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Strategies for Seniors and Sports

Conference Report

2004

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Sport Academy of the Landessportbund Berlin

27 and 28 May 2004



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July 2004

**Anglo-German Foundation
for the Study of Industrial Society**

STRATEGIES FOR SENIORS AND SPORT

Through its work in Germany and in the United Kingdom, the Anglo-German Foundation (*Deutsch-Britische Stiftung*) seeks to foster dialogue and co-operation between the two countries. It supports research projects, seminars and conferences promoting the exchange of experience and ideas in the social, political and economic areas.

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Compiled by Heather Cameron

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Deutsche Zusammenfassung

Übersetzt von Anne Enderwitz

Physische Aktivität wird erst seit kurzem als eine sozialpolitische Priorität angesehen. Der Grund für die erhöhte Aufmerksamkeit ist klar: Gestiegene Gesundheits- und andere Kosten, die sich auf einen inaktiven Lebensstil zurückführen lassen, und ein demographischer Wandel, der ein Umdenken in vielen Bereichen erfordert, insbesondere in der Frage, wie Aktivität und Unabhängigkeit im Alter gefördert werden können. Die Frage, wie physische Aktivitätsprogramme zu der Lebensqualität älterer Menschen und ihrer Teilhabe am politischen und sozialen Geschehen in der Gemeinschaft beitragen können, befindet sich im Schnittbereich dreier Kernthemen der British-Deutschen Stiftung: ‚Arbeit und Leben im Gleichgewicht‘, ‚arbeits- und sozialpolitische Maßnahmen für die alternde Gesellschaft‘, und ‚Gesundheitssysteme‘.

An der Konferenz vom 27. und 28. Mai 2004 in der Sportakademie des *Landessportbundes Berlin* nahmen 25 Experten für physische Aktivität und Gesundheit aus Deutschland, Großbritannien und Kanada teil. Die Gelegenheit zur Diskussion von Fragen rund um das Thema Senioren und Sport war günstig, da zu Beginn des Jahres mehrere Pilotprojekte in diesem Bereich begonnen wurden. Die Expertenkonferenz erlaubte so den Austausch von Informationen über modernste Programme zu einer Zeit, in der neue Erkenntnisse gleich wieder in diese Programme eingebracht werden können. Gleichzeitig wird *Game Plan*, das Strategiepapier der britischen Regierung, Wirklichkeit. So konnten Experten aus Großbritannien darüber berichten, wie die Kooperation zwischen den verschiedenen Ministerien voranschreitet und was andere Länder von einer groß angelegten Koordinationsbemühung lernen könnten, wie das *Activity Coordination Team* (ACT) sie darstellt, das die verschiedenen Entscheidungsträger der Regierung zusammen bringen soll, um die von *Game Plan* gesteckten Ziele zu erreichen. Der Expertenkonferenz ging die große deutsche Konferenz *Gesellschaft mit Zukunft* über die Herausforderungen des demographischen Wandels voraus. Für den Herbst 2005 ist von Frau Professor Steinhagen-Thiessen eine weitere Zusammenkunft zum Thema Gesundheitsprävention und Aktivität im Alter in Berlin geplant. Herausragende Programme für physische Aktivität zu fördern wird auch von Politikern allmählich als eine willkommene Form der Intervention angesehen, um auf die gesellschaftlichen Auswirkungen des demographischen Wandels Einfluss zu nehmen. Die auf der Expertenkonferenz anwesenden Experten von *Health Canada* und dem *Canadian Centre for Activity and Aging* (CCAA) freuen sich darauf, die Ergebnisse dieser Konferenz auch beim *World Congress on Activity and Ageing*, der im August 2004 in Kanada stattfindet und von der *Weltgesundheitsorganisation* WHO finanziert wird, Fachkräften aus aller Welt zugänglich zu machen.

Die Konferenz wurde mit der Begrüßung der Teilnehmer durch Dr. Ray Cunningham, stellvertretender Direktor der Deutsch-Britischen Stiftung, und Gabriele Wrede, Vize-Präsidentin des Landessportbundes Berlin, eröffnet. Im Anschluss daran stellte Dr. Heather Cameron, die Initiatorin der Konferenz vom *Zentrum für Technik und Gesellschaft der TU Berlin*, die Themen der Konferenz im Überblick vor. Dr. Camerons Diskussionspapier *Strategien für Senioren und Sport* basiert auf zwanzig Interviews mit britischen und

deutschen Experten, die im Bereich physische Aktivität und Ältere tätig sind. Dr. Cameron besprach die jeweiligen Schwerpunkte und Pilotprojekte Großbritanniens und Deutschlands und präsentierte die Themen der Konferenz: Design, Umsetzung und Evaluation von Programmen für die physische Aktivität älterer Menschen. Das Diskussionspapier ist unter www.agf.org.uk erhältlich.

Die Konferenz setzte sich aus drei Komponenten zusammen: Aus kurzen, impulsgebenden Vorträgen, der Diskussion in Kleingruppen und einer anschließenden Diskussion im Plenum, in dem die Kleingruppen ihre Ergebnisse vorstellten. Die Ergebnisse dieser Sitzungen sind hier thematisch zusammengestellt. Am Ende der Zusammenfassung werden die wichtigsten Schlussfolgerungen aufgeführt.

Design:

- Bei der Gestaltung von Programmen ist es nicht nur wichtig, mit Partnern zusammenzuarbeiten, sondern auch, über sie und die ihnen zur Verfügung stehenden Gegebenheiten gut informiert zu sein. Da sowohl die Sammlung von Daten als auch die Entwicklung eines Programms auf Kooperation beruhen, ist es unbedingt notwendig, die jeweiligen Partner schon in der Planungsphase einzubeziehen und deutlich zu machen, welche Daten zu welchem Zweck erhoben werden. Auch hinsichtlich der Zielgruppe der Projektteilnehmer sollte man über ein solides Wissen verfügen, z.B. über Sprachbarrieren, Bildungshintergrund und sozioökonomischen Status.
- Alle Daten, einschließlich des informellen Feedbacks von Teilnehmern, sollten gesammelt, dokumentiert und für die Planung neuer Projekte verwendet werden.
- Es herrschte Einigkeit darüber, dass zwar einerseits generelle Modelle für physische Aktivität, die sich an das breite Spektrum älterer Menschen richten, entwickelt werden müssen, andererseits aber auch stärker nach den verschiedenen Interessen der Teilnehmer differenziert werden sollte. In diesem Zusammenhang wurde die Notwendigkeit betont, den Gesundheitszustand, die individuellen Bedürfnisse und den kulturellen Kontext der Teilnehmer bei der Gestaltung eines Projekts zu bedenken.
- Auch Probleme im Bereich Sprache, Kultur und Vermarktung wurden angesprochen. Die Teilnehmer der Konferenz verließen ihrer Unzufriedenheit darüber Ausdruck, dass der Begriff ‚Senioren‘ schon auf Menschen unter sechzig Jahren angewendet wird und wiesen darauf hin, dass der Begriff ‚Sport‘ ältere Teilnehmer oft eher abstößt als anzieht. Außerdem forderten sie, dass in der Bevölkerung für eine *pro-ageing* Politik der Unabhängigkeit und des würdevollen Alterns geworben werden müsse.

Umsetzung:

- Um den Bedarf für Projekte und die Vergabe von Mitteln zu bestimmen, ist es hilfreich, Daten über die Bewegungsmuster der Menschen in den jeweiligen Regionen geographisch sortiert zu erheben. LEAP benutzt in Wigan solche Daten, um zu entscheiden, wo ein Laufverein gegründet werden soll.
- Die Zusammenarbeit mit Anbietern, die traditionell nichts mit Sport zu tun haben – wie etwa Wohnungsbaugesellschaften oder Kartenspielervereine – erschließt den Zugang zu neuen sozialen Gruppen.

- Über die Zusammensetzung der Zielgruppen werden bessere Kenntnisse benötigt und für verschiedene Gruppen älterer Menschen sollten unterschiedliche Werbestrategien entwickelt werden. Senioren bilden keine stabile und uniforme soziale Gruppe. Bei der Gestaltung von Werbekampagnen für physische Aktivität sollte auf das Expertenwissen von Werbestrategen zurückgegriffen werden, die aktuell gezielt ältere Menschen bewerben.
- In Deutschland werden Bewegungsprogramme in der Regel von Vereinen angeboten, die sich auf den Bereich Sport konzentrieren. In Großbritannien sind es eher Organisationen, die zwar mit Senioren arbeiten, aber nicht unbedingt auf Sport ausgerichtet sind, die Programme für physische Aktivität initiieren.
- Über eine Aktion wie *Game Plan* könnte es auch in Deutschland gelingen, alle Anstrengungen auf ein gemeinsames Ziel auszurichten. In Deutschland wird zwar sehr viel getan, aber anstatt von gemachten Erfahrungen zu profitieren werden häufig ähnliche Bemühungen an verschiedenen Orten wiederholt.
- In Deutschland ist die finanzielle Förderung in der Regel auf eine Anschubfinanzierung begrenzt; später müssen die Teilnehmer die Kosten selbst übernehmen. Dies stellt eine Hürde dar, die in einigen britischen Projekten durch Einbindung in das Gesundheitssystem vermieden wird. Finanziell schlechter gestellte Teilnehmer können eine Förderung erhalten.
- Die Bedeutung sowohl vertikaler als auch horizontaler Kommunikation wurde betont. Die Ergebnisse und den Verlauf eines Projekts publik zu machen sollte eine Priorität sein.
- Die Bildung und Aufrechterhaltung von Partnerschaften erfordert Arbeit. Vorstellungen, die nicht artikuliert werden, und Konkurrenz zwischen den Partnern wirken sich zerstörerisch auf die Zusammenarbeit aus. Partnerschaftliche Abkommen sollten vor Beginn des Projekts detailliert besprochen und schriftlich festgehalten werden. Das gilt insbesondere auch für die Frage der Arbeitsteilung und der Evaluation der einzelnen Bereiche.
- Mit den jeweiligen Programmen sollte eine breite Palette von Motiven angesprochen werden: Physische Aktivitäten können mit Bereichen wie Bildung, Gesundheit, Verkehr und Freizeit verknüpft werden. Programme bestehen nur auf der Basis einer breiten und andauernden Koalition verschiedener Partner.

Evaluation:

- Es gibt genügend wissenschaftliches Material über die physiologischen Effekte und den gesundheitlichen Nutzen physischer Aktivität, aber es besteht Bedarf an der Erforschung der Wirkung auf kognitive Funktionen insbesondere im Hinblick auf dementielle Erkrankungen.
- Ein großer Forschungsbedarf besteht in Bezug auf die Verbesserung des Designs von Forschungsstudien, bei der Umsetzung der Ergebnisse „sauberer“ Studien in die Praxis und bei der Feststellung des günstigsten Zeitpunkts für eine Intervention. Es wird auch wesentlich mehr Feedback von älteren Menschen benötigt sowie Studien, die Interventionen in verschiedenen Kontexten untersuchen (zum Beispiel zu Hause und in Pflegeheimen).
- Die Ergebnisse solcher Studien müssen die Zielgruppe der älteren Menschen selbst sowie Politiker erreichen. Bemängelt wurde, dass die Instrumente zur Datenerhebung bisweilen ungenügend sind und dass die strukturelle Koordination von Forschungsergebnissen – besonders in Deutschland – problematisch ist. Auch

die Frage der Standardisierung und der Notwendigkeit, Ärzte in Befragungen und Studien mit einzubeziehen, sollte dringend angegangen werden.

- Auf internationaler Ebene alle verfügbaren Instrumente und Methoden für die Evaluation zusammenzutragen, wäre ein sinnvolles Projekt. In Trainer und ideoeren fortlaufende Weiterbildung zu investieren wurde ebenfalls als ein Mittel vorgeschlagen, den Evaluationsprozess zu verbessern. Die Gestaltung von Projekten sollte überdies dahin gehend verbessert werden, die Teilnehmer langfristig in Aktivitätsprogrammen zu halten und so Daten über einen längeren Zeitraum zu sammeln.
- Allgemeine Einigkeit bestand über die Notwendigkeit, effektiver mit der Regierung und auch der Öffentlichkeit zu kommunizieren. Der Befürchtung, nicht gehört zu werden, wurde mit der Aufforderung begegnet, sich weiterhin um klare Kommunikation zu bemühen, auf praktische Erfolge zu verweisen und stets alle Ergebnisse zu dokumentieren, um sie als Beweismaterial verwenden zu können.

In der Abschlussdiskussion wurden die folgenden Empfehlungen für zukünftige Arbeit auf dem Gebiet gemacht:

- Die Argumente für Investitionen im Bereich physische Aktivität muss zu einer politischen Priorität gemacht werden. Es ist notwendig, den politischen Entscheidungsträgern zu verdeutlichen, dass Intervention über physische Aktivität in anderen Bereichen Geld einspart und als ‚Steuerungsinstrument‘ eine Möglichkeit darstellt, Einfluss auf den demographischen Wandel zu nehmen.
- Ältere Menschen haben ein Recht auf die Information, dass ihre Lebensqualität und Unabhängigkeit nicht nur durch Krafttraining, sondern auch durch kardio-vaskuläre Fitness verbessert werden kann. Das CCAA steht in diesem Punkt an führender Stelle.
- Verschiedene Gruppen lassen sich durch verschiedene Argumente überzeugen. Das Argument, dass physische Aktivität Geld spart, ist nicht die richtige Botschaft für ältere Menschen. Sie können durch die Aussicht auf verbesserte Lebensqualität durch mehr Unabhängigkeit und Teilhabe am Leben in der Gemeinschaft zur Aktivität ermutigt werden. Im Zentrum sollte dabei ein würdevolles Altern stehen, nicht die Doktrin des ‚forever young‘.
- Physische Aktivität kann mit anderen motivierenden Aktivitäten zusammen angeboten werden, um neue Teilnehmer zu gewinnen, zum Beispiel in der Verbindung mit Seniorenreisen.
- Es besteht Bedarf an Vorbildern für die wissenschaftliche Begleitung von Projekten und ihre Datenerhebung. Die Ergebnisse von Evaluationen sollten über die Europäische Gemeinschaft breiter zugänglich gemacht werden.
- Die deutschen Delegierten zeigten großes Interesse am britischen Modell *Game Plan* und der daraus resultierenden Kooperation verschiedener Ministerien durch *Activity Coordination Teams* (ACT) und *Strategic Action Teams* (SAT). Es wäre interessant, zu erforschen, ob das SAT oder das ACT-Modell in Deutschland funktionieren könnte.
- Ein nationaler Rahmenplan wie *Game Plan* kann die Bildung von Koalitionen auf der nationalen und der lokalen Ebene bewirken.
- Die Rekrutierung, das Training und die längerfristige Motivation von Freiwilligen muss ein besonderer Schwerpunkt sein. Wichtig ist die Betonung der Kosteneffektivität von Trainingsprogrammen für Freiwillige, etwa durch

kaskadenförmige Organisation, und die Einrichtung von Qualitätskontrollen, einschließlich von Zertifikationsprogrammen. Ehrenamtliche Tätigkeiten sind unter Senioren nicht so verbreitet, wie man meinen könnte. Die Ausbildung von Fachkräften im Bereich Sport und Gesundheit sollte hier mit einbezogen werden, um sicherzustellen, dass ausreichend qualifizierte Trainer vorhanden sind.

- Großbritannien und Kanada sind Deutschland im Bereich Senioren und Sport um fünf bis sechs Jahre voraus. Die stattgefundene Konferenz war einzigartig in ihrer Art. Sie stellte das erste deutsch-britische Treffen zu diesem Thema dar und kann nicht nur bilaterale sondern auch dringend notwendige europäische Initiativen auf den Weg bringen.
- Es gilt, auf die deutsche Regierung auf der Basis der Erfolge Einfluss zu nehmen, die Kanada und Großbritannien mit ihren nationalpolitischen Strategiepapieren *Blueprint* und *Game Plan* erzielt haben.
- Die kanadischen Erfahrungen haben gezeigt, dass politische Initiativen und Programme, die zuvor unmöglich zu verwirklichen und zu finanzieren schienen, machbar sind. Vernetzungsarbeit braucht Zeit, um Früchte zu tragen, und es dauert, bis stabile Koalitionen gebildet sind, aber diese Basisarbeit führt auf lange Sicht zum Erfolg.

Executive Summary

Physical activity has only recently become a social policy priority. There are two reasons for this heightened attention: (i) health-care and other costs have increased due to inactive lifestyles and (ii) demographic changes require new thinking in many areas, especially concerning how to support activity and foster independent living in older age. Three of the AGF's key themes – Work/Life Balance, Employment and Social Policies for an Ageing Society and Health Care Systems – intersect at this point, namely how physical activity programmes can contribute to the quality of life of older adults, while keeping them socially and politically active in their communities.

The Strategies for Seniors and Sport conference on 27 and 28 May 2004 at the Sports Academy of the Landessportbund Berlin hosted 25 physical activity and health experts from Germany, the UK and Canada. This was an opportune time to consider these issues as a series of flagship pilot projects were launched in Germany and the UK at the start of 2004. The expert conference made possible informed exchanges on these state-of-the-art programmes while the information could still be put to use. In addition, Game Plan, the UK government's policy plan to encourage sport and physical activity, is becoming a reality. UK representatives were able to report on how the inter-departmental cooperation was progressing and what other countries could learn from such a major coordination effort as the Activity Coordination Team charged with bringing government decision-makers together to make Game Plan work. This expert conference follows a major German public conference "Gesellschaft mit Zukunft" (Society with a future) on the challenges of demographic change. Another major meeting on preventative health, older adults and activity is being planned for autumn 2005 in Berlin by Prof. Steinhagen-Thiessen. The fostering of excellent physical activity programmes is slowly being recognised as a useful means by which policy-makers can navigate the societal effects of demographic change. Finally, the experts from Health Canada and the Canadian Centre for Activity and Aging were looking forward to sharing the results of the discussions at the World Health Organisation-sponsored World Congress on Activity and Ageing, to take place in Canada in August 2004.

The conference got under way with greetings from Dr Ray Cunningham, AGF Deputy Director, and Gabriele Wrede, Vice-President of the Landessportbund Berlin, leading directly into an overview of the conference themes by conference initiator Dr Heather Cameron from the Centre for Technology and Society at the Technical University of Berlin. Dr Cameron's discussion paper "Strategies for Seniors and Sport" is based on 20 interviews with British and German experts working on physical activity for older adults. Dr Cameron discussed the national priorities and pilot projects and introduced the three conference organising themes: the design, implementation and evaluation of physical-activity programmes for older adults. (The discussion paper is available at www.agf.org.uk.)

The conference was structured around short impulse talks from the participants, who then broke up into groups of seven or eight for small-group work and then rejoined a moderated plenary to share results. The results of the sessions are grouped here by theme and the most important conference conclusions are listed at the end of this summary.

Design:

- Developing partnerships and knowing one's partners and their facilities is important for programme design. As data collection and programme growth rely on partnering, it is essential to include partners in planning and to make the reasons for data collection clear and understandable. Furthermore, it is important to be informed from the start about targeted participants – language barriers, educational background and socio-economic status.
- All the programme data, including formal evaluations and informal participant feedback, need to be collected, documented and fed back into the design process to improve new programmes.
- It was agreed that while overall models of physical activity need to include the broad spectrum of seniors, practitioners need to differentiate more according to participants' interests. The need here for a strategic fit between people's health, their individual agendas, cultural environments and projects was stressed.
- Problems with issues of language, culture and marketing were also raised. Delegates expressed frustration over use of the term "senior" for those under sixty and the fact that the word "sport" often repels rather than attracts participants. Finally, delegates recognised the need to promote a policy of independence and pro-ageing throughout the broader population.

Implementation:

- Local geographic data gathered on the physical activity patterns of a targeted area's residents can help with programme design and resource allocation. LEAP in Wigan uses this sort of data to decide where to offer services such as walking clubs.
- Partnerships with non-traditional providers – such as housing estates or card-playing clubs – make access available to new populations.
- The target groups have to be understood better and marketing approaches developed for different groups of older adults. "Seniors" do not constitute a stable group. Marketing expertise from those already selling to older adults should be used to help design physical activity campaigns.
- In Germany, programmes are usually offered by groups focussing on sport. In the UK, more organisations that work with seniors in general, not necessarily in connection with sport, are initiating many physical activity programmes.
- A Game Plan-like action in Germany would focus efforts on one goal. Much is being done in Germany but often efforts overlap rather than move the project forward.
- In Germany, the available funding is usually limited to seed funding: later on, the participants must pay the full costs themselves. This barrier is absent from some UK projects which are tied into health care funding.
- The importance of both vertical and horizontal communication was stressed. Communication of results and of processes must be a priority.
- Partnerships must be worked at. Hidden agendas and competition between the partners bring ruin. Partnership agreements should be detailed in writing at the beginning of the project, explaining what each partner will do and how their work will be evaluated.

- A broad range of motives should be addressed and the activities have to link in with other areas, such as education, health, transport and leisure. Programmes need a broad and sustainable coalition of partners.

Evaluation:

- There is sufficient evidence on the physiological effects and health benefits, etc., of physical activity, but there is more work to be done on cognitive functions, particularly in relation to issues such as dementia.
- Much more work is needed on improving study design, implementing the results of “clean” studies, establishing the best time for intervention, increasing feedback from older adults and developing studies that look at interventions in different contexts (e.g. at home and in long-term care facilities).
- Improvements must be made to ensure that study results reach target audiences such as the older adult population and politicians. Furthermore, it was noted that studies suffer from inadequate data collection tools and that structural coordination is a problem, particularly in Germany, where data are not easily transferable. The question of standardisation and the need to include doctors in polls and studies must also be addressed.
- An international compilation of available evaluation tools would be useful and should be a long-term project. Reinvesting in trainers and their continued education was also suggested as a means of improving evaluation processes. Programme design needs to be improved so as to keep people in activity programmes and to collect long-term information.
- There was general agreement on the need to communicate more effectively with both government and public to stimulate action. Fears of remaining unheard by politicians (especially in Germany) were countered by encouragement to persist with clear communication, references to proven practices and maintaining good documentation to produce as evidence.

In the closing discussion the following points were made concerning future work in this area:

- The case for investment in physical activity has to be developed into a political priority. There is a need to demonstrate to political leaders that physical activity interventions save money elsewhere and present an opportunity to confront, navigate and resolve demographic changes.
- Older adults need to be provided with information on how their quality of life and independence can be improved, not only through strength training but also through cardiovascular fitness. The CCAA are leaders in this.
- Different arguments must be made to persuade different groups. The argument that physical activity saves money is hardly the message for older adults themselves: instead, older adults should be encouraged to achieve and maintain a better quality of life through more independence and participation in community life. The focus should be on ageing with dignity, not “staying young”.
- Physical activity can be packaged with many other enjoyable activities to win new converts, e.g. through seniors’ travel.
- More information is needed on best practice for evaluation purposes and the results of these evaluations should be shared across the EU.

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- German delegates were attracted by the British Game Plan model and the resulting integration of various government departments and agencies through ACT (Activity Coordination Team) and SAT (Strategic Action Team). It is worth investigating how a SAT or ACT model could work in Germany.
- National frameworks like Game Plan make it easier to strike coalitions at the national and local levels.
- Recruiting, training and retaining volunteers has to be a major focus, with stress on cost-effective training programmes for volunteers, including cascading training and ways of establishing quality control, including certification programmes. Volunteering among seniors is not as high as is generally thought. University training of sports and health professionals has to be included to provide enough knowledgeable staff.
- The UK and Canada are 5–6 years ahead of Germany in terms of work on older adults and sports. The Strategies for Seniors and Sport conference is unique because it was the first Anglo- German meeting on this theme and can help launch not just new bilateral but much needed European initiatives.
- The German government can be lobbied on the basis of Canadian and UK success with their national policy documents Blueprint and Game Plan.
- The Canadian experience has shown that policy initiatives and programmes previously considered impossible to fund and implement are possible. Networking activities need time to take root and coalitions need time to be built up, but this preliminary work leads to later success.

Introduction

Ray Cunningham, Deputy Director of the Anglo-German Foundation

Dr Ray Cunningham welcomed the group on behalf of the AGF. He said a few words on the AGF's revised funding programme and presented the four priority areas in which the AGF supports comparative policy work in Britain and Germany. The Seniors and Sport expert workshop, he pointed out, addresses three of these topics: Work/Life Balance, Employment and Social Policies for an Ageing Society, and Health Care Systems.

After thanking Dr Cameron, the LSB and the participants of the workshop, Dr Cunningham expressed his hope that the issue of seniors and sport might continue to move up the political agenda of both countries.

Gabriele Wrede, Vice-President of the Landessportbund Berlin

Mrs Gabriele Wrede greeted the workshop participants on behalf of the LSB. She emphasised society's responsibility, particularly in view of societal ageing, to contribute to seniors' quality of life. The LSB is very active in this respect: 50 percent of its members are over 50 years old. Mrs Wrede expressed her hope that the workshop might give new impulses to the development of strategies around seniors and sport, and thanked the Centre for Technology and Society of the Technical University of Berlin and her colleagues from the LSB.

Heather Cameron, Centre for Technology and Society, Technical University of Berlin

Dr Cameron presented the results of her twenty interviews with British and German experts working on physical activity for older adults. She discussed national priorities and pilot projects and introduced the three conference organising themes: design, implementation and evaluation of physical activity programmes for older adults. The discussion paper is available for download at www.agf.org.uk, and its central points are as follows:

- Game Plan has created a conducive policy climate for physical activity in the UK. As official policy from the Prime Minister's Office it has more weight than the German National Sports Association's (Deutscher Sportbund DSB) Sports Policy Concept which also outlines a plan for greater participation. In the wake of Game Plan, an

Activity Coordination Team has been established to encourage government departments to work together on sport and physical activity themes. Such a broad approach supported by the government would be very useful in Germany, but there is not yet the same sustained political interest.

- The DSB has an office focusing on seniors, the Seniorenreferat, where much work is done initiating, coordinating and supporting different projects around seniors and sport. Sport England does not have a specific person working on seniors' issues but they have been trying to create alliances with acknowledged experts in seniors' sports in the UK such as Age Concern and the British Heart Foundation.
- The health and nursing insurance systems in Britain and Germany are very different. The German health system differs from the British National Health Service (or NHS) in that it combines private and public components. In Germany health insurance companies compete for clients by means of various bonus systems that encourage clients to be physically active.
- At the centre of attention in both countries is the recruitment and management of volunteers and the question of how to keep them active. Volunteer coordinators are interested in how they can improve quality and training of volunteers while managing costs.
- Winning over programme participants and volunteers from minority groups and ensuring that new groups of people are being reached, instead of different programmes meeting the needs of the same people, is a priority. Many interview subjects, for example, identified the problem that most walking programmes recruit only physically active white middle class women in their fifties.
- Motivation and outreach are important topics in the debates on seniors and sport: how are older people motivated to become active and how can they stay active? Three categories of people can be distinguished: (i) people who are active, (ii) people who were once active in sport but are so no longer and (iii) people who have never been active. Different recruitment strategies have to be designed for each of these groups.
- Many programme managers are focusing on designing better evaluations and on evidence-based design. However, more thought needs to be put into what counts as evidence.

Current Strategies in Germany, the UK and Canada

Bärbel Schöttler, German Gymnastics Federation (Germany)

Mrs Bärbel Schöttler is a representative of the German Gymnastics Federation (Deutscher Turnbund DTB), a traditional organisation which offers and represents a variety of gymnastics, dance and games. The DTB is the most active group for seniors in the Deutscher Sportsbund (DSB), the national sporting organisation for Germany, designing programmes and publishing handbooks on seniors' activities. Mrs Schöttler pointed out that the DTB has many senior members, with the over 60s being the fastest growing membership group in the last ten years: this is because activities like dancing, singing and walking are both suitable and attractive for older people. The DTB has about five million members, more than one million of whom are seniors.

According to Mrs Schöttler, health prophylaxis is the main motivation for older people to participate in physical activities. Being sociable comes into play as a motivational factor only at a later stage. The DTB has had some success with sending information busses to local clubs and sports organisations, presenting material on subjects such as osteoporosis, arthritis, incontinence and fall prophylaxis and on a variety of physical activities. Presentation of the material is accompanied by one-day courses teaching specific exercises.

The DTB is also addressing 80- to 90-year-olds, a group long overlooked by sports organisations. Here the DTB is cooperating with institutions that are already working with old people, e.g. churches, welfare organisations, etc. The DTB also has a volunteer programme "Older People for Older People" ("Ältere für Ältere"). Cooperation with BAGSO member organisations is essential for the locally specific development of motivational strategies. So far the cooperation has been very constructive: competing for members has not been an issue as most of these organisations do not offer sports and physical activity programmes.

It is important to understand how motives change with age. Many old people are less oriented towards achievement than young people. Offering a broad range of physical activities, including so-called soft sports, helps in reaching older people. Additional interests are addressed through offering national and international meetings and competitions and cooperation between different groups, such as bridge clubs.

Ryan Adams, Research Manager Sport England (UK)

Mr Ryan Adams started by giving some background information on Sport England. According to Mr Adams, Sport England is the leading organisation for delivering the

government's sporting objectives in England, pursuing the vision of an active and successful sporting nation. Sport England invests through partners, helping them with what they do. It has a special focus on social inclusion and crime prevention.

Mr Adams introduced the conference participants to Game Plan, whose main purpose is to increase and widen the sports participation base. Its objective is to get 70 percent of the population to take physical exercise five times a week for 30 minutes: currently, 30.4 percent of the English population meet these recommended levels of physical activity intensity and duration.

In 2003 Sport England consulted with over 350 partners (from health education, community development and other areas) to identify key drivers for increasing participation. These were: ageing population, time pressures, well-being and obesity, variations in access, utilising education, volunteers and professionals, levels of investment in sport.

As regards the "ageing population", by 2020 almost half the population will be over 50, and more people will be over 65 than under 16. Unfortunately, it is a consistent trend in our societies that the older you are the less you participate. However, today's seniors have better health prospects than previous generations and are more concerned with taking care of themselves; according to Sport England research they have an interest in "acting young" and they have significantly more time to take part in activities.

Game Plan sets ambitious goals for participation. Measures already taken include the commissioning of qualitative work to understand barriers to participation and to investigate interventions; the construction of a database of all public sports facilities ("Active Places" website); and an advertising campaign in the North East of England ("Everyday Sport"). An annual participation survey will show the progress being made. To conclude, Mr Adams pointed out that the ageing population must be addressed as a key area when trying to increase physical activity levels in the population as a whole.

Bruce Taylor, Health Canada

The representative of Health Canada, Mr Bruce Taylor, introduced the conference participants to a Canadian perspective on activity and ageing. He assured the group that in Canada a dynamic movement dedicated to healthy ageing and a more active seniors population is growing rapidly.

According to Mr Taylor, in 2020 one in five people will be over 65. By 2010 life expectancy in Canada will be 77 years for men and 84 years for women. Data from 1991 reveal that total life expectancy at the age of 65 will be 19.8 years for women and 15.8 years for men. Ageing is a growing concern in terms of the health of the population as a whole and from the perspective of the individual. Of particular concern is the low activity level among older adults: according to data from 1995, fewer than one third of Canadians aged 45 to 64 are active, compared to half of those aged 18–24. A full one third more people over 65 were inactive than those in their early twenties. Only one fifth of women over 65 were considered active at all. Physical inactivity among older adults is a pressing national health problem. From an individual's point of view, personal well-being is the most important

issue in relation to ageing. Self-responsibility, self-reliance and independence are central to personal well-being, and the message that 50 percent of the decline attributable to ageing can be prevented through regular physical activity must be communicated to the public.

In 1998, a national roundtable was hosted by the Canadian Centre for Activity and Aging in London, Canada, at which the need for a national framework was expressed. "A Blueprint for Action" is the Canadian national action plan and reflects a consensus of the active-living interests, needs, concerns and values of older Canadians. This consensus is shared by the non-governmental volunteer sector, older adults, the federal government and others. It postulates seven priority goals and a number of guiding principles which articulate beliefs, values and philosophical underpinnings.

Consultations for the Blueprint were initiated under the leadership of the Adapted Motor Foundation and Health Canada and included more than 450 citizens in 21 community focus groups and 20 national NGOs. They showed that seniors are not a homogenous group and are characterised by a wide range of attitudes. The most important point for seniors proved to be free choice: to decide for themselves what to do, how and with whom. Moreover, seniors want to be viewed in a positive manner (portrayed as active and healthy people) and to participate in decision-making and in leadership positions in all programme phases.

The priority goals postulated by the Blueprint are (a) to increase public awareness of the benefits of active living, (b) to develop competent leaders in active living who can meet the needs and interests of older adults, (c) to ensure that the support and resources needed to be active are in place, (d) to strengthen delivery systems and improve levels of cooperation, coordination and communication, (e) to encourage and enable older adults to advocate for the right to quality of life, (f) to identify, support and share research priorities and results on ageing and active living and (g) to continually monitor and evaluate programmes, services and outcomes.

The Active Living Coalition for Older Adults (ALCOA) is a not-for-profit volunteer-based umbrella organisation, formed to help strengthen the national network of organisations. It is now a national coalition of 23 organisations committed to promote better ageing through active living and physical activity. The membership is diverse (e.g. research-oriented, health care professionals, disease-specific organisations, health promotion, corporate sector, seniors-related service organisations). The direct collective reach through the member organisations is approximately 700,000 Canadians. ALCOA produces and distributes resources that provide information on health and other benefits which are described in the Blueprint. The Active Living Coalition for Older Adults publishes a research update, and older adults are represented on the editorial board, as it is also targeted at older adults themselves. It includes theoretical research on physical activity and ageing and offers summaries that can be understood by all.

Canada's *Physical Activity Guide to Healthy Active Living* for older adults provides simple guidelines on how to achieve benefits. It is targeted at older people who are currently inactive to encourage them to take the first steps towards being active. The most important message of this guide is that it is never too late to start. Mr Taylor stressed particularly that in all the measures taken older adults must be present at the table, so that their interests are voiced, safeguarded and respected: "Nothing about them without them!"

Three Themes

After these statements describing the current national policies and priorities of the UK, Germany and Canada, the delegates focussed on specific programme elements. First, the delegates heard a series of short impulse talks, each no longer than ten minutes, and then broke up into small groups to discuss the theme further for an hour, before returning to the plenary and reporting on their debates and discussions. The small-group and plenary work was aided by consecutive and simultaneous translation.

(i) From Evaluation to Design

Bob Laventure, Consultant of the British Heart Foundation, Loughborough University (UK)

Outlining the primary factors shaping programme design, Mr Laventure stressed the clear definition of programme rationale, competent translation and use of the available evidence and the need to quantify the issue at hand. His comments reflect his work with the British Heart Foundation's (BHF) national "Someone Like Me!" programme, which employs seniors as volunteer health mentors and trains them to motivate others to become physically active.

Mr Laventure reminded the audience that clarity of purpose is vital to defining mentoring, providing clear guidance for local professionals and ensuring that the programme reaches its target group. Being able to translate available evidence on issues such as barriers to participation is of particular importance when assessing the local setting. Furthermore, because the success of such programmes hinges upon local support, it is essential to convey the importance of the addressed issue to potential participants at the local level. Using evidence to make the case for the entire older adult population helps to ensure a link between national and local strategic thinking and policies.

A programme of strategic activity should be based on broad agreement of national partners and designed in consultation with older participants and professionals. Flexibility in training options helps to meet local needs. Evaluation should be designed to operate at all levels so as to ascertain the impact of both national and local programmes, the latter including the effectiveness of local partnerships and the impact of mentoring. Mr Laventure pointed to an important lesson to be learned with evaluation, namely the need for unanimous agreement amongst all partners on the nature of evaluation at the design stage and the importance of meeting the needs of all involved.

Finally, Mr Laventure addressed the problem of reliance upon local resources in initiating programmes. Because local resources are primarily based upon short-term funding, a culture of innovation without consolidation reigns, making follow-through and long-term success difficult. Citing the predominance of youth programmes in UK sport, Mr Laventure lamented the persistent failure to challenge ageism amongst providers, which functions as a barrier to programme success.

Eduard Tack, MD a.D., BAGSO e.V. (Germany)

Countering the pessimism aroused by fears deriving from the demographic changes of an increasingly older population, Dr Tack of the German National Association of Senior Citizens' Organisations (BAGSO) pointed not only to changes in the structure of national policy for seniors in Germany, but also to an emergent older adult culture with values and expectations different from those of the previous generation.

As the generation that launched post-war political protest in Germany – the “68ers” – begins to retire over the next few years, Dr Tack predicts the increased politicisation of seniors' policy. Insisting on their right to have a say in matters concerning them, members of this generation have different expectations about their future and will seek to redefine their role in society as older adults. Dr Tack lauds this development, as it will help society in general to move away from a “forever young”-dominated culture to one that emphasises ageing with choices in defining individual quality of life.

The challenge for the current generation of older adults is to facilitate behavioural changes by establishing the link between activity and quality of life. Unlike the next generation – that has been acculturated to an active lifestyle – contemporary older adults need to be encouraged to do something for themselves and see physical activity as a means of seeking and maintaining social contacts, while bringing them into the fold of the larger society.

Finally, Dr Tack reminded the audience of the importance of facilitating a culture of lifelong physical activity. The promotion of physical activity as part of everyday life is essential to increasing the quality of life in advancing years, something which advertisers are beginning to take note of.

Carolyn Robertson, ActivAge Unit, Age Concern England (UK)

Outlining the social and health benefits of employing senior health mentors as health counsellors for their peers, Carolyn Robertson underlined issues such as community development, information dissemination, awareness raising and improving the quality of life. Her comments reflect her experience with the “Ageing Well Programme” and refer specifically to the Sefton (Northern England) and Braveheart (Central Scotland) projects.

Trained to provide a range of activities from exercise to relaxation and alternative therapies, as well as to lead discussion groups on health topics, senior health mentors visit a broad spectrum of older adult locations, from residential homes to sheltered housing. In so doing, they not only provide important messages regarding healthy living, but also function as community developers by bringing news of the range of services available in the outside world to people generally confined or isolated, thus facilitating their access to that world. Senior health mentors also promote community development by improving seniors' social life, reducing the number of those who are depressed and lonely, in turn leading to lower blood pressure and fewer falls.

Although such programmes have a broad reach, they have yet to be diversified in their implementation. Emphasising the need to introduce such programmes to different, non-white, disadvantaged communities in the UK, Ms Robertson pushed for more work to be done on intercultural outreach. She underlined the importance of working with local organisations in partnership to recruit potential volunteers, noting, however, the problem

of training costs (£400 per trainee). This was a common concern amongst conference participants.

Professor Hartmut Baumann, Institute of Sport Sciences, University of Erlangen (Germany)

To facilitate a cultural shift towards increased mobility and individual choice amongst older adults, Professor Baumann emphasised the need for a “culture of movement” instead of a “culture of sport”. Citing anthropological and development theories, he pointed to the centrality of individuals’ body image to their sense of self and the relevance of self-esteem and sense of control over one’s body to identity formation. Concepts of self and a sense of control can be positively influenced by developing motor skills, as well as cognitive, emotional and social abilities in interaction.

According to Professor Baumann, a “culture of movement” for older adults encompasses everyday movement, as well as movement at work and during leisure. As an expression of the power of self-development and empowerment, a culture of movement facilitates positive self-image development and individual responsibility by treating motor, cognitive, emotional and social skills as interlinked and fundamental to increasing independence for older adults. Emphasising the human capacity to adapt and learn throughout life, Professor Baumann advocated training the elderly to use their individual resources in meeting situational challenges to mobility. Responding to a question on the realisation of a “culture of movement”, Professor Baumann pointed to the success of a ten-year project in Erlangen with the over 75s, employing cognitive and psychomotoric training to improve individual mobility.

Julie Rhodes, Senior Case Officer, Walking Your Way to Health Initiative (UK)

Highlighting the challenges of training, sustainability and communication in programme implementation, Ms Rhodes offered suggestions for problem-solving within the framework of a five-year project. Her comments are based on her experiences with the UK project “Walking Your Way to Health” (WHI), which seeks to encourage people to walk.

With demand for training higher than expected a mere 18 months into the project, WHI had to overcome the problem of a training budget that could not be sustained for the full five years. Cascade training was therefore introduced with scheme initiators being offered the opportunity to train and deliver the walk-leader training course at the local level. Since January of this year, at least 60 percent of these cascade trainers have delivered at least one course and accreditation has been introduced to ensure high standards. Continuing this trend will help sustain WHI in the future and has proved efficient budget-wise.

Ensuring the sustainability of a five-year project beyond its pilot phase entails making use of local and regional funding and embedding the project in local and regional budgets. Ms Rhodes proposed a number of routes for sustainability, including having WHI schemes closely linked to a Primary Care Trust (PCT) by having their scheme written into the PCT’s Local Delivery Plan, so securing an additional three years’ funding.

Those schemes not related to a PCT and based in deprived areas are putting together a package of community funding, which often includes contributions from other PCTs. Schemes based in Local Authority Leisure and Recreation departments have become embedded within wider programmes of work and will continue to be delivered from the central budget – or from another grant-offering organisation, such as Sport England. Some schemes have registered for charity status, opening up their base of funding opportunities. Finally, individual walking groups are encouraged to help draft a constitution and open a bank account in the group's name, making them eligible for small community grants. Also, WHI will not just close down in October 2005, but will provide “after-sales service” to maintain its reputation, offer insurance information, monitor training and maintain communication networks to help ensure sustainability.

Nurturing a good communication structure is vital to maintaining effective communications within the project and ensuring its sustainability. Ms Rhodes underlined the use of e-mail, websites and newsletters as important means of maintaining good communications between the national, regional and local levels. Meetings at all levels are also important as they facilitate networking and the exchange of experiences, which is important for future planning. Maintaining consistent and regular modes of communication is especially important for media opportunities, as when a television programme seeking to do a feature about walking approached Ms Rhodes at short notice. This initial experience has led to a regular weekly feature on the evening news, which in turn has increased participation numbers significantly.

Points from Workshop Debate and Discussion

Moderator Dr Moritz from the SportkreativWerkstatt led the first plenary discussion at which the small-group work was presented to the larger group. The following points were made:

- Developing partnerships and knowing those partners and their facilities is important for programme design. As data collection and programme growth rely on partnering, it is essential to include partners in planning and to make the reasons for data collection clear and understandable. Related to this, being informed from the start about targeted participants – language barriers, educational background and socio-economic status – is not to be overlooked.
- Knowing how to use different forms of evidence – not just the scientific literature but also participant feedback – is necessary. This helps to convey the message of health to the peer media and to promote awareness.
- It was agreed that while overall models of physical activity need to include the broad spectrum of seniors, practitioners need to differentiate more according to participants' interests. The need for a strategic fit here between people's health, their individual agendas, cultural environments and projects was stressed.
- Problems with issues of language, culture and marketing were also raised. Delegates expressed frustration over the use of “senior” to describe an age group and the fact that the term “sport” often repels rather than attracts participants. Finally, delegates recognised the need to promote a policy of independence and pro-ageing throughout the broader population.

(ii) Implementation

Carol Southern and Nick Colledge, Local Exercise Activity Pilots (LEAP) at the Wigan Leisure and Culture Trust (UK)

Ms Southern and Mr Colledge began by detailing their work with the flagship pilot programme LEAP. The Local Exercise Action Pilot (LEAP) programme is a government initiative to increase physical activity across England. One of the ten pilot projects focuses on older adults: Wigan in the North West of England hosts the Stepping Out LEAP initiative. Stepping Out aims to develop an integrated programme of physical activity opportunities addressing the needs of older people (50+ years), targeting deprived communities within the Borough of Wigan.

Stepping Out builds on existing good practice and service provision to pilot new initiatives that will improve the health and well-being of older people and reduce local health inequalities. The programme contributes to the national goals of the LEAP project: developing Primary Care Trust (PCT)-led strategic partnerships, producing resources to enable other PCTs to develop physical activity programmes and testing ways of delivering targets for the National Service Framework for Older People.

Mr Colledge explained the detailed survey work being conducted in conjunction with LEAP to show where there are special needs for physical activity programmes in Wigan. Geographic information mapping physical activity information to demographic information allows programme planners to usefully locate their programme offerings. LEAP uses this to choose starting points (intersections, doctor's offices) for their guided walks. Having physical activity programmes in the immediate local area has been linked to greater uptake.

The success of the LEAP programme, like programmes in Canada, is shown to be built on long-term partnerships and networking which involve many partners to increase access to possible participants and volunteers.

Reinfried Kugel, Older Adults Sports Development Officer at the Landessportbund Berlin (Germany)

Mr Kugel reported on the work of the Landessportbund Berlin (LSB) constructing sports groups for seniors. The LSB has been chosen as a location for the "*richtig-fit-ab50*" initiative targeting 50- to 60-year-olds. In the Berlin project, the LSB cooperates with seniors' housing providers to provide qualified sports trainers offering seniors programmes in a variety of locations. This spirit of "sport comes to seniors" has been very successful.

Like his colleagues, Mr Kugel drew attention to the importance of clear and documented partnership agreements and of visiting the various sites to understand how best to use the variety of available spaces. The "*richtig-fit-ab50*" pilot project in Berlin uses a wide range of spaces, from very basic rooms in high-rise apartment blocks to aqua-fitness facilities in private seniors' residences.

Achim Haase, Older Adults Sports Development Officer for Landessportbund North Rhine-Westphalia (Germany)

North Rhine-Westphalia offers a range of innovative projects for seniors and is one of the leading states in the provision and development of older people's programmes. Mr Haase reported on the Action Meetings (*Bewegungstreffs*) programme. Many older people would like to join a physical activity group but face both internal and external hurdles. Casual programmes with an open character make it easier for older people to become involved and successfully navigate the usual obstacles. These programmes present an access-road to an active lifestyle for people who otherwise would stay away and help people new to physical activity to (re)discover fun in movement and socialising.

Various sports clubs are invited to suggest how they can offer Action Meetings and each club designs its own programme. The clubs work in cooperation with other social providers in the locality. A range of flexible financing methods have been tried: open courses where you can come and go as you like and pay once, twelve-visit cards enabling participants to mix and match, a "pay-when-you-play" card or even free programmes. These programmes are very different from the traditional German model of sports provision within the framework of which people join a club and pay an annual member's fee.

Professor Heinz Mechling, University of Bonn (Germany)

Professor Mechling discussed the unique programme for Seniors' Sport at the University of Bonn. (In future, this programme will be hosted by the German University for Sport in Cologne.) Professor Mechling explained how this programme fulfils the important function of preparing sports professionals for the challenges of demographic change: seniors' sports professionals confront special health, economic and financial issues. From the very beginning of their studies, students in the Seniors' Sports programme work directly with seniors. Like the CCAA, the students at the University of Bonn have access to a motivated group of over 100 older people who attend sports groups at university facilities to test out innovative programmes and training regimes.

Programme graduates have found jobs in a variety of different contexts, including tourism, rehabilitation, policy development, private senior residences and public and private sports providers. Though realising the need to provide alternatives and to expand the volunteer driven model, Professor Mechling is confident that his students will play an important role in developing and delivering physical activities to older people in the future.

Points from Workshop Debate and Discussion

- Data gathered on the physical activity patterns of residents in deprived areas can help in programme design and resource allocation.
- Partnerships with non-traditional providers – such as housing estates or card-playing clubs – help in recruiting programme participants from new populations.
- The target groups have to be understood better and marketing approaches developed for different groups of older adults. "Seniors" do not constitute a stable group. Marketing expertise from those already selling to older adults should be used to help design physical activity campaigns.
- In Germany, programmes are usually offered by groups focussing on sport. In the UK more organisations that work with seniors, not necessarily with sport, are initiating many physical activity programmes.

- A Game Plan–like action in Germany would focus efforts on one goal. Much is being done in Germany but programmes often reproduce efforts being made elsewhere rather than building on others’ successes to move physical activity further into the mainstream.
- In Germany, the available funding is usually limited to seed funding and later the participants must pay the full costs themselves. This represents a barrier which is absent from some UK projects which are tied into health care funding.
- The importance of both vertical and horizontal communication was stressed. Communication of results and of processes must be a priority.
- Partnerships need to be worked at. Hidden agendas and competition between the partners bring ruin. Partnership agreements should be detailed in writing at the beginning of the project and explain what each partner will do and how their work will be evaluated.
- A broad range of motives should be addressed: the activities have to link in with other areas, such as education, health, transport and leisure. Programmes need a broad and sustainable coalition of partners.

(iii) Making the Case for Evidence-Based Evaluation

Dr Gareth Jones, Director of the Canadian Centre for Activity and Aging (CCAA), London, Ontario (Canada)

Dr Jones began by outlining the founding of the CCAA in 1989 as a centre for research on ageing and its impact on bodily functioning with the goal of translating this research into action. He emphasised the value of dynamic communication between scientists and practitioners as key to success in putting evidence-based research into practice.

Having identified inactivity – defined as not engaging in a level of physical activity sufficient to maintain or promote physical health – as a growing problem, the task at hand for CCAA was to increase physical activity amongst the older adult population. The following factors contributing to a decline in activity were considered in addressing this problem:

- social attitudes that encourage rest and “taking things easy”;
- lack of exercise facilities;
- lack of participation convenience;
- lack of knowledge regarding how to restore fitness;
- lack of both expertise and leadership in offering effective programmes.

Dr Jones then highlighted important factors in increasing physical activity amongst seniors in community-dwelling facilities:

- providing inexpensive and functional activities of moderate intensity;
- providing programmes that support functional effects – particularly independence (i.e. getting up from a chair, bed or toilet);
- programmes must be conveniently located;

- programmes should support a social network and improve social opportunities for social interaction;
- providing educational support for leaders and participants.

Dr Jones reminded the audience that educating the public on the relationship between poor cardio-respiratory fitness and functional limitations in older adults is the key. Participants must come to understand how exercise can improve their quality of life by reducing fatigue, increasing their independence and thereby modifying the path to disability and eventual frailty.

To provide examples for community programmes, the CCAA has built up a “living laboratory” with 400 older adult participants in in-house exercise programmes and provides education and training for practitioners working with older adults in the community, at home or in long-term care centres. Such collaboration has led to the establishment of a number of satellite programmes in both urban and rural communities throughout Ontario. Developing leadership education and training programmes is therefore an essential part of the community outreach division. These programmes have enabled the CCAA to translate the latest research into effective exercise programming by providing appropriate training for those who lead older adult exercise programmes.

A variety of activities are offered, including classes targeting specific diseases (osteoporosis, etc.), which has proven key to keeping people in the programme: when people get tired of one activity, they switch to another and do not leave the programme, keeping them within an exercise regime while maintaining a consistent subject pool for research. Exercise programmes are overseen by a community exercise physiologist and managed by an in-house programme coordinator. Instructors include older adults and undergraduate students, so making it a collaborative long-term investment in promoting education.

Dr Jones then outlined the variety of training programmes offered by the CCAA:

Seniors Fitness Instructor Course This flagship course is designed to provide training for those leading exercise programmes for a general older adult population who are actively independent. Teaching the basics of anatomy, physiology, design of exercise and evaluation, the course was originally designed to train peer leaders (older adults) as exercise leaders of community-based exercise programmes. Participants are required to complete the 36-hour course and 16 hours of practical experience in leading an exercise class, followed by a take-home examination and professional evaluation. To meet the growing demand from younger, experienced and well-educated exercise leaders, the CCAA has developed an 18-hour intensive version of the original course. Those who successfully complete all requirements are certified by the Centre. The fact that one third of all trainees have been certified speaks to the credibility of those who succeed.

Get Fit for Active Living Designed as an education and exercise programme for older adults, this programme is delivered at multiple sites across London and in the surrounding rural areas. Aimed at getting older adults started on a regular exercise programme and teaching the importance of living a healthy and active lifestyle to maintaining functional independence, the programme provides an eight-week introduction, including two segments on cardio-respiratory exercise, one on weight training and a lecture on the benefits of physical activity, exercise adherence, healthy eating, exercise at home and other options. By working with various partners at the local level such as retired-nurse organisations or churches, and thanks to instructors working on a voluntary level, the

programme can provide cheap instruction to a large number of participants. Preliminary results show that after one year, 80 percent of the participants were still three times as active as before and that of those continuing to exercise, 63 percent were enrolled in structured exercise programmes, while 17 percent exercised at home.

First Step Programme Aimed specifically at changing the behaviour of those with Type II Diabetes, this programme trains peer leaders and professional diabetes educators to work with pedometer-based physical activities. The goal of the project is to determine whether the programme can effectively increase physical activity of Type II diabetics when delivered through 15 diabetes education centres across Canada. Preliminary results indicate that the programme has increased patients' daily physical activity and decreased body-mass index scores, waist girth values and blood pressure.

Home Support Exercise Programme This programme targets those working with the frail, such as homecare employees. Participants learn 10 simple progressive exercises designed to maintain or improve functional mobility and thus quality of life, which they then teach their clients. Started just seven years ago, this training is now funded by the government and forms part of college courses for homecare practitioners. Adopted for implementation in Hong Kong and the United States, an instructional video is also available to the public for purchase.

Functional Fitness for Older Adults Extremely popular, this 16-hour, two-day workshop provides update training for care professionals working in long-term care centres and who are interested in implementing safe, effective and challenging group-based exercise programmes for the frail elderly. Based on the CCAA's own evidence-based research, this workshop is presently offered at numerous community colleges across Canada.

Restorative Care Education and Training Programme (RCET) This week-long workshop provides training for those working with particularly frail populations such as stroke and Alzheimer's patients in long-term care centres. The workshop is a result of a study designed to promote physical mobility, feeding and communication skills amongst long-term care patients. The study showed improvements to patients' functional independence and mobility following staff education on communication disorders due to stroke and dementia. The workshop now includes modules on stroke rehabilitation and exercise programmes for Alzheimer's patients. Because this workshop trains staff to work cost-effectively with this very frail population, this has become the CCAA's most popular education and training programme.

Training for the Trainer Introduced in 1995, this programme aims to provide CCAA leadership training courses throughout Canada. Participants must have a university degree in a health-related field or an equivalent college diploma, professional experience and exhibit the desire to facilitate the growth and development of the CCAA's leadership training programmes. Other prerequisites include CCAA certification and experience with the programme to train facilitators. Participants must complete 40 hours of training and facilitate the delivery of one course within one year of their training, which is either co-facilitated or observed by a certified CCAA trainer. To maintain their certification, trainers must provide a minimum of two courses a year and submit appropriate training records to the CCAA, together with a biannual review of their teaching skills. Currently, there are CCAA trainers in the provinces of Ontario, British Columbia, Alberta, Manitoba, New Brunswick and Nova Scotia; a trainers' website was set up in 2003 to support communication and information exchange amongst trainers across Canada.

In summary, Dr Jones emphasised that persistence, dynamic communication and good partnering have been essential to translating evidence-based research into effective practice. By communicating proof of benefits through their in-house “living laboratory” and working closely with practitioners, the CCAA has been able to effect significant changes across Canada. Responding to a question about how to persuade managers of home care to change their training, Dr Jones emphasised patience and persistence in illustrating the benefits for all involved. Citing his own experience, he noted that whereas at first managers of home care resisted change, the training practices developed by the CCAA have now become an essential part of the government’s training of care professionals.

With support from Health Canada, the CCAA has developed national leadership guidelines for leaders in community-based programmes and those working in long-term and home care. To establish a template for these guidelines, a series of forums were held with government officials, provincial health and fitness representatives, directors of long-term care centres and members of provincial home care associations. These guidelines have recently been translated into French and will be disseminated throughout Canada later this year.

Finally, international guidelines to be endorsed by the World Health Organisation are currently being developed and will be tabled this August at the 6th World Congress on Ageing and Physical Activity, hosted by the CCAA. When asked whether the *Training for the Trainer* course is suitable for international application, Dr Jones stated that it was, with modifications made to suit specific national trends.

Andy Pringle, Project Manager for the National Evaluation of LEAP, Leeds Metropolitan University (UK)

Mr Pringle began by outlining the macro, meso and micro levels of analysis used in establishing an evaluative infrastructure such as the National Evaluation Framework. Such a framework is necessary in order to establish what interventions are effective in getting people physically active. He noted that there are lessons to be learned from the LEAP experience, including knowing your participants and their means of communication, establishing clear modes of communication with partners and ensuring that evaluation is understood to be integral to the programme itself.

Experience with LEAP participants whose first language is not English has illustrated the importance of both determining beforehand the cultural, linguistic and socio-economic background of participants and addressing problems specific to the older adult population. Questionnaires and interviews must consider a range of language and communications issues in order to be effective in collecting data. Also, gaining ethical clearance from community leaders can be a vital aspect of data collection.

Clear communication in collaboration is essential to avoid tensions between programme practitioners at meta and local levels. Evaluation demands much of each site in terms of work, time and money at a time when resources in general are scarce. It is therefore important to provide clear and specific information from the outset regarding the scope and magnitude of commitment for local pilot sites. Clear communication also includes defining the specific types of interventions to be evaluated and their parameters. Because resources are always a contentious issue, it is important to view evaluation as an integral part of the intervention and to acknowledge from the outset that it is expensive.

According to Mr Pringle, establishing effective principles in evaluating fiscal efficiency is also important, as is determining how to evaluate qualitatively the planning and delivery of programmes.

Dr Sabine Eichberg, University of Bonn (Germany)

Dr Eichberg emphasised the need for a clear understanding of the impact of physical activity in scientific analyses of the issues addressed at the conference. Her comments reflect a pilot study showing differences in endurance and strength between fit and unfit people and her own study showing that weakening also occurs amongst “younger” older adults (40 to 50 years of age).

When evaluating the evidence for evidence-based evaluation, Dr Eichberg stressed the importance of defining physical fitness clearly. Usually, physical fitness is defined in terms of endurance, strength, flexibility, balance, reaction time and activities of daily living. However, some studies – most notably American studies – include motor facilities in their definition of physical fitness. Therefore, parameters of definition must be established. Furthermore, more clarity is needed when defining physical fitness at different age levels which must entail evaluating various types of performance and abilities.

Dr Eichberg also pointed out the need to consider the demands made on instruments used to measure physical fitness. Do they adapt to different age groups, levels of performance and health status? Can these instruments bear comparison? How are the kinds and levels of performance differentiated? What about standardised methods? These must all be taken into consideration when referring to the instruments used to measure physical fitness.

When evaluating performance, measuring tools and/or the equipment used is of particular relevance because different tools and equipment will affect levels of performance. Age differences must also be taken into account, as well as participants’ general health status and any specific health problems, such as diabetes.

To avoid confusion in the evaluation of physical activity, Dr Eichberg reminded the audience that clear delineations between sport, physical activity, exercise and training are necessary. As some participants consider climbing stairs “sport”, setting clear definitions is a must. Furthermore, in order to test abilities at various intensity levels, it is also important to consider the frequency and duration of sports, activities and exercise.

Finally, Dr Eichberg highlighted the need for longitudinal studies and cross-sectional studies that consider such factors among their subjects as differences between men and women within age groups, the importance of socio-economic status in influencing performance, general health status, general health attitudes and personality.

Paul Stonebrook, Coordinator of Physical Activity, Department of Health (UK)

Mr Stonebrook started by emphasising the need for programmes to provide good, illustrative examples of best practice if they are to influence government policy. Governments need statistical information to formulate policy. Therefore, monitoring evaluation and research are crucial as they help to develop fitness objectives to be included in key documents like the UK 2005 survey and a longitudinal study on ageing in

Great Britain. Referring to the example of the UK Health Development Agency (HDA), Mr Stonebrook cited examples of issues and tasks important to government agencies in evaluation.

Mr Stonebrook noted that government policy-makers like to see evidence-based results being built upon and put into practice. Publications such as a review of reviews are important as they contain evidence briefings that point to good associations between things like behavioural approach and a combination of group and homecare approaches, which policy-makers can fit into their policy plan.

Government agencies also want to work together with organisations to implement established good practices and employ practice development offices. Working together with partners to introduce and gather best practices and methodologies is in government agencies' interest. Mr Stonebrook underlined the importance of practitioners and their organisations providing government with the "input" of proven good practice so that it can be widely implemented and disseminated. Indeed, government agencies are interested in promoting and spreading best practices to other organisations.

Following the impulse presentations, Professor Mechling sent the delegates to conduct their small-group work with the following three questions:

1. Which areas are already sufficiently evidence-based?
2. Where are the gaps in evidence-based results; where are improvements needed?
3. How can we get better evidence-based decisions?

Points from Workshop Debate and Discussion

Discussion in small-group sessions resulted in the following conclusions and suggestions:

- There is sufficient evidence on the physiological effects and health benefits, etc., of physical activity, but there is more work to be done on cognitive functions, particularly in relation to issues such as dementia.
- Much more work is needed on improving study design, implementing the results of "clean" studies, establishing the best time for intervention, increasing feedback from older adults and developing studies that look at interventions in different contexts (e.g. at home and in long-term care facilities). Also, improvements must be made to ensure that study results reach target audiences such as the older adult population and politicians. Furthermore, it was noted that studies suffer from inadequate data collection instruments and that structural coordination is also a problem – particularly in Germany, where data are not easily transferable. The question of standardisation and the need to include doctors in polls and studies must also be addressed.
- Evaluation could be improved by employing objective outside parties more often. Existing tools must be examined to determine where they can be employed. An international compilation of available tools would be useful and should be a long-term project. Reinvesting in trainers and their continued education was also suggested as a means of improving evaluation processes. Programme design needs

to be improved so as to keep people in activity programmes and to collect long-term information.

- It would be helpful to obtain more information from people who drop out of programmes. Currently, evaluators are not receiving enough information on why people drop out. Programmes should be designed so that people who leave them are more accessible to evaluators.
- The discussion following these reports reflected general agreement on the need to communicate more effectively with both government and public to stimulate action. Fears of remaining unheard by politicians, especially in Germany, were countered by encouragement to persist with clear communication, references to proven practices and maintaining good documentation to produce as evidence.

Concluding Debate and Discussion

- The case for investment in physical activity has to be developed into a political priority. There is a need to demonstrate to political leaders that physical activity interventions save money elsewhere and present an opportunity to confront and navigate demographic changes.
- Older adults need to be informed that their quality of life and independence can be improved not only through strength training but also through cardiovascular fitness. The CCAA are leaders in this.
- Different arguments must be made to persuade different groups. The argument that physical activity saves money is not the appropriate message for older adults. Instead, older adults should be encouraged to achieve and maintain a better quality of life through more independence and participation in community life. The focus should be on ageing with dignity, not on “staying young”.
- Physical activity can be packaged with many other enjoyable activities to win over new converts, e.g. through seniors’ travel.
- More information is needed on best practice for evaluations and the results of these evaluations need to be shared across the EU.
- German delegates were attracted by the British Game Plan model and the resulting integration of various government departments and agencies through ACT (Activity Coordination Team) and SAT (Strategic Action Team). It is worth investigating how a SAT or ACT model could work in Germany.
- National frameworks like Game Plan help coalitions to be struck at the national and local levels.
- Recruiting, training and retaining volunteers has to be a major focus, with stress on cost-effective training programmes for volunteers, including cascading training and ways of establishing quality controls, including certification programmes. Volunteering among seniors is not as high as generally thought. University training of sports and health professionals has to be included to provide enough knowledgeable staff.
- UK and Canada are 5–6 years ahead of Germany in terms of work on older adults and sport. The Strategies for Seniors and Sport conference is unique because it was the first Anglo-German meeting on this theme and can launch not just bilateral but much needed new European initiatives.
- The German government can be lobbied on the basis of the success enjoyed by Canada and the UK with their national policy documents Blueprint and Game Plan.
- The Canadian experience has shown that policy initiatives and programmes which previously appeared impossible to fund and implement are possible. Networking activities need time to take root and coalitions need time to be built up but this preliminary work leads to later success.

List of Attendees

Ryan Adams	Research Manager Sport England
Prof. Hartmut Baumann	Institute for Sports Science at the University of Erlangen (retired)
Dr Heather Cameron	Centre for Technology and Society, TU Berlin
Nick Colledge	LEAP, Physical Activity Strategy Co-ordinator
Dr Ray Cunningham	Deputy Director, Anglo-German Foundation
Roswitha Ehrke	Citizen Deputy on the Kreuzberg Sports Committee Member of the State Women's Sports Committee
Dr Sabine Eichberg	University of Bonn
Achim Haase	Older Adults Sports Development Officer for Landessportbund North Rhine-Westphalia
Dr Gareth Jones	Director, Canadian Centre for Activity and Aging
Reinfried Kugel	Older Adults Sports Development Officer for Landessportbund Berlin
Bob Laventure	Consultant of British Heart Foundation National Centre for Physical Activity and Health, Loughborough University, UK
Prof. Heinz Mechling	Institute for Sports Science at the University of Bonn and DSHS Köln
Dr Eckehard Moritz	Director of SportKreativWerkstatt, TU Munich
Manfred Nippe	Sports Development at the Landessportbund Berlin
Andy Pringle	Senior lecturer in Physical Activity, Exercise and Health at Leeds Metropolitan University
Julie Rhodes	Regional Case Officer, Walking Your Way to Health Initiative
Carolyn Robertson	Age Concern England, Research and Development Officer of ActivAge Unit
Bärbel Schöttler	National Representative for Older People, German Gymnastics Federation
Bianca Schrader	Waldfriede Hospital Berlin
Thomas Siebert	Sports Development at Landessportbund Berlin
Carol Southern	LEAP (Local Exercise Activity Pilots) Coordinator, Wigan Leisure and Culture Trust
Prof. Elisabeth Steinhagen-Thiessen	Director of the Evangelical Geriatric Centre of Berlin
Paul Stonebrook	Co-ordinator of Physical Activity Programmes, Department of Health, UK
Eduard Tack	MD a.D., BAGSO e.V.
Bruce Taylor	Physical Activity Unit, Health Canada
Gabriele Wrede	Vice President of the Landessportbund Berlin