Final Report
2012 Healthy Ageing Demonstration Projects
Due Friday 21 December 2012

Aged Care Branch - Service Development
## 2012 Healthy Ageing Demonstration Projects – Final Report

<table>
<thead>
<tr>
<th>Organisation/s that received funding</th>
<th>Central Victorian Health Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health Region</td>
<td>Loddon Mallee</td>
</tr>
<tr>
<td>Local government area/s</td>
<td>Mount Alexander Shire</td>
</tr>
<tr>
<td>Project contact</td>
<td>Emma Shannon</td>
</tr>
<tr>
<td>Telephone number</td>
<td>03 5472 5333</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:emmashannon@cvha.com.au">emmashannon@cvha.com.au</a></td>
</tr>
<tr>
<td>Postal address</td>
<td>PO Box 687, Castlemaine VIC 3450</td>
</tr>
<tr>
<td>Street address</td>
<td>Office 1, Work Space, 1 Halford St Castlemaine VIC 3450</td>
</tr>
<tr>
<td>Project Co-ordinator</td>
<td>Catherine Fuller, 5472 533, <a href="mailto:catherinefuller@cvha.com.au">catherinefuller@cvha.com.au</a></td>
</tr>
</tbody>
</table>

Please identify the target groups/settings for your Healthy Ageing Demonstration Project (tick as many as are relevant):

- [ ] Older people living in public sector residential aged care services
- [ ] Older people living in supported residential services
- [ ] Older people living in public housing
- [ ] Older people eligible for HACC services
- [ ] Other: Older Adults at Risk: Chronic conditions, Socially isolated
- [ ] Other: 4 shire-based organisations providing HACC and Chronic Disease Management (CDM) services

Please identify any other agencies or organisations that contributed to your project? How did they contribute?

The 4 Agencies providing HACC and Chronic Disease Management (CDM) services within Mount Alexander Shire:

1. Castlemaine District Community Health (CDCH)
2. Castlemaine Health (CH)
3. Maldon Hospital (MH)
4. Mount Alexander Shire Council (MASC)

As this project is looking at organisational development as a model for affecting healthy ageing in the shire, CVHA is providing project support with the 4 agencies responsible for:

- contributing to working group including providing input into project planning, development, implementation and evaluation.
- engage in partnership building through involvement in project planning, development, implementation and evaluation, and project activities.
- contribute time and expertise to implementation of strategies and evaluation of strategies.
- Support their workforces to engage in project needs analysis and strategies.
- Commit to sustainability of healthy ageing message
- Reporting project progress to appropriate levels within their organisations
- Assist with marketing strategies within the workplace
- Support and advocate for procedure and policy change within their organisations.

1. Please identify the aim and objectives for your Healthy Ageing Demonstration Project.

   **Aim:**
   To improve and maintain the health and wellbeing of older people in Mount Alexander, by demonstrating a collaborative shire-wide organisational development model that focuses on improving nutrition, physical activity, emotional wellbeing and social connection.

   **Specific objectives:**
   1. Strengthen local partnerships, to:
      - Enhance information sharing between service providers and
      - Enhance cross-agency planning
      - Improve older persons’ access to services and programs
   2. Improve organisational ability to promote the healthy ageing principles.
   3. Improve staff and volunteer health and wellbeing.
   4. Improve service delivery by improving access to healthy ageing activities and services
   5. Increase awareness of healthy ageing programs and activities within the shire

2. Describe the Healthy Ageing Demonstration Project that you implemented.

   **Background**
   The concept of Healthy Ageing has become more prominent as the world’s population increasingly ages. The World Health Organisation (WHO) defines Active Ageing as ‘The process of optimising opportunities for health, participation and security in order to enhance quality of life as people age’\(^1\). Strategies addressing Healthy Ageing aim to increase the quantity and quality of life of older people, and increase the capacity of older people to function across many domains, including the physical, mental, social and emotional.

   In 2009 the OECD published an overview of healthy ageing policies and remarked that the scope for healthy ageing policies is wide. However a review of recent studies suggests that policies aimed at improving healthy ageing can be grouped under four broad headings:
   - Improved integration in the economy and into society - this area looks at the need to extend working lives and improve conditions for older workers as well as transition to retirement where discovering new social connections becomes important.
   - Better lifestyles – this area encompasses the individual behaviours that can lead to healthy ageing such as physical activity, nutrition and reducing substance misuse.
   - Adapting health systems to the needs of the elderly – this focuses more on better management of chronically ill people, enhanced preventive health service, greater attention to mental health and encouragement of better self-care.
   - Attacking underlying social and environmental factors affecting healthy ageing\(^2\).

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The Central Victorian Health Alliance members have been involved in a range of partnership projects over the past years, aimed at improving the lifestyles of older people, including Well for Life, Count Us In, Making a Move, and the Active Service Model, as well as Integrated Chronic Disease Management projects and change management projects related to complex care clients. The project partners acknowledged a desire to shift to a broader Healthy Ageing framework and identified organisational development as the model by which they wished to explore this broader agenda.

An organisational development model is ideal in addressing Healthy Ageing principles as strategies can be implemented at many levels across an organisation or in this case across various organisations to ‘develop sustainable skills, structures, resources and commitment to health improvement’. This also gives us the ability to address another driver for our involvement in the Healthy Ageing Demonstration project and that is addressing the complexities of an ageing workforce.

The Australian Institute of Health and Welfare (AIHW) has found that on average, the health workforce is ageing faster than other workforces in Australia. Between 2005 and 2010, the proportion of people aged 55 or older in health occupations increased from 15% to 19%, while the proportion for other occupations increased from 14% to 16%. This disparity is even more evident in rural areas, amongst our 4 agencies the average age of direct care staff is 50 and of the total workforce 51. This is in contrast to the median age of the Health Care and Social Assistance workforce nationwide, reported at 43 in 2011.

Addressing the health and wellbeing of the healthcare workforce as a part of an organisational development approach can have many benefits to both employees and employers. Employees can benefit from improved health awareness and knowledge; improved physical and mental wellbeing and resilience; increased energy and vitality; increased work enjoyment and fulfilment; improved concentration and productivity; and improved team relationships. Employers can gain from improved productivity; increased creativity and innovation; improved employee engagement; improved staff morale; reduced absenteeism; increased recruitment and retention of staff; reduced workplace injury and workers compensation costs; improved employee relations and improved corporate image. This is of particular importance in relation to older workers whom if they are healthy, satisfied with their jobs and appropriately supported by their employers are likely to remain in the workforce for longer. These health and wellbeing benefits should also be extended to volunteers of these organisations as they play an important role in disseminating the healthy ageing message both in their volunteer capacity and their other community roles.

Healthcare worker wellbeing has also been found to directly benefit older members of the community who access health services, with clear links between staff health and well-being and indicators of high-quality service delivery, including patient safety, patient experience and the effectiveness of patient care. The potential causal associations between healthcare worker wellbeing and improved client outcomes could also include enhanced modelling of healthy behaviours and experiential knowledge of healthy living.

1 NSW Health Department, A Framework for Building Capacity to Improve Health, 2001, p.3
The organisational development model that the agencies have utilised in this project (see fig 1) incorporates features from capacity building frameworks\textsuperscript{11} and aligns closely with WHO's principle that the workplace is a priority setting for health promotion\textsuperscript{12}.

![Organisational Development Model Diagram](image)

**Figure 1: Organisational development model**

The utilisation of a model such as this ensures that the project benefits employers, employees and clients of the agencies involved.

**Methods**

**Working group formation** – A working group was formed with representatives from all 4 partner agencies. The responsibilities of the working group members have been listed previously.

**Identification of target group** – Initially each agency identified a target group of staff that included all staff directly working with community dwelling clients and all agencies were keen to include volunteers in this group as they often run community groups that come within the sphere of healthy ageing. As the project strategies have been identified, the target groups for strategies that address staff health and wellbeing has been expanded to include all staff at the 4 partner agencies.

**Needs Analysis** - A needs analysis was completed to inform the development of strategies to address healthy ageing issues within the 4 target organisations.

Purpose of the needs analysis:


To inform the update of practices, protocols, pathways; the implementation of strategies; resource development and social marketing strategies within each agency and across agencies.

<table>
<thead>
<tr>
<th>Strategies/tasks</th>
<th>Target groups</th>
<th>Key outcomes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with key staff from all partner agencies</td>
<td></td>
<td>• Identify purpose and scope of the needs analysis&lt;br&gt;• Identify target groups for the questionnaire and focus groups</td>
<td>This has been completed in conjunction with the MASC – Healthy Communities Initiative (HCI) project team as the key outcomes of this strategy were the same for each project.</td>
</tr>
<tr>
<td>Develop staff and volunteer lifestyle questionnaire</td>
<td>• CCDH - all staff&lt;br&gt;• CH – HACC direct care workers, PAG workers and District nursing Staff&lt;br&gt;• MH – EN’s, HACC and iPAG workers&lt;br&gt;• MASC – HACC direct care workers</td>
<td>• Identify gaps in healthy lifestyle/healthy ageing awareness among the target groups&lt;br&gt;• Identify barriers that stop staff and the community from accessing healthy lifestyle activities/events.&lt;br&gt;• Identify gaps in the workplaces support of healthy lifestyle/ageing principles&lt;br&gt;• Identify strategies and enablers to assist the target group to address healthy lifestyles/ageing within the workplace</td>
<td></td>
</tr>
<tr>
<td>Disseminate questionnaire</td>
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<tr>
<td>Collate and analyse results</td>
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</tr>
<tr>
<td>Focus groups within each agency</td>
<td>As above, agencies to identify small group of 8-10 staff to attend.</td>
<td>• Identify and explore in-depth strategies that would assist the target group to promote healthy ageing in their work.&lt;br&gt;• Identify and explore specific strategies that would help improve the health and wellbeing of the workforce</td>
<td>Focus group questions will be informed by the questionnaire results</td>
</tr>
</tbody>
</table>

Data Collection:

1. The staff and volunteer lifestyle questionnaire was developed in conjunction with the Mount Alexander Healthy Communities Initiative (see appendix 2). The questionnaire was uploaded onto survey monkey and staff and volunteers were given the option to directly enter results onto survey monkey, or return a paper copy which was then uploaded by the project officer. Analysis of results was performed using survey monkey outputs and thematic analysis of qualitative data.

2. Forums were held at 3 of the 4 partner agencies with results analysed using thematic analysis.

Summary of Results:

There were 42 responses for the workforce and volunteer lifestyle questionnaire. Attendance at the forums varied with 30, 11 and 3 attendees at each session. One of the agencies was not able to arrange staff for a focus group stating motivation and time as barriers but have assured me that they remain committed to implementing strategies identified and are engaged with the healthy ageing agenda.
**Staff and Volunteer Lifestyle Survey**

Most individuals wanted to improve:
- Regular exercise
- Work/life balance
- Positive social connections

They thought their workplaces could better promote healthy ageing by:
- Providing staff/volunteer health and wellbeing opportunities
- Providing healthy food choices in the workplace

3 x Focus groups at workplaces

To promote healthy ageing to clients they needed:
- Better knowledge of services and referral pathways
- Improved methods of communication to themselves and clients
- Improved attitudes towards ageing and culture of staff

To improve their health and wellbeing:
- Walking/exercise groups
- Flexible work hours
- Staff satisfaction/appreciation

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**Strategy Development** – After analysing the results of the needs analysis the working group convened to discuss results and suggestions for strategies were provided. The following strategies were agreed upon:

1. Collation of healthy ageing/lifestyle resources across agencies.
2. Workforce walking challenge to improve staff health and wellbeing. (see appendix 1 for walktober case study)
3. HR meeting to be held across agencies to potentially focus on transition to retirement policies.
4. Provision of information to staff addressed through consistent messages on noticeboards and staff newsletters across agencies. This will include the project officer providing templates for healthy lifestyle messages to be included in staff communication on an ongoing basis.
5. Engage Victorian Healthy Eating Advisory service at Castlemaine Health and utilise this information across all agencies as appropriate.
6. Update or develop policies and procedures at a program level as appropriate
7. Addressing barriers to access across agencies.
8. Promote and further utilise current resources/referral and service directories

**Implementation and evaluation of each strategy**

1. Collation of healthy ageing/lifestyle resources across agencies.

   **Implementation**
   - Each agency identified resources that they provided to clients around healthy ageing
   - These resources were collated and assessed for Health Literacy levels using the Health Literacy Recommendations Checklist\(^ {13}\) and Fry’s Readability Graph\(^ {14}\).
   - Four resources were chosen as being at appropriate health literacy levels and relevant to all partners. Another one was recommended to partners but unable to be procured at this point in time.
   - Link to healthy ageing resources placed on CVHA website

   **Evaluation**
   - There were four shared resources and one recommended resource.
   - Resources were provided to project partner’s working group member and disseminated to appropriate staff via internal processes.

2. Workforce walking challenge to improve staff health and wellbeing.

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\(^{13}\) [http://www.healthcommunications.org/resources/checklist.pdf](http://www.healthcommunications.org/resources/checklist.pdf)

Implementation & Evaluation

- (see appendix 1 for case study)
- This activity has been put into the CVHA Integrated Health promotion and Planning Plan to be continued next year.

3. HR meeting to be held across agencies to potentially focus on transition to retirement policies.

**Implementation**
- HR and OHS managers from three of the project partner agencies met to discuss issues around ageing workforce and policy development in this area.
- This group decided to try and expand its membership and invited colleagues from other agencies/industries in the shire to attend.
- The ‘Affiliated Healthy Organisations Forum’ (AHOF) was initiated with 11 members from 7 workplaces. The group, probably best defined as a ‘Communities of Practise’, decided not to formalise these meetings by writing terms of reference but to commit to attending meetings willing to share knowledge and resources about identified topics. It was agreed that a guest speaker or facilitator would be engaged at each meeting to help guide discussions.
- There have been two forums’ to date with the topics being fit for work, and transition to retirement.
- CVHA will continue to facilitate the continuation of AHOF meetings.

**Evaluation**
- Attendance at the initial forum was good with 11 attendees but dropped significantly with the second meeting having only 4 attendees.
- Subsequent to this all group members were approached as to whether they saw the value in the group and wished to continue it into next year and 100% responded in the affirmative.

4. Provision of information to staff addressed through consistent messages on noticeboards and staff newsletters across agencies. This will include the project officer providing templates for healthy lifestyle messages to be included in staff communication on an ongoing basis.

**Implementation**
- All communication to staff at the partner agencies was provided via multiple methods.
- Three agencies have a staff newsletter and they all agreed to include targeted health information in their newsletters including utilising newsletter for promoting local healthy ageing/lifestyle activities, publishing a healthy recipe and general health messages.

**Evaluation**
- All three agencies with a newsletter report adding these elements to their newsletter.
- Walktober respondents reported receiving information about Walktober via multiple communication methods, including email, staff newsletter, internet, staff meeting and word of mouth.

5. Engage Victorian Healthy Eating Advisory service at Castlemaine Health and utilise this information across all agencies as appropriate.

**Implementation**
- The Victorian Healthy Advisory Service were approached and their documents and guidelines were procured.
- On presentation of this material to Castlemaine Health it was decided that at this stage it would require more time/resources than is available. Instead we decided to focus on Healthy Catering.
- In consultation with the food services manager the catering menu was changed so that there was always a healthy option available to meeting attendees.
- Healthy catering policy was discussed and will be changed in the New Year when common health service healthy catering policies are created by the Prevention Community Model (PCM) Projects, and CVHA will then distribute these to all project partners, although Castlemaine Health is the only agency with food service provision.

**Evaluation**
To be completed early next year

6. Update or develop policies and procedures at a program level as appropriate
   Implementation
   - The HADP needs analysis conducted early in the project identified some changes that could occur at a programmatic level to improve staff’s ability to both promote and support their clients to have a healthy lifestyle and further promote/implement the Active Service Model.
   - The changes identified were:
     - To make the Community Services Directory available at all group sessions with clients to facilitate discussions about other community groups/activities that clients may be interested in.
     - The direct care workers at the council had not had access to the council staff newsletter, so procedures were worked out to make sure they had access.
     - Direct Care Workers were going to be provided with a short summary of client background information to facilitate person-centred care.
     - All work places informally agreed to look at ways of providing opportunities for group exercise and social connections which is how Walktober (see appendix 1) came about.
   Evaluation
   - All of the above changes were put into place.

7. Addressing barriers to access across agencies.
   Implementation
   - The Healthy Communities Initiative and HADP needs analysis found that people often did not attend activities as they didn’t have someone to go with, lacked the confidence or physical abilities to attend. The service providers also discussed the need for this type of activity. Local agencies are keen to look at Companion Walking or Companion activity as a service for their clients. This has led to the establishment of a “Companion (Walking/Exercising/ Social) Activities Working Group” to support people with disabilities access exercise and social groups. This group will look at access and co-ordination of services across the shire including processes around volunteers.
   Evaluation
   - The above working group has been convened and implementing a companion walking/exercising/social activities program will continue into 2013 and will be facilitated by CVHA.

8. Promote and further utilise current resources/referral and service directories
   Implementation
   - The HADP needs analysis identified that staff and clients would like more information around existing services and referral pathways for clients around healthy ageing. The working group however found that development of a resource like this was outside of the scope of this project and that recommendations would be made to all staff around better utilisation of current resources.

3. What were the key success factors of your Healthy Ageing Demonstration Project? What factors helped implementation of your project?
   - Walktober became the high profile activity that focussed attention on the project and in fact helped pave the way for many of the other initiatives. Also as staff are more aware of the benefits of improving their health and wellbeing at work, workplaces are looking to engage in further activities, thus this has become a key to the ongoing sustainability of addressing the broader agenda of an ageing workforce.
   - For the implementation of Walktober and some of the other strategies the identification and engagement of local champions was critical in helping to spread the messages around healthy lifestyles and encourage engagement in project activities.
- The Affiliated healthy organisations Forum has been another key success factor to come from this project as all agencies and industry in town are facing the same issues with an ageing local population therefore the need to manage and maintain an ageing workforce. There are hopes that membership of this group will continue to expand in the new year.
- Strong links with Mount Alexanders Healthy Communities initiative due to co-location, common themes and many staff working across both projects, has meant that both projects have been able to share information and resource development. For example we developed the workforce survey in close collaboration with the Healthy Communities Initiative’s Community survey to enable consistency and the ability to share results.

4. What were the key challenges/problems you experienced in implementing your project and how did you address these challenges?

<table>
<thead>
<tr>
<th>Challenges/problems</th>
<th>How were these addressed?</th>
</tr>
</thead>
</table>
| - Keeping partners engaged  
Staff at the 4 agencies are very busy and as is common in rural areas often juggling multiple roles and priorities. Although all agencies have identified the importance of the project it can often be lost amongst all the other priorities, especially with the Healthy Communities Initiative having a much higher budget, workforce and profile. I found that once this project had distinct strategies identified that the main working group members became less involved and my involvement with the partners occurred at various other levels. This also makes it hard to evaluate the partnership success with a tool such as the VicHealth Partnership analysis tool. | - maintain communication  
- strong links with Healthy Communities Initiative so that ageing principles and learning’s from this project can be embedded in it.  
- Making sure that working group meetings are well prepared for and held at times when the project required partners input.  
- rethought how to measure partnership as VicHealth partnership tool assesses partnership between the working group members themselves but does not reflect the more broad and multi-level partnership building that occurred as a part of this project. |
| - Healthy Communities Initiative (HCI)  
The Mount Alexander Healthy Communities Initiative started its project a month or so after ours, however we knew that it would be beneficial to us to have close ties with this initiative. This meant that a few of our actions were delayed while we waited for them to come on board but in the end this has been of benefit to both projects. | - start work on other aspects of project while waiting for HCI to begin. |

5. How has your Healthy Ageing Demonstration Project supported the integration of healthy ageing programs and initiatives (eg. Count Us In, Older Persons High Rise Support Program, Well for Life, PCP health promotion initiatives, Active Service Model approach)？

This project has supported the integration of healthy ageing programs and initiatives by:
- taking a more holistic approach to healthy ageing by considering the needs of the 4 partner agencies across the domains of nutrition, physical activity, emotional wellbeing and social connection.  
- through an organisational development approach build the capacity of staff and volunteers at the 4 partner agencies to: better deliver programmes that aim to improve the overall health and wellbeing of older people; embed the healthy ageing perspective in all their work practises; and address their own personal healthy ageing needs in order to better understand and model good/best practise to their clients.  
- The 4 partner agencies involved in this project have all been involved in the previous programs and initiatives including Well for Life, Count Us In, Making a Move, and the Active Service Model as well as Integrated Chronic Disease management projects and change management projects related to complex care clients. They will bring to this project their learning’s from previous initiatives and this project will add to their capacity to be involved in multi-factorial projects in the future.
6. Describe any resources your agency developed to help implement your Healthy Ageing Demonstration Project (eg. tools, information sheets). How useful or effective were these resources in helping to implement your program? Please send copies of any resources you developed to the Department via email if appropriate, so they may be shared with other agencies or project groups.

- A resource pack has been set up around Walktober including flyers, newsletter advertisements, participant registration forms, activity log sheets, excel templates for calculation and collation of results.
- Surveys were developed to collect data for the needs analysis (see appendix 2) and pre-post Walktober evaluation (see appendix 1a).
- Resource list/package of healthy ageing resources that reflect health literacy principles for all agencies to share with staff.

7. What strategies were implemented to ensure the sustainability of a healthy ageing perspective in both policy and practice beyond the funded period?

- The project has ensured that all workplaces with a staff newsletter will include healthy lifestyle resources/activities/healthy recipes in staff newsletters on an ongoing basis.
- A core strategy of this project is that changes will be made to policies and procedures at the 4 partner agencies to ensure that a healthy ageing perspective remains embedded in their work practices.
- Close ties with other shire projects especially Healthy Communities Initiative will keep the healthy ageing perspective active in these longer term projects.
- Ensuring that the healthy ageing perspective is integrated into the PCP strategic plan, in that activities focus on the health and wellbeing of older people.
- Results from this project will help to inform program planning within the shire including the Municipal Health and Wellbeing Plan and other potential activities including the development of a Positive Ageing Strategy for the shire.

Sustainability was greatly enhanced by having a high profile activity, in Walktober, which engaged a large number of staff across various organisations. Feedback to me from working group members has indicated that due to high levels of staff engagement workplaces are looking to further some of these workforce initiatives around ageing.

8. Please describe the impact of your Healthy Ageing Demonstration Project (including any unexpected outcomes) for each of the following groups:

Many more specific evaluation measures are included in section 2 pages 7-9 and appendix 1.

<table>
<thead>
<tr>
<th>Group</th>
<th>Reach (ie. How many people were affected by your project?)</th>
<th>Impacts (ie. What changed as a result of your program? What have been the major successes?)</th>
<th>What information/tools were used to identify the impacts of your project on this group? (ie. How did you know you had made an impact on this group? What measures did you use?)</th>
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<tbody>
<tr>
<td>Staff/Participants</td>
<td>At least 170</td>
<td>-Engagement of a large number of employees from 6</td>
<td>-Feedback from agencies</td>
</tr>
</tbody>
</table>
**Organisation**

- Changing policy around healthy catering and food provision will be of benefit to all organisations.
- Membership in the Affiliated Healthy Organisation Forum has extended out to include 11 organisations in the shire and will continue to benefit these organisations as a way of sharing knowledge and resources and raising the profile of the challenges faced by an ageing workforce.
- Organisations received feedback from staff via the needs analysis results regarding staff health and wellbeing issues and educational needs for staff around healthy ageing.
- Increased staff satisfaction, engagement in workplace activities and general health and wellbeing.
- Improved methods of communication to staff around healthy ageing information.

**Partners**

- The project facilitated intersections between various organisations at various levels, which meant the scope of partnership building was broadened as the project was implemented. New partnerships were formed, particularly as a result of the Affiliated Healthy Organisations Forum and the work around Companion Activities.
- At least 3 agencies attended 90% of meetings.
- There were a number of shared activities and resources as identified in pages 7-9.

**9. Please account for the expenditure of Healthy Ageing Demonstration Project funds.**

<table>
<thead>
<tr>
<th>Total funds allocated</th>
<th>Expenditure to date</th>
<th>Unspent funds</th>
<th>Other funding/In kind contributions</th>
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<tbody>
<tr>
<td>$30,000</td>
<td>$30,000</td>
<td>0</td>
<td>$67,056</td>
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</table>
10. Recommendations

- CVHA to advocate for future healthy ageing activities amongst partner agencies especially integrated planning e.g a Positive Ageing Strategy for the shire.

- CVHA through its Integrated Health Promotion and Planning and Service Co-ordination work, to continue facilitating and supporting the Affiliated Healthy Organisation Forum, Walktober, Healthy Catering policy change at organisations and Companion Activity proposal.
Health is recognized as a state of complete physical, mental, emotional and social well-being and not merely the absence of disease. Attaining optimum health at any age involves addressing many areas of one's life including physical and emotional wellbeing, nutritional status, social connections and the environment we live and work in.

The Mount Alexander Healthy Ageing project involves a partnership between Castlemaine District Community Health (CHIRP), Castlemaine Health, Maldon Hospital and Mount Alexander Shire Council. The project will look at existing knowledge and activities undertaken by staff and volunteers at the partner agencies. Through this we aim to demonstrate ways that staff and volunteers can promote healthy lifestyles in their roles.

The attached questionnaire will help us to gather the information required in order to make these improvements. The results of the questionnaire will directly influence this project. It will also help to inform program planning within the shire, particularly the Healthy Communities Initiative, the Municipal Health and Wellbeing Plan and other potential activities including the development of a Positive Ageing Strategy for the shire. All surveys will be de-identified and responses will remain private and confidential.

It would be appreciated if you could complete this questionnaire as soon as possible and return to:

Or
Emma Shannon
Project Officer - Healthy Ageing Demonstration Project
Central Victorian Health Alliance PCP
PO Box 687
CASTLEMAINE VIC 3450
Ph. 5472 5333

Please contact me if you have any further queries about the project or the questionnaire attached. If you would prefer you can access this survey online at: http://www.surveymonkey.com/s/H5DS7P2

Thank you in advance for your involvement in this project
Kind Regards

Emma Shannon

If you have already filled in this survey as part of the Healthy Communities Initiative please skip through to Part 3 – Your Workplace on page 5.
### Appendix 2

#### Part 1 — About you

<table>
<thead>
<tr>
<th>Where do you live?</th>
<th>Campbells Creek</th>
<th>Harcourt</th>
</tr>
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<tbody>
<tr>
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<td>Maldon</td>
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<td>45-54</td>
<td>85+</td>
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<thead>
<tr>
<th>What is your current employment/work status:</th>
<th>Full time</th>
<th>Part time/casual (up to 35 hours a week)</th>
<th>Other (e.g. Unemployed, carer)</th>
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<table>
<thead>
<tr>
<th>Are you a Volunteer?</th>
<th>Yes (please list organisations)</th>
<th>No</th>
</tr>
</thead>
</table>

| Do you currently belong to any community groups or organisations? | Yes (please list organizations) | No |

<table>
<thead>
<tr>
<th>What events/activities do you normally attend in your local community?</th>
</tr>
</thead>
</table>

#### Part 2 — Your lifestyle

<table>
<thead>
<tr>
<th>How much do you agree/disagree with the following statements? (please tick)</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Haven’t thought about it</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand how my health and wellbeing can be affected by the food I eat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand how my health and wellbeing can be affected by how much exercise I do</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand how my health and wellbeing can be affected by my emotions and feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I understand how my health and wellbeing can be affected by my level of connection with social and family networks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

<table>
<thead>
<tr>
<th>A standard serve of vegetables is:</th>
<th>□ None</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ½ cup cooked vegetables; or</td>
<td>□ 1-2 serves</td>
</tr>
<tr>
<td>• 1 medium potato; or</td>
<td>□ 3-4 serves</td>
</tr>
<tr>
<td>• 1 cup salad vegetables.</td>
<td>□ 5 or more serves</td>
</tr>
</tbody>
</table>

How many serves of vegetables do you usually eat each day?

<table>
<thead>
<tr>
<th>A standard serve of fruit is:</th>
<th>□ None</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1 medium sized piece (e.g. apple); or</td>
<td>□ 1-2 serves</td>
</tr>
<tr>
<td>• 2 smaller pieced (e.g. apricots); or</td>
<td>□ 3 or more serves</td>
</tr>
<tr>
<td>• 1 cup canned or chopped fruit.</td>
<td></td>
</tr>
</tbody>
</table>

How many serves of fruit do you usually eat each day?

<table>
<thead>
<tr>
<th>How many minutes a week do you usually do some type of exercise or physical activity?</th>
<th>□ None</th>
<th>□ 1-2 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Up to ½ hour</td>
<td>□ 2-2 ½ hours</td>
<td></td>
</tr>
<tr>
<td>□ ½ hour to 1 hour</td>
<td>□ More than 2 ½ hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many days a week do you usually do some type of exercise or physical activity?</th>
<th>□ 0</th>
<th>□ 3-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1-2</td>
<td>□ 5 or more</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How many days a week do you attend any other community activities or events that improve your social connections? (e.g. dancing, arts, sewing class, singing etc)</th>
<th>□ 0</th>
<th>□ 3-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1-2</td>
<td>□ 5 or more</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional and mental health and wellbeing relies (among other things) on: regular exercise; adequate nutrition and hydration, sufficient sleep; work/life balance; positive social connections.</th>
<th>Which of these factors would you most like to improve upon?</th>
</tr>
</thead>
</table>

What activities would you like to be involved in to help you live a healthy lifestyle?

<table>
<thead>
<tr>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joining in a group short course to increase your skills and confidence in exercise (e.g. tai chi, strength training, social bike riding, walking etc)</td>
</tr>
<tr>
<td>Joining in a group short course to increase your skills and confidence in healthy eating/food preparation/cooking/shopping</td>
</tr>
<tr>
<td>Joining other social groups/activities to improve your social networks (e.g. music, art, environment, community lunch)</td>
</tr>
<tr>
<td>Joining a group activity to discuss and improve your skills in relation to your emotional wellbeing</td>
</tr>
<tr>
<td>Joining a regular team activity (e.g. sport, interest group)</td>
</tr>
<tr>
<td>Attending a healthy lifestyle information course</td>
</tr>
<tr>
<td>Attending community activities on a one off “come and try” basis (e.g. Tai Chi, Strength training, walking,</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tick</th>
<th></th>
</tr>
</thead>
</table>
Appendix 2

Attending a short training course so you can take a leadership role in running groups in your community (e.g. Tai Chi, walking)

What may stop you from joining in activities in your area?
(Please tick all that apply for each category)

<table>
<thead>
<tr>
<th>Physical wellbeing</th>
<th>Nutritional wellbeing</th>
<th>Emotional wellbeing</th>
<th>Social connections</th>
<th>Suggestions for improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The activities I am interested in do not exist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t know what is available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not interested</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can’t afford it</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t have anyone to do it with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one to look after my children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carer responsibilities make it difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t have easy access to transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too far to travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have safety concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have health issues that make it difficult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a disability that makes it difficult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I lack confidence in my physical abilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I lack confidence in my social abilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social exclusion/discrimination make it difficult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other barriers or suggestions to make access easier?
## Part 3 – Your Workplace

### Does my workplace actively promote healthy lifestyles?

<table>
<thead>
<tr>
<th></th>
<th>What opportunities for participation are available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes physical activity</td>
<td>☐</td>
</tr>
<tr>
<td>Provides opportunities for physical activity</td>
<td>☐</td>
</tr>
<tr>
<td>Promotes good nutrition</td>
<td>☐</td>
</tr>
<tr>
<td>Provides opportunities for healthy eating</td>
<td>☐</td>
</tr>
<tr>
<td>Promotes and supports emotional and mental health and wellbeing</td>
<td>☐</td>
</tr>
<tr>
<td>Provides opportunities for emotional and mental health and wellbeing</td>
<td>☐</td>
</tr>
<tr>
<td>Promotes and supports social connections</td>
<td>☐</td>
</tr>
<tr>
<td>Provides opportunities for social connections</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Reflecting on your answers from the question above, what could be done to improve how your workplace actively promotes healthy lifestyles (please tick)**

- ☐ Healthy food choices in the workplace.
- ☐ Promote a friendly welcoming environment
- ☐ Promote physical activity
- ☐ Other
- ☐ Provide staff/volunteer health and wellbeing opportunities. e.g group exercise, social opportunities
- ☐ Provide skill development opportunities to assist you in promoting healthy lifestyles in your role.
- ☐ Other

Please provide further details on your suggestions:
# Part 4 – How you like to receive information

<table>
<thead>
<tr>
<th>How do your like to get information or find out what is happening in your local community?</th>
<th></th>
<th>How do your like to get information or find out what is happening in your workplace?</th>
<th></th>
<th>How do you get information about health and wellbeing?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Local newspaper</td>
<td>□ Neighborhood houses</td>
<td>□ Staff newsletter</td>
<td>□ Email</td>
<td>□ Local newspaper</td>
<td>□ Doctor</td>
</tr>
</tbody>
</table>

Thank you for your assistance,

If we have any further questions would you be happy for us to contact you? If yes please fill in the information below

First Name: ___________________________ Phone Number or email: ___________________________
Case Study Title: Healthy Ageing Demonstration Project: Walktober Walking Challenge

Details of organisation contact

<table>
<thead>
<tr>
<th>Name of PCP</th>
<th>Central Victorian Health Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td>Jan Savage</td>
</tr>
<tr>
<td>Position/Title</td>
<td>Executive Officer</td>
</tr>
<tr>
<td>Phone No.</td>
<td>5472 5333</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:eo@cvha.com.au">eo@cvha.com.au</a></td>
</tr>
<tr>
<td>Case study author/s</td>
<td>Emma Shannon</td>
</tr>
</tbody>
</table>

Identified Partners / project participants

<table>
<thead>
<tr>
<th>Partner Organisation</th>
<th>Roles and responsibilities with regard to the project</th>
<th>Contact person details (name, position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Victorian Health Alliance</td>
<td>Project Coordinator</td>
<td>Emma Shannon, Healthy Ageing Demonstration Project</td>
</tr>
<tr>
<td>Mount Alexander Shire Council (Healthy Communities Initiative)</td>
<td>Reference group member – inform, advise and guide the project</td>
<td>Peta Woolard, Healthy Communities Initiative Coordinator</td>
</tr>
<tr>
<td>Castlemaine Health</td>
<td>Reference group member – inform, advise and guide the project</td>
<td>Virginia Harkin, Community Services Manager</td>
</tr>
<tr>
<td>Maldon Hospital</td>
<td>Reference group member – inform, advise and guide the project</td>
<td>Jan Hutchinson, General Manager</td>
</tr>
<tr>
<td>Castlemaine District Community Health</td>
<td>Reference group member – inform, advise and guide the project</td>
<td>Megan Ballinger, Allied Health Promotion Team Leader</td>
</tr>
</tbody>
</table>

Summary/Abstract (200 words)

Walktober is an initiative that aims to increase physical activity, enhance knowledge on healthy behaviours, and improve social connectedness among staff across 6 organisations within Mount Alexander Shire.

A needs analysis was conducted with staff and volunteers of the partner agencies, with a walking challenge identified as being an appropriate way to encourage physical activity. A project brief was developed, guidelines for the challenge were created, marketing material produced, team leaders were identified, and groups were voluntarily established. Team members registered their distances walked before, during, or after work, and extra points were awarded for those who walked with a colleague. At the end of each week, the team leader submitted a walking log. A weekly...
An email update from the Walktober coordinator was sent to participants, and included healthy lifestyle messages focussing on physical activity, nutrition, emotional wellbeing and social connections as the determinants of a healthy lifestyle. Results will be collated at the end of the October.

The initiative included 180 participants (including 70 participants aged 50 years and over); 15 groups; and 6 organisations across the Shire. As this project has not been completed, final results have not been included.

This project had strong uptake within the Shire, and future walking challenges could also include a wider range of organisations.

### Background

<table>
<thead>
<tr>
<th>Name of Project</th>
<th>Healthy Ageing Demonstration Project: Walktober Walking Challenge</th>
</tr>
</thead>
</table>
| Priority issue(s) | Increasing Physical Activity  
|                  | Improving Mental Wellbeing (through social connectedness)  
|                  | Increasing knowledge on healthy behaviours |
| Priority goal    | To increase physical activity, enhance knowledge on healthy behaviours, and improve social connectedness among staff within Mount Alexander Shire. |
| Target group     | Staff and volunteers from local agencies, organisations and businesses across the Mount Alexander Shire area |
| Rationale        | Addressing the health and wellbeing of the healthcare workforce as part of an organisational development approach can have many obvious benefits to employees and employers; however there are also direct benefits to people accessing these services with “increasing recognition that … access to high quality healthcare is linked to healthcare worker wellbeing”\(^1\). The potential links between healthcare worker wellbeing and improved client outcomes include enhanced modelling of healthy behaviours and experiential knowledge of healthy living. |
Background

The Central Victorian Health Alliance (CVHA) and the Healthy Ageing Demonstration Project (HADP) partners (Castlemaine District Community Health, Castlemaine Health, Maldon Hospital and Mount Alexander Shire Council) have acknowledged a desire to shift to a broader Healthy Ageing framework and identified organisational development as the model by which they wished to explore this broader agenda. A major driver for change that was identified by all partners was the opportunity to address the complexities of an ageing workforce. The importance of this issue will increase as the population across Mount Alexander Shire and the CVHA region ages at a higher proportion than the state².

One of the strategies proposed by the HADP working group after analysing results of a needs analysis carried out with staff and volunteers of the partner agencies was a walking challenge supported by marketing of healthy lifestyle messages focussing on physical activity, nutrition, emotional wellbeing and social connections as the determinants of a healthy lifestyle.

Project management and governance arrangements:

CVHA promotes the initiative throughout the organisations involved. CVHA provides support and resources for each of the organisations involved in the project. CVHA recruited a ‘Team Leader’ from individual groups to act as the key contact. At the end of each week throughout October, the Team Leader and/or individual participants submit a record of physical activity that they have participated in during the week.

The Healthy Ageing Demonstration Project working group reports to Mount Alexander Aged Care and Disability Advisory Network (MAACDAN); who reports to CVHA Mount Alexander Health Providers’ Forum and the CVHA Board.

Evidence base:

An organisational development model was identified as being suitable for addressing Healthy Ageing principles, as strategies can be implemented at many levels across an organisation or in this case across various organisations to ‘develop sustainable skills, structures, resources and commitment to health improvement’³. This also provided the group with the ability to address another driver for our involvement in the Healthy Ageing Demonstration project: addressing the complexities of an ageing workforce.

The Australian Institute of Health and Welfare (AIHW) has found that on average, the health workforce is ageing faster than other workforces in Australia. Between 2005
and 2010, the proportion of people aged 55 or older in health occupations increased from 15% to 19%, while the proportion for other occupations increased from 14% to 16%. This disparity is even more evident in rural areas, amongst our 4 agencies the average age of direct care staff is 50 and of the total workforce 51. This is in contrast to the median age of the Health Care and Social Assistance workforce nationwide, reported at 43 in 2011.3

Addressing the health and wellbeing of the healthcare workforce as a part of an organisational development approach can have many benefits to both employees and employers. Employees can benefit from improved health awareness and knowledge; improved physical and mental wellbeing and resilience; increased energy and vitality; increased work enjoyment and fulfilment; improved concentration and productivity; and improved team relationships. Employers can gain from enhanced productivity; increased creativity and innovation; improved employee engagement; improved staff morale; reduced absenteeism; increased recruitment and retention of staff; reduced workplace injury and workers compensation costs; improved employee relations and improved corporate image. This is of particular importance in relation to older workers whom if they are healthy, satisfied with their jobs and appropriately supported by their employers are likely to remain in the workforce for longer. These health and wellbeing benefits should also be extended to volunteers of these organisations as they play an important role in disseminating the healthy ageing message both in their volunteer capacity and their other community roles.

Healthcare worker wellbeing has also been found to directly benefit older members of the community who access health services, with clear links between staff health and well-being and indicators of high-quality service delivery, including patient safety, patient experience and the effectiveness of patient care. The potential causal associations between healthcare worker wellbeing and improved client outcomes could also include enhanced modelling of healthy behaviours and experiential knowledge of healthy living.

CVHA and HADP partners have identified through the needs analysis that a walking challenge was a strategy that would address the objectives of improving and maintaining the health and wellbeing of staff and clients in Mount Alexander Shire; and enhancing knowledge on healthy behaviours; and improving social connectedness among staff within Mount Alexander Shire. The Walktober walking challenge will be supported by marketing of healthy lifestyle messages focussing on physical activity, nutrition, emotional wellbeing and social connections.
Objectives

- To improve and maintain the health and wellbeing of staff and clients in Mount Alexander Shire
- To enhance knowledge on healthy behaviours
- To improve social connectedness among staff within Mount Alexander Shire

Describe the project and evaluation methodology and approach

Planning:

- Walking challenge project plan developed with project partners
- Gained approval from workplaces to implement walking challenge
- Developed promotional material including flyer and registration form and information in staff newsletters

Implementation:

- Walktober coordinator identified and supported ‘Team Leaders’ in each organisation
- Walking maps with distances around each workplace provided
- Weekly email updates sent to participants, including health and wellbeing information

Evaluation:

- Set up template for collecting team data
- Weekly collation of results and feedback/encouragement to teams via email
- Develop pre and post evaluation tool for participants to complete using Survey Monkey (please find attached)
- Weekly reporting to participants about progress
- Final report of HADP including walking challenge to be presented to each agency by December 5th 2012

Communication strategies:

- Posters
- Emails-weekly updates to registered teams
- Internally—via key partners, meetings, reports
- Newsletters
- Websites

**Engagement strategies:**
- Information sessions
- Morning tea to launch challenge and encourage registrations
- Staff, HR and OHS representative, and volunteers were approached and asked to register as a team to encourage social connections
- Weekly emails updates sent to participants, including health and wellbeing information

**Monitoring or continuous quality improvement:**

Process and Impact evaluation strategies:
- Number of participants
- Number of organisations involved
- Walking log sheet completed
- Self-reported feedback

Afternoon tea on completion of challenge
- Prize presentation
- Information about shire activities to encourage ongoing healthy lifestyle
- Gain feedback from participants

**Results**

<table>
<thead>
<tr>
<th>Impacts and outcomes (see appendix 1a for full results)</th>
<th>Process/Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The project had 171 registered participants</td>
</tr>
<tr>
<td></td>
<td>6 registered workplaces</td>
</tr>
<tr>
<td></td>
<td>15 teams registered</td>
</tr>
<tr>
<td></td>
<td>Demographic characteristics (Males: 31; Females: 140)</td>
</tr>
<tr>
<td></td>
<td>Number of registered participants aged 50 years and over (70)</td>
</tr>
</tbody>
</table>

(A pre-walktober and post-walktober survey was administered, with number of respondents being 65 and 42 respectively. Due to each survey being responded to by potentially different groups of participants we cannot
draw firm conclusions from the data, please see appendix 1a for full results)

- Respondents average general health was rated at 2.45 which increased marginally to 2.62 on conclusion.

- Average time spent walking for at least 10 minutes in the last week increased from 179 minutes to 195 minutes.

- Vegetable and water intake increased slightly and fruit intake decreased.

- There were some respondents whose knowledge of healthy lifestyle factors increased across the board, however respondents particularly agreed their knowledge was improved in the areas of Workplace wellbeing (61%) and social connections (53.6%), followed by exercise (46.3%) and emotional wellbeing (42.5%).

- With respect to the impact of Walktober on the ability of staff to work with their clients: 22% agreed that it has improved their physical abilities to assist clients, 38.9% believe that it has increased their confidence in providing healthy lifestyle information to clients and 44.4% agree that it has both helped them to inform clients about healthy lifestyle activities and helped them motivate their clients to embrace a healthy lifestyle.

- The overall impact of Walktober on participants was to: help them feel stronger/or fitter (63.4%), helped them feel more confident to improve their own lifestyle (61%), impacted positively on their emotional wellbeing (68.3%) and impacted positively on social connections (53.7%).

  Comments indicated that Walktober helped to increase productivity, increased workplace social connections, generated conversations around positive healthy behaviours, positively influenced the morale and team spirit.

  “I felt like I belonged to a group of people, felt supported and wanted”

  “I believe our senior manager has seen further opportunities....”

  “made me think about small ways to include extra activity”

  “The result has been weight loss and a healthier lifestyle”

  “getting to know each other better has been very
beneficial, both for our health and emotional wellbeing”

- 100% of respondents intended to continue taking part in healthy lifestyle activities.

## Status and sustainability

- The aim is to continue the initiative in 2013.

## Conclusions

### Key success factors:
- 6 organisations/businesses involved
- 171 registered participants
- 15 teams registered
- 70 participants aged 50 years and over involved

### Key challenges:
- Initially there was slow uptake amongst organisations, however this improved with finding a “champion” or leaders within organisations to promote and encourage uptake of this initiative
- Communication channels-understanding and overcoming how workplaces distribute information
- Managing and preventing drop-outs
- Maintaining engagement with participants
- Regularly receiving log sheets

### Limitations of the project:
- Planning for sustainability
- Unclear whether this project has captured target group, as often individuals who respond to these initiatives are more likely to be fit, healthy and motivated.
- In future, identification of ‘champions’ within different areas of the workforce may be targeted to increase reach and engagement of target audience

### How activities and improvements will be sustained:
- Recruiting further organisations to be involved in future
- In future, identification of ‘champions’ within different areas of the workforce may be targeted to increase reach and engagement of target audience

### Future directions:
- The aim is to continue this initiative in 2013.

## References


4 NSW Health Department, *A Framework for Building Capacity to Improve Health*, 2001, p.3


## Appendix 1 a  
Walktober pre and post survey results

### Demographics

<table>
<thead>
<tr>
<th></th>
<th>Pre Walktober</th>
<th>Post Walktober</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total respondents</td>
<td>65</td>
<td>42</td>
</tr>
<tr>
<td>Over 50 (%)</td>
<td>41.5</td>
<td>38.1</td>
</tr>
<tr>
<td>Volunteers (%)</td>
<td>0</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### General Health and behaviours

<table>
<thead>
<tr>
<th></th>
<th>Pre Walktober</th>
<th>Post Walktober</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, would you say your health is:</td>
<td>2.45</td>
<td>2.62</td>
</tr>
<tr>
<td>0 = Poor, 1 = Fair, 2 = Good, 3 = Very Good, 4 = Excellent (average score)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last week what was the total time you spent walking/jogging/cycling continuously for at least 10 minutes either for recreation, exercise or to get to and from places? (average minutes)</td>
<td>179</td>
<td>195</td>
</tr>
<tr>
<td>How many serves of vegetables do you usually eat each day? (average)</td>
<td>2.83</td>
<td>3.24</td>
</tr>
<tr>
<td>How many serves of fruit do you usually eat each day? (average)</td>
<td>1.98</td>
<td>1.95</td>
</tr>
<tr>
<td>On a usual day, how many serves of water do you have? (average)</td>
<td>4.5</td>
<td>4.9</td>
</tr>
</tbody>
</table>

### Overall, the Walktober challenge has...

<table>
<thead>
<tr>
<th></th>
<th>% of respondents Agree</th>
<th>% of respondents Neutral</th>
<th>% of respondents Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>helped me to feel stronger/fitter</td>
<td>63.4</td>
<td>34.1</td>
<td>2.4</td>
</tr>
<tr>
<td>helped me to feel more confident to improve my own lifestyle</td>
<td>61</td>
<td>36.6</td>
<td>2.4</td>
</tr>
<tr>
<td>impacted positively on my emotional wellbeing</td>
<td>68.3</td>
<td>31.7</td>
<td>0</td>
</tr>
<tr>
<td>impacted positively on my social connections</td>
<td>53.7</td>
<td>46.3</td>
<td>0</td>
</tr>
</tbody>
</table>

### Comments:

- I exercise for about 30 minutes before any way but I did an additional work at lunch time and have kept the lunch time work up.
- I wouldn’t say confident but rather have wanted to and have made some changes on the eating side of things already.
- Doing the walk at lunch time was great for productivity at work in the afternoon.
- Although I didn’t do a lot of walking with my fellow workers during Walktober, it was something to talk about in the office which helped me as I was a new employee.
- Has boosted me to start back in the gym.
- Unfortunately I had a foot injury and so was not able to participate as much as I would have liked - therefore I don’t think Walktober had as big an impact as it could have - on me!
- I went for a walk this morning, even though it is no longer Walktober!
- Bit hard to tell really, but I think so.
- Loved feeling healthy.
- Loved the communal walks and talks.
- Feeling really good.
- Great way to settle into a new job.
- Felt that the extra effort has had a positive effect.
- Increased workplace social connections through the challenge.
Did you notice any other beneficial outcomes within your workplace that came from being part of Walktober?

- It generated conversation and created some more social connections with people outside my immediate work area.
- Discovered how easy it is to get to the Botanic Gardens from work and go for a quick walk at lunch time.
- Excellent in getting to know colleagues in an informal setting
- Seeing different parts of town
- Debriefing
- As a regular walker with a colleague every day, it was good to see other staff joining us in our daily walks
- The overall enthusiasm of other team members has a positive influence in the work place
- More sociability
- Not really
- clear head after walk
- encouragement from work colleagues was helpful and provided the impetus to exercise more often
- Bonding opportunity for community services team
- people talking to others
- no
- yes, I think you talk more in depth while you’re walking along with your work colleague, better way to do brainstorming!! I really enjoyed this challenge.
- Had some staff exercising together
- Gave people who didn’t know each other well something to talk about.
- Made me think about small ways to include extra activity in their day.
- Made me think about other activities to do on wet days
- Made me more committed to do something everyday
- encouraged social interaction with work colleagues
- Talked about positive healthy behaviours in the workplace and also ways to incorporate healthy activities / change current activities or behaviours.
- increased awareness of amount of activity per day due to recording
- increased workload to get everyone to get there sheets in and collate them all. People should be responsible for their own sheets.
- I believe our senior manager has seen further opportunities for using walking meetings - or changing our meeting venue to incorporate a walk.
- Sense of camaraderie, and encouragement.
- no
- Was fun
- More encouragement of being active.
- I noticed much more activity within our department with people getting up and going for walks at lunch time. Even when walking around the gardens it was great to see other teams out there as well.
- Did walk and socialise with some persons I hadn’t before
- Being able to talk to colleagues outside of the workplace. Not about work, but getting to know them better.
- The team spirit within the workplace was positive.
- Exercising had the added incentive of contributing to the team
- Felt supported by the workplace to exercise as part of the work day ie. walk at lunch time, ride/walk to meetings etc
- All staff involved were talking about the challenge.
- Yes, permission to actually take a lunch break and go for a walk!!
- A sense of fun and a shift in morale.
- Some members of the team committed fully and changed their diet and exercised regularly including weekends. The result has been weight loss and a healthier lifestyle."
- Yes. A number of staff said they had formed new relationships and would continue to walk after the event.
- Lots of opportunities to talk about fitness generally since quite a few of us were participating in Walktober - so many people here have got some sort of fitness regimen, which is great to see.
- I felt like I belonged to a group of people, felt supported and wanted.
Appendix 1a  
Walktober pre and post survey results

- team spirit, point of communication, shared discussion and objective, fun
- No
- No
- Getting to know each other better, has been very beneficial, both for our health and emotional wellbeing.
- People involved more aware of each other. Cross team walking happening. Talked about at department meetings. Excellent prompts on the intranet.

<table>
<thead>
<tr>
<th>Did being part of Walktober improve your knowledge in any of the following areas?</th>
<th>% of respondents Agree</th>
<th>% of respondents Neutral</th>
<th>% of respondents Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace wellbeing</td>
<td>61</td>
<td>34.1</td>
<td>4.9</td>
</tr>
<tr>
<td>Exercise</td>
<td>46.3</td>
<td>43.9</td>
<td>9.8</td>
</tr>
<tr>
<td>Nutrition</td>
<td>19.5</td>
<td>70.7</td>
<td>9.8</td>
</tr>
<tr>
<td>Hydration</td>
<td>22</td>
<td>68.3</td>
<td>9.8</td>
</tr>
<tr>
<td>Mental Health</td>
<td>36.6</td>
<td>53.7</td>
<td>9.8</td>
</tr>
<tr>
<td>Emotional Wellbeing</td>
<td>42.5</td>
<td>47.5</td>
<td>10</td>
</tr>
<tr>
<td>Social Connections</td>
<td>53.6</td>
<td>41.5</td>
<td>4.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you, as part of your job, provide a service directly to older people in the community?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>43.9%</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>56.1%</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you work directly with older people in the community do you feel that participating in Walktober has changed your ability to work with them, by...</th>
<th>% of respondents Agree</th>
<th>% of respondents Neutral</th>
<th>% of respondents Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving your own physical abilities (strength/fitness) to assist clients</td>
<td>22.2</td>
<td>77.8</td>
<td>0</td>
</tr>
<tr>
<td>Increasing your confidence to provide healthy lifestyle information to your clients</td>
<td>38.9</td>
<td>61.1</td>
<td>0</td>
</tr>
<tr>
<td>Helping you to inform clients about healthy lifestyle activities within the shire</td>
<td>44.4</td>
<td>55.6</td>
<td>0</td>
</tr>
<tr>
<td>Helping you to motivate your clients to embrace a healthy lifestyle themselves</td>
<td>44.4</td>
<td>55.6</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you intend to continue taking part in healthy lifestyle activities now that Walktober is complete?</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>100.0%</td>
<td>41</td>
</tr>
<tr>
<td>No</td>
<td>0.0%</td>
<td>0</td>
</tr>
</tbody>
</table>
Congratulations for completing the Walktober Challenge.

I hope you have discovered that walking is a fun, easy and inexpensive way to become stronger, healthier and happier.

Evaluation is an important part of any project. It helps us to find out what works and what doesn't and to plan for future programs. We ask that you take a few minutes to answer the following questions. (Please note all responses are confidential and anonymous; names are not recorded with responses)

Thank-you for your time.

**1. In general, would you say your health is:**

- [ ] Excellent
- [ ] Very Good
- [ ] Good
- [ ] Fair
- [ ] Poor

**2. Are you aged over 50?**

- [ ] Yes
- [ ] No

**3. In the last week what was the total time have you spent walking/jogging/cycling continuously for at least 10 minutes either for recreation, exercise or to get to and from places?**

Minutes

**4. How many serves of fruit do you usually eat each day?**

(1 serving = 1 apple, banana or orange, or 2 mandarins, or a cup of diced fruit or fruit salad)

- [ ] None
- [ ] 1 serve
- [ ] 2 serves
- [ ] 3 serves
- [ ] 4 serves
- [ ] 5 serves
- [ ] 6 serves or more
5. How many serves of vegetables do you usually eat each day?
(1 serve = 1/2 cup cooked vegetables or 1 cup of salad vegetables, don't count hot chips)
- None
- 1 serve
- 2 serves
- 3 serves
- 4 serves
- 5 serves
- 6 serves or more

6. On a usual day, how many serves of water do you have?
(1 glass = 250 ml)
- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
Walktober Challenge - post-survey

**7. Overall, the Walktober challenge has...**

<table>
<thead>
<tr>
<th>Helped me to feel stronger/fitter</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Helped me to feel more confident to improve my own lifestyle</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tbody>
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<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Impacted positively on my emotional wellbeing</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<td></td>
<td></td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Impacted positively on my social connections</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
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<td>Comments:</td>
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**8. Did you notice any other beneficial outcomes within your workplace that came from being part of Walktober?**
**9. Did being part of Walktober improve your knowledge in any of the following areas?**

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<th>Workplace wellbeing</th>
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**10. Do you, as part of your job, provide a service directly to older people in the community?**

- Yes
- No

**11. If you work directly with older people in the community do you feel that participating in Walktober has changed your ability to work with them, by...**

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</table>

Any other benefits to your clients
12. Do you intend to continue taking part in healthy lifestyle activities now that Walktober is complete?

- Yes
- No

Any stories or feedback about your experiences or new activities set up because of Walktober?

![Your feedback here...](image)

13. If you are interested in continuing to be involved with exercise groups or activities within the shire, and would like some further information, please leave you name and contact details below.

I am interested in...

- Joining an existing group/finding out more about specific groups
- Becoming a group leader
- Assisting others to access groups/exercise (including companion walking)

Name and contact details

![Your information here...](image)

Thank-you for your time and assistance in filling out this short survey. Hope to see you involved in Walktober again next year.
Congratulations for entering your team in the Walktober Challenge.

Walking is a fun, easy and inexpensive way to become stronger, healthier and happier.

Evaluation is an important part of any project. It helps us to find out what works and what doesn’t and to plan for future programs. We ask that you take a few minutes to answer the following questions before you start the challenge. (Please note all responses are confidential and anonymous; names are not recorded with responses)

Good Luck with the Challenge and have fun!

**1. Are you aged over 50?**

- [ ] Yes
- [ ] No

**2. What is your role at the workplace in which you are registered for Walktober?**

- [ ] Paid Employee
- [ ] Volunteer

**3. How did you hear about Walktober?**

- [ ] Staff Newsletter
- [ ] Staff Meeting
- [ ] Workplace noticeboard
- [ ] Community noticeboard
- [ ] Word of mouth
- [ ] Email
- [ ] Other (please specify) 

**4. In general, would you say your health is:**

- [ ] Excellent
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- 6 serves or more

8. On a usual day, how many serves of water do you have?
(1 glass = 250 ml)

- None
- 1
- 2
- 3
- 4
- 5
- 6
Thank you for your time in filling out this evaluation. I will be asking you to complete a similar questionnaire at the end of Walktober to assist with making this a bigger and better event next year.