



Victorian
Active Ageing
Partnership



Physical activity for older Victorians: An audit and gap analysis

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1. Executive summary

Physical activity on a daily basis is important for the health and wellbeing of older people. The Victorian Active Ageing Partnership (VAAP) aims to increase opportunities for participation in physical activity for older Victorians, especially in areas of socio-economic disadvantage and among isolated, lonely older people currently not involved in physical activity.

The 2006 'National Physical Activity Recommendations for Older Australians' established physical activity guidelines for older Australians. These recommendations state that older people should be active daily for at least 30 minutes, in as many ways as possible, irrespective of their age, weight, health problems and abilities¹. There are different ways in which people can be physically active through methods that suit their abilities and interests, including incidental activity, structured activities and leisure pursuits. It is also recommended that older people engage in physical activity, incorporating fitness, strength, balance and flexibility¹.

As a requirement of the VAAP, an audit was undertaken between November 2015 and February 2016 to examine the availability, variety and accessibility of physical activity opportunities for older Victorians. The aims of the data audit and gap analysis included the following:

- To gain information in relation to the availability, variety and accessibility of physical activity opportunities for older Victorians
- To identify the gaps in the availability, variety and accessibility of physical activity opportunities for older Victorians
- To provide baseline information to guide the future work of the VAAP
- To provide information that may be used to guide work by external organisations

An audit was undertaken of structured physical activity programs incorporating fitness, strength, balance and flexibility within each Victorian local government area (LGA). It involved a desktop review of the websites of service providers, followed by a data verification process with three of the key service providers in each LGA (local council, community health services, fitness/leisure centres). Data covering the availability of leisure activities, commonly frequented by older people (tennis, golf, croquet and lawn bowls), were also gathered.

The analysis of the audit data was then conducted using statistical analysis software. The analysis examined issues such as:

- Which organisations/groups are providing physical activity programs for older adults?
- What physical activity programs are provided?
- Which providers are providing which programs?
- What is the range of programs available per LGA?
- How much do programs cost (general, by provider or by program)?
- How frequently are programs run?
- What assistance exists to support older people to participate?

The data analysis showed that:

- a total of 4,469 physical activity opportunities, consisting of 2,741 structured physical activities and 1,728 leisure activities, were available for older Victorians
- gentle exercise (land) was the most commonly identified structured physical activity program (23.6%), followed by yoga/Pilates (16.4%) and walking activities (15%).
- tennis (980 clubs) was the most commonly available leisure activity followed by golf (377 clubs)
- neighbourhood houses and community centres were the largest provider of identified structured physical activity programs (27%), followed by fitness/leisure centres (20%) and community health services (16%)
- the majority (41.5%) of structured physical activity programs identified through the audit and for which cost data was available, were priced between \$5–9 per session, followed by 31.7 per cent of programs being either free or costing no more than four dollars
- the mean and median session costs of structured physical activity programs varied across LGAs, although some LGAs had median sessions costs of \$10 or more
- nearly 15 per cent of structured physical activity programs, for which the data were available, had some form of assisted or referral pathway in place
- nearly 14 per cent of structured physical activity programs, for which the data were available, were found to offer transport assistance, the most common form of which was via a community bus
- language and cultural support, in the form of interpreters or an activity having a specific cultural focus, was identified in 7.7 per cent of structured physical activity programs
- almost 93 per cent of structured physical activity programs, for which data were available, were led by professionals with only six per cent of programs being led by volunteers

The gap analysis identified:

- there were 12 LGAs where less than five of the types of structured physical activities within the scope of the audit were identified and almost two-thirds of these LGAs are in the top 50 per cent of the Index of Relative Socio-economic Disadvantage
- the number of identified physical activity opportunities per LGA matched against the population of persons aged 55+ years for each LGA revealed the number of persons aged 55+ years per identified physical activity opportunity. The results showed that the most favourable ratio as 43 persons per identified physical activity opportunity and the least favourable being 930 persons per identified physical activity opportunity
- the 10 LGAs with the most favourable ratio of number of persons aged 55+ years per identified physical activity opportunity (range 43–99) were all small rural LGAs with populations less than eight thousand persons aged 55+ years
- information provision and access regarding the physical activity opportunities for older people is an issue of concern to both service providers and older people
- the cost of structured physical activity programs is dependent on the type of programs being offered and the provider, however, it is important that there is an even spread of price levels in any LGA to cater for people in varying financial circumstances

- it would be valuable to determine whether the cultural diversity profile of structured physical activity program participants matches the cultural diversity of an LGA's population
- assisted and referral pathways may assist in overcoming the 'information and communication gap', as service providers act as the information resource, rather than older people having to find the information and physical activity options themselves
- the issue of transport may also be overcome by altering the service provision model to incorporate an outreach approach where the class 'travels to the older people', rather than the older people travelling to the class

Based on the analysis of the data relating to the provision of physical activity opportunities for older Victorians, the following recommendations are made:

1) That the Victorian Government, via the VAAP:

- ensure that the work of the VAAP links with other key Government work, such as that flowing out of the 'Ageing is Everyone's Business' report and the 'Victorian Public Health and Wellbeing Plan 2015–2019'
- disseminate the LGA data from this initiative to local service providers to encourage its review at a local level
- bring the findings of the current report to the attention of decision-makers at the state and local levels
- explore various models of assisted/referral pathways for older people to engage in physical activity and disseminate the findings to relevant stakeholders
- showcase practice examples involving organisations that have effective channels and modes of information provision and communication in place, or have worked to overcome the 'communication' barrier previously
- disseminate guidelines and tools to facilitate best practice in the delivery of physical activity opportunities for older people

2) That decision-makers and service providers at the local level:

- come together to review and discuss the data relating to the local provision of physical activity opportunities for older people and the broader findings of the gap analysis to promote a more integrated and coordinated approach to service provision featuring:
 - a range of physical activity opportunities offered by various local service providers at a range of prices
 - the establishment of working partnerships between service providers to minimise duplication and to maximise the reach and availability of physical activity opportunities
 - assisted/referral pathways that are effective and within the current resource base
 - strategies to address transport issues such as the use of community buses, the engagement of volunteer drivers and/or an outreach model of conducting physical activity classes
 - more extensive utilisation of community channels to enhance information provision to older people and among service providers regarding locally available physical activity opportunities

- review of the cultural diversity of the older people participating in physical activity opportunities to determine its correspondence with the cultural diversity of the local population and the development of strategies to better engage culturally and linguistically diverse (CALD) older people in physical activity
- the possible use of older volunteers as peer leaders and mentors, taking into account appropriate training and skills
- strategies to better engage socio-economically disadvantaged older people in physical activity

It is important to note that the results of the audit are only indicative of the work being done throughout Victoria to provide opportunities for physical activity for older people. The intention of the audit was never to map every single physical activity opportunity for older people throughout Victoria and the VAAP Coordination Team is aware that there will be other activities on offer by a diverse range of service providers. Neither was the intention of the audit to compare the 'performance' of local government areas or individual organisations, but rather make broad observations of the current delivery of services.

Despite its limitations, an audit of this magnitude focusing on the physical activity opportunities available for older Victorians has not been previously undertaken. Therefore, the information gathered is valuable in 'providing a picture' of the current situation in Victoria in early 2016.

This audit and gap analysis will act as a valuable resource in guiding some of the future work of the VAAP. It is also hoped that it will provide local service providers with an up-to-date snapshot of the physical activity opportunities for older people in their local government area and some evidence to enhance service delivery and collaboration at a local level.

2. Introduction

The VAAP aims to increase opportunities for participation in physical activity for older Victorians, especially in areas of socio-economic disadvantage and among isolated, lonely older people currently not involved in physical activity.

The VAAP is coordinated and facilitated by *MOVE muscle, bone & joint health* (formerly Arthritis and Osteoporosis Victoria) in collaboration with Fitness Australia and Monash University on behalf of the Victorian Government. The three-year VAAP officially commenced on Tuesday 13 October 2015 and has three priority areas:

- Developing partnerships
- Developing workforce and organisational capacity
- Developing pathways for engagement of older people

A Project Advisory Group, consisting of relevant stakeholders, has been convened to provide experience and sector-based knowledge and advice to assist with promoting, implementing, monitoring and evaluating the VAAP.

3. Physical activity audit and gap analysis

A key requirement of the Victorian Government, within the project priority area of 'Developing Pathways for Engagement of Older People', was to undertake a data audit and gap analysis of the current opportunities for physical activity available to older Victorians.

The aims of the data audit and gap analysis include the following:

- To gain information in relation to the availability, variety and accessibility of physical activity opportunities for older Victorians
- To identify the gaps in the availability, variety and accessibility of physical activity opportunities for older Victorians
- To provide baseline information to guide the future work of the VAAP
- To provide information that may be used to guide work by external organisations

It is also hoped that the audit data will provide local service providers with an up-to-date snapshot of the physical activity opportunities for older people in their LGA and that they may be able to use it to generate collaborative and partnership approaches to enhance their operations at a local level.

It is important to note, however, that the results of the audit are only indicative of the work being done throughout Victoria to provide opportunities for physical activity for older people. The intention of the audit was never to map every single physical activity opportunity for older people throughout Victoria and the VAAP Coordination Team is aware that there will be other activities on offer by a diverse range of service providers. Neither was the intention of this audit to compare the 'performance' of local government areas or individual organisations, but rather make broad observations of the current delivery of services.

Despite its limitations, an audit of this magnitude focusing on the physical activity opportunities available for older Victorians has not been previously undertaken. Therefore, the information gathered is a valuable snapshot of the current situation in Victoria in early 2016, as the same information was sought and gathered from each of the 79 LGAs.

4. What the literature says

The difference between living and living well, is greatly dependent on regular physical activity throughout later life ². The life expectancy and quality of life experienced by a population can be influenced by their level of engagement in physical activity. Extensive research has established the critical role that regular physical activity plays as a determinant of health and functioning as people age ³. There are more than four decades of research advocating the importance of physical activity for physical, social and mental wellbeing ³. Engaging in regular physical activity has been proven to provide several health benefits, including reducing the risk of chronic disease and disability, improving mental health, promoting social contact, and prolonging independent living ⁴.

Despite the well known benefits of physical activity, physical *inactivity* is a prominent global health concern, posing widespread health, environmental, social and economic consequences ⁵. Physical inactivity is estimated to account for 9 per cent of all mortality worldwide (3.2 million deaths), and is among the 10 leading risk factors for the global burden of disease ⁵. Research shows that physical inactivity in Australia is particularly a concern amongst individuals aged 65+ years, with 44 per cent of Australians aged 65+ years being physically inactive ⁶. The prevalence of inactivity and sedentary behaviour has been found to be highest amongst older adults experiencing disadvantage ⁶. This figure increases significantly with age, with 76 per cent of Australians aged 75+ years not meeting the recommended level of physical activity ¹.

The 2006 'National Physical Activity Recommendations for Older Australians' ¹ established physical activity guidelines for older Australians.

These recommendations state that older people should be active daily for at least 30 minutes, in as many ways as possible, irrespective of their age, weight, health problems and abilities ¹. There are different ways in which people can be physically active through methods that suit their abilities and interests, including incidental activity, structured activities and leisure pursuits. It is however recommended that older people engage in physical activity, incorporating fitness, strength, balance and flexibility ¹.

The New South Wales database 'Get Healthy, Get Active' grouped the recommended activities for older adults into the following categories: yoga/Pilates, dance, gentle exercise, tai chi/qi gong, flexibility and stretching, strength and resistance training, balance/coordination, gait/walking and general physical activity. Previous data regarding the physical activity programs for older people undertaken by local councils and collected by Arthritis and Osteoporosis Victoria in early 2015, showed that the most common and appropriate forms of organised physical activity for older adults were walking, strength training, tai chi/qi gong, group exercise (land), hydrotherapy/water exercise and yoga/Pilates.

In order for older adults to engage in physical activity, there needs to be a variety of opportunities for them to do so. Coinciding with the need for physical activity opportunities, is the need for accessibility, which can influence one's ability to participate in physical activity. Environmental factors, including the availability of public transport and exercise venues, financial factors such as affordability, and social influences such as the dependence on professional instruction, are among several key factors identified as having an influence on

the older population's engagement in physical activity ⁵. In regional and rural areas, the reduced availability of transport services has also been identified as a barrier to accessibility. The affordability of physical activity programs is also considered a barrier for participation for many older people. The high cost of classes can act as a deterrent for older people who often rely on pension payments and have to prioritise their spending ⁵. The presence or the quality of exercise instructors leading the programs also influenced engagement in physical activity. Research suggests that older people are more trusting of programs lead by professional instructors and which are specifically tailored to their abilities ⁵.

5. Overview of the Victorian population aged 55+ years

Victoria consists of 79 LGAs and the estimated resident population in Victoria as of 30 June 2016 was 6,053,354. Given the focus of the current data audit is physical activity opportunities for persons aged 55+ years, it is important to note that approximately 27 per cent of the Victorian population are aged 55+ years (1,609,133 people) ⁷. The smallest number of people aged 55+ years in an LGA is 1,420 and the largest is 64,276.

Of the 55+ years population, 848,892 are female and 760,241 are male. The majority of the older adult Victorian population are aged 55–64, whilst 126,166 people are aged 85 years and over.

Table 1: Size of Victorian population aged 55+ years

Age	Male	Female	Total
55-64	335,544	351,464	687,008
65-74	247,992	264,160	512,152
78-84	129,997	153,810	283,807
85+	46,708	79,458	126,166
Total	760,241	848,892	1,609,133

Population ageing is more pronounced in regional Victoria than in metropolitan Melbourne. In 2011, 18 per cent of Victorians living in the Greater Melbourne area were 60+ years, compared with at least 23.5 per cent in regional Victoria. In 2031, these ratios will increase to 22.4 per cent in the Greater Melbourne area and 29.6 per cent in regional Victoria ⁸.

6. Audit methods

6.1 The scope

To maximise the potential for local follow-up action, it was decided to conduct the audit of physical activity opportunities for older people within each Victorian LGA. The audit was undertaken between November 2015 and February 2016.

Clearly defining the scope of the audit was critical to ensure that the data collection was comprehensive but also manageable. In examining the broad category of 'physical activity opportunities for older Victorians' and in line with the published literature and guidelines recommending that older people should engage in a diverse range of physical activity including structured activities (incorporating fitness, strength, balance and flexibility), incidental activity and leisure activities⁹, the data collection focused on two components:

- Structured (or organised) physical activity programs that were specifically designated for people aged 55+ years, were identified to be suitable for people aged 55+ years and/or known to be frequently attended by older people. Structured physical activity programs within the scope of the audit included yoga/Pilates, strength training, gentle exercise (land), hydrotherapy/water exercise, walking and tai chi/qi gong. Other structured physical activity programs that were conducted by the providers within the scope of the audit and were identified in the course of the data collection phase were also recorded.
- Leisure activities (known to be commonly frequented by older people such as bowls, golf, tennis and croquet).

It is acknowledged that many older people may choose not to attend sessions designated for older people but, given it was not possible to collect data on every physical activity opportunity in Victoria, it was important to clearly define which physical activity opportunities were in and which were not in the scope of the audit. One-off events, such as those run during special events (eg Seniors Month) were also not included in the audit. The importance of incidental physical activity for the health and wellbeing of older people is recognised, but was not suitable for audit.

Another important consideration in defining the scope of the audit was in relation to providers of structured physical activity programs for older people. Again, to ensure that the data collection was comprehensive but manageable, it was decided to collect data from the following organisations that are known to provide a large number of structured physical activity programs for older people:

- Local councils
- Community health services
- Fitness/leisure centres (not including private gyms)
- University of the Third Age (U3A)
- Neighbourhood houses and community centres, and
- Community groups and clubs, such as senior citizens clubs.

Aboriginal Community Controlled Health Organisations throughout Victoria were also contacted to determine any physical activities opportunities they offered for older people. It is acknowledged that there are many other providers of structured physical activity programs for older people, such as day therapy centres, but their programs are not covered within the scope of the current audit.

The information collected within the audit was guided by physical activity guidelines and similar data collected by *MOVE* in a previous audit. The information collected for each physical activity program included some or all of the following:

- Name of the organisation/group that runs the program
- Contact details
- Type of physical activity offered (e.g. strength training)
- Location of the program
- Frequency of the program
- Duration of the program
- Cost of the program
- Whether there is a waitlist to attend
- Existence of any assisted pathways to facilitate older people's access to programs
- Availability of transport assistance
- Availability of any language support and/or the existence of a cultural focus
- Whether the program was led by a professional or volunteer

Information about the availability of leisure pursuits of golf, lawn bowls, tennis and croquet in each LGA was obtained from the websites of the relevant peak sporting associations.

6.2 Desktop review

One of the two key methods by which the audit was conducted was a desktop review of the above providers' websites. Other online resources such as community directories were also used to identify further structured physical activity programs. A web search was also utilised to cover a greater scope of online resources.

An individual data collection spreadsheet was created for each LGA and a template was used to organise the data according to the provider of the program, and the type of structured physical activity program provided. Separate templates were used to distinguish between council-run programs, non-council run programs, community health service programs and leisure pursuits.

The parameters for data collection were followed closely to ensure that the scope of data collected was both manageable and consistent. It is important to also note that only structured physical activity programs were included in the data collection. Data regarding informal, one-on-one specific tailored programs (for example, individual physiotherapy sessions) and one-off events were excluded.

6.3 Verification of data

In conjunction with the desktop review, it was decided to verify the collected data and gain any missing data from some of the key providers of structured physical activity programs. Within the scope of the audit, these providers were local councils, community health services and fitness/leisure centres.

Efforts were made to directly contact these organisations via phone and email to verify the data collected and gain any missing data. When making contact over the phone, *MOVE* staff asked to speak with the most relevant person within an organisation (that is, the staff member associated with the delivery of structured physical activity programs for older people) to inform them of the VAAP and the audit. Following phone contact, the results of the desktop review were emailed to them, requesting that the data be verified and that any further information be entered into the designated Microsoft 'Excel' template. Specific guidelines were provided to organisations to assist them with completing the above task to ensure the accuracy and consistency of data collection and verification.

All details of communications with organisation contacted via phone and email were recorded in a communications log to keep track of the communication efforts made, and of any relevant additional comments or information obtained via the phone and email contact.

In an attempt to ensure that the maximum amount of data from local councils, community health services and fitness/leisure centres was verified, all organisations received an initial phone call and then two follow-up phone calls and/or emails. Contacted providers were asked to complete the data verification within a week of initial contact. If the verified data was not received within a week, the first follow-up contact was made. If all attempts to verify data were unsuccessful, data were noted as 'unverified'.

Data about other structured physical activity programs provided by other providers within the scope of the audit (for example, U3As, neighbourhood houses/community centres) were not verified in this way and were initially limited to that which was gained via the desktop review. Similarly, the data regarding the leisure activities were not verified, as only their availability in each LGA was determined.

Given the under-representation of U3As' physical activity opportunities via the desktop review, the subsequent offer of additional data from the U3A Network Victoria was accepted and the data included in the overall dataset. This data only covered the structured physical activity opportunities provided by Victorian U3As and did not contain other details such as cost, the availability of transport assistance and other details.

7. Limitations of the data collection

The key limitation within the data collection for the audit was the absence of detailed information on providers' websites. This was particularly the case for such service providers as senior citizens' clubs and some U3As. Generally, if information was available on websites, it covered aspects like the type of structured physical activity available, the frequency at which it was offered, location and the cost of attending. The website information didn't include information on the other details being sought for the audit, such as the availability of transport, assisted pathways and language support.

As it was also not feasible to directly contact every organisation about which data had been collected during the desktop review, the data relating to structured physical activity programs conducted by organisations other than local councils, community health services and fitness/leisure centres are less comprehensive and possibly, less accurate. This was partly addressed by the additional U3A data provided by the U3A Network Victoria but is, otherwise, taken into account in the gap analysis.

The rate of verification of data from councils, community health services and fitness/leisure centres was high. As of 26 February 2016, 95 per cent of local council data, 92 per cent of community health service data and 82 per cent of fitness/leisure centre data had been verified. In order to ensure the consistency and manageability of the data, no additional data was included in the final data set after this date.

While the overall data verification rate was positive, there were limitations experienced throughout the verification process. The main limitation was providers not responding to the communication efforts made by *MOVE* staff, or not completing the data verification as required. This meant that the data related to the structured physical activity programs offered by these providers had to be noted as 'unverified' for the purpose of the audit analysis.

8. Data analysis method

The analysis of the audit data was conducted using the statistical analysis software, IBM 'SPSS Statistics V22'. The questions that guided the data analysis were:

- Which organisations/groups are providing physical activity programs for older adults?
- What physical activity programs are provided?
- Which providers are providing which programs?
- What is the range of programs available per LGA?
- How much do programs cost (general, by provider or by program)?
- How frequently programs are run?
- What assistance exists to support older people to participate?

All of these issues are identified as being important considerations when determining the availability and accessibility of physical activity programs for older Victorians⁵. Conducting the analysis was also intended to serve as a method of identifying the gaps in the availability of opportunities for older adults to access, and participate, in physical activity across Victoria.

The local government areas, physical activity providers, and structured physical activity programs for which a majority of data were verified or available presented more consistent results. The ones with limited data availability and high counts of unverified data presented skewed results. This was particularly the case for providers from whom data was not verified (U3As, neighbourhood houses/community centres, senior citizens' clubs).

A further limitation in the analysis was the large number of structured physical activity programs in each LGA which fell into the 'Other' category. Only general comments could be made about the 'Other' category of programs.

9. Audit findings

9.1 Number of structured physical activity programs

Analysis of the collated data identified a total of 2,741 structured physical activity programs for individuals aged 55+ years across the 79 Victorian LGAs. Some of these programs were offered more than once a week thereby increasing the physical activity opportunities for older people. It is important to note, however, that this total is only indicative of the potential structured physical activity programs available in Victoria given the limitations dictated by the scope of the audit.

9.2 Types of structured physical activity programs

Table 2 shows that, of the 2,741 structured physical activity programs identified, 23.6 per cent were group exercise (land) programs. Activities classified as 'group exercise (land)' included any structured physical activity programs which incorporated a range of exercise techniques, and were not specific to one exercise category. This included activities such as gentle chair-based exercise, and commonly featured programs such as 'Heartmoves', 'Pryme Movers', 'Body Balance', and 'Body Vive'.

Following group exercise (land), yoga/Pilates accounted for 16.4 per cent of all identified programs and walking activities accounted for 15 per cent. Hydrotherapy/water exercise programs were the least numerous, possibly due to the limitations associated with pool availability and cost. Included in the 13.5 per cent of structured physical activity programs classified as 'other' were different styles of dance, 'Zumba Gold', cycling, and 'Lifeball'. These activities were only included in the data collection if they were suitable for older people and conducted by the organisations within the scope of the audit.

Table 2: Types of structured physical activity programs

Activity Type	Number	Percentage
Group exercise (land)	646	23.6
Yoga/Pilates	449	16.4
Walking	410	15.0
Other	370	13.5
Tai chi/Qi gong	348	12.7
Strength training	276	10.0
Hydrotherapy/Water exercise	242	8.8
Total	2,741	100.0

9.3 Availability of leisure activities

The leisure activities of golf, tennis, lawn bowls and croquet are commonly frequented by older people. It was found that 1,728 leisure activities were available in Victoria through a range of clubs (Table 3). The highest number of leisure activities available in one LGA was 65 and the lowest number was one.

Table 3: Number of available leisure activities commonly frequented by older people

Leisure Activity	Number of clubs in Victoria
Tennis	980
Golf	377
Lawn Bowls	287
Croquet	84
Total	1,728

9.4 Number of physical activity opportunities offered within LGAs

The total number of physical activity opportunities (ie structured physical activity programs and leisure activities combined) identified in Victoria was 4,469. The number of physical activity opportunities identified in each of the 79 Victorian LGAs was then examined to determine the spread of physical activity programs across Victoria.

The highest number of physical activity opportunities in a single LGA was 139 and the lowest was 15. The highest number of structured physical activity programs in an LGA was 123, while no structured physical activity opportunities for older people were identified within one LGA. The highest number of leisure activities in an LGA was 65 and the lowest was one leisure activity. The median of physical activity opportunities offered by LGAs was 48 with the average being 57 physical activity opportunities.

9.5 Range of structured physical activity programs offered within LGAs

The analysis also examined the range of structured physical activity programs in each LGA. All seven types of structured physical activity programs within the scope of the audit (ie walking groups, strength training, tai chi/qi gong, group exercise (land), hydrotherapy/water exercise, yoga/Pilates, and 'other') were found to be available in 50 LGAs. Twelve LGAs offered less than five of the audited types of structured physical activity programs.

With regards to the number of each type of structured physical activity program in an individual LGA, the highest frequency identified for each category was 29 for group exercise (land), 24 for yoga/Pilates, 19 for walking groups, 23 for the 'other' category, 14 for strength training, 13 for tai chi/qi gong and 13 for hydrotherapy/water exercise.

The list of the types of structured physical activity opportunities offered by each LGA is included at Appendix One.

9.6 Structured physical activity programs by provider

Table 4 shows the provision of structured physical activity programs by provider.

Neighbourhood houses and community centres were the largest provider conducting 27 per cent of the identified structured physical activity programs followed by fitness/leisure centres

(20%) and community health services (16%). While local councils are less involved in direct service provision (8%), they often partially or fully fund the activities offered by fitness/leisure centres and neighbourhood houses/community centres and occasionally, also U3As. Of the structured physical activity programs conducted by local councils, many are planned activity groups and funded under the auspices of the Victorian Home and Community Care Program.

The data in Table 4 for local councils, community health services and fitness/leisure centres were mostly verified and therefore, more comprehensive. While data for neighbourhood houses/community centres, U3As and 'other' providers were not verified, the data available via the desktop review about the structured physical activity programs conducted by neighbourhood houses/community centres were more extensive than those available for U3As.

Given that some U3As don't have websites and others provide only minimal information on their websites, the additional data from U3A Network Victoria assisted in providing a more comprehensive snapshot of U3A activity. The physical activity programs conducted by 'other' providers were identified via general online searches and via community directories.

Table 4: Types of structured physical activity programs by provider

Provider	Activity Type							Total
	Walking	Strength Training	Tai Chi/Qi Gong	Group Exercise (land)	Hydro/Water Exercise	Yoga/Pilates	Other	
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N
Local council	50 (23.4)	36 (16.8)	26 (12.1)	56 (26.2)	13 (6.1)	17 (7.9)	16 (7.5)	214
Community health service	52 (11.8)	85 (19.3)	51 (11.6)	139 (31.5)	57 (12.9)	18 (4.1)	39 (8.8)	441
Fitness/Leisure centre	13 (2.3)	65 (11.7)	24 (4.3)	193 (34.7)	142 (25.5)	82 (14.7)	37 (6.7)	556
Neighbourhood house/ Community centre	103 (13.8)	49 (6.6)	137 (18.3)	138 (18.5)	3 (0.4)	233 (31.2)	84 (11.2)	747
U3A	71 (16.5)	14 (3.3)	77 (17.9)	53 (12.3)	8 (1.9)	61 (14.2)	146 (34.0)	430
Other	121 (34.3)	27 (7.6)	33 (9.3)	67 (19.0)	19 (5.4)	38 (10.8)	48 (13.6)	353
Total	410 (15.0)	276 (10.1)	348 (12.7)	646 (23.6)	242 (8.8)	449 (16.4)	370 (13.5)	2,741

9.7 Cost of structured physical activity programs

The data gathered regarding the cost of programs was organised into three price categories based on per session fee (0–\$4, \$5–9 and \$10+). Cost data was only available for 1,903 (70%) of the identified 2,741 structured physical activity programs. If the information on cost was only available on a term or program basis, it was excluded from this ‘per session’ calculation. Also, apart from the LGA where no structured physical activity programs were identified, there was one LGA for which cost data was unable to be gathered.

Analysis of program costs indicated that the majority (41.5%) of structured physical activity were priced between \$5–9 per session (Table 5). This was followed by a total of 31.7 per cent of programs being either free of cost or costing no more than four dollars. The remainder of activities, nearly 27 per cent, were priced \$10 or more.

Table 5: Per session cost of structured physical activity programs

Cost	Number	Percentage
0–\$4 per session	604	31.7
\$5–\$9 per session	790	41.5
\$10+ per session	509	26.7
Total	1,903	100.0
Missing data	838	
Total	2,741	

Further analysis provided an indication of cost for each type activity (Table 6). Walking activities were identified as the cheapest form of structured physical activity program available, with 91 per cent of walking groups being free, or costing no more than four dollars. It was also noted that gold coin donations were a common fee for walking activities.

Some group exercises (land) were offered in the 0–\$4 price category, although 56.7 per cent of group exercises (land) were priced between \$5–9 per session. Sixty per cent of strength training classes were in the \$5–9 category, as were the majority of hydrotherapy/water exercise classes (63%). The cost of tai chi/qi gong classes was fairly evenly spread across the three cost categories, and yoga/Pilates proved to be the most costly form of physical activity, with the majority of classes falling in the \$10+ category (62%).

Table 6: Cost per type of structured physical activity program

Activity Type	Cost per session			Total N
	0-\$4 N (%)	\$5-9 N (%)	\$10+ N (%)	
Walking	247 (91.1)	14 (5.2)	10 (3.7)	271
Strength training	57 (26.5)	129 (60.0)	29 (13.5)	215
Tai chi/Qi gong	83 (35.8)	82 (35.3)	67 (28.9)	232
Group exercise (land)	115 (24.2)	270 (56.7)	91 (19.1)	476
Hydro/Water exercise	19 (9.5)	126 (63.3)	54 (27.1)	199
Yoga/Pilates	39 (11.9)	86 (26.1)	204 (62.0)	329
Other	44 (24.3)	83 (45.9)	54 (29.8)	181
Total	604 (31.7)	790 (41.5)	509 (26.7)	1,903

9.8 Cost of type of structured physical activity program by provider

The majority of the cost data pertaining to structured physical activity programs relate to activities offered by local councils, community health services and fitness/leisure centres given that direct contact was had with most of these organisations.

Table 7 shows that approximately 95 per cent of structured physical activity programs offered by local councils and community health services cost \$9 per session or less. Also in this price category were 70 per cent of physical activity programs offered by U3As, 66 per cent of those offered by fitness/leisure centres, and 57 per cent of neighbourhood houses and community centres.

Seventy-seven per cent of programs offered by 'other providers' were less than nine dollars. This category consisted of providers such as Life Activities Clubs, senior citizens clubs and individual community groups, amongst others. The majority of structured physical activity programs offered by neighbourhood houses/community centres (43%) cost \$10 or more. This result was influenced by the high number of yoga/Pilates sessions offered by neighbourhood houses/community centres with yoga/Pilates being one of the most expensive types of structured physical activity programs within the scope of the audit.

Overall, the highest number of 0–\$4 programs recorded in an individual LGA was 26, the highest number of \$5–9 programs recorded was 37, and the highest number of programs in the \$10+ category was 32, which was applicable to one Victorian LGA. The range of costs in an LGA was dependent on the types of activities offered and the types of providers within that catchment. It is important to note that membership opportunities offered by some providers may also result in a reduced cost for physical activity sessions.

Table 7: Cost of structured physical activity programs by provider

Service Provider	Cost per session			Total N
	0-\$4 N (%)	\$5-\$9 N (%)	\$10 N (%)	
Local council	108 (53.7)	83 (41.3)	10 (5.0)	201
Community health service	170 (45.9)	183 (49.5)	17 (4.6)	370
Fitness/Leisure centre	30 (7.0)	255 (59.2)	146 (33.9)	431
Neighbourhood house/Community centre	156 (25.4)	193 (31.5)	264 (43.1)	613
U3A	44 (62.0)	6 (8.5)	21 (29.6)	71
Other	96 (44.2)	70 (32.3)	51 (23.5)	217
Total	604 (31.7)	790 (41.5)	509 (26.7)	1,903

To further examine the cost data, an analysis of cost by provider and activity type was undertaken (Table 8). The small amount of cost data relating to structured physical activities provided by U3As skewed the results for this category of provider.

The analysis showed that the most common local council-run physical activity programs conducted at a low price (0–\$4) were walking and tai chi/qi gong, while the majority of the other forms of physical activity programs offered by local councils were priced between five and nine dollars.

The cost of structured physical activity programs offered by community health services was similar to local councils, with the exception of tai chi/qi gong which was offered at the higher price of \$5–9. The most inexpensive form of structured physical activity program offered by fitness/leisure centres and neighbourhood houses was walking, whilst yoga/Pilates was the most expensive. For U3As, the highest priced structured physical activity program was group exercise (land) and programs classified as ‘other’.

The price for walking activities was consistently between 0–\$4 across all categories of providers. Strength training was also consistently priced between \$5–9 across all providers with the exception of U3As, which offered the highest percentage (66.7%) of strength training classes between 0-\$4.

Similar to strength training, gentle exercise (land) was also most commonly priced in the \$5-9 category across all providers, with the result for U3As regarding gentle exercise (land) pricing being skewed by low numbers.

Councils, U3As and 'other' providers offered the least expensive tai chi/qi gong classes, with the majority of these costing between 0–\$4. Neighbourhood houses and community centres offered the highest priced tai chi/qi gong classes with 47.2 per cent of classes costing \$10 or more.

Hydrotherapy/water exercise and yoga/Pilates were also similarly priced across all providers, with the majority of programs being priced between \$5–9 or \$10+ respectively. Fitness/leisure centres and neighbourhood houses presented the most expensive price for these two activities, whilst U3As presented the least expensive.

It is also important to note that membership opportunities may be offered by various service providers, thereby resulting in reduced costs for members and older people.

Table 8: Cost of type of structured physical activity program by provider

Type of Activity	Provider	Cost per session			Total N
		0-\$4 N (%)	\$5-\$9 N (%)	\$10+ N (%)	
Walking	Local council	49 (98.0)	0 (0.0)	1 (2.0)	50
	Community health service	34 (87.2)	4 (10.3)	1 (2.6)	39
	Fitness/Leisure centre	11 (91.7)	1 (8.3)	0 (0.0)	12
	Neighbourhood house/ Community centre	81 (93.1)	5 (5.7)	1 (1.1)	87
	U3A	11 (91.7)	0 (0.0)	1 (8.3)	12
	Other	61 (85.9)	4 (5.6)	6 (8.5)	71
	Total	247 (91.1)	14 (15.2)	10 (3.7)	271
Strength training	Local council	8 (24.2)	24 (72.7)	1 (3.0)	33
	Community health service	35 (48.6)	37 (51.4)	0 (0.0)	72
	Fitness/Leisure centre	2 (4.4)	32 (71.1)	11 (24.4)	45
	Neighbourhood house/ Community centre	6 (14.0)	23 (53.5)	14 (32.6)	43
	U3A	2 (66.7)	1 (33.3)	0 (0.0)	3
	Other	4 (21.1)	12 (63.2)	3 (15.8)	19
	Total	57 (26.5)	129 (60.0)	29 (13.5)	215
Tai chi/ Qi gong	Local council	17 (68.0)	6 (24.0)	2 (8.0)	25
	Community health service	22 (45.8)	25 (52.1)	1 (2.1)	48
	Fitness/Leisure centre	6 (30.0)	9 (45.0)	5 (25.0)	20
	Neighbourhood house/ Community centre	21 (19.4)	36 (33.3)	51 (47.2)	108
	U3A	10 (76.9)	0 (0.0)	3 (23.1)	13
	Other	7 (38.9)	6 (33.3)	5 (27.8)	18
	Total	83 (35.8)	82 (35.3)	67 (28.9)	232
Group exercise (land)	Local council	20 (41.7)	26 (54.2)	2 (4.2)	48
	Community health service	53 (44.2)	59 (49.2)	8 (6.7)	120
	Fitness/Leisure centre	6 (3.9)	99 (64.7)	48 (31.8)	153
	Neighbourhood house/ Community centre	24 (22.2)	60 (55.6)	24 (22.2)	108
	U3A	4 (33.3)	3 (25.0)	5 (41.7)	12
	Other	8 (22.9)	23 (65.7)	4 (11.4)	34
	Total	115 (24.0)	270 (57.0)	91 (19.0)	476

Type of Activity	Provider	Cost per session			Total N
		0-\$4 N (%)	\$5-\$9 N (%)	\$10+ N (%)	
Hydro/Water exercise	Local council	2 (15.4)	9 (69.2)	2 (15.4)	13
	Community health service	8 (17.8)	34 (75.6)	3 (6.7)	45
	Fitness/Leisure centre	4 (3.4)	72 (60.5)	43 (36.1)	119
	Neighbourhood house/ Community centre	0 (0.0)	3 (100.0)	0 (0.0)	3
	U3A	2 (33.3)	2 (33.3)	2 (33.3)	6
	Other	3 (23.1)	6 (46.2)	4 (30.8)	13
	Total	19 (9.5)	126 (63.3)	54 (27.1)	199
Yoga/Pilates	Local council	7 (43.8)	9 (69.2)	0 (0.0)	16
	Community health service	6 (37.5)	7 (43.8)	3 (18.8)	16
	Fitness/Leisure centre	0 (0.0)	24 (43.6)	31 (56.4)	55
	Neighbourhood house/ Community centre	11 (5.5)	43 (21.5)	146 (73.0)	200
	U3A	8 (80.0)	0 (0.0)	2 (20.0)	10
	Other	7 (21.9)	3 (9.4)	22 (68.8)	32
	Total	39 (11.9)	86 (26.1)	204 (62.0)	329
Other	Local council	5 (31.3)	9 (56.3)	2 (12.5)	16
	Community health service	12 (40.0)	17 (56.7)	1 (3.3)	30
	Fitness/Leisure centre	1 (3.7)	18 (66.7)	8 (29.6)	27
	Neighbourhood house/ Community centre	13 (20.3)	23 (35.9)	28 (43.8)	64
	U3A	7 (46.7)	0 (0.0)	8 (53.3)	15
	Other	6 (20.7)	16 (55.2)	7 (24.1)	29
	Total	44 (24.4)	83 (45.8)	54 (29.8)	181

The mean and median costs of structured physical activity opportunities varied across LGAs (Table 9). This variation was most likely due to the type of activities that were offered (for example, yoga/Pilates being more expensive than other structured physical activity programs). The data do indicate that, in some LGAs where the mean or median cost of structured physical activity programs was \$10 or more, efforts may need to be undertaken to increase the availability of lower cost options for older people.

Table 9: Mean and median cost of structure physical activity programs

	Cost per session	Number of LGAs*
Mean	0–\$4	13
	\$5–\$9	59
	\$10+	5
Median	0–\$4	17
	\$5–\$9	53
	\$10+	8

*There was no cost data available for one LGA and no structured physical activities were identified in another.

9.9 Frequency of structured physical activity programs

Data regarding how often structured physical activity programs were offered by providers was an additional indicator of the availability of programs for older people. The programs were classified according to whether an activity was available twice or more per week, once per week, or once a fortnight or less.

Table 10 shows that just over 70 per cent of structured physical activity programs were offered once a week and nearly 27 per cent were offered twice or more a week. Very few activities were offered once a fortnight or less.

Table 10: Frequency of structured physical activity programs

Frequency	Number	Percentage
Twice + per week	745	28.0
Once per week	1,859	70.0
Fortnightly or less	52	2
Total	2,656	100
Missing data	85	
Total	2,741	

The majority of walking (75.5%), tai chi/qi gong (84.4%), group exercise (land) (69.7%), yoga/Pilates (74.5%) and programs within the 'other' category (79.6%) were offered once per week (Table 11).

Fifty-five per cent of strength training programs and 52.7 per cent of hydrotherapy/water exercise programs were offered twice or more a week, and it was noted that the majority of both these types of structured physical activity programs are mainly offered by leisure/fitness

centres. The availability of resources such a swimming pools, gym equipment and qualified trainers are likely to be factors in the increased capacity of fitness/leisure centres to offer more frequent classes.

Table 11: Frequency of structured physical activity programs by type

Activity Type	Frequency			Total N
	Twice + per week N (%)	Once per week N (%)	Once fortnight or less N (%)	
Walking	66 (16.7)	299 (75.5)	31 (7.8)	396
Strength training	147 (55.3)	121 (45.1)	0 (0.0)	268
Tai chi/Qi gong	49 (14.5)	286 (84.4)	4 (1.2)	339
Group exercise (land)	188 (29.5)	444 (69.7)	5 (0.8)	637
Hydro/Water exercise	125 (52.7)	111 (46.8)	1 (0.4)	237
Yoga/Pilates	109 (24.8)	328 (74.5)	3 (0.7)	440
Other	61 (18.0)	270 (79.6)	8 (2.4)	339
Total	745 (28.0)	1,859 (70.0)	52 (2.0)	2,656

9.10 Duration of structured physical activity programs

The duration of structured physical activity programs was classified as 'up to 10 weeks', '11–52 weeks', or as 'ongoing'. It is important to note that programs classified as 'up to 10 weeks' or '11–52 weeks' could also be considered as 'ongoing', as they may continually be offered throughout a year. Conversely, 'ongoing' programs were sometimes delivered according to specified intervals (eg school terms) and some of these programs set fees according to these intervals. Some service providers reported that, in instances of programs classified as 'up to 10 weeks' for which waiting lists existed, providers gave preference to people on waiting lists when next commencing a program. This was undertaken to allow as many people as possible to access these programs.

Of the programs for which duration data were available, 11.9 per cent were offered for up to 10 weeks, 4.4 per cent for between 11 to 52 weeks, and 83.6 per cent of programs were delivered on an ongoing basis (Table 12).

Table 12: Duration of structured physical activity opportunities

Duration	Number	Percentage
Up to 10 weeks	319	11.9
11–52 weeks	119	4.4
Ongoing	2,239	83.6
Total	2,677	100
Missing data	64	
Total	2,741	

The provision of ongoing programs was spread equally across all providers (Table 13). Each of the provider categories delivered the majority of their classes on an ongoing basis.

Table 13: Duration of structured physical activity program by provider

Service Provider	Duration			Total
	Up to 10 wks	11-52 weeks	Ongoing	
	N (%)	N (%)	N (%)	N
Local council	3 (1.4)	11 (5.1)	200 (93.5)	214
Community health service	45 (10.5)	34 (7.9)	350 (81.6)	429
Fitness/Leisure centre	7 (1.3)	3 (0.5)	542 (98.2)	552
Neighbourhood house/ Community centre	230 (31.0)	54 (7.3)	457 (61.7)	741
U3A	7 (1.8)	1 (0.3)	382 (97.9)	390
Other	27 (7.7)	16 (4.6)	308 (87.7)	351
Total	319 (12.5)	119 (4.7)	2,239 (82.9)	2677

Table 14 shows that walking activities were most commonly provided on an ongoing basis, and less frequently delivered on an ‘up to 10 weeks’ basis. Yoga/Pilates were most frequently offered on a 10 weeks or 11–52 week basis, and less frequently on an ongoing basis.

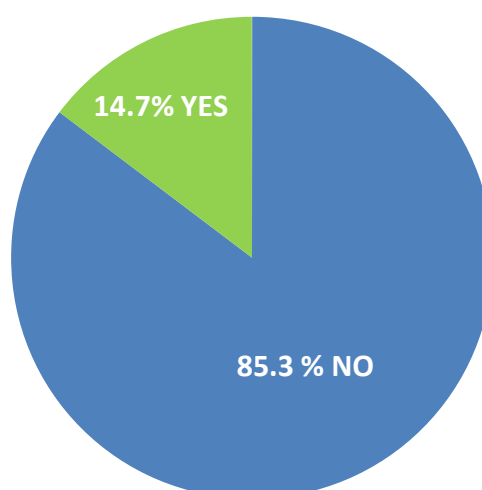
Table 14: Duration of structured physical activity program by type

Activity Type	Duration			Total N (%)
	Up to 10 weeks N (%)	11-52 weeks N (%)	Ongoing N (%)	
Walking	6 (1.5)	4 (1.0)	392 (97.5)	402
Strength training	29 (10.8)	16 (5.9)	224 (83.3)	269
Tai chi/Qi gong	60 (17.4)	21 (6.1)	264 (76.5)	345
Group exercise (land)	43 (6.8)	22 (3.5)	569 (89.7)	634
Hydro/Water exercise	9 (3.8)	9 (3.8)	219 (92.4)	237
Yoga/Pilates	132 (29.6)	41 (9.2)	273 (61.2)	446
Other	40 (11.6)	6 (1.7)	298 (86.6)	344
Total	319 (11.9)	119 (4.4)	2,239 (83.6)	2,677

9.11 Provision of assisted pathways to structured physical activity programs

The presence of referral pathways, or mechanisms to improve an individual's access to a structured physical activity program, was recorded in the data collection as an 'assisted pathway'. Given that this information was not often available via the desktop review, the assisted pathway data collected are only representative of programs delivered by local councils, community health services and fitness/leisure centres (for which data were verified). These data show that 14.7 per cent of structured physical activity programs had some form of assisted or referral pathway in place (Chart 1). It is important to note, however, that responses to this question were received for only 38 per cent of the identified structured physical activity programs.

Chart 1: Provision of assisted pathways to structured physical activity programs



Assisted pathways were identified in 25 local government areas. The majority of these were in the form of referral pathways via general practitioners and physiotherapists to structured

physical activity programs. The highest number of structured physical activity programs with assisted pathways identified in a single local government area was nineteen.

Strength training programs were the structured physical activity for which assisted pathways were most commonly in place, with 26 per cent of programs for which data was available providing some form of assisted pathway. Assisted pathways were also in place for 17 per cent of hydrotherapy/water exercise programs and 13 per cent of group exercise (land). Yoga/Pilates was the structured physical activity for which the least number of assisted pathways was found to be in place (5%).

Assisted pathways were most frequently in place with structured physical activity programs conducted by community health services (Table 15). Twenty-five per cent of all programs involving assisted pathways were offered by community health services. The majority of these pathways were linked to strength training, gentle exercise (land) and hydrotherapy/water exercise activities.

Local councils had the second highest number of assisted pathways in place with nearly 19 per cent of structured physical activity programs having an associated assisted pathway. Local councils were the only provider to offer assisted pathways for each activity type with strength training and hydrotherapy/water exercise programs again being the main focus. Assisted pathways were also provided by some fitness/leisure centres, however, none were recorded for neighbourhood houses/community centres, U3As and other providers. This was possibly due to the data verification process not being undertaken with these providers.

Table 15: Provision of assisted pathways to structured physical activity programs by provider

Service Provider	Assisted Pathway	
	No N (%)	Yes N (%)
Local council	152 (81.3)	35 (18.7)
Community health service	284 (74.9)	95 (25.1)
Fitness/Leisure centre	390 (96.8)	13 (3.2)
Neighbourhood house/ Community centre	2 (100.0)	0
U3A	1 (100.0)	0
Other	2 (100.0)	0
Total	831 (85.3)	143 (14.7)

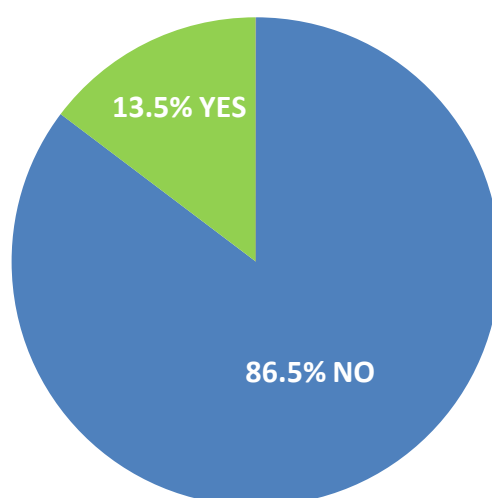
9.12 Provision of transport assistance

The availability of transport assistance for potential program participants was identified as a barrier to program participation by a number of local council and community health service staff contacted during the data verification process. This was particularly identified as an issue in regional and rural local government areas where some participants had to travel long distances to attend classes.

Data regarding transport were unavailable for 62 per cent of programs, however, of the structured physical activity programs for which this was obtained, 13.5 per cent were found to offer transport assistance (Chart 2). The most common form of transport provided was a community bus to transport participants to and from the program venue. The promotion of 'carpooling' among participants was also reported as a strategy to address transport issues.

Of the structured physical activity programs that provided transport assistance, the majority were provided by community health services (58%) with local councils being the second highest provider of transport assistance (33%).

Chart 2: Provision of transport assistance to improve access to structured physical activity programs

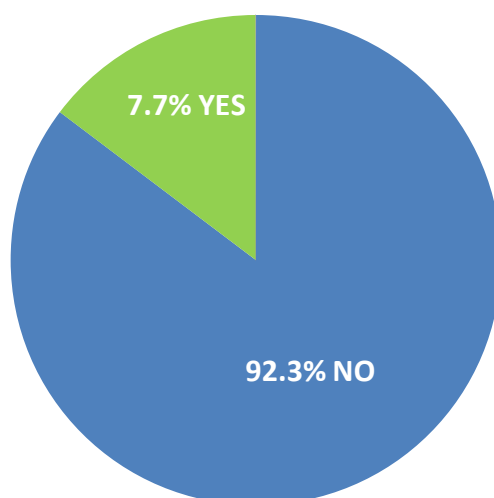


9.13 Language and cultural support in structured physical activity programs

Language and cultural support, in the form of interpreters or an activity having a specific cultural focus, was not identified as being common among the programs for which data were available. Responses to this question could only be obtained for 38 per cent of the identified structured physical activity programs. The data indicated that only 7.7 per cent of programs were found to provide language and cultural support (Chart 3). Where it existed, the most common form of language support offered was access to an interpreter, whilst cultural support was offered in the form of culturally specific programs such as a Samoan and Pacific Islander walking group, and a Timorese Living Longer Living Stronger (strength) program.

Several providers, with whom direct contact was made during data verification, stated that language support had not been required by participants and therefore was deemed unnecessary. It was also stated by providers that interpreters were available, if required. Again, where language and cultural support existed, it was mainly associated with structured physical activity programs provided by community health services.

Chart 3: Provision of language and cultural support to improve access to structured physical activity programs



9.14 Waitlists for structured physical activity programs

The existence of waitlists was reported as mainly due to either the increased popularity of classes, limited venue space and resources, and/or the requirement for physical assessment by health professionals prior to attendance. In the case of the latter, a waitlist existed for the physical assessment by a health professional, particularly if the assessment was conducted internally (ie by the organisation’s physiotherapist as opposed to gaining an approval from the person’s general practitioner).

Nearly 30 per cent of community health services’ structured physical activity programs (for which the data were available) were identified as having waitlists (Table 16). These waitlists were most often for strength training (39.7%) and hydrotherapy/water exercise (36%) programs. The result here for U3As was less robust due to the small amount of relevant data.

Table 16: Waitlists associated with structured physical activities by provider

Service Provider	Waitlist		Total N
	No N (%)	Yes N (%)	
Local council	179 (93.7)	12 (6.3)	191
Community health service	268 (70.5)	112 (29.5)	38
Fitness/Leisure centre	382 (94.8)	21 (5.2)	403
Neighbourhood house/ Community centre	9 (81.8)	2 (18.2)	11
U3A	3 (50.0)	3 (50.0)	6
Other	14 (87.5)	2 (12.5)	16
Total	855 (84.9)	152 (15.1)	1,007

Overall, group exercise (land) was the type of structured physical activity for which the highest of number of waitlists was associated, with waitlists for strength training and hydrotherapy/water exercise programs being the next most common. It is possible that these three types of structured physical activity may require participants to gain a medical clearance or undergo a physical assessment, thereby contributing to a waiting period.

9.15 Program leaders of structured physical activity programs

Program leader types were categorised as ‘professional’, ‘volunteer’ or a combination of both. While volunteer leaders may also be qualified instructors (or have been trained to lead a particular physical activity), the distinction between ‘professional’ and ‘volunteer’ was made on the basis of paid employment. As data were only verified with local councils, community health services and fitness/leisure centres, these data are indicative of activities offered by these providers. It is important to also note, however, that data regarding leader type were not collected for 57 per cent of structured physical activity programs (including some run by local councils, community health services and fitness/leisure centres if the data was unable to be collected or verified).

The use of professional leaders was high across all local government areas. Almost 93 per cent of programs, for which data were collected, were led by professionals with only six per cent of programs being led by volunteers (Table 17). It was noted that in the instance of a program having both a professional and volunteer leader, the volunteer leader was often in the role of assistant to the professional leader.

Table 17: Types of program leaders of structured physical activity programs

Leader Type	Number	Percentage
Professional	1023	92.5
Volunteer	67	6.1
Professional + volunteer	16	1.4
Total	1,106	100
Missing data	1,468	
Total	2,574	

Leadership by volunteers was most common for walking groups, and least common for yoga/Pilates. The data in relation to professional-led activities indicate that group exercise (land) activities were most frequently led by professionals, followed by strength training and hydrotherapy/water exercise. The data also indicate that volunteers, when utilised, were mainly involved in structured physical activity programs conducted by local councils and community health services (Table 18). The majority of structured physical activity programs, provided by fitness/leisure centres, were led by paid professional leaders.

Table 18: Types of program leaders by service provider

Provider	Leader Type			Total N
	Professional N (%)	Volunteer N (%)	Professional + Volunteer N (%)	
Local council	152 (84.4)	21 (11.7)	7 (3.9)	180
Community health service	344 (88.4)	37 (9.5)	8 (2.1)	389
Fitness/Leisure centre	450 (99.3)	2 (0.4)	1 (0.2)	453
Neighbourhood house/Community centre	46 (95.8)	2 (4.2)	0	48
U3A	10 (90.9)	1 (9.1)	0	11
Other	21 (84.0)	4 (16.0)	0	25
Total	1,023 (92.5)	67 (6.1)	16 (1.4)	1,106

10. Discussion

The audit data covered issues identified as being important considerations when determining the availability, variety and accessibility of physical activity opportunities for older Victorians. Analysis of the data provides a further opportunity to examine these aspects and identify possible gaps.

10.1 Availability and variety

Within the scope of the audit, the total number of physical activity opportunities (ie structured physical activity programs and leisure activities combined) identified in Victoria was 4,469. The highest number of structured physical activity programs in an LGA was 123, while no structured physical activity opportunities for older people were identified within one LGA.

In total, there were 12 LGAs where less than five of the types of structured physical activities within the scope of the audit were identified (i.e. yoga/Pilates, strength training, gentle exercise (land), hydrotherapy/water exercise, walking, tai chi/qi gong and 'other' activities), with the audit data from the service providers within ten of these LGAs being verified. These types of structured physical activity were chosen for the audit because they incorporate fitness, strength, balance and flexibility.

Apart from the available range of physical activity programs in these LGAs, the highest number of structured physical activity programs was fourteen. Of note is that almost two-thirds of these LGAs are in the top 50 per cent of the Index of Relative Socio-economic Disadvantage ¹⁰ (ie they have a higher level of socio-economic disadvantage).

In LGAs with a smaller range of physical activities available, follow-up action would be worthwhile. An initial local review should be undertaken to check whether these activities are available, but were not identified during the audit. If they don't exist, consideration might be given to increasing the opportunities for older people in these LGAs to engage in these types of physical activity, pending the availability of the necessary resources.

Determining the number of identified physical activity opportunities per LGA in relation to the population of persons aged 55+ years for each LGA, provided an indicator of variations in the availability of physical activity opportunities for older Victorians. Results showed that the most favourable ratio as 43 persons per identified physical activity opportunity with the least favourable being 930 persons per identified physical activity opportunity. The median in this calculation was 307 persons aged 55+ years per identified physical activity opportunity with the average being 335 persons aged 55+ years per identified physical activity opportunity.

The ten LGAs with the most favourable ratio of number of persons aged 55+ years per identified physical activity opportunity (range 43–99) were all small rural LGAs with populations less than 8,000 persons aged 55+ years. Nine of the ten LGAs with the least favourable ratio of number of persons aged 55+ years per identified physical activity opportunity (range 608–930) were either metropolitan LGAs or LGAs with regional centres and with populations of persons aged 55+ years ranging between 24,000 and 75,000. Six of these ten LGAs are ranked in the lower 50 per cent of the Index of Relative Socio-economic Disadvantage ¹⁰ (ie they have a lower level of socio-economic disadvantage).

While group exercise (land) is the most commonly available type of structured physical activity program within the scope of the audit, it is interesting to note that hydrotherapy/water exercise is the least available. This is possibly due to the availability and costs involved with hydrotherapy pools, however, the lack of such programs is significant for the older population where the prevalence of musculoskeletal conditions is high¹¹. Recent evidence has found that warm water exercise has beneficial short-term effects on pain, physical function and quality of life in adults with arthritis and musculoskeletal conditions. Outcomes for adults with musculoskeletal conditions following warm water exercise appear comparable to land-based exercise, suggesting that when people are unable to exercise on land, or find land-based exercise difficult, warm water exercise programs provide an effective alternative strategy¹².

10.2 Accessibility

Provision of, and access to, information

A key issue influencing accessibility is the availability of information about the physical activity opportunities that are on offer. The information available on the websites of some organisations was sufficiently comprehensive for potential participants (eg the type of structured physical activity available, the frequency at which it was offered, its location and the cost of attending), whereas other websites lacked such detailed information for potential participants and for the purposes of the current audit.

Of particular note was the variation in the information available on local council websites. Local councils that provided structured physical activity programs generally had information about their programs available online. Of the councils not involved in direct service delivery, some provided information about the physical activity opportunities available in their LGA (eg via a community directory) while others did not. On occasions during the course of the audit, it was also difficult to locate the most appropriate local council staff member from whom the data concerning structured physical activity programs could be obtained. Given a local council's role in often partially or fully funding the activities offered by community fitness/leisure centres (rather than private gyms) and neighbourhood houses/community centres and occasionally also U3As, it might be expected that a local council act as a central information resource regarding the physical activity opportunities available within their LGA.

The recent 'Ageing is Everyone's Business' report stated that some older people were positive about the information that is available from their local council, library or community organisations whereas others spoke about how difficult it was to access information about opportunities for participation in their local community or supports that are available⁸. Overall, the report found a significant disconnect between the levels of individual knowledge held by older people about services, support and opportunities for social participation, compared with the range of opportunities made available in many communities⁸.

It was also reported by staff from various organisations during the data verification phase that successfully informing older people about the availability of the physical activities on offer was one of their ongoing challenges. It is therefore apparent that information provision and access is an issue of concern to both service providers and older people.

This issue requires further investigation and work to devise strategies and approaches to improve knowledge about the availability of physical activity opportunities for older people. Establishing and maintaining databases and service directories can be a resource and time-consuming endeavour, but most likely valuable to the intended audiences (ie older people and service providers and health professionals wishing to refer patients/clients). Other communication channels such as local libraries, clubs and other modes such as community newspapers and letterbox drops are likely to be used in different settings. Sharing the learnings and approaches of organisations that have effective channels and modes of communication in place, or have worked to address the 'communication' issue previously, may be worthwhile for other service providers.

The development of partnerships and linkages between local service providers and community agencies is likely to enable improved communication and information sharing. Improved information sharing, provision and access is also likely to assist in reaching and meeting the needs of the 'harder to reach' groups in a community (eg lonely, isolated, older people).

Cost

The data analysis showed that the majority (41.5%) of structured physical activity programs identified through the audit and for which cost data was available, were priced between \$5–9 per session. This might be considered reasonable given the inevitable costs involved in conducting physical activity programs such as staffing, venue costs and insurance. This was followed by a total of 31.7 per cent of programs being either free of cost or costing no more than four dollars. The remainder of activities, nearly 27 per cent, were priced \$10 or more.

The cost of structured physical activity programs is dependent on the type of programs being offered and the provider, however, it is important that there is an even spread of price levels in any LGA to cater for people in varying financial circumstances. This may be an issue requiring consideration in the eight LGAs where the median cost for structured physical activity programs was \$10 or more.

Also, with neighbourhood houses/community centres being the largest provider of structured physical activity programs, it is interesting to note that 43 per cent of their activities for which cost data were available were in the \$10+ category. Even if this cost is associated with the offering of increasingly popular yoga/Pilates classes, this price category may be less accessible to many older people. A balanced offering of programs at the lower end of the price scale is important and might be a consideration by fitness/leisure centres, which have only seven per cent of structured physical activity programs in the 0–\$4 category. Offering activities for older people in off-peak periods at fitness/leisure centres may be a way of maximising the use of facilities and minimising costs for the participants.

Mechanisms to promote access

Despite transport assistance being identified as an enabler to older people engaging in physical activity programs, the availability of transport assistance was identified in only 13.5

per cent of the structured physical activity programs for which these data could be collected. During the data verification process, some providers also commented that transport was a key factor influencing accessibility for older people to their classes, particularly in regional areas.

Assisted or referral pathways were relatively uncommon (14.7%) for the structured physical activity programs for which the data were available. While the implementation of transport assistance may have financial implications and require an infrastructure commitment, the development of assisted pathways is comparatively an inexpensive but potentially effective strategy. These pathways can assist the transition of an older person from one point in the health sector to another. Such pathways may also assist in overcoming the previously mentioned 'information and communication gap', as service providers act as the information resource rather than older people having to find the information and physical activity options themselves.

The issue of transport may be overcome by altering the service provision model to incorporate an outreach approach where the class 'travels to the older people', rather than the older people travelling to the class. In another example cited in the data verification stage of the audit, attendance by an older person at a physical activity class was considered a 'medical appointment' and thereby qualified for transport assistance by the hospital's community bus.

Of the structured physical activity programs for which the relevant data were available, very few were identified as incorporating any form of language and cultural support (2.9%). Further work is required here to ascertain whether there may be more such programs not identified by the current audit. Several staff had stated during data verification that language support had not been required by participants. It was also stated that by providers that interpreters were available, if required. It would be interesting, however, to ascertain whether the cultural diversity profile of the structured physical activity program participants matched the cultural diversity of the LGA's population.

Other features

It is noted in the literature that the qualifications and/or experience of instructors influences an individual's engagement in physical activity programs⁵. This is likely to be a contributing factor to the use of paid professionals for the great majority of structured physical activities, although organisational risk management may also be a reason.

The increased use of volunteers in leadership roles in physical activity programs for older people, however, may require further consideration. The use of trained volunteer leaders has been employed successfully with structured physical activity programs for older people and is guided by 'the principles of supporting self-management, peer support, service efficiency and role modelling'¹³. Older people as volunteers can be 'an invaluable means of reaching certain isolated or vulnerable populations of older people and can further assist the cost-effectiveness of a program'¹⁴.

The existence of waitlists was reported as mainly due to either the increased popularity of classes, limited venue space and resources, and/or the requirement for physical assessment

by health professionals prior to attendance. The existence of a waitlist may not necessarily be a negative operational arrangement as older people may at least feel that they are 'in the system'. The waiting time should be minimised, however, and other interim, appropriate physical activity options potentially offered.

11. Recommendations

Based on the analysis of the data relating to the provision of physical activity opportunities for older Victorians, the following recommendations are made:

- 1) That the Victorian Government, via the VAAP:
 - ensure that the work of the VAAP link with other key Government work, such as that flowing out of the 'Ageing is Everyone's Business' report and the 'Victorian Public Health and Wellbeing Plan 2015–2019'
 - disseminate the LGA data from this initiative to local service providers to encourage its review at a local level
 - bring the findings of the current report to the attention of decision-makers at the state and local levels
 - explore various models of assisted/referral pathways for older people to engage in physical activity and disseminate the findings to relevant stakeholders
 - showcase practice examples involving organisations that have effective channels and modes of information provision and communication in place, or have worked to overcome the 'communication' barrier previously
 - disseminate guidelines and tools to facilitate best practice in the delivery of physical activity opportunities for older people.

- 2) That decision-makers and service providers at the local level:
 - come together to review and discuss the data relating to the local provision of physical activity opportunities for older people and the broader findings of the gap analysis to promote a more integrated and coordinated approach to service provision featuring:
 - a range of physical activity opportunities offered by various local service providers at a range of prices
 - the establishment of working partnerships between service providers to minimise duplication and to maximise the reach and availability of physical activity opportunities
 - assisted/referral pathways that are effective and within the current resource base
 - strategies to address transport issues such as the use of community buses, the engagement of volunteer drivers and/or an outreach model of conducting physical activity classes
 - more extensive utilisation of community channels to enhance information provision to older people and among service providers regarding locally available physical activity opportunities
 - review of the cultural diversity of the older people participating in physical activity opportunities to determine its correspondence with the cultural diversity of the local population and development of strategies to better engage CALD older people in physical activity
 - the possible use of older volunteers as peer leaders and mentors, taking into account appropriate training and skills
 - strategies to better engage socio-economically disadvantaged older people in physical activity

12. Conclusion

This data audit and gap analysis aimed to gain information in relation to the availability, variety and accessibility of physical activity opportunities for older Victorians and to identify potential gaps in current delivery.

This report provides a valuable overview of the current situation governing physical activity opportunities for older people in Victoria in early 2016. It will act as a valuable resource in guiding some of the future work of the VAAP and it is hoped that it will provide local service providers with an up-to-date snapshot of the physical activity opportunities for older people in their local government area and some evidence to enhance service delivery and collaboration at a local level.

13. References

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Appendix One: Types of structured physical activity opportunities offered within each Victorian local government area

Local Government Area	Activity Type							Total
	Walking	Strength Training	Tai Chi/Qi Gong	Group Exercise (land)	Hydro/Water Exercise	Yoga/Pilates	Other	
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N
Alpine Shire	3 (13.0)	1 (4.3)	2 (8.7)	7 (30.4)	3 (13.0)	2 (8.7)	5 (21.7)	23
Ararat Rural City	2 (10.5)	3 (15.8)	3 (15.8)	6 (31.6)	2 (10.5)	1 (5.3)	2 (10.5)	19
Ballarat City	7 (12.5)	4 (7.1)	8 (14.3)	9 (16.1)	6 (10.7)	8 (14.3)	14 (25.0)	56
Banyule City	2 (4.9)	4 (9.8)	7 (17.1)	8 (19.5)	4 (9.8)	13 (31.7)	3 (7.3)	41
Bass Coast Shire	4 (17.4)	4 (17.4)	4 (17.4)	4 (17.4)	1 (4.3)	3 (13.0)	3 (13.0)	23
Baw Baw Shire	4 (20.0)	3 (15.0)	2 (10.0)	4 (20.0)	1 (5.0)	1 (5.0)	5 (25.0)	20
Bayside City	11 (20.0)	5 (9.1)	8 (14.5)	10 (18.2)	2 (3.6)	9 (16.4)	10 (18.2)	55
Benalla Rural City	3 (13.0)	3 (13.0)	3 (13.0)	5 (21.7)	5 (21.7)	1 (4.3)	3 (13.0)	23
Boroondara City	11 (11.8)	7 (7.5)	10 (10.8)	18 (19.4)	7 (7.5)	22 (23.7)	18 (19.4)	93
Borough of Queenscliffe	0 (0.0)	0 (0.0)	0 (0.0)	3 (5.0)	1 (16.7)	2 (33.3)	0 (0.0)	6
Brimbank City	19 (35.8)	0 (0.0)	4 (7.5)	13 (24.5)	4 (7.5)	7 (13.2)	6 (11.3)	53
Buloke Shire	0 (0.0)	0 (0.0)	1 (16.7)	4 (66.7)	1 (16.7)	0 (0.0)	0 (0.0)	6
Campaspe Shire	2 (7.7)	8 (30.8)	6 (23.1)	5 (19.2)	1 (3.8)	2 (7.7)	2 (7.7)	26
Cardinia Shire	6 (14.0)	5 (11.6)	4 (9.3)	8 (18.6)	4 (9.3)	11 (25.6)	5 (11.6)	43
Casey City	8 (18.2)	1 (2.3)	8 (18.2)	12 (27.3)	4 (9.1)	7 (15.9)	4 (9.1)	44
Central Goldfields Shire	1 (6.2)	4 (25.0)	4 (25.0)	4 (25.0)	2 (12.5)	0 (0.0)	1 (6.2)	16
Colac Otway Shire	4 (18.2)	1 (4.5)	3 (13.6)	7 (31.8)	3 (13.6)	3 (13.6)	1 (4.5)	22
Corangamite Shire	5 (18.5)	7 (25.9)	2 (7.4)	5 (18.5)	1 (3.7)	5 (18.5)	2 (7.4)	27
Darebin City	9 (12.5)	3 (4.2)	8 (11.1)	22 (30.6)	9 (12.5)	17 (23.6)	4 (5.6)	72
East Gippsland Shire	5 (14.7)	4 (11.8)	3 (8.8)	6 (17.6)	7 (20.6)	5 (14.7)	4 (11.8)	34
Frankston City	8 (7.9)	4 (4.0)	10 (9.9)	29 (28.7)	9 (8.9)	20 (19.8)	21 (20.8)	101

Local Government Area	Activity Type							Total
	Walking	Strength Training	Tai Chi/Qi Gong	Group Exercise (land)	Hydro/Water Exercise	Yoga/Pilates	Other	
Gannawarra Shire	1 (16.7)	1 (16.7)	2 (33.3)	1 (16.7)	1 (16.7)	0 (0.0)	0 (0.0)	6
Glen Eira City	6 (12.0)	4 (8.0)	6 (12.0)	11 (22.0)	4 (8.0)	7 (14.0)	12 (24.0)	50
Glenelg Shire	0 (0.0)	3 (37.5)	1 (12.5)	3 (37.5)	0 (0.0)	0 (0.0)	1 (12.5)	8
Golden Plains Shire	11 (44.0)	0 (0.0)	6 (24.0)	7 (28.0)	0 (0.0)	1 (4.0)	0 (0.0)	25
Greater Bendigo City	6 (25.0)	3 (12.5)	4 (16.7)	4 (16.7)	3 (12.5)	3 (12.5)	1 (4.2)	24
Greater Dandenong City	8 (23.5)	1 (2.9)	2 (5.9)	9 (26.5)	3 (8.8)	6 (17.6)	5 (14.7)	34
Geelong City	9 (13.2)	5 (7.4)	11 (16.2)	19 (27.9)	7 (10.3)	13 (19.1)	4 (5.9)	68
Greater Shepparton City	10 (20.4)	5 (10.2)	5(10.2)	18 (36.7)	3 (6.1)	4 (8.2)	4 (8.2)	49
Hepburn Shire	3 (12.5)	0 (0.0)	1 (4.2)	4 (16.7)	0 (0.0)	9 (37.5)	7 (29.2)	24
Hindmarsh Shire	0 (0.0)	0 (0.0)	1 (7.7)	11 (84.6)	0 (0.0)	0 (0.0)	1 (7.7)	13
Hobsons Bay City	2 (9.5)	5 (23.8)	1 (4.8)	6 (28.6)	1 (4.8)	3 (14.3)	3 (14.3)	21
Horsham Rural City	0 (0.0)	0 (0.0)	0 (0.0)	5 (62.5)	2 (25.0)	1 (12.5)	0 (0.0)	8
Hume City	11 (16.7)	4 (6.1)	6 (9.1)	18 (27.3)	13 (19.7)	8 (12.1)	6 (9.1)	66
Indigo Shire	2 (10.5)	5 (26.3)	2 (10.5)	5 (26.3)	3 (15.8)	0 (0.0)	2 (10.5)	19
Kingston City	4 (7.1)	6 (10.7)	5 (8.9)	19 (33.9)	3 (5.40)	8 (14.3)	11 (19.6)	56
Knox City	13 (19.1)	4 (5.9)	12 (17.6)	19 (27.9)	5 (7.4)	9 (13.2)	6 (8.8)	68
Latrobe City	11 (37.9)	3 (10.3)	2 (6.9)	5 (17.2)	3 (10.3)	3 (10.3)	2 (6.9)	29
Loddon Shire	1 (5.6)	7 (38.9)	1 (5.6)	7 (38.9)	0 (0.0)	1 (5.6)	1 (5.6)	18
Macedon Ranges Shire	12 (22.6)	4 (7.5)	4 (7.5)	11 (20.8)	4 (7.5)	10 (18.9)	8 (15.1)	53
Manningham City	10 (11.9)	14 (16.7)	8 (9.5)	19 (22.6)	2 (2.4)	16 (19.0)	15 (17.9)	84
Mansfield Shire	3 (21.4)	0 (0.0)	0 (0.0)	4 (28.6)	1 (7.1)	3 (21.4)	3 (21.4)	14
Maribyrnong City	2 (7.4)	3 (11.1)	4 (14.8)	4 (14.8)	2 (7.4)	10 (37.0)	2 (7.4)	27
Maroondah City	6 (7.1)	11 (13.1)	13 (15.5)	12 (14.3)	4 (4.8)	23 (27.4)	15 (17.9)	84

Local Government Area	Activity Type							Total
	Walking	Strength Training	Tai Chi/Qi Gong	Group Exercise (land)	Hydro/Water Exercise	Yoga/Pilates	Other	
Melbourne City	2 (3.4)	2 (3.4)	8 (13.6)	14 (23.7)	5 (8.5)	18 (30.5)	10 (16.9)	59
Melton Shire	8 (27.6)	2 (6.9)	2 (6.9)	7 (24.1)	0 (0.0)	9 (31.0)	1 (3.4)	29
Mildura Rural City	3 (20.0)	2 (13.3)	1 (6.7)	5 (33.3)	3 (20.0)	1 (6.7)	0 (0.0)	15
Mitchell Shire	4 (20.0)	3 (15.0)	1 (5.0)	4 (20.0)	3 (15.0)	2 (10.0)	3 (15.0)	20
Moira Shire	2 (15.4)	2 (15.4)	2 (15.4)	1 (7.7)	5 (38.5)	1 (7.7)	0 (0.0)	13
Monash City	9 (10.8)	14 (16.9)	11 (13.3)	11 (13.3)	6 (7.2)	16 (19.3)	16 (19.3)	83
Moonee Valley City	6 (12.5)	11 (22.9)	4 (8.3)	9 (18.8)	4 (8.3)	4 (8.3)	10 (20.8)	48
Moorabool Shire	2 (28.6)	0 (0.0)	2 (28.6)	2 (28.6)	0 (0.0)	1 (14.3)	0 (0.0)	7
Moreland City	4 (9.5)	1 (2.4)	9 (21.4)	12 (28.6)	7 (16.7)	5 (11.9)	4 (9.5)	42
Mornington Peninsula Shire	11 (15.7)	12 (17.1)	10 (14.3)	7 (10.0)	6 (8.6)	8 (11.4)	16 (22.9)	70
Mount Alexander Shire	9 (20.9)	4 (9.3)	13 (30.2)	4 (9.3)	2 (4.7)	5 (11.6)	6 (14.0)	43
Moynes Shire	1 (33.3)	1 (33.3)	0 (0.0)	1 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	3
Murrumbidgee Shire	2 (14.3)	1 (7.1)	1 (7.1)	4 (28.6)	0 (0.0)	3 (21.4)	3 (21.4)	14
Nillumbik Shire	4 (11.8)	3 (8.8)	7 (20.6)	10 (29.4)	2 (5.9)	3 (8.8)	5 (14.7)	34
Northern Grampians Shire	2 (20.0)	0 (0.0)	1 (10.0)	4 (40.0)	3 (30.0)	0 (0.0)	0 (0.0)	10
Port Phillip City	11 (19.3)	11 (19.3)	3 (5.3)	16 (28.1)	6 (10.5)	5 (8.8)	5 (8.8)	57
Pyrenees Shire	0 (0.0)	2 (33.3)	1 (16.7)	2 (33.3)	1 (16.7)	0 (0.0)	0 (0.0)	6
South Gippsland Shire	0 (0.0)	1 (12.5)	1 (12.5)	2 (25.0)	1 (12.5)	0 (0.0)	3 (37.5)	8
Southern Grampians Shire	1 (20.0)	0 (0.0)	0 (0.0)	2 (40.0)	1 (20.0)	0 (0.0)	1 (20.0)	5
Stonnington City	5 (16.1)	3 (9.7)	4 (12.9)	7 (22.6)	4 (12.9)	7 (22.6)	1 (3.2)	31
Surf Coast Shire	2 (16.7)	0 (0.0)	2 (16.7)	4 (33.3)	0 (0.0)	3 (25.0)	1 (8.3)	12
Swan Hill Rural City	4 (25.0)	1 (6.2)	2 (12.5)	3 (18.8)	4 (25.0)	1 (6.2)	1 (6.2)	16
Towong Shire	0 (0.0)	3 (37.5)	2 (25.0)	1 (12.5)	0 (0.0)	1 (12.5)	1 (12.5)	8

Local Government Area	Activity Type							Total
	Walking	Strength Training	Tai Chi/Qi Gong	Group Exercise (land)	Hydro/Water Exercise	Yoga/Pilates	Other	
Wangaratta Rural City	1 (4.5)	4 (18.2)	3 (13.6)	8 (36.4)	3 (13.6)	2 (9.1)	1 (4.5)	22
Warrnambool City	4 (28.6)	1 (7.1)	0 (0.0)	7 (50.0)	2 (14.3)	0 (0.0)	0 (0.0)	14
Wellington Shire	4 (14.3)	3 (10.7)	7 (25.0)	5 (17.9)	3 (10.7)	4 (14.3)	2 (7.1)	28
West Wimmera Shire	1 (7.1)	0 (0.0)	1 (7.1)	7 (50.0)	1 (7.1)	2 (14.3)	2 (14.3)	14
Whitehorse City	14 (11.4)	10 (8.1)	23 (18.7)	21 (17.1)	8 (6.5)	24 (19.5)	23 (18.7)	123
Whittlesea City	11 (19.3)	5 (8.8)	3 (5.3)	10 (17.5)	5 (8.8)	8 (14.0)	15 (26.3)	57
Wodonga City	2 (9.5)	2 (9.5)	1 (4.8)	6 (28.6)	3 (14.3)	3 (14.3)	4 (19.0)	21
Wyndham City	15 (41.7)	0 (0.0)	6 (16.7)	7 (19.4)	1 (2.8)	6 (16.7)	1 (2.8)	36
Yarra City	5 (10.4)	5 (10.4)	4 (8.3)	16 (33.3)	3 (6.2)	11 (22.9)	4 (8.3)	48
Yarra Ranges Shire	14 (22.2)	3 (4.8)	7 (11.1)	12 (19.0)	3 (4.8)	18 (28.6)	6 (9.5)	63
Yarriambiak Shire	2 (6.5)	5 (16.1)	9 (29.0)	5 (16.1)	6 (19.4)	1 (3.2)	3 (9.7)	31
Total	410 (15.0)	276 (10.1)	348 (12.7)	646 (23.6)	242 (8.8)	449 (16.4)	370 (13.5)	2741