

GALM wins European Health Promotion Award 2000

The GALM project is a movement-stimulating project for sedentary (i.e. inactive/insufficiently active) senior citizens (age 55-65). The objectives of the project are to make and keep the target group active via some form of sport and promote the physical fitness of the GALM participants. The project has been on offer nationally to municipalities since 1997 and a local project runs for 18 months. The GALM method is based on a number of theoretical assumptions and consists of three activities:

- a house-to-house approach whereby 800-1000 senior citizens (or a multiple of this) are approached in person according to a set protocol;
- an exercise programme that consists of an introductory programme lasting 12 weeks and a 30-week follow-up programme. The programme is preceded by and concluded with a fitness test;
- continuation of GALM groups. These GALM groups are supervised by sports clubs. Repetition of the GALM campaign for new groups of over 55s is carried out by municipal authorities.

The GALM method was pre-tested in a pilot project (1995-1996). In 1997, a start was made on national implementation. In mid-October 1999, 290 local GALM projects were launched in over 70 municipalities distributed over every province of the Netherlands. The GALM project forms part of the national campaign 'The Netherlands in Action!'

Available time, budget and manpower

The national implementation of the GALM project is being carried out in the period 1997-2002. The method was pre-tested in advance (1995-1996).

In the pre-test phase, the GALM project had a budget of NLG 475,000 (excluding the contribution from participants). In the national implementation phase (1997-2001) an average NLG 400,000 per annum is available for co-ordination and support purposes. The implementation costs for the GALM project amount to an average NLG 2,700,000 per annum. Two thirds of the costs are funded from participants' contributions (NLG 5 per lesson) and one third is covered by contributions from those municipalities and provinces taking part, and the part-time effort put in by provincial sports councils and MBVO (More Movement for the Elderly) consultants.

Analysis of the problem

An estimated 55% of senior citizens (over 55s) are not/ insufficiently physically active while physical inactivity increases with age. There is no effective strategy for changing behaviour to encourage sedentary senior citizens to become and remain more active. Existing health education methods fail to reach/do not have enough impact on the target group. Physical inactivity is viewed as an independent risk factor for physical ailments such as cardiovascular diseases, colon and breast cancer, diabetes, osteoporosis, osteoarthritis and depression. It is also clear that physical activity promotes fitness and self reliance (ADL) with increasing age. The GALM project meets the needs of the various actors in the field of health and movement. From the health care (policy) perspective (government), the GALM project satisfies the need for an effective movement-stimulating approach which makes large numbers of sedentary senior citizens take up some form of sport. From the scientific perspective, the GALM project contributes towards the development of evidence-based strategies of behavioural change. As far as the sports world is concerned, the GALM project is in line with the policy of sports clubs to offer

recreational sporting activities for senior citizens.

Principles of behavioural change

After studying the literature, it became clear that physical inactivity among senior citizens was determined by:

- factors of poor availability such as the lack of a suitable, low-threshold range of sports for diverse target groups of senior citizens;
- personal characteristics and features, such as a low socio-economic status, limited self efficacy;
- mechanisms which encourage people to drop out, such as the lack of social support.

On the grounds of these insights, a conceptual behavioural change model was developed, on which the GALM method is based. At the core is the idea that behavioural change is a process in which the determinants to become and remain active, such as a direct approach, enough self efficacy, social support and pleasure in movement vary in meaning in the course of the process of behavioural change.

Approach

In order to be able to select the GALM target group, a specific questionnaire was developed and tested in terms of its validity and reliability. Specific features of the GALM participants are:

- a high prevalence of chronic illnesses. 30% have one or more chronic illnesses;
- the social position of the target group. Over 70% of the target group is no longer in active employment.

As fitness test, the Groningen Fitness Test for the Elderly (GFO) is used, as developed by Human Movement Sciences at the University of Groningen. On the grounds of the GFO results, participants are given advice on sports and exercise.

In the pre-test phase, a secondary analysis was carried out into the need for a range of movement activities for senior citizens (Arend & Berghauser Pont, 1995). On the basis of this information, a flexible and versatile exercise programme was developed for sedentary senior citizens. Senior citizens are introduced to a variety of sports and can draw up their own programme, with the help of the supervisor. The intensity of the programme can be varied.

Objectives of the GALM project are:

- to make and keep sedentary senior citizens (age 55-65) active via some form of sport. Per 1000 senior citizens approached, the aim is to include 100 in the GALM project.
- to promote the physical fitness of senior citizens. This involves improving fitness factors such as stamina, strength, agility (hips and shoulders), response speeds and dexterity.

18% of the senior citizens who are approached house-to-house and form part of the target group will take part in a GALM project. 70% of them will remain active after the project has finished (18 months). If 20% of sedentary senior citizens are reached, this means that 80% are not. Three reasons for the failure to reach 80% have already become clear:

- Some of the sedentary senior citizens are unable to take part, due to sickness or chronic ailments. For them, the movement-stimulating programme SCALA has been developed.

- Some of the sedentary senior citizens do not like a structured approach and prefer to take part in sports on an individual basis. For them, the PEP (Personal Exercise Plan) has been developed.
- For senior citizens from ethnic minorities, a special GALM approach is being developed together with the major cities.
- The remaining sedentary senior citizens are either not prepared or unable to take up some kind of sport for a variety of reasons.

National organisation

For the national implementation of GALM, there is co-operation with provincial sports councils and MBVO consultants. For the implementation of local projects, local project groups are set up, in which the municipality, the Welfare and the Elderly Foundation, sports clubs and the GGD (Area Health Authority) are all represented. To back up the GALM projects, a GALM course has been devised for supervisors of GALM groups and its execution is concentrated in four regions of the Netherlands. There is very close collaboration with the KNGU regarding the supervision of GALM groups by gym clubs, the recruitment and instruction of staff and the appointment of GALM staff.

For the national co-ordination, a GALM team (4 ftes) has been created. It supports the local GALM project groups in implementation by: making a GALM manual and a standard material file (including all letters and protocols) available, organising 'come-back days' (2 x a year), publishing articles in specialised magazines, holding presentations on study and information days, offering training for house-to-house visitors and fitness test leaders (training video), distributing informative material such as folders, the GALM video, press releases, etc. among local authorities and participants.

Continuity

The GALM project is anchored structurally in local policy and in the Dutch sports infrastructure (KNGU and gym clubs) during the national implementation. The provincial sports councils/MBVO consultants and the NISB (Netherlands Institute for Sport and Movement) are responsible for more long term national support. The GALM method has been developed in such a way that, once the target group has been approached, local authorities regularly (once a year) organise a GALM recruitment campaign for residents who have reached the age of 55.

Evaluation

The national implementation is supported by process and product evaluation conducted primarily by Human Movement Sciences. Up to now, various sub-studies have been carried out. Research has been conducted into, for example, the door-to-door selection method for sedentary senior citizens, the intervention model has been tested, an inventory has been made of the effects of participation in a GALM group in terms of increasing fitness, a study has been made into why people drop out during the GALM project, a quality evaluation of local projects has been carried out and the impact of participation in the GALM programme on pleasure in movement has been analysed. Together with sports councils, research has been conducted into how participants evaluate the GALM programme, in a number of projects. Generally speaking, this is good (average 8). In 2000, a start will be made on a large scale effect evaluation of the GALM project by Human Movement Sciences.

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Second European Health Promotion Award

Registration form

Part I: Information on the candidate

- title of the project: **Groningen Active Living Model (GALM)**
- name of the project manager: Dr. M. de Greef (1), G.H. Kroes (2)
- profession: assistant professor, communications manager
- organisation (1): IBW (Institute of Human Movement Sciences), University of Groningen
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- e-mail/web site: <http://www.pssw.rug.nl/galm>
- what is the structure of your organisation (club, school, institute) and would you provide some information on the team involved in the project (various professional groups and skills).

The IBW is a department within the University of Groningen and the NISB aims at promoting recreational sport in the Netherlands. The GALM project is a joint venture which was developed and is being implemented by the two organisations. Furthermore, there is close co-operation with the national campaign to stimulate sports in the Netherlands, 'The Netherlands in Action' (NIB), and the Royal Dutch Gymnastics Union (KNGU).

The team consists of Martin Stevens MSc (movement scientist), Yldau Dijkstra MSc (physiotherapist and movement scientist), Feyuna Jansma MSc (physiotherapist and movement scientist), Oscar Dorrestijn MSc (movement scientist and trainee sports doctor), Johan de Jong MSc (lecturer in physical education and movement scientist) and Fred Klootwijk MSc (lecturer in physical education and educationalist).

Part II: Description of the project

A. Analysis

i) Analysis of the target group

What is the target group?

Sedentary (i.e. inactive/insufficiently active) senior citizens aged 55-65 who are sufficiently motivated to become actively involved in sport.

Did you study the characteristics of the target group (psycho-social, economic, biological...)? How did you find this information, what sources did you consult?

Study of available literature, secondary analysis by IBW of five local inventories of the sports behaviour of senior citizens and a comprehensive survey by the GALM team into the pattern of physical activity among the over 55s in the northern Netherlands. In addition, a questionnaire was developed for selecting the target group and a fitness test devised (the Groningen Fitness Test for the Elderly) in order to be able to assess the motor fitness of senior citizens. Special features of GALM participants are that they are less fit than their peers who are sufficiently active, that 30% suffer from one or more chronic ailment(s) and that over 70% of the target group is no longer in active employment.

Are the members of the target group involved in the problem analysis? If so, how?

In-depth interviews were held with sedentary senior citizens about obstacles preventing them from taking part in sports and about the conditions for becoming actively involved in sports. The local network for the elderly and senior citizen associations are involved in the implementation of the local GALM projects. Senior citizens themselves have an influence on the design and implementation of the GALM programme.

What are the needs, wishes and possibilities of the target group?

The GALM project offers senior citizens who would like to take part in sports the opportunity to do so close to home and with people of their own age. In doing so, they are introduced to a wide range of sports, get feedback on the effects of movement on motor fitness via fitness test results, and are supported in developing an active lifestyle involving sports.

ii) Analysis of the problem

Indicate the problem involved

An estimated 55% of senior citizens (over 55s) are not/ insufficiently physically active while physical inactivity increases with age.

What are the main determinants of the problem referred to?

Physical inactivity among senior citizens is determined by:

- the lack of a suitable, low-threshold range of sports;
- personal characteristics and features, such as a low socio-economic status;
- mechanisms which encourage people to drop out, such as the lack of social support.

The GALM method is therefore based on: a direct approach, enough self efficacy, social support and pleasure in movement.

How was the problem as such recognised (observations in the field, research, literature studies ...)?

From literature studies and scientific research conducted such as a survey of physical activity among senior citizens, a secondary analysis of research into how senior citizens spend their leisure time and in-depth interviews regarding obstacles to being active in some form of sport.

To what extent is the problem significant: how serious is the problem and how widespread, what tangible and intangible consequences does the problem have in terms of health?

Physical inactivity is viewed as an independent risk factor for physical ailments such as cardiovascular diseases, colon and breast cancer, diabetes, osteoporosis, osteoarthritis and depression. It is also clear that physical activity promotes fitness and self reliance in daily life with increasing age.

B. Strategy of the activity

i) The objectives

What are the objectives of the project?

- to make and keep sedentary senior citizens (age 55-65) active via some form of sport in their neighbourhood.
- to promote the physical fitness of the GALM participants (improving their stamina, strength, agility, response speeds and dexterity).

Indicate the expected results - are they expressed in terms of quantity? Or quality?

Per 1000 senior citizens approached, an average 100 sedentary senior citizens will take part in the GALM project. On average, 70 of them will remain active in sports after the project has finished (18 months later). The motor fitness of the participants (stamina, response speeds, agility, strength), expressed in individual effect sizes, will be substantially improved after completion of the project.

Are the members of the target group involved in establishing the objectives and intervention choices?

The need for a range of available movement activities among senior citizens was analysed. On this basis, a flexible and versatile movement programme was developed. Furthermore, those senior citizens taking part are involved in drawing up their own programme.

ii) Choice of resources

Who are the partners in the project and on what grounds were they chosen (professionals as well as laymen)?

National partners are the Provincial Sports Councils, More Movement for the Elderly (MBVO), NOC*NSF (Netherlands Olympic Committee/Netherlands Sports Federation) and the Royal Dutch Gymnastics Union (KNGU). Local partners are the municipal authorities, the Welfare and the Elderly Foundation, sports and gym clubs and the Area

Health Authority. All partners contribute towards the implementation of the GALM campaign.

How do the various partners work together?

There is a national steering committee which guides the national project and at the regional and local level GALM project groups have been set up to take care of the implementation.

Were the costs of the project fixed?

During the national implementation phase, an average NLG 400,000 per annum was made available for co-ordination and support, via funds. The implementation costs of the GALM project are an average NLG 2,700,000 per annum. Two thirds is covered by contributions from participants (NLG 5 per lesson) and one third by contributions from participating municipalities, provinces and provincial sports councils.

Did you use existing material or develop your own?

We designed most of the material ourselves - the GALM Handbook (in which all letters and protocols are included), folders, the GALM video and the Groningen Fitness Test for the Elderly (GFO) and the education and training programmes for teachers, those approaching prospective participants and fitness test leaders.

In what sense is the material relevant to the problem and the chosen target group(s)?

The various materials are used to support the local project groups. In addition to the handbook and the informative material, support is also offered via the organisation of 'come-back days, dispatching press releases, publishing articles in specialised magazines, holding presentations on study days, distributing a news fax and information via the web site.

iii) Choice of intervention

To what extent do the chosen interventions match the chosen targets and target group(s)?

As the movement programme is so varied, the elderly can choose activities which they like. By experiencing how it feels to move, senior citizens can perhaps discover that they are actually capable of participating in sports and their self efficacy increases. In addition, pleasure in sports can grow. Taking part in sports and physical activities increases social support, because it can result in pleasant social contacts in the direct neighbourhood.

To what extent were cultural aspects (language, religion, convictions, vision of the world etc.) taken into account?

The GALM project has developed a special sports stimulation programme for ethnic minorities in the major cities, which takes account of the language and culture of these groups of senior citizens.

iv) The implementation

Give a short description of the implementation of the project

Via a door-to-door approach, the elderly are asked personally to take part. The movement programme then consists of an introductory programme lasting 12 weeks and a 30-week follow-up programme. Senior citizens can become acquainted with a wide variety of sports

and can decide on the content of their own programme, with the help of the supervisor. The programme is accompanied by fitness tests. On the basis of these results, the senior citizens are given personal advice on sport and movement.

Did the implementation take place within the time schedule set in advance?

The GALM method was pre-tested in a pilot project (1995-1996). The national implementation runs from 1997 to 2002. In mid-1999, 290 local GALM projects were launched in over 70 municipalities distributed over every province of the Netherlands. A local project runs for 18 months.

C. Evaluation

Describe briefly the evaluation process: how and when was an evaluation plan developed and who performed the evaluation?

The process and product evaluation are carried out by the Faculty of Human Movement Sciences. Various sub-studies have been conducted, for example into the door-to-door selection method for sedentary senior citizens, the intervention model has been tested, a study has been made into why people drop out during the GALM project. An inventory has been made of the effects of participation in a GALM movement group in terms of increasing fitness, and the impact of participation in the GALM programme on pleasure in movement has been analysed.

Were the limitations and obstacles during the implementation identified, named and analysed?

From the evaluation it is apparent that some of the sedentary senior citizens are unable to take part due to sickness or chronic ailments. Some of the sedentary senior citizens do not like a structured approach and prefer to take part in sports on an individual basis. The remaining sedentary senior citizens are either not prepared or unable to take up some kind of sport for a variety of reasons.

What were the results / outcome of the evaluation?

Of the total 150,000 senior citizens approached house-to-house, half apparently did not take part in sports. 18% of these inactive senior citizens took part in a GALM project. 70% of them remained active after completion of the project (18 months). The motor fitness was clearly improved and the movement groups were assessed positively. The participants awarded an 8.2.

Is a sequel to the project planned?

Municipalities are implementing repetitions of the GALM campaign for new groups of over 55s.

Explanatory notes to the material

For implementation of the GALM project the following material was developed:

- a. a GALM handbook
The GALM handbook (De Greef et al 1997) consists of two parts. In the first part, a systematic and detailed phased plan for the implementation of a GALM project is described. Four stages are differentiated: approaching, testing, implementing the movement programme and continuing the project. In part two, the scientific foundation of the stages is described.
The house-to-house approach strategy, the fitness tests and the movement programme were specially developed for the GALM project.
- b. a GALM manual
In the GALM manual, all specific forms such as letters to municipal authorities and participants, questionnaires and score forms for participants, contracts, subsidy applications, time schedules and the like are included. In addition to a hard copy, the information is also available on floppy disk and CD-ROM. From 2000 onwards, the information will be on the GALM web site.
- c. a fitness test for the elderly
The Groningen Fitness Test for the Elderly (GFO) (Lemmink 1996) was developed for the GALM programme. This performance-based test consists of 7 test components: dexterity, response speed, agility of the shoulders, agility of the pelvis, walking speed, gripping power and balance.
The GFO is a validated and standardised test for people aged 55 and over.
- d. GALM informative material
This consists of a folder for participants, an information brochure for municipalities, a video (15 minutes) in which an impression of the programme is given and a GALM newsletter containing reports on the progress of the project.
- e. GALM training programme
Three training programmes have been developed for the benefit of implementing the GALM project: a training programme for those making door-to-door visits, a training programme for fitness test leaders (use is made here of a training video made specially) and a training programme for GALM teachers. The programme for teachers was developed in co-operation with the national MBVO foundation and is offered in collaboration with the NIBS and KNGU. 200 teachers have already been trained.
- f. evaluation study and instruments
Every six months a half-yearly report on the project's progress is published. In addition, an evaluation instrument has been devised for municipalities, by means of which the quality of the local GALM projects can be evaluated. Scientific research is also carried out for the benefit of the development, support for the implementation and establishing the effects of the GALM project. The research can be divided into four groups: survey research into the physical activity pattern of senior citizens, process evaluation of the local GALM projects (including drop-out study), cohort study into determinants of behavioural change (leading to promotion in 2000) and experimental research into the effects of participation in GALM project on physical activities, fitness and quality of life.

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