2019

4-7. Proposed Project End Date *
30/12/2020
a date and no later than 30/12/2020

4-8. Have you carried out a pilot study or project in support of this proposed program? *
◉ Yes
◯ No

4-9. If yes, please briefly describe the pilot project
WACRH has an outstanding record of working in partnership with other organisations to deliver programs, and taking a capacity building approach. Learnings from previous work carried out by WACRH inform our approach which is to enable and support local ownership and engagement in programs while we can provide assistance with knowledge of what works and provide assistance with recruitment, engagement, design and outcomes. We understand the importance of working in a way that is appropriate to the community within which we work.

We have a strong commitment to working with Aboriginal people - obviously important as our proposed program will includes remote communities where the proportion of Aboriginal people is higher. WACRH staff include Aboriginal people and we have a strong track record of working with Aboriginal organisations in the delivery of culturally appropriate activities. In the Midwest, we have a very strong relationship with Geraldton Sporting Aboriginal Corporation (GSAC) which delivers sporting programs that target Aboriginal youth in the Midwest. GSAC's foci of activities align with those of locations where WACRH works, as they leverage off WACRH's infrastructure in Geraldton, Mullewa and Mt Magnet and are often delivered in partnership. In December 2017, we partnered with GSAC, Football West and around a Soccer for Change program in Geraldton http://footballwest.com.au/soccer-change-mid-west/ and https://www.facebook.com/gwn7news/videos/2025620590787613/ Highly successful, this program will be run again in 2018 and has attracted $15,000 from Healthway to support the program. WACRH students also work within the Geraldton
Regional Aboriginal Medical Service (GRAMS) to support physical activity programs – Getting Stronger. To inform our approach, we have undertaken a systematic review of Indigenous Australians Perceptions’ of Physical Activity (Dahlberg, Hamilton, Hamid and Thompson. International Journal of Environmental Research and Public Health 2018, 15, 1492; doi:10.3390/ijerph15071492.) Four major themes emerged from the literature: family and community, culture and environment, sport and gender differences. Men highlighted sport and going on walkabout as preferred types of physical activity while women preferred family-focused activities and activities and support for women's sport. Several studies found exercise was supported when in the context of family and community but was considered shameful when done only for oneself. Sport was regarded as playing an influential role in bringing communities together. Group, community, or family activities were desired forms of physical activity with the environment they are conducted in of high importance. It was concluded that the western concept of individual exercise programs would appear not to be the best approach when promoting intervention programs aimed at addressing the physical activity levels of Indigenous Australians. It is important to design programs that are inclusive of Indigenous Australians to include the concepts of culture, environment, sport, gender, family and community and social connectedness.

Kick Start program: The Kick Start program is a component of WACRH’s service learning where student and staff contribute to meeting gaps in community services, often for people who are vulnerable or underserved. It provides community access to health and wellness activities for people unable to access physical activity programs through mainstream health care. Kick Start is an interprofessional student teaching clinic with a physical activity and wellness focus. Following a health assessment in a gym and home program are designed for the participants. A process evaluation led to quality improvement changes to the program and an outcome evaluation has recently been completed. Participants are Aboriginal and non-Aboriginal, male and female and aged from 20 to 80 years (47% were greater than 55 years of age) and many have a history of mental illness. Kick Start has significantly improved participants' health as assessed by the following parameters: increased six minute walk test (p=0.001); and increased sit stand test (p=0.001); increased SF12 mental health component (p=0.035); reduction in waist circumference (p=0.042); reduction in body fat percentage (p=0.027), and reduction in systolic blood pressure (p=0.025). The program has demonstrated that students can play a major role in improving physical activity and wellbeing in a group of people who need supportive assistance to participate in exercise programs.

Strengthen Your Legs program: This program was undertaken by WACRH and was funded through a grant from the Injury Council of Western Australia. Strengthen Your Legs was aimed at older community members, particularly those at high risk of falls. It included both physical activity and social interaction in group sessions. The program was designed to strengthen lower limb muscles plus muscle groups in other parts of the body, promote balance and increase cardiovascular fitness and included exercises designed for lower limb strength and endurance plus balance exercises, with some upper limb exercises also included. It incorporated games and activities that the participants enjoy such as walking, for the warm-up and cool down part of the sessions and included a social aspect, at the conclusion of the exercise program with light healthy refreshments provided to participants. Strengthen Your Legs was held twice weekly as a physiotherapist-supervised, physiotherapy student-delivered program mainly for Aboriginal people but non-Aboriginal people were included. Transport and light refreshments (morning tea and lunch) were provided. Activities were initially held indoors but as feedback demonstrated a preference for outdoor activities, activities were moved to a covered courtyard or a park setting. Programs such as indoor bowls or beach walks were very popular. The success of the program was in part attributable to good relationships with external organisations who assisted in various ways, particularly with transporting participants when needed. Learnings included working with and meeting cultural needs, the importance of flexibility and feedback, and of good
Integrated Chronic Disease Care program: WACRH has recently completed a state-wide evaluation of the WA Country Primary Health Network (PHN), WA Primary Health Alliance (WAPHA), commissioned Integrated Chronic Disease Care Program (ICDC). ICDC delivers allied health services and care coordination to people referred with one or more chronic conditions in the seven country health regions of WA. Evaluation findings included the vast difference in program needs in each region and that rural and remote outreach service delivery needed community-based activities to provide support to people with chronic diseases in-between the allied health visits. WAPHA are also unable to commission preventative care. Through this evaluation WACRH has built excellent relationships with WAPHA regional managers and ICDC providers throughout WA, including an understanding of the critical need for programs which support people who don't meet the disease criteria for ICDC programs and those who need more support and encouragement about exercises that have been recommended between the visits of the ICDC service providers. Exercise and social support are essential components of prevention and management of chronic diseases.


4-10. Please attach any reports or evaluations of your pilot project

Filename: Dahlberg_Indigenous Australians Perceptions’ of Physical Activity - a systematic review.pdf
File size: 704.3 kB

Organisational Strategy

5-1. Does your existing strategic planning documentation specifically identify physical activity amongst older Australians as a priority? *
   ○ Yes
   ○ No
   ● Other: WACRH’s strategic plan specifically recognises among our guiding principles values such as working collaboratively with our partners and professional networks, working with Aboriginal communities to help them build their strengths and address disadvantage, and promoting socially inclusive approaches that engage individuals and communities to promote their physical, psychological and social wellbeing. A key component of our work is around community engagement and we undertake a capacity building approach, and using strategic alliances to influence health policy and practice. We recognise that health therapies alone will be insufficient to overcome health inequities and undertake programs across all age groups with a focus on rural, remote and Aboriginal health. We have had a strong interest in improving chronic disease prevention and management and recognise that individuals with key chronic diseases (cardiovascular disease, cancer, diabetes, chronic respiratory disease) all benefit from participation in exercise. In addition to the benefits on physical health, exercise improve mental health and supporting people to come together as
part of exercise programs has additional benefits from fun and social connectedness that individual programs do not achieve. As indicated in section 4.9, many of WACRH's service learning programs have been directed towards the older population or included a high percentage of older participants – programs such as Strengthen Your Legs and Kick Start. WACRH has current and planned aged care work (grant applications submitted) related to older people, for example a trial related to engaging older Aboriginal people with mild cognitive impairment in exercise programs to slow progression to dementia, and improving rehabilitation for those with stroke or traumatic brain injury. We have links and sound working relationships with the Western Australian Country Health Service aged care team in Geraldton and with the lead geriatrician for WA Country Health Services and with the other named partner organisations. The universities that are WACRH’s consortium partners, all offer exercise science programs (most including exercise physiology) and two universities provide physiotherapy. Students from these disciplines frequently offer assessment of older people and support their engagement in exercise. Many of the partners in this application for which WACRH is the lead agency have sport and physical activity programs prioritised within their strategic plans. Such Programs include: • Standing Strong Together, Act Belong Commit • Living Longer Living Stronger – COTA • Get on Track Challenge and My Health Balance, DESMOND and Walking Away -Diabetes WA
This is not mandatory, but will be taken into consideration

5-2. If yes - please upload a copy of your relevant strategic planning documentation. Otherwise, please provide a letter of support for this project from your Board.

Filename: WACRH Strategic Plan 2017-2020 FINAL.pdf
File size: 728.8 kB

Addressing the Selection Criteria

* indicates a required field

Selection Criteria 1 - Getting inactive older Australians active

Increasing older Australians’ participation in sport or physical activity, particularly those less active

6-1. How will/has your program design been informed by current market insights for older Australians? *

The WACRH team have reviewed peer-reviewed articles, government and non-government reports and policy documents (Australian and international) to inform our thinking about this proposal, both in terms of the nature of the programs that work for older people, how to engage older people in sport, including making it safe and fun, and barriers and enablers to participation. The team and partners also have a strong health background and we know that there is good evidence that referral of older people from medical and other providers can be powerful catalysts in encouraging older people to join a group (referrals from General Practitioners, Allied Health Professionals and the Integrated Chronic Disease Care program will be encouraged) and can complement peer-support and bring a friend strategies.

Exercise and physical activity play a vital role in health and wellbeing of all Australians, especially older adults (65+) with age-related changes having an impact on physical capabilities and function due to gradual decreases in muscle strength, cardiovascular fitness, balance and flexibility over time. Through regular exercise and physical activity the
impact on quality of life and function of these changes can be reduced, leading to healthier, happier individuals in the community and a decreased burden on the Australian health system. We will emphasise that physical activity is good for physical health and for mental health and the focus of our efforts is on the benefits of moving more (not on weight control) and on the value of doing things with others (including helping others).

The Australian Government has taken greater steps in raising awareness of the importance of participating in regular exercise and physical activity for Australians of all ages, including the elderly. The Department of Health has recommended the following activity guidelines for older Australians (65+):

1. Older people should do some form of physical activity every day, regardless of age and ability. This should accumulate to at least 30 minutes per day.
2. Older people should be involved in a range of physical activities that help improve the four key areas of physical fitness: cardiovascular fitness, strength, balance and flexibility.
3. Older people just starting to take part in physical activity, or those who have been inactive for a large period of time, should start a level suited to them and progress in difficulty as able.
4. Older people who have regularly taken part in more vigorous exercise in their later years are encouraged to keep doing so, provided their current ability is taken into account and appropriate safety measures are in place to minimise risks.

We are aware of the need for variation in activities, the benefits of using different muscle groups and in encouraging ongoing participation in programs to build strength, fitness and flexibility. Many of the falls that are experienced by older Australians are preventable, with exercise playing a crucial role in prevention. Programs like Stay on your Feet, Strengthen Your Legs and Build Your Balance all produce resources and provide advice on programs that align with the advice of the Exercise and Sports Science Australia's (ESSA) 2011 that exercises and activities that challenge balance are more effective in preventing falls than those that fail to challenge individuals' balance capabilities, and that exercises should be progressively challenging.

Overall, regular exercise and physical activity for older Australians is vital for maintaining quality of life and programs that offer entry levels and advanced levels should be made available in communities to encourage the continual participation in these programs. Community sport offers opportunities for social connections, freedom from challenging aspects of daily life and involvement in fun and exhilarating activities, discovery through trying new things and relaxation and rejuvenation for example through activities taken outside and the potential to get in touch with nature.

Insights from various sources, including our partners and WACRH's exercise physiologist working with older people suggest the following:

- Don't stereotype older people but instead provide different options to cater for their different abilities and interests.
- Older people like to be treated with respect and not as fragile and incapable. They want to take part in activities younger people do but have these activities tailored to their physical capabilities. A deterrent for many in previous programs was they found it too easy and disengaging as trainers failed to challenge them and assumed they were unable to perform more advanced activities.
- Social aspects are very important. Older people like to do their physical activities in a group as many use it as an opportunity to socialise and get together for coffee or tea at the end of the activity session. Many see group classes as a vehicle to socialise first and the exercise component is secondary.
- It’s important to include different levels of groups within a program: generally beginner, intermediate and advanced (or int/adv combined). Mixing those who have never been
active with those who have been part of physical activity groups can be intimidating for the beginners so having something to easy them initially and then progressing to the next level has worked well with the programs in Perth. The beginner group is still challenged relative to their ability.

- Music – group activities often run much better with music. Include playlists made up of songs recommended by participants. The participants all loved this and engaged even more in the sessions.
- Information on what is required and the support available needs to be clear.
- Sport programs have been modified to suit older people. They can be competitive and fun and still emphasise the importance of safety and looking after others

6-2. Optional: Please upload any existing market insight reports that support your program
No files have been uploaded

6-3. How will your program engage with inactive older Australians who are living independently? *

Engagement with older Western Australians living independently in regional, rural and remote WA will be initiated through several channels and communication methods.

Many people who live independently and are currently inactive may have a chronic condition/s, or be constrained by their financial circumstances in terms of participating in existing programs, some will be socially isolated. This will look similar or different in each of the seven health regions given the climate and demographic differences based upon geographical location and remoteness. This will occur prior to any marketing of programs and be ongoing over the time of the grant. Sustainability will be built into the program through capacity building and barrier reduction. The following strategies have been developed from evidence that reports on what works for older people (COTA Victoria – How to engage older people in sport and physical activity) and knowledge of rural and remote WA Communities.

1. We will employ the regional Activators who will engage with regional Department of Sport and Recreation officers, LGAs and relevant groups of older people. This approach will capture existing programs and historical information on what has worked, and help identify local community champions who can contribute to planning, development and implementation of regional and local activities. Existing programs and community physical activities for older people will be engaged, supported and extended where possible enabling increased attendance rates.

2. Local Government authorities (LGAs) will be approached through their Community Development, Sport and Recreation Officers or other appropriate staff to refer older community members to the program. We will ask local LGAs to include information in their newsletters and utilise community noticeboards.

3. Meetings/consultation with local senior citizen and elders groups, and ideally establishment of an older citizens “consumer” group to contribute to planning and implementation. We will recruit community champions and volunteers to support the programs.

4. Information will also go out through our partner organisations. They will support referral of clients who can benefit from the physical activity and social connections to the program e.g., Diabetes WA Telehealth program.

5. We will also utilise connections through local health service providers - WAPHA, staff of the Rural Clinical School in each region and providers delivering programs under the Integrated Chronic Disease Care or mental health programs will all be provided with information about the programs and ways to obtain information / refer a patient.
6. An overall project website will be established with information on activities being planned and undertaken. Partner organisations will be asked to provide and highlight a link to CountryActive on their websites.

7. A snowballing effect by word of mouth from CountryActive participants to other community members. This will include asking participants to “bring a buddy” or the organisation of “Bring a Friend” days.

8. By offering flexible programs where and when possible.

9. Development of a CountryActive website which can be accessed by both community members and health professionals.

10. Press releases in local community and regional newspapers and community radio.

11. Use of social media sites such as Facebook.

12. Use of flyers and lists of activities to and announcements at local clubs and organisations such as Rotary, Probus,

13. Use of flyers and list of activities on notice boards in libraries, Senior Citizen Centres and LGAs, shopping centres or local supermarket in small rural and remote communities.

14. Leaflets for participants to take away and pass on. Leaflets will also be available at Shire/Council offices, local libraries and shops and cafes.

e.g. pre-program marketing to cohort, during and post-program participant follow up

6.4. How will the program contribute to ongoing physical activity for older Australians? *

The CountryActive program will contribute to the ongoing physical activity and social connectedness of older Western Australians through the programs three pillars. The following strategies are informed by available evidence and knowledge of rural and remote Western Australian communities and environment.

Partnership networks: WACRH and partners bring a considerable degree of expertise and regional WA knowledge and experience. Having these partners involved in the CountryActive program brings not only this expertise, knowledge and experience but programs that are able to be increased in scope, reach or scale. Regional Activators and Regional Reference Group will form local community networks in local communities to support and promote the program and work towards a sustainable local community model. Many of the partners have regionally based staff with good knowledge of the key players and different towns and their facilities within the region.

Capacity building: Capacity building is seen as an essential part of the CountryActive program and will significantly contribute to ongoing participation of older Western Australians in physical activity. By tapping into collective knowledge and expertise (partner and community) community champions and volunteer training will be tailored to local needs. To provide ongoing support for Community Champions and Volunteers, a regional Champion/Volunteer network will be formed with monthly teleconference/videoconference meetings and 4-6 monthly face-to-face meetings/training in a regional centre. Volunteering WA and the Community Resource Centres through rural and regional WA will be engaged to enhance the existing network of volunteers to provide support to this program. To ensure sustainability of the program, a recommend succession plan will be developed for clubs/organizations that use volunteers to provide assistance in the delivery of the program. The volunteers will be from all ages and will be trained to engage older Australians in physical activities. A community-based program with champions and volunteers who have been upskilled will increase program sustainability.

Capacity building will also be provided for Regional Activators and where appropriate community staff involved in the CountryActive program. This may include Community Development Officers and Sport Officers employed in rural and remote communities.
Reducing barriers: Many barriers and concerns contribute to older people’s lack of participation in physical activity. These include, but are not limited to: a perception of being too old; sport is competitive; a feeling of not belonging; lack of understanding of the health benefits; concerns regarding health issues; fear of injury; time pressures; physical competence; accessibility of the programs; transport and travel; uninviting environment; and cost. Throughout the CountryActive program these concerns and barriers will be addressed with the view of building in ongoing participation in physical activity of participants and the sustainability of community physical activity programs. This will occur by:

- Building education into the activities around the value of regularly participating in sport or physical activity and injury prevention.
- Including social activities into program activities to improve social connectedness and the building of relationships between participants. Expert Exercise Physiologist advice suggests that “Many see group classes as a vehicle to socialise first and the exercise component is secondary”. Physical activity beyond the CountryActive program, buddying or the formation of small groups to continue activities outside of the program will be encouraged.
- During the program, subsidisation of costs will be provided to participants who meet set criteria. This has been successfully achieved by the Department of Local Government, Sport and Cultural Industries (DLGSCI) through the SilverSport pilot program. DLGSCI is a partner organization in this application and their expertise and knowledge will be sought. (https://www.dsr.wa.gov.au/funding/individuals/silversport) Program Coordinators will work with LGAs to provide reduced levels of cost for older community members and quarantined access time to facilities such as pools, gyms or recreation centres.
- Where participants feel concerned about health issues, they will be advised to seek advice from their General Practitioner or health provider. We will explore ways to assist with recommended assessment by a physiotherapist or Exercise Physiologist if this is necessary. WACRH has on staff both of these health professions and can offer advice to the State-wide Program Coordinator and Regional Activators and potentially help organise assessment using local health providers. We will work to have student therapists support early engagement in exercise program in a safe environment as has occurred through Kick Start.
- It is essential for participants to feel welcomed, capable and comfortable in their environment. Participants will be treated with respect and not as fragile or incapable. Activities will be tailored to their physical capabilities. Older people wish to be challenged so ensuring activities are not too hard or too easy is of importance to ongoing participation.
- Local Champions and volunteers will be recruited and upskilled to promote, support and supervise activities ensuring sustainability of the program at the end of the grant period. Local volunteers will be asked to assist with transport issues.

6-5. How will your program delivery be customised to meet the needs of older Australians? *

CountryActive will be delivered in regional, rural and remote settings of WA, therefore requiring several strategies to meet the needs of older Aboriginal and non-Aboriginal Western Australians living in these varied locations: The following strategies will be employed:

- Ensuring activities are fun but at the same time offer a challenge without being competitive
- Easy to follow tips on what works, including links to relevant documents and You Tube clips to encourage approaches that have been tried and worked.
• Community consultation on location and activities most appropriate, informed by community wishes and experience on what has worked and not worked, barriers and facilitators
• Care in selecting the individuals and groups who report on and deliver the programs; efforts to involve the whole community
• Recruitment of local Champions to offer support in running the activities and promoting participation.
• Climate appropriate and taking into account local community infrastructure
• Provision of necessary equipment for the delivery of activities
• Subsidising entry to venues (e.g. to pools, games, gyms) where needed for those on low incomes
• Negotiation with LGAs on fees and exclusive times of day where activities for seniors can be run
• Provision of drinking water in hot climates
• Specific attention on the needs and appropriate approaches for older Aboriginal Australians, including potential to pay for cultural input and engaging with Continuing Professional Development providers
• Promotion of social connectedness and inclusion through provision to participants of items such as Polo or T Shirts and water bottles with program name and logo.
• Provision of social activities following group activities, such as morning or afternoon tea as many see group classes as a vehicle to socialize first and the exercise component as secondary. The provision of a healthy snack to compliment tea or coffee.

6-6. How will you ensure that your program is accessible to the differing needs of individual participants? *

Program accessibility is not only related to physical access but also includes cultural, environmental and emotional appropriateness. The following strategies will be employed to ensure participants are able to physically access venues and feel welcomed and safe in all program settings:

• Participants will be asked to complete a registration form and to note any medical concerns - ensuring that these are taken into account and understanding that not all participants will necessarily be able to complete every activity. As indicated in section 6.4, we will explore ways to assist with recommended assessment by a physiotherapist or Exercise Physiologist if this is necessary.

• Creation of a safe space where everyone is treated in a respectful manner and that this is an expected behavior and recognizes that everyone has different capabilities. The philosophy of the program is to improve yourself while caring for others. Regional Activators and activity supervisors will ensure people understand the rules.

• Venues with disability access will be chosen. In hot climates it is also important that venues are air-conditioned for comfort and safety.

• Community advice will be sought of the cultural needs of older community members. For example, are separate male and female group activities required?

• Older people don’t like to be treated as fragile and incapable – they want to take part in activities younger people do but like it tailored to their physical capabilities. A deterrent for many in previous programs was that they found it too easy and disengaging as trainers failed to challenge them and assumed they were unable to perform more advanced activities.
• It’s important to include different levels of groups within a program: generally beginner, intermediate and advanced (or intermediate/advanced combined). Mixing those who have never been active with those who have been part of physical activity groups can be intimidating for the beginners so having something to ease them in and then progress to the next level has worked well in previous programs. The beginner group is still challenged relative to their ability. For example, different base activity levels, individual circumstances and/or the medical history of participants. Set challenges for improvement at all levels. It is important to ensure that the more capable people are also engaged and this may require giving them some additional activities, including the support of others who are less physically capable. Ensure efforts and improvements are acknowledged.

• Music really helps with engaging people in some activities – Music appropriate to older people from the 50s-90s can be included in many group activities with playlists made up of songs recommended by participants.

e.g. different base activity levels, individual circumstances and/or the medical history of participants

6-7. What risk mitigation strategies will you use to accommodate the needs of this cohort? *
CountryActive will include older Western Australians form regional, rural and remote multicultural communities. Remote and northern WA communities have higher Aboriginal populations. Identified risks include a lack of community and potential participant responsiveness to and interest in the program, failure to engage with aboriginal participants and failure to sustain the interest of participants over the course of the project. To overcome these risks, the following mitigation strategies will be employed.

• Ensuring the program is seen as a comfort zone – welcoming, culturally appropriate, fun and safe.
• Promote and market the program at the local level as well as the regional level, through a variety of methods ensuring the message reaches all.
• Inform participants that it is ok to swap over activities, suggest activities that are of interest or to stop attending.
• Ensure that activities are appropriate to local climatic conditions, venues are air-conditioned in hot climates and drinking water is available.
• Through consultations with local LGAs, obtain the use of existing infrastructure as this is often utilized.
• Provide access to the program for older people referred from the Integrated Chronic Disease Care Program or from their General Practitioner, Exercise Physiologist or Physiotherapist.
• Medical pre-screening when required will be advised. As indicated in section 6.4, we will explore ways to assist with recommended assessment by a physiotherapist or Exercise Physiologist if this is necessary.
• Ensure safety for activities near water such as swimming pools.
• Include social activities as this group as a vehicle to socialize first and the exercise component as secondary.

e.g. medical pre-screening, providing safe environments

6-8. (Optional) provide any additional information on how your program will get older inactive Australians active
Other strategies that will be employed include:
• Use of motivational video clips to provide encouragement that the greatest gains from exercise come for those who have been inactive
• Utilise social marketing and social media recommendations
Emphasise the potential for everyone to contribute despite their different needs and wants, and that sport is fun.

Encourage leadership and feedback from participants and their input into improving their local programs.

Consider special needs and encourage - Aboriginal (family involvement), particular Culturally and Linguistic Diverse groups, male/female differences.

Provide information and a referral pathway for local health service providers – Integrated Chronic Disease Care Program, General Practitioners and Allied Health Professional.

Selection Criteria 2 – Physical and mental wellbeing and social connectedness

Improve the physical and mental wellbeing and social connectedness of older Australians

Please explain how your program will improve the physical wellbeing of older Australians. Areas for consideration may include:

- Establishing a baseline of the strength, flexibility, aerobic capacity and/or balance of older Australians and demonstrate incremental improvement over time
- Educating older Australians of the benefits of sport and physical activity in reducing the prevalence and severity of chronic diseases and depression, and improving their cardiovascular health
- Supporting the reduction of the risk associated with falls and contribute to the reduction of medical visits associated with inactivity e.g. GP and hospital visits

7-1. Please explain how your program will improve the physical wellbeing of older Australians *

The CountryActive program has been designed to be consistent with the World Health Organisation’s Global Strategy on Diet, Physical Activity and Health to encourage older Western Australian’s become engaged in activities that have been purposefully designed to engage older community members in each of the regions, including Aboriginal people. Exercise Physiologist, Sports Scientist and physiotherapists on the Regional Reference Groups provide expert advice to ensure that the localized program, will include the 4 core attributes of physical wellbeing, including endurance, strength, balance and flexibility. Local Community Reference groups will be consulted by the State-wide Coordinator and Regional Activator to establish community engagement and to understand community requirements for increasing activity and social connectedness of the older people in the community. It is important that older people have permission, opportunity and the means to engage in sport and that they have assistance in attending programs. There will be a range of possible activities in each of the core areas, to allow for heterogeneity across people and places. The community-based programs will include a range of individual and team based approaches for activities, including but not limited to, walking, dancing, swimming, yoga, Tia Chi and team sports. For community members who are unable to undertake the recommended amount of physical activities, they will be encouraged to be as physically active as their capabilities and conditions allow. The increase in participation of community members will be noted and ongoing consultation with the Community Reference Groups will be maintained to support and assist in increasing participation rates for the duration of the program.

A marketing/communications strategy will be developed to promote starting and increasing levels of exercise building to being active on most days of the week. This will be complemented with information about balance and strength exercises and falls prevention. This strategy will consist of an interactive website for the program and videos/information
Please explain how your program will improve the mental wellbeing and social connectedness of older Australians.

Areas for consideration may include:

- Improving the participant’s social connectedness and decreasing social isolation
- Encouraging local community volunteering and engagement
- Strengthening community connections by engaging inclusive practices and policies, that foster a welcoming environment

7-2. Please explain how your program will improve the mental wellbeing and social connectedness of older Australians

It is recognized that participation in physical activity at all ages can improve the social and emotional well-being of a person. The values of social connectedness by engaging in group based physical activities for Aboriginal people has been identified in a systematic review of Indigenous Australians Perception of Physical Activity (Dahlberg, et al. 2018). The CountryActive program Regional Reference Groups provide expert advice in the design, implementation and delivery of group based physical and social activities that are suited for the individual communities. Taking into account environmental and social factors within a community the local based programs will be promoted to older community members as a way of increasing physical activity to improve both physical and mental well-being. The Regional Activator will engage with existing sporting clubs and associations to develop a comprehensive physical activity program that is inclusive of the community and encourages participation in both physical and social activities. A snowballing approach will be used to increase participation in the program and a focus will be to use existing group programs that provide social connectedness, for example, art groups, club meetings, men’s shed/workshop meetings, women’s groups, etc. to further build a connected community network that the physical activity program could be added to, for example a 15 minute physical activity session could be conducted before and/or after the usual meeting/gathering to increase the amount of physical activities. These sessions will be designed to also encourage further participation in other physical activities, such as walking groups, Tai Chi, adopted team sports, dancing, etc.

Volunteering WA and the Community Resource Centres through rural and regional WA will be engaged to enhance the existing network of volunteers to provide support to this program. To ensure sustainability of the program, a recommend succession plan will be developed for clubs/organizations that use volunteers to provide assistance in the delivery of the program. The volunteers will be from all ages and will be trained to engage older Australians in physical activities. This process will provide an opportunity for the participants to feel that they are connected with the community as a whole and help with their social and emotional well-being.

Working with the local government and the Department of Local Government, Sports and Cultural Industries, the program will be linked with existing programs that deliver community engagement, but will further extend the reach into the older Australian Population in regional, rural and remote WA. Specific programs developed for the older Australian’s in rural and regional WA are limited.

See paragraph above for examples
Selection Criteria 3 – Project Delivery

Capacity, capability and resources to carry out the project and deliver ongoing sector improvement.

Due to the size and scope of this project, a well planned scoping document with milestones and timeframes is required. Because it is anticipated that many organisations will have prepared a project plan and associated documents prior to making this application, there is a file upload section to allow submission of pre-existing planning documents which compliment your text responses. Please provide a project plan that outlines items such as:

- Project scope
- Key deliverables
- Costs, risks, milestones and timeframes
- Project workforce, such as:
  - Proposed draft organisational chart showing key project roles and responsibilities, including partners
- Your organisation's skills and experience to manage the project and grant funding

8-1. Project Scope *

The project scope is to support the engagement of older Australians living in Regional, Rural and Remote Western Australia in physical activity and sport programs, with a focus on people coming together and enjoying the activities and the company of others. We recognise that many people are already physically active but many need to be encouraged, so that a warm welcoming inclusive approach is needed. We aim to leverage additional opportunities so that our partners who have a keen interest in encouraging physical activity – across the age spectrum or specifically focusing on older people – can also contribute to activities so that a wider range of activities and health promoting messages can be available. The project will build upon existing sport and physical activity initiatives, hoping to extend numbers, activities and reach as well as initiating new activities in regional and remote towns on WA. We propose to use evidence based on literature and existing programs and to encourage seniors who are part of the existing programs to help transfer effective strategies to support the engagement of other groups. We recognise both the importance of good governance and capacity building as part of this project.

The Partner Advisory Group (PAG) will include expertise to guide the development of the evidence based physical activity program for Older Western Australian. The group will consist of the Program Leads, representatives from all partners, physiotherapist, geriatrician, exercise physiologist and sport scientist. A Communication team will be formed to oversee the development of the communication strategy to promote the program Country WA wide, and locally. Expertise will be used to focus on the delivery of message and appropriate activities to older Australians

Establishment of Regional Reference Groups (RRGs) in regional, rural and remote WA. These RRGs will be formed in collaboration with WALGA and the LGAs, the Department of Local Government, Sports and Cultural Industries. The selection will be informed by the 2009 Be Active WA data with regards to the populations aged over 60 years, The RRGs will include representatives of the older Australian target group (including Aboriginal representatives) in the LGAs as well as Local Government, Local DLGSCI representatives, community sports representatives, and health service provider representative. The RCG will assist with advising on the needs of the community, environment and local considerations of the region.
that will affect the engagement in physical activities. This advice includes localizing the local program initiatives and core areas of physical wellbeing, including endurance, strength, balance and flexibility.

The CountryActive program will consult and link into existing Community Reference Groups (RCG) in rural and remote WA for local program support, implementation and delivery. Local Champions in each LGA will be identified and help promote the interest and uptake in the activities offered at a local level.

Program Delivery
The delivery of a local Program will be focused on activities relevant for the local context – climate, people and resources. Regional activators will assist with the promotion, capacity building and implementation of the localized program. We will encourage collection of baseline data on physical activity and also capture participation rates of the community, including data on registrations and any presentations into health services that could be attributed to physical inactivity. The overall communication strategy will be localized and delivered across the local community. Volunteers and the Community Recourse Centre’s will be identified and trained in the delivery of the localized physical activity program for older Australians in the community. This phase will be driven by the local coordinator, under guidance from the Program Expert Reference Group.

Feedback and refinement of Activities
Ongoing evaluation of activities and the program will occur, with recommendations made to help reach and uptake to ensure sustainability and appropriateness for the local content. This will occur at local, regional and overall program level with efforts to capture and share the learning of the program on what works – using those involved in the activities as well as those involved at more upstream levels of the planning and delivery. Our evaluation framework is important in terms of demonstrating the value of the program in different sites, but also to inform future initiatives targeting older populations in rural and remote areas.

8-2. Key deliverables *
Initial 3 months (assumes one month lead time)
1. Appoint rural-wide Program Manager
2. Convene the Partner Advisory Group (PAG) – discuss overall governance, contributions and ways of working.
3. Establish regional capacity – through local community consultation, the appointment of the Regional Reference Groups, recruitment of local Regional Activators, Community Representatives and Sports Experts) (RRG)
4. Linking of local Community Reference /Activity Groups (Silver Gingers) by the Regional Activator – includes development of localized physical activity plan(s), selection and appointment of local Community-based champions, and local communication plans
5. Marketing and communication commences in the region
6. Training and community capacity building within local region

Launch and Delivery
1. Localised (local/regional) launch of the community programs (e.g. Have a go day) We will encourage leaders and participants to commit –using the effective approaches that partner Act Belong Commit have refined
2. Continuing marketing and community engagement (ongoing) to local community clubs, organisations, agencies and older community members.
3. Commence delivery of physical well-being activities with the region
Iterative Feedback and Improvement
1. Meeting regularly with Community Reference Groups – sharing of programs between groups and showcasing successful initiatives elsewhere
2. Iterative program improvement
3. Ongoing data collection for activity and program evaluation
4. Regular feedback to RRG and PAG
5. Monitoring of participation
6. Monitoring of outcomes

8-3. Milestones and timeframes *
Contract awarded Jan 2019
Completion of start-up – April 2019 (3 months) (as per 8.4)
Governance established, review of recommended approaches including with expert in older people's sport and physical activity programs, discussion with LGAs and Department of Local Government, Sport and Cultural Industries Regional Officers; recruitment; prioritization of efforts and activities at regional level and consultation/establishment of Silver Gingers groups.
Training of Silver Gingers – from March 2019 and ongoing. Training includes expectations, potential range of activities and negotiating with LGAs, troubleshooting, collecting data for monitoring and evaluation.
Marketing to and Engagement of local and regional stakeholders March – June 2019
Regional Program Launches and Commencement of Delivery program – March to May 2019 (dependent on existing capacity and interest)
April to December
Activities underway (new locations (30), additional participants in existing programs (at least 3000 people) and incorporating new activities)
Iterative feedback and improvement with sharing of program lessons between town and regions – Commences at start of Program (Jan 2019)
Ongoing dissemination of learning
Outcomes/final evaluation – Feb 2021

8-4. Project workforce description *
The CountryActive program workforce will consist of a State-wide Coordinator, Regional Activators for each of the seven regional areas of WA (Kimberley, Pilbara, Midwest/Gascoyne/Murchison, Wheatbelt, South West, Great Southern and Goldfields) Allied Health Professionals (Physiotherapists and Exercise Physiologist), Community Champions and volunteers. The State-wide Coordinator and Regional Activators will be employed and Community Champions and volunteers recruited following commencement of the contract. WACRH has Physiotherapists and an Exercise Physiologist on staff who will be able to advise and assist. Private Allied Health Professionals will be engaged for assessments when required.

Volunteer involvement is a key component of the CountryActive program workforce strategy. Volunteering offers opportunities for personal and social enrichment and improved social connectedness. A volunteer workforce in each location will be identified, recruited and developed to support program implementation and community-based physical activity interventions.
Engaging and increasing the capacity of the existing and future CountryActive workforce to tailor community-based physical activity interventions (community specific programs) for older people is one of the three pillars of CountryActive. The CountryActive program partnership approach inclusive of PAG and RRGs and local Community Reference Groups, with representation from partner organisations and local representatives provides the expertise and knowledge of appropriate physical activity interventions, facilities and services for older adults.

CountryActive aims to develop a competent program workforce with the capability to plan and lead safe and evidence based physical exercise activities for older adults. Developing the knowledge and skills in promoting and conducting appropriate physical activity programs for older people, including strength training, balance and cardiovascular fitness is a key focus of the program and strategies will be informed by the CountryActive PAG and RRGs.

The CountryActive program also aims to engage primary health care professionals and services to refer older adults to appropriate physical activity programs available in their local area.

e.g. outline how the project will increase workforce competency to target older Australians.

8-5. How will your project educate and support local community organisations to achieve ongoing sector improvement? *

The CountryActive partnership approach, establishment of Regional Reference Groups and linking into local Community Reference Groups and the volunteer engagement strategy will enhance capacity and sustainability of the program and contribute to ongoing sector improvement.

The PAG and RRGs will advise and guide CountryActive regarding best practice in the delivery of physical activity interventions for older people in accordance with the identified needs of the community including the environment and local considerations for engagement in physical activities.

Communications strategy

Regional Activators and local Community Champions will advocate amongst sporting groups and other providers to provide physical activity interventions that are accessible and suitable for older people and developed on the principles of dignity, choice, safety, realising potential and equality and diversity.

Ongoing sector improvement will also be achieved through the involvement of undergraduate university students. WACRH has a philosophy of service provision and service learning to meet community service gaps and has a Consortium agreement with all five Western Australian Universities. Student input into the CountryActive program will be able to enhance program delivery for some communities and students will gain experiential learning about program delivery and practice in rural and remote settings. Potential student disciplines include: Exercise Physiology; Exercise Science; Physiotherapy; Health Promotion; Public Health; and Nursing.

8-6. Detail your organisation's skills and experience to manage the project and grant funding *

The activities of WACRH over the past 20 years include: recruitment and support of academic and professional staff (project and administrative); organising safe travel and accommodation for staff/students; engagement with funding partners, Aboriginal corporations and community agencies as well as the efficient management of resources including capital infrastructure.
WACRH has extensive experience managing research, teaching and community programs across Western Australia through our regional presence in Geraldton, Mt Magnet, Mullewa, Karratha, Newman and Port Hedland.

As well as existing staff, WACRH has the support of The University of Western Australia Human Resource Department, partner organisations and our extensive regional network in sourcing skilled and capable staff to achieve the objectives of our various funded projects.

WACRH utilises UWA’s risk management processes to ensure effective operations and to maintain a safe workplace. In 2016, WACRH gained a UWA award for excellence in Occupational Health and Safety. Utilisation of these established processes will mitigate any risks in managing this project.

WACRH works within UWA’s financial accountability policies and processes. In addition to the Office of the Auditor General, we utilise a local, external auditor when required. WACRH has successfully managed commonwealth, state, charitable and private funds for the past 20 years, and will apply the same rigour to this project.

Below are some examples of recent WACRH projects that are regionally-based and show our ability to complete projects on both a large and small scale from a variety of funding sources:

<table>
<thead>
<tr>
<th>Title</th>
<th>Total funding</th>
<th>Funder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Health Multidisciplinary Training Program</td>
<td>$12.6M</td>
<td>Commonwealth Dept of Health</td>
</tr>
<tr>
<td>Stronger Together: Mt Magnet &amp; Mullewa Young Leaders Program</td>
<td>$527,818</td>
<td>Healthway</td>
</tr>
<tr>
<td>Midwest School Holiday Engagement Program</td>
<td>$80,000</td>
<td>Midwest Development Commission</td>
</tr>
<tr>
<td>Integrated Chronic Disease Care – Country WA PHN Evaluation</td>
<td>$408,444</td>
<td>WA Primary Health Alliance</td>
</tr>
<tr>
<td>My Health Record Community Engagement – Pilbara</td>
<td>$20,000</td>
<td>WA Primary Health Alliance</td>
</tr>
<tr>
<td>Yarning Quiet Ways</td>
<td>$66,642</td>
<td>WA Department of Health</td>
</tr>
<tr>
<td>Communicable Disease Control Directorate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8-7. Supporting files demonstrating capacity, capability and resources to carry out the project

File size: 101.5 kB

Filename: WACRH Academic Organisational Chart.pdf
File size: 16.9 kB

Filename: WACRH Support Organisation Chart.pdf
File size: 24.9 kB
Upload as many files as required to demonstrate answers to questions in the Project Delivery section

Proposed Program Reach

9-1. Expected total number of older Australians engaged in the program *

20000
Please estimate the number of unique individual program participants

If known, please break down your participation targets by gender (males and females)

9-2. Number of Males
8000
Must be a number.

9-3. Number of Females
12000
Must be a number.

Australia's National Sport Plan prioritises a philosophy of Movement For Life, which is inclusive of often under-represented populations. These include; people with a disability, people from culturally and linguistically diverse communities, low-medium income households, Aboriginal and Torres Strait Islander people, people from regional and remote areas, women and girls.

9-4. Please describe any population groups that your program specifically targets.
Australia's National Sport Plan prioritises a philosophy of Movement For Life, which is inclusive of often under-represented populations. These include; people with a disability, people from culturally and linguistically diverse communities, low-medium income households, Aboriginal and Torres Strait Islander people, people from regional and remote areas, women and girls.

The CountryActive Program will target older Australians that are living in regional, rural and remote WA and is not inclusive of metropolitan Perth. The program fosters inclusion of underrepresented populations that live in rural and remote WA, including Aboriginal and Torres Strait Islander people, people with disabilities, women, and CALD communities. Approaches for inclusion of these people will be developed in consultation with the local communities and the localised program will be tailored to the community and groups.

The Partnership Advisory Group and Regional Reference Groups will include key representatives to work with these communities/people.

9-5. Please describe how your proposed program will deliver to or meet the needs of these groups
Following recruitment of local community involvement, the communities’ needs will be met through:

• Undertaking of community mapping with the assistance of the LGAs. This will provide an understanding of local number of people in the relevant aged categories (Over 65yrs for non-Aboriginal, over 55yrs for Aboriginal, by male and female), audit of current seniors physical activity/sport programs including frequency and costs, potential infrastructure for sport (including outdoors and indoors), any needs assessments or evaluations, community groups of older people meeting, access to transport.

• Community consultations including Aboriginal elders and Community reference groups to further gain an understanding of community needs and culturally appropriate activities and groups. For example, male and female groups, inclusive of family groups.

• Local programs will be developed in response to community mapping, consultations and needs.

• Regional Activators and local Community Champions will actively recruit participants’, providing encouragement, support and a welcoming and safe environment.
• Program funding will be made available for the purchase of sports equipment and subsidises for access fees for low income participants.
• As indicated in section 6.4, we will explore ways to assist with recommended assessment by a physiotherapist or Exercise Physiologist if this is necessary.
• Local Shire/Council’s will be approached for use of venues which are often underutilized in rural and remote communities. In-kind or low cost venue hire will be negotiated. Venues will have disability access and times will be quarantined for the time of the program activity.
• Programs will be held at convenient times, will be gender specific where necessary and air-conditioned in hot climates.
• It is recognized that women are more likely to participate than men. Therefore, some activities will be targeted at men to improve participation.
• Sport and physical activity is perceived by Aboriginal people as a team or family activity. Therefore, team sports will be incorporated into the program and family members of the older community participants will be welcome to join in.
• Social activities will be included into program activities to improve social connectedness.
• In communities with a high CALD population, every effort will be made to have a Community Champion from this population group.

Program Locations

The following section is related to the reach of the program you are proposing.

**10-1. What current level of detail do you currently have about the locations where your programs will be delivered? ***
○ I know the postcode of each proposed delivery location
○ I know how many locations we intend to deliver at for each State and Territory
◉ I dont know how many delivery locations I plan to have, or where they will be

**10-2. Do you intend to deliver the program in any locations classified as Rural or Remote?**
○ Yes
◉ No
○ Don't know

Delivery Structure

Please fill in the following grid. You can add extra rows if there are different programs as part of your overall scheme.

For example: Applicant organisation X is proposing a scheme that actually comprises a 10 session program called 'Senior Moves' and an alternative 4 session program called 'Chair Moves' for the frailer members of the community.

The applicant organisation would use one row to describe each program:

**Worked example:**
If 'Senior Moves'
• costs the participant $4.00 per session,
• is a 10-session program,
• the applicant organisation will deliver it 40 times,
• some locations will have the program delivered more than once, so it might only be spread across 30 locations, but the relevant information here is that the program will be delivered 40 times.

Then the applicant organisation would input

**Senior Moves - $4.00 - 10 - 40**

into the first row of the grid below

### 11-1. Total Programs Delivered

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Cost per session ($)</th>
<th>Sessions per program</th>
<th>Programs delivered nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>CountryActive</td>
<td>$10.00</td>
<td>100</td>
<td>40</td>
</tr>
<tr>
<td>e.g. ‘Senior Moves’</td>
<td>Cost to the participant</td>
<td>Must be a number.</td>
<td>Must be a number.</td>
</tr>
</tbody>
</table>

**Workforce**

**12-1. What workforce do you plan to utilise to roll this program out? (via State organisations, private providers, clubs, community organisations etc)** Please provide an overview/breakdown *

Several approaches to workforce utilization will be undertaken to deliver the CountryActive program throughout regional, rural and remote WA. This is dependent on the regional contexts such as geographical and climatic conditions, distance from regional centres and population numbers and density. The following workforce utilization is proposed:

• Local Government Authorities: We will consult with LGAs and work with their Community Development Officers and Sports Officers. LGAs will be approached for use or hire of infrastructure such as recreation centres and swimming pools. This will include negotiation of reduced fees and quarantined times for older community members.

• Community clubs will be engaged and supported to expand their scope, reach or scale.

• Community Champions and volunteers will be recruited to assist with participant recruitment, attendance and support. Support and capacity building of Community Champions and volunteers will be provided. Volunteering WA and the Community Resource Centres through rural and regional WA will be engaged to enhance the existing network of volunteers to provide additional support to this program.

• Use of private providers (Physiotherapist and Exercise Physiologists) for assessments if necessary with subsidies for lower income participants.

• WACRH has Physiotherapists and an Exercise Physiologist on staff as academic clinical supervisors who will be available for expert advice and student supervision.

• WACRH has a philosophy of service provision and service learning to meet community service gaps and has a Consortium agreement with all five Western Australian Universities. Student input into the CountryActive program will be able to enhance program delivery for some communities and students will gain experiential learning about program delivery and practice in rural and remote settings. Potential student disciplines include: Exercise Physiology; Exercise Science; Physiotherapy; Health Promotion; Public Health; and Nursing.

• Local health providers will be engaged and able to refer inactive older patients to the CountryActive program to improve their physical, emotional and social health and wellbeing.
Grant Partners

• The WA Local Government Association (WALGA) will offer support and expert advice and will be a conduit to regional, rural and remote LGAs.
• The Department of Local Government, Sport and Cultural Industries as a partner organization has Regional Managers and Club Development Officers (DLGSC) located in each of the 7 WA regions (Gascoyne – Carnarvon; Goldfields – Kalgoorlie; Great Southern – Albany; Kimberley – Broome and Kununurra; Midwest – Geraldton; Pilbara – Karratha; Southwest – Bunbury; Wheatbelt – Northam and Narrogin). We will work with DLGSC throughout program setup, implementation and delivery while working towards program sustainability at the end of the grant period.
• Diabetes WA, Cancer Council WA, Act Belong Commit and the Council of the Aging have programs that will be utilized through expansion of scope, reach (locations) or scale where appropriate. These partners regional staff will be utilised for their expertise, support especially for capacity building of local workforce and Community Champions and volunteers.
• WAPHA as a partner organization supports the concept of ICDC allied health professionals (Physiotherapists, Exercise Physiologists, Dieticians, Diabetes Educators and Podiatrists) referring ICDC patients to the CountryActive program, particularly in rural and remote settings where there is limited access to chronic disease support and exercise programs.
• WACHA is able to offer evidence-based expertise and support.

12-2. Please attach a proposed draft organisational chart showing key project roles and responsibilities, including partners

Filename: Community program figure.pdf
File size: 62.2 kB
Filename: Operational structure figure.pdf
File size: 72.1 kB

Project and Risk Management

13-1. Please describe your approach to risk management regarding the program - what are the major risks and what is your mitigation strategy? *

The following risks and risk mitigation strategies have been identified:

Risk: Participants in a physical activity program that are aged greater than 55 years if Aboriginal and 65 years if non-Aboriginal.

Mitigation strategies:
o Exercise will be delivered at an appropriate pace and level for participants
o First aid and emergency procedures will be in place.
o Appropriate fitness assessments and follow up activities will be undertaken to prevent injury.
o Participants with health concerns will be asked to have an assessment by their General Practitioner. Financial support will be offered for low income participants if bulk billing not available. A referral form will be provided to General Practitioners and Allied Health Professionals supporting the participant’s inclusion in the program.

Risk: Climatic environment in some regional areas.

Mitigation Strategies:
o Exercise that is appropriate to climatic conditions will be delivered
Move It Aus - Better Ageing Grants Program 2018
Move It Aus - Better Ageing Grant Application Form Application BA002402018 From Western Australian Centre for Rural Health (WACRH), The University of Western Australia

- Facilities with air-conditioning will be utilised.
- Drinking water will be available. Program water bottles will be provided to participants

Risk: Financial Cost to participant.
Mitigation Strategies:
- Subsidies will be provided to low income participants for fees incurred.
- A reduction in entry fees will be negotiated with LGAs to venues with an entry fee, such as swimming pools.

Risk: Poor accountability to the program outcomes in certain locations due to lack of presence or lack of interest from potential participants including failure of Aboriginal participants to engage.
Mitigation Strategies:
- Community mapping and consultation will occur and communities recruited to be involved in the program. Program activities will be developed from identified needs.
- A Regional Activator will be employed in each of the 7 regions to consult, engage and work with the local communities and assist with Community Champion, volunteers and participant recruitment.
- Community Champions and volunteers will be recruited to engage and support community participants.
- Programs delivery will be culturally appropriate.
- Aboriginal Elders and Community Reference Groups will be consulted and their support for the program enlisted.
- Marketing of the program will be community specific and appropriate for both Aboriginal and non-Aboriginal people

Risk: Failure to identify appropriate ‘Community Champion’ or partner within each community
- Community mapping and consultation will occur and communities recruited to be involved in the program.
- A Regional Activator will be employed in each of the 7 regions to consult, engage and work with the local communities and assist with Community Champion, volunteers and participant recruitment.
- Community consultation with Community Reference Groups will be undertaken and advice sought on Community Champion recruitment
- Community Champions will receive ongoing support and capacity building, initially in a face-to-face meeting in the regional centre/city and then through the Regional Activator and teleconferencing and telephone contact. If required a further face-to-face meeting will be arranged at the beginning of 2020.

Risk: Lack of access to identified professionals, particularly in isolated communities.
Mitigation Strategies:
- WACRH has both Physiotherapists and an Exercise Physiologist on staff who will be able to offer support to the program.
- The Integrated Chronic Disease Care program is ongoing in each region and has allied health professionals involved.
- Telecommunication will be used for support and expert advice.

Risk: Failure to sustain the interest of participants over the course of the project.
Mitigation Strategies:
Iterative program improvements will be made according to participant feedback to help maintain participant interest.
Programs will be designed with fun in mind to heighten participant enjoyment.
Program delivery will involve a social component to increase social connected, often the predominant reason older people attend programs.
Participants will be able to join/rejoin the program at any time over the course of the project.

Risk: Lack of access to infrastructure
LGAs will be engaged and access to infrastructure that is often underutilized in rural and remote communities, will be negotiated.

13-2. Please provide risk management documentation as appropriate
No files have been uploaded

Partner Organisations

Eligible organisations are encouraged to consider partnering with other organisations to better meet the program criteria.

14-1. Will you be working with any partner organisations? *
◉ Yes
◯ No

Partner Organisations

Please detail any intended program partner organisations below.

Partner 1 Organisation
Name *
Western Australian Local Government Association (WALGA)

Overview of partner 1 organisation *
As Western Australia’s peak industry body, WALGA advocates on behalf of 138 WA Local Governments. WALGA is not a government department or agency.

Outline how the project aligns to the strategy and values of your organisation and partner organisation 1 *
- Deliver a broad range of benefits and services that enhance the capacity of member Local Governments
- Continue to build capacity to deliver sustainable Local Government
- Foster economic and regional development in Local Government
- Strengthen effective relationships with external peak bodies and key decision makers in State and Federal Government

Partner 1 Primary Website *
https://walga.asn.au/
Must be a URL.
WALGA provides value to member Local Governments by enhancing the capacity of Local Governments to deliver services.

WALGA will provide support to WACRH and partners in engaging with Local Government Authorities throughout regional, rural and remote WA. This will assist with the recruitment of local communities and program support. This will result in increased program delivery and participation rates and improved physical activity and social connectedness outcomes.

Financial contributions must be detailed in the Budget section.

$120,000.00
Must be a dollar amount.

Elle Brunsdon
Policy Officer, Community
(08) 9213 2055
Must be an Australian phone number.
ebrunsdon@walga.asn.au
Must be an email address.

Filename: WALGA_Letter of support Move it Aust signed R B.pdf
File size: 77.0 kB
Please attach letter of support or MOU

Department of Local Government, Sport and Cultural Industries – Planning and Service Delivery (Regional Services)
The Department of Local Government, Sport and Cultural Industries aims to facilitate lively communities and economy and the offering of outstanding and inclusive sporting and cultural experiences.
The project will assist in active participation of seniors in remote and rural communities through referral, program...
and values of your organisation and partner organisation 2

design and delivery whilst working in partnership with Local Government in utilising facilities and active open space.

Partner 2 Primary Website


Must be a URL.

Specific skills and experience of partner 2 in relation to the program

The DLGSC Regional Services team works closely with Local Government and Communities in providing support, funding and advice in building healthy active communities.

Key role of the partnership with partner 2 in relation to the program outcomes

Working Group partner

Partner 2 contribution type

☐ Financial
☐ In-kind
☐ Other:

Financial contributions must be detailed in the Budget section

Partner 2 contribution amount (or value if 'in-kind')

$16,000.00

Must be a dollar amount.

Partner 2 Contact Person

Mitch Hardy

Partner 2 Contact Person Position

Partner Contact Person Position * Director Regional Services

Partner 2 Contact Person Primary Phone Number

(08) 9492 9632

Must be an Australian phone number.

Partner 2 Contact Person Primary Email

mitchell.hardy@dlgsc.wa.gov.au

Must be an email address.

Program partner 2 supporting documentation


File size: 481.1 kB

Further partner organisations

Name of partner organisations 3 onwards

<table>
<thead>
<tr>
<th>Act Belong Commit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Australian Primary Health Alliancne</td>
</tr>
<tr>
<td>Rural Clinical School, WA</td>
</tr>
</tbody>
</table>

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Promotion and Evaluation

* indicates a required field

Use of marketing and communications to target older Australians

15-1. Does your organisation marketing plan encompass communicating project information with messaging and imagery targeted at older Australians *
○ Yes  ◯ No  ◯ Other:

15-2. If 'Yes', how and what will the key elements of the plan look like?
Marketing of the CountryActive program in regional, rural and remote WA will require a marketing plan that is tailored at a regional and local community level to be inclusive of regional variances. A 0.2FTE Communications/Marketing Officer position has been included in the budget to assist with the implementation of and ongoing marketing of the program. The State-wide Coordinator and Regional Coordinators will undertake community consultation and recruitment drive on commencement of the contract.
Marketing material will be tailored at the regional and local community level to be inclusive of regional variances in WA. Language and imagery will be used that is appropriate to older Western Australians and also Aboriginal people.
A variety of marketing methods will be utilised:
• Use of flyers, leaflets and activities notifications
• Use of social media such as Facebook
• A Website will be developed with separate regional pages that is accessible to community and health professionals
• Press releases in regional and community newspapers
• Announcements and interviews on Community radio and local ABC
• Use of flyers to and announcements at local clubs and organisations such as Rotary, Probus
• Use of flyers and list of activities on notice boards in libraries, Senior Citizen Centres and LGAs, shopping centres or local supermarket and other public places in small rural and remote communities.
• Provision of leaflets for participants to take away and pass on. Leaflets will also be available at Shire/Council offices, local libraries, shops and cafes.
• Word of mouth by participants, Community Champions and Volunteers
• Referral from Allied Health Professionals and General Practitioners.
This could include utilising customised marketing methods, including appropriate messaging to older Australians
15-3. Please upload any documents that support or further describe this marketing plan
No files have been uploaded

Evaluation

16-1. Applicants will be required to administer a short participant survey, both pre- and post-program. Please outline any additional evaluation data that you will be able to provide *

Program evaluation will begin at the contract commencement and will include an ongoing process evaluation (continuous quality improvement) and an outcome evaluation for the duration of the grant period.

As a required component of the grant, pre and post surveys will be developed and administered to enrolling participants and at completion of participation or grant funding whichever is earliest. Data from surveys will be collated into a database and analysed throughout the program to ensure the program is meeting participant needs with changes imitated as indicated and necessary.

Output data will include:

Participants
• Registration data
  o Male/female
  o Age
  o Location
  o Aboriginal and Torres Strait Islander identification
  o Current physical activity status
• Participation rates and frequency
• Growth in program participation

Program
• Activities delivered
  o Locations
  o Frequency
  o Type
  o Who delivered
  • Number of Champions and their activities
  • Number of volunteers and their activities
  • Capacity building training provided with pre and post surveys
  • Reference group meetings
  o Frequency
  o Attendance

Outcome data will include:

Participant
Quantitative participant data will be obtained from the following measures at registration and completion of participation:
• RAPA physical activity questionnaire: The Rapid Assessment of Physical Activity is used to measure the amount of physical activity a person does each week and across three intensity levels (based on Heart Rate level) – light, moderate and vigorous. The physical activity includes deliberate, structured physical activities as well as incidental activities part of everyday life (walking, gardening, cleaning). The more physical activity (in minutes per week) that an individual completes, the lower of risk of developing chronic diseases, and for seniors, the lower the risk of falls and osteoporosis, two very common age-related issues.

• Quality of Life survey suitable for older people: SF12 is proposed. SF12 is a 12 question health survey that assesses self-reported quality of life. Physical and mental health scales (the Physical Composite Health (PCH) Scale and the Mental composite Health (MCH) Scale) are reported.

• 2-minute walk test: to establish baseline of functional capacity for participants and follow up assessments to determine if functional capacity has improved. Total distance walked in 2 minutes is measured to assess functional capacity. There is a strong correlation between distance walked and BMI is adult participants.

• 30-second sit to stand: to establish baseline for lower body strength and endurance. The test measures how many repetitions of a sit to stand a participant can perform in 30 seconds and higher scores have strong correlation with reduced falls risk and higher functional capacity.

• 3-meter Timed Up and Go Test: measures a person’s mobility and tests dynamic and static balance. The test is measured in seconds and assesses the time that a person takes to stand up from a chair, walk three meters, turn around, walk back to the chair, and sit down.

Qualitative participant data will be collected through a randomized sample of semi-structured interviews utilizing an interview guide. Interviews will be thematically analysed and reported.

Pre and post participation surveys will be collated and analysed throughout the grant period.

Program
• Qualitative semi-interviews with Champions, Volunteers, Community Workforce, and Regional Activators will be undertaken utilizing an interview guide. Interviews will be thematically analysed and reported.

• Minutes of Reference Group meetings will be collated and analysed

• Capacity building training content will be collated and reported.

Budgets

* indicates a required field

Financials

17-1. Total Better Ageing Grant Amount Requested *
$2,000,000.00
A whole dollar amount (no cents) and no more than 2000000

17-2. Total Project Cost *
$2,000,000.00
What is the TOTAL budgeted cost of your project?
18-1. Has this specific project already received Federal Government funding? *
- Yes
- No

18-3. If yes, please detail the origins of this funding, and conditions under which it was granted

19-1. Budget

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<thead>
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<th>Expected Income</th>
<th>Expected Expenditure</th>
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</thead>
<tbody>
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<td>a. Applicant Contribution</td>
<td>a. Fitness and instruction local level expertise</td>
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<td>$30,000.00</td>
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<td>b. Expected participation fees</td>
<td>b. Equipment Costs</td>
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<td>c. Other grants or co-contributions</td>
<td>c. Venue Hire</td>
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<td>d. In-kind contributions</td>
<td>d. Staff Costs</td>
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<td>e. Grant Amount Requested</td>
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<td>f. Attendee Subsidies</td>
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<td>g. Community education and volunteer training</td>
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<td>h. Technology</td>
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<td>i. Travel and accommodation</td>
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<td>j. WACRH and UWA Infrastructure</td>
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<td>k. Administration Costs</td>
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<td>l. Student Supervision</td>
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<tr>
<td>m. In-kind Partner Expenditure</td>
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Budget Totals

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This number/amount is calculated.
### Extra Supporting Information

#### 20-1. Please upload any additional documentation that may support your application

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This is a space for general supporting information that could not be attached elsewhere

### Submission

* indicates a required field

### Submitting the Application

Personal information submitted via the online application is collected by the ASC (Sport Australia) for the purpose of considering applications for and administering the program. The information collected may be disclosed to other government agencies for this purpose.

The details of successful applicants, including organisational name; the value of the grant awarded; and a brief description of the purpose for the grant, will be released by Sport Australia.
Australia to the public and the media, and may be placed on the Sport Australia website, including for use of promotional purposes.

The Sport Australia Privacy Policy can be found at https://www.ausport.gov.au/legals/privacy_statement

If you have any concerns about the privacy of your information please contact privacy@ausport.gov.au

**Certification** *
- I certify that the information supplied in this application is true and correct, and that I will contact Sport Australia immediately should any details change.

**Consent** *
- I consent to Sport Australia holding the personal information I have provided, and managing it under the provisions of the ASC Privacy Policy

**Submitter Name** *
Sandra Hamilton

This must be an individual who is authorised by their organisation to make this application.

**Position held** *
Research Fellow