



# Modules of Campaigns for Sport for All and Health

## What is successful in midlife development?



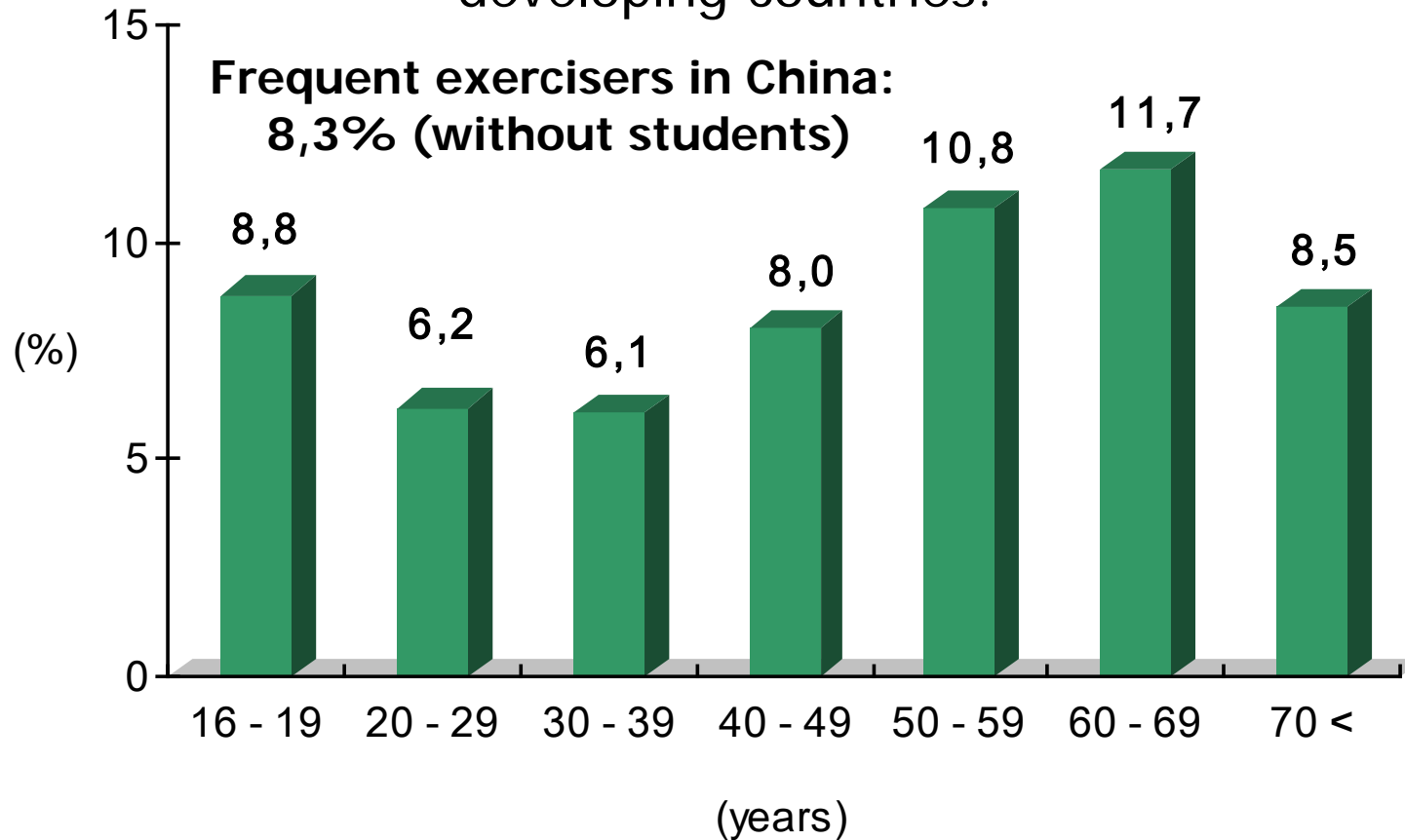
1. Campaigning for Sport for All and Health: A puzzle as framework
2. Modules of Campaigns for Sport for All and Health and their effects:  
A review study
3. Instead of a summary: the efforts of the German Gymnastic Federation (DTB) in campaigning

# 1. Campaigning for Sport for All and Health: A framework





**What we know:** (A) Sedentary behavior is a main risk factor of health;  
(B) and is today common for the adult population  
in all industrial as well as more and more  
developing countries.



Frequent exercisers: 3 times or more per week; at least 30min per unit with moderate intensity

Chinese Physical Fitness Survey (CPFS); 2008

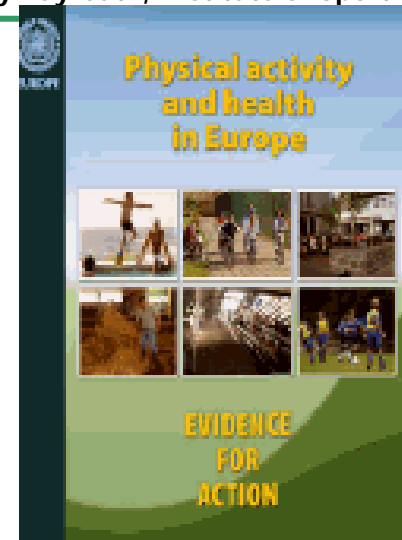
## What we recommend:

### Health enhancing physical activity & exercise



#### Common recommendations:

- (1) Accumulate at least two hours per week of GENERAL ACTIVITY BEHAVIOR that require at least moderate physical intensity (e.g. brisk walking, stair-climbing, cycling) – sport activity may also be included (e.g. playing golf, tennis or volleyball).
- (2) Accumulate additionally at least 90 minutes of EXERCISE BEHAVIOR per week – this means structured physical activity which stimulates effectively your fitness (e.g. endurance, strength, flexibility)







What we expect when designing campaigns:  
Changing the behavior from sedentary behavior  
to health enhancing activity behavior



**Inactivity  
sedentary behavior**

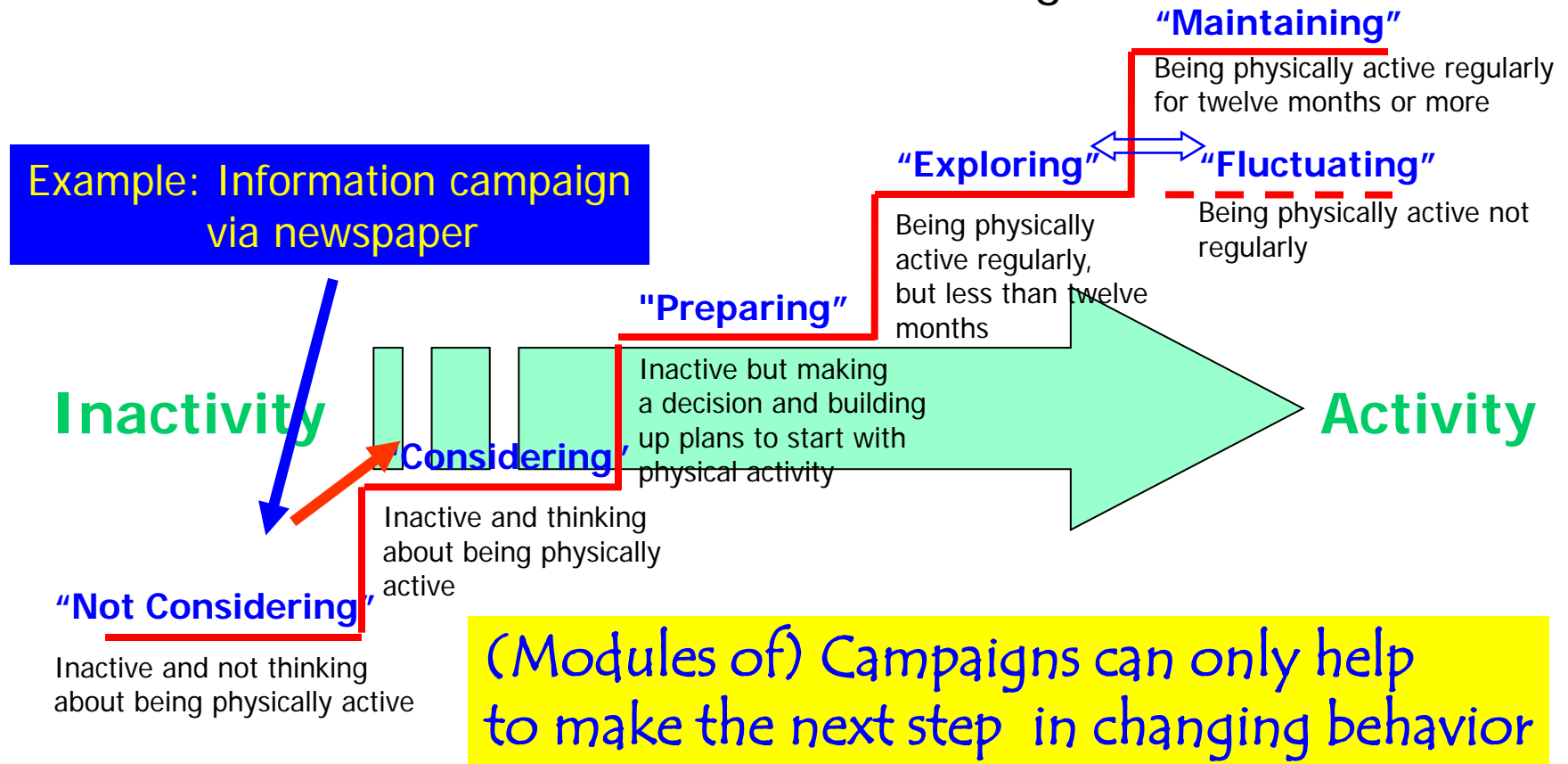


**Health Enhancing Activity  
exercise & general activity  
behavior**

**This idea of success cannot work**



What we don't think about: Sedentary persons have to get over four steps to become sustainable active – and this takes a long time.



Brehm, W., Duan, Y. & Strobl, H. (2010). Körperlich-sportliche Aktivität als Gesundheitsverhalten: Das FIT-Stufen Modell. Methodenband. Bayreuther Beiträge zur Sportwissenschaft, Heft 12, Institut für Sportwissenschaft

Biddle, J.H. & Mutrie, N. (2002). Psychology of Physical Activity. Determinants, well-being and interventions. London: Routledge.



**What we don't think about:** There are Moderators and Mediators within the process of behavior change

## Person

Moderators: e.g. sex, age, education

Mediators: e.g. assessment of barriers, self efficacy, knowledge body concept, affective attitude, outcome expectations, planning of activity, stability of motivation

**Example: Information campaign via newspaper**

Knowledge,  
Assessment  
of barriers

**"Not Considering"**

**"Considering"**

**"Preparing"**

**"Exploring"**

**"Maintaining"**

**"Fluctuating"**

Mediators: e.g. Assessment of the activity situation, social support  
Moderators: living situation (e.g. rural/urban, security);  
activity settings (e.g. availability, accessibility, convenience)

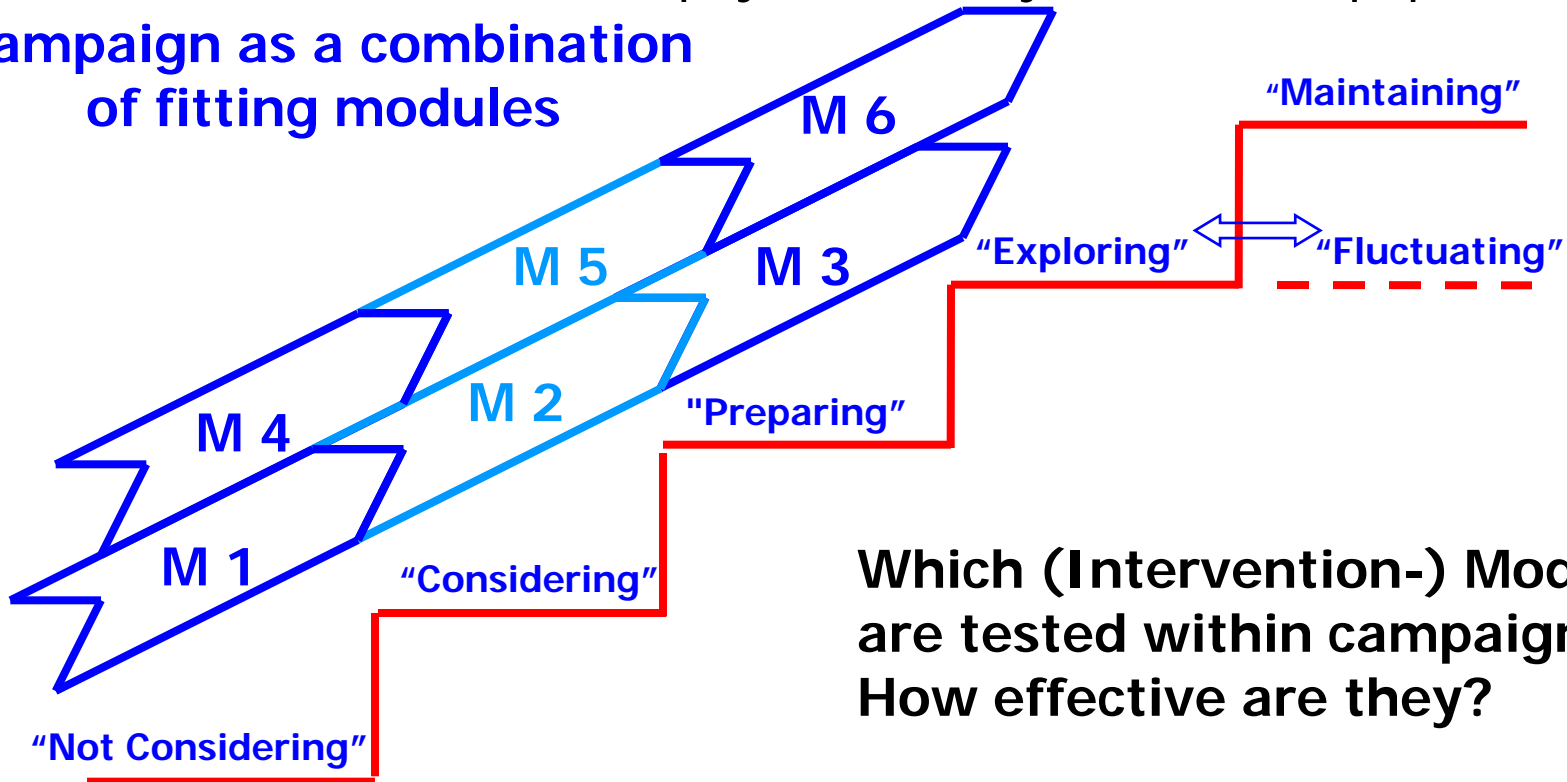
**Context**

(Modules of) Campaigns can only influence the mediators and partly the moderators– not the behavior direct!!



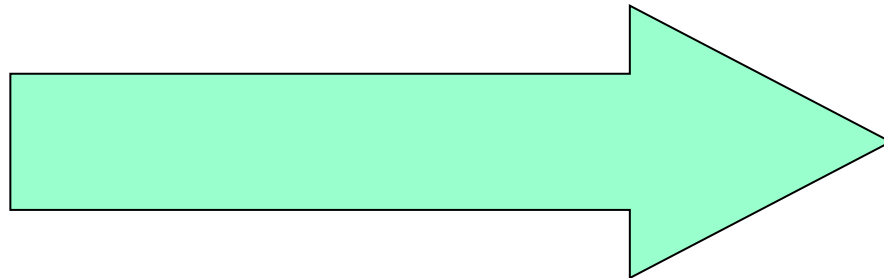
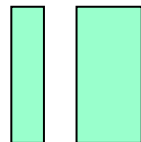
What we should think about: Can we combine intervention-modules within a campaign to promote health enhancing physical activity in the adult population?

Campaign as a combination of fitting modules



Which (Intervention-) Modules are tested within campaigns?  
How effective are they?

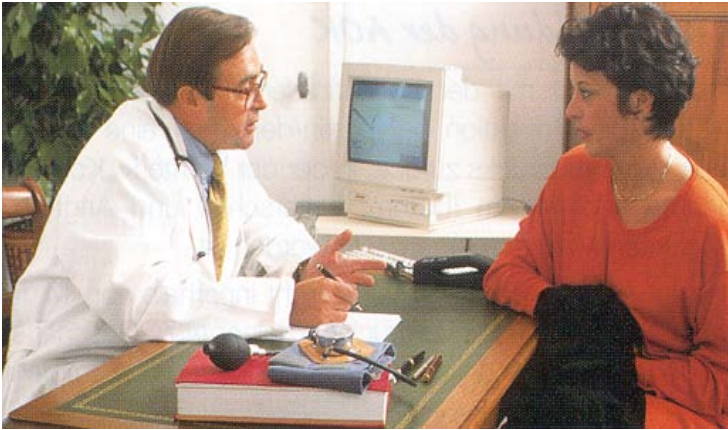
Inactivity



Activity



## 2. Modules of Campaigns for Sport for All and Health and their effects: A review study





## Method of the Study: Review of reviews

Inclusion criteria for reviews:

- published: between 2000 and 2009
- language: English or German
- samples: sedentary adults, without severe diseases,  $N > 100$
- intervention concept: clear description (aims, included mediators & moderators, implementation)
- evaluation: controlled longitudinal studies, direct effects and lastingness (activity, included mediators, moderators)

Completion of reviews:

If there are only two reviews or less to assess an intervention category, single studies of high quality are added.

Data banks:

SPOFOR, SPOLIT (BISp), SPONET (Inst. F. Angew. Trainingswiss.); Pubmed/Medline (U.S. Nat. Lib. Of Medicine); PsycInfo (Am. Psych. Association); EMBASE (Elsevier)

Search modalities:

1. Key words: intervention/campaign, physical activity, adult → classification of interventions/campaigns
2. Search with classification terms

Biddle, S.J.H., Brehm, W. & Hopman-Rock, M. (2011). Population Physical Activity Behaviour Change: Interventions designed to promote physical activity. *European Journal of Sport Science*.



# Categorization of the modules of campaigns (interventions)

## Intervention by Information & Counselling

- Information in mass media (e.g. journal, television)
- • Information and counselling via internet (standardized or individualized)
- Telephone counselling
- Physician based counselling
- Lifestyle counselling in groups
- Point of decision information (e.g. for using stairs)
- Point of decision counselling (e.g. after fitness test)

## Intervention by activity programs

- • Individualized fitness home program
- Standard exercise program in a professional setting
- Structured (health) exercise program in a professional setting

## Intervention by promotion of infrastructure and access to activity

- transportation (cycling and walking)
- working place
- municipality

## Linked Interventions



# Results: Two examples in detail

Intervention	Aim/Mediators	Effectiveness	Comments	Reviews/Studies
<p><b>Information and counselling via internet</b></p> <p><b>standard tailored (ST):</b> Advice via e.g. information websites, e-mails, newsletter.</p> <p><b>individual tailored (IT):</b> Advice via e.g. newsletter; reminder, discussion board, chat session, online Coach.</p>	<p><b>Aim:</b> Increase in physical activity</p> <p><b>Mediators:</b> In <b>ST</b> concepts knowledge</p> <p>In <b>IT</b> concepts knowledge, affect, barriers, self-efficacy, aims &amp; plans, social support</p>	<p><b>ST</b> concepts have small or no effects on activity, some effects on knowledge;</p> <p><b>IT</b> concepts have moderate effects on activity (significant higher than ST concepts or waiting groups).</p> <p>Findings over all indeterminate.</p>	<ul style="list-style-type: none"> <li>• Mostly short-term interventions.</li> <li>• Lack of long-term follow ups</li> <li>• Strong decline in website usage over the time.</li> <li>• The number of personal contacts, e.g. with the supervisor, is associated with the effects.</li> <li>• Most users are well educated.</li> </ul>	<p>Berg, Schoones &amp; Vlieland (2007) Marshall et.al (2004); Fry &amp; Neff (2009); Kroeze et. al (2006); Neville et. al (2009); Norman et. al (2007); Rütten &amp; Abu-Omar (2004) Vandelanotte et. al (2007)</p>



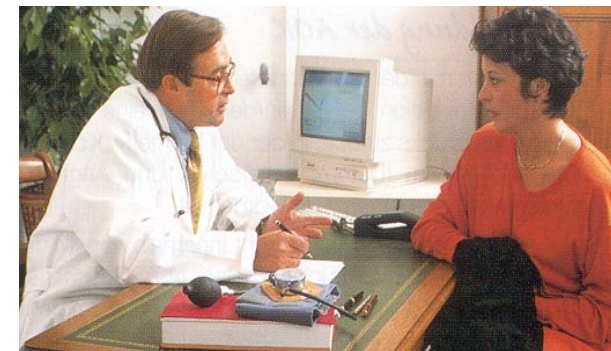
## Interactive Fitness Program Your Online-Coach







Intervention	Aim/Mediators	Effectiveness	Comments	Reviews/Studies
<p><b>Individualised home exercise Program</b></p> <p>Very often endurance training (walking, treadmill, stationary cycle). Often in combination with physician based counselling or life style counselling in groups.</p>	<p><b>Aim:</b> Increase in physical activity</p> <p><b>Mediators:</b> Knowledge, aims &amp; plans, social support</p>	<p>Some short term effects (especially when there is regular feedback and social support).</p>	<ul style="list-style-type: none"> <li>• High drop out rates.</li> <li>• Not sufficient studies of good quality.</li> </ul>	<p>Baumann (2007) Bravata et al. (2007)</p>







## Results: Summary and conclusions

### Intervention by Information & Counselling

- Counselling is better than simple – and only unilateral – information to bring people from “not considering” to “considering”, and from “preparing” to “exploring”.
- Point of decision information can be helpful for a short term increase of activity (e.g. stair climbing).
- At present activity counselling reach especially the well educated and already active (and fit) population. Therefore activity counselling should more often take place in settings where there is the chance to reach “difficult” sub-groups of sedentary adults – for example in primary health care setting or at work place.
- Activity counselling should be professional and that means (more) education in counselling is needed (e.g. for trainers in sport clubs, for advisers in health insurance companies, for physicians and staff).





## Intervention by activity programs

- On the level of exploring highly structured and professionally guided exercise programs are more effective in changing activity behavior than low structured or home-based activity programs.
- The “structure” should not only include characteristics like frequency, intensity and duration of the training but also physical (e.g., endurance, strength, flexibility) as well as psychosocial aims and methods (e.g., mood, knowledge, self efficacy, social integration).
- Information and advice is also an important aspect of structured programs (to build up knowledge concerning effects and performance.)





# Intervention by promotion of infrastructure and access to activity

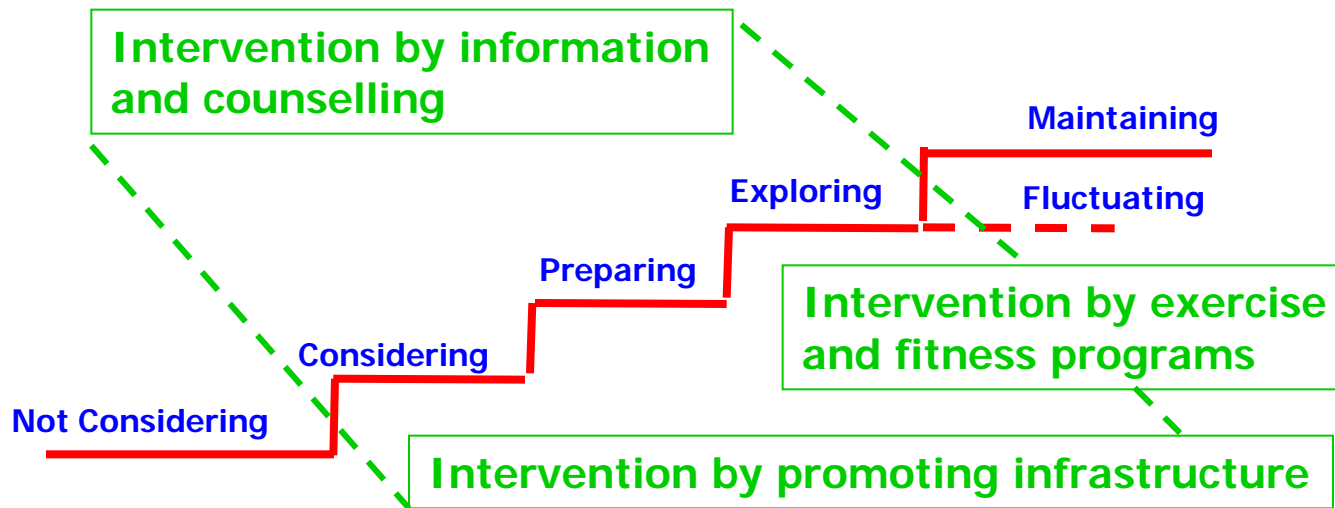
- Active Transportation: A good and safe infrastructure for cycling and walking increases transportation activities.
- Working place: Counselling combined with the integration of structured exercise programs in the working day seems to be especially effective.
- Municipality: A good and safe infrastructure for active transportation as well as for exercise and sport increases the physical activity of the population.
- But: important is an adjusted combination of intervention modules – consisting of information and counselling as well as of activity programs.





# Linked Interventions

- ❖ To have lasting population effects, campaigns with linked modules are necessary



- ❖ Such population based, linked campaigns are hard to find – and we have only very few evaluations with acceptable quality  
(exception e.g. Romsas in Motion /Norway; Jenum, Anderssen et. al, 2006) .





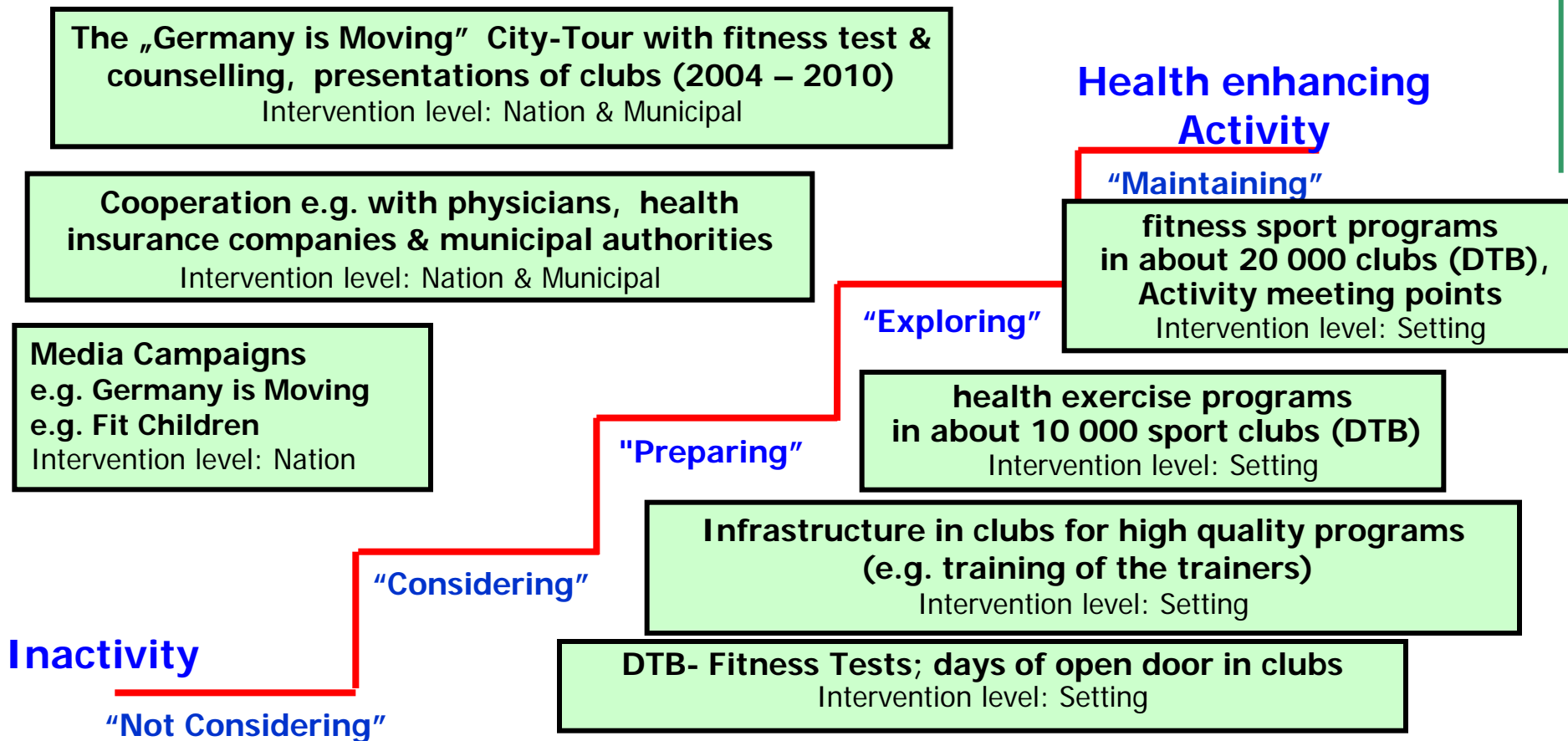
### 3. Instead of a summary: the efforts of the German Gymnastic Federation (DTB) in campaigning







## Modules: Information, Advice & Counseling



## Modules: Activity Programs & Infrastructure

Cooperating partners:

- ❖ German Gymnastic Federation
- ❖ Health Insurance Companies
- ❖ Media (Journals, Television)
- ❖ Medical Associations





## Modules: Information, Advice & Counseling

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The „Moving Germany“ City-Tour with fitness test & counselling, presentations of clubs (2004 – 2010)  
Intervention level: Nation

**Health enhancing Activity**

“Maintaining”

Cooperation e.g. with physicians, health insurance companies & municipal authorities  
Intervention level: Nation & Municipal

fitness sport programs in about 20 000 clubs (DTB),  
Activity meeting points

“Exploring”

**There are still many problems!**  
**But it is a start in an effective campaigning for more health enhancing physical activity and exercise!**

“Considering”

Infrastructure in clubs for high quality programs  
Intervention level: Setting

**Inactivity**

“Not Considering”

DTB- Fitness Tests; days of open door in clubs  
Intervention level: Setting

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## Modules: Activity Programs & Infrastructure

Cooperating partners:

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