



www.activelaunceston.com.au

# Active Launceston: How effective is a partnership project in increasing physical activity in a community setting?

Lucy Byrne, Kathryn Ogden, Penny Allen

In June 2008, the University of Tasmania, Launceston City Council and the Tasmanian state government formed a partnership to develop Active Launceston. Active Launceston is a community-driven partnership aimed at improving the health and well-being of the regional community of Launceston through provision of free physical activity programmes for people of all ages and abilities, and by arranging events that are aimed at showcasing physical activity opportunities to the community.

# Introduction

This research is situated within the wider evaluation of Active Launceston between 2008 and 2012. A formative programme evaluation (Department of Human Services, 2003) was undertaken whereby processes, impacts and outcomes were evaluated. The aim was to examine the success of implementation, including extent of participation and the demographic groups that were engaged; how participants and other stakeholders viewed the programme and what they perceived to be the benefits both to them and to the community more broadly; and whether Active Launceston was able to increase community participation in physical activity.

## Methods

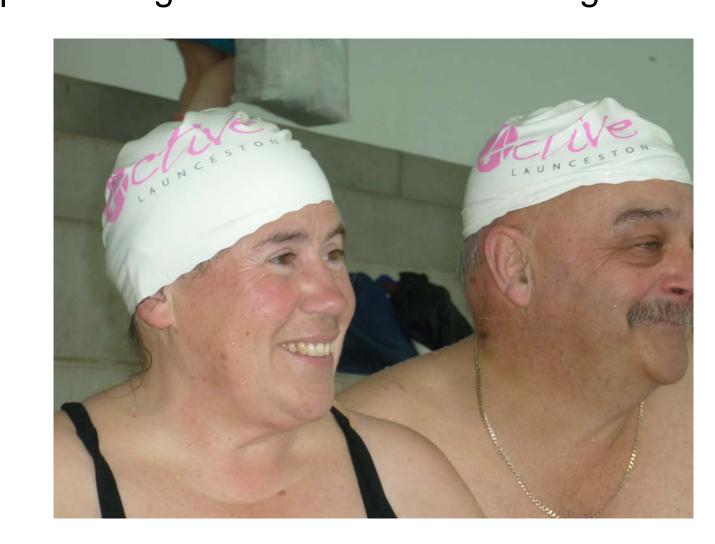
The online survey included a combination of multiple choice, open ended questions and Likert scales. Focus groups were conducted after the final session of six Active Launceston programmes. Interviews were conducted with key stakeholders via telephone or faceto-face depending on convenience. Both were semistructured with questions related to involvement with Active Launceston. The cross-sectional time-series random telephone surveys survey was conducted using CATI (Computer Assisted Telephone Interviewing) using Survey System software. Participants were not tracked over the time-series. The survey included a variety of questions regarding the type and amount of participation in physical activity. This evaluation was approved by the University of Tasmania Human Research Ethics Committee (Social Science).

## Results

## Participation and demographic data

Between mid-2008 and the end of 2012, Active Launceston coordinated 69 programmes that engaged a total of 8,240 participants, in a total attendance at sessions of 18,739, amounting to approximately 23,217 hours of physical activity. Active Launceston initiatives engaged community members across all age brackets with a higher proportion of female participants (69.4%) and over one-third of participants (37.46%) being health care card holders (an indicator of low-socio-economic status in Australia).

Based on the 2011 ABS Census (Atlas Id, 2011), 30.35% of the Launceston community live in areas with the lowest socio-economic indexes for areas (SEIFA) rankings (highest level of disadvantage); 21.7% of Active Launceston participants resided in the suburbs representing the lowest SEIFA rankings.



**Contact Us University of Tasmania** For further information contact Lucy Byrne Phone: 0409937421 Email:lucy.byrne@utas.edu.au www.activetasmania.com.au

Acknowledgements Active Launceston is funded by the University of Tasmania, Launceston City Council and the Tasmanian State Government. Community members reporting that they had participated in physical activity during the last twelve months increased by 22.7 percentage points (54.4% in 2008 versus 77.1% in 2012, p<0.0001). In addition, the proportion reporting that they undertook moderate intensity activity in the previous fortnight increased by 17.1 percentage points (56.1% in 2008 versus 73.2% in 2012, p<0.0001) and those reporting participation in vigorous activity increased by 18.1 percentage points (19.2%) in 2008 versus 37.3% in 2012, p<0.0001).

#### Online survey

The online survey received 545 responses in 2012. 82.2% agreed or strongly agreed that participation in Active Launceston had led to an increase in their level of physical activity. When asked about whether Active Launceston had taught them about opportunities for activity in the community, an overwhelming majority of respondents (93.2%) agreed. While physical activity and health improvements were important outcomes for most respondents, there were a variety of other consequences that were valued. These included trying new activities (55.3%), having a safe and supportive environment for physical activity (42.9%), finding out what else is available in the community (42.0%), socialising (37.7%), meeting new people (32.1%) and becoming involved in the community (24.2%).

### Participant focus groups

Forty-one community members attended six participant focus groups. Thematic analysis of transcripts identified four overarching themes: personal benefits, the broader benefits to the community and the features leading to its success.

-Personal benefits; increased engagement in exercise and activities, direct health benefits, personal development and enjoyment.

-Benefits to the community; making use of and improved awareness of community facilities, positive perception of funding organisations, preventing illness and contributing to social fabric. Participants expressed their belief that the long-term societal benefits of a programme such as Active Launceston could reduce health care costs.

-Features leading to success; accessibility and no-cost nature of programmes, friendly and non-threatening environment, ability of programmes to cater for people with different abilities and specific needs, focus on complementing other community programmes and the enthusiasm of facilitators.

### Stakeholder interviews

Increased participation rates and the growth of programmes were identified by stakeholders (n = 13) as evidence for Active Launceston increasing participation in physical activity. Stakeholders also believed that the Active Launceston model was successful in initiating activity in previously sedentary people and provided anecdotes of participants becoming more active in other organised activities or through positive lifestyle changes, promoting lifelong behavioural change. Additionally, stakeholders believed that Active Launceston was successful in its key strategies of engaging those less likely to participate in more traditional programmes and targeting at-risk community groups.



#### **Telephone surveys**

A total of 1,779 respondents completed the survey. Awareness of the Active Launceston initiative increased from 32% in 2008 to 61% in 2012. There was no difference in the proportion of male (n=833) respondents compared to women (n=946) (46.8% vs. 53.2%,  $\chi^2(1)$  = 0.64, p = 0.4). The most common age group was 45-64 years (36.1%).

	Pre- Intervention n=879 (%)	Post- Intervention n=900 (%)	Increase % points	p-value
Participated in physical activity during past 12 months	478 (54.4)	694 (77.1)	22.7	< 0.0001
Moderate exercise during past 2 weeks	449 (56.1)	508 (73.2)	17.1	< 0.0001
Vigorous exercise during past 2 weeks	154 (19.2)	259 (37.3)	18.1	< 0.0001

**Table 1:** Pre and post-intervention telephone survey outcomes

## Conclusion

Initiatives such as Active Launceston provide an opportunity to explore the elements of community-wide interventions that contribute to success. To support practitioners in the health promotion sector however, there is an opportunity for further research on the most effective ways of evaluating and measuring the impact of community-wide physical activity interventions (Macdonald *et al.*, 1996).

We found that overall engagement in regular physical activity significantly increased in the Launceston community since Active Launceston was initiated, and there was also a significant increase in moderate or vigorous activity. However, linking this directly to Active Launceston is not possible at this stage.

Our contribution however, is an evaluation that shares the difficulties of reliably measuring and interpreting outcomes in an uncontrolled environment (World Health Organization, 2001) but the mixed method evaluation of Active Launceston does allow for the triangulation of data. This provides evidence for the positive impact on individuals, as observed by individuals themselves, and key stakeholders such as programme instructors. This can theoretically lead to community-wide benefit and is therefore relevant to the health-promotion sector.

While they are not without challenges, establishing multifaceted partnerships to improve participation in physical activity is an effective option for governments, universities and the community sector. Our findings provide a rationale for implementing community-wide interventions that encourage and support people to increase their physical activity levels.

### References

-Atlas Id (2011) ABS Census Launceston City Council Area <a href="http://atlas.id.com.au/launceston/">http://atlas.id.com.au/launceston/</a>.

-Department of Human Services (2003) Measuring health promotion impacts: A guide to impact evaluation in integrated health promotion. In Services,

D. o. H. (ed). Rural and Regional Health and Aged Care Services Division, Melbourne, Victoria.

-Macdonald, G., Veen, C. and Tones, K. (1996) Evidence for success in health promotion: suggestions for improvement. Health Education Research, 11, 367-376. 10.1093/her/11.3.367.

-World Health Organization (2001) Evaluation in health promotion principles and perspectives European Series. Regional Publications. World Health

Organization. CRICOS Provider Code: 00586B