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TNO report

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Implementation and Dissemination of Physical Activity Promotion for Older Persons
A policy analysis

National Report - The Netherlands

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Summary

The objective of the third round of the EUNAAPA project was to exchange with policy makers in order to learn about policy rationales and windows of opportunity in the area of physical activity and ageing. This report presents the analysis of dissemination and implementation of promotion of physical activity in the Netherlands.

Relevant policy makers were identified and selected from three sectors (sport, health and social) and on two levels (national/regional and local). The policy makers were then asked to participate in a mini phone survey in which systematically questions were asked about four policy determinants: goals, obligations, resources and opportunities. Based on these outcomes a national workshop was organised (1) to inform policy makers about best practice recommendations for assessment of physical activity (EUNAAPA round 1) and physical activity promotion for older persons (EUNAAPA round 2) and (2) to exchange on policy rationales and windows of opportunity for the development and implementation of policies in this field. Relevant policy makers were selected based on the results of the mini phone survey. Invited policy makers were sent statements on physical activity promotion to prepare for the workshop.

In total 52 policy makers were identified of which 34 agreed to participate in the mini phone survey. Especially the social sector was less well represented.
Four out of the 34 organisations stated that they currently weren't active in the field of physical activity promotion for older persons. Main reasons were not aiming specifically for older persons or being primarily a research institute. For the organisations that are involved in the promotion of physical activity of older adults, the determinants goals and obligations are relatively well developed. Resources are seen as most critical, while opportunities have been stable. Looking at individual items of the survey three results stand out. Scientific results do no seem to guide action (especially on the local level), most policy makers are sceptical about popular support, and financial resources form a significant barrier. Furthermore, policy makers working on the local level or health/social sector seem less personally obliged.

In total 13 out of 20 invited policy makers attended the national workshop. Mainly representatives from municipal organisations (GGD, VNG) declined the invitation. Following the presentation of the results of EUNAAPA round 1 (assessment) it was discussed that there is a need for a preferred national set of evidence based instruments, but also usability of the instruments should be taken into account, especially at the local level. The discussion of the results of EUNAAPA round 2 (Programmes and promotion strategies for older persons) lead to a discussion on whether the primary aim is only improving health, or whether also social aims are important. According to most participants, both should be taken into account. Following the presentation of the results of the mini phone survey, possible strategies were discussed for improving the popular support. Concerning the role of the health sector it was decided that both the health and social sector should be more involved, with a clear coordinating role for one of the sectors. Municipalities should take a coordinating role on the local level. From the health sector it became clear that there were already initiatives (e.g. prescribing physical activity by doctors) which were supported by all participants.

Lastly, policy makers were of opinion that next to working evidence based, there also should be room for working practice based, which was especially important at the local level. Also, more sports instructors should be trained for working with older persons.

In conclusion, policy (makers) from both the health and social sector needs to be more integrated with the dominant sport sector in the field of physical activity and older persons. Concrete goals need to be spelled out officially and obligations made. There are currently promising initiatives from the health sector on promoting health through physical activity. Likewise the social sector could focus on initiatives with social aims such as social integration, fun and relaxation in addition to the primary aim of improving health.
Local policymakers and organisations mostly operate from a clear pragmatic point of view. This approach may have the highest rate of success in terms of reaching and satisfying older persons but it remains unclear what effects are achieved on health outcomes or other aims, even if social aims are considered just as important. More research on this topic is therefore necessary.
EUNAAPA can provide practical tools and knowledge through their best practice reports which could contribute to the dissemination of this information to all levels and improving the promotion of physical activity in older persons. Further and active steps need to be taken for nationwide implementation in all sectors. Recommendations are made for improving the promotion of physical activity for older persons in the Netherlands.

Contents

1 Introduction

1.1 Objectives of EUNAAPA

TNO Quality of Life (QoL), section Physical Activity and Health is the Dutch Associate Partner of the European Network for Action on Ageing and Physical Activity (EUNAAPA). EUNAAPA is a European network which has the aim to use evidence-based strategies to improve health and quality of life among older persons in Europe through physical activity.
EUNAAPA's strategy is to represent a new approach by setting a strategic overall framework and timeframe, including cross-sectional work, in partnership with member states and stakeholders. It will set out common aims, objectives and milestones to set a high profile agenda for future health policy across the EU, in which the contribution to health by all sectors and partners is fully recognized. It will aim to trigger real change – by delivering concrete results through an effective implementation process.

In 2006 the Network started a project funded by the European Commission with the following strategic objectives:

- To establish a self-sustaining network to facilitate the promotion of evidence-based physical activity
- To foster an intersectional approach to the promotion of physical activity
- To identify evidence-based, cost effective and acceptable ways to promote physical activity
- To facilitate the contribution of European scientists to the development and implementation of evidence-based physical activity promotion policies in Europe

To achieve the mentioned objectives, information is collected in both the Netherlands and in 13[1] other European countries in three rounds, concerning:

- assessment of physical activity and physical functioning in the elderly (round 1)
- identification and critical comparison of successful programmes and promotion strategies for promoting physical activity (round 2)
- dissemination and implementation of successful strategies (round 3)

In rounds 1 and 2, data were mainly collected with the participation of researchers and professionals. Results of both rounds have been published in national reports (De Vreede & Tak, 2007; Tak et al., 2008) and a European Report for round 1 (Frändin et al., 2007). Round 3 is especially aimed at policy-makers and results are described in the current national Dutch report.

1.2 Objective of round 3

The objective of round 3 was to exchange with policy makers from relevant policy sectors (sports, health and social), in order to learn about policy rationales (goals, obligations, resources and opportunities) and windows of opportunities in the area of

[1] In addition to these countries there have been 6 other European countries that participated in the data collection in 1 or more rounds

physical activity and ageing. This was done by means of a Mini Phone Survey and a National Workshop.

The Dutch results have been submitted to the leader of round 3: the Institute of Sport Science and Sport Friedrich-Alexander University Erlangen-Nuremberg for incorporation into a cross-national report. The present document is a national report on the analysis of dissemination and implementation of promotion of physical activity in the Netherlands.

2 Methods

Data were collected in three steps. At first relevant policymakers were identified from different policy sectors. Secondly, identified policymakers were contacted for a Mini Phone Survey. This survey served as an option for selecting the most relevant workshop participants and for analysis of current policy on physical activity and older persons.
Thirdly, a National Workshop with relevant policy makers was organised in order to (1) inform participants about best-practice recommendations for physical activity assessment and physical activity promotion for older persons and (2) to exchange on policy rationales and windows of opportunity for the development and implementation of policies in this field.

2.1 Identification of relevant policy makers

As requested by the leader of round 3, policy makers were identified with the help of the matrix below (Table 1)[2]. Ideally, at least one policy maker from each of the 12 boxes was to be identified. The matrix was to be used flexibly, bearing in mind, for example, that several organisations could be located in more than one box.

Table 1 Matrix used to guide the selection of national Experts for round 3

	Sport sector		Health sector		Social sector	
	Governmental	NGO	Governmental	NGO	Governmental	NGO
National/regional	*Ministry of Sports*	*National Sports Association*	*Ministry of Health*	*National Network for Prevention*	*Ministry of Social Affairs*	*National Social Association*
	National Sports Institute	*Sports Institution for older people*	*National Institute of Public Health*	*Docter's Association*	*Party representing older people*	*Social Care Organisation*
Local	*Local or community sports authority*	*Local sports club*	*Local or health authority*	*Local branch of a health organisation*	*Local or social care authority*	*Senior Citizen's local advisory office*

Most of the Dutch policymakers identified were professional contacts of the Dutch Associate EUNAAPA partner, TNO Quality of Life. In order to ensure the selection of policy makers from all of the 12 boxes for the workshop, at the start 52 policy makers were identified and contacted by e-mail and telephone. The purpose of the project and round 3 were explained to the policy maker by TNO and their participation was requested.

2.2 Mini Phone Survey

During the Mini Phone Survey (see appendix A for the full questionnaire) respondents were first asked whether they were promoting any program/activity for physical activity for seniors. Depending on whether an organisation was taking action or not, the organisations were ranked separately. The Mini Phone Survey continued by asking questions based on four policy determinants:

[2] Comparable matrix have been used in round 1 and 2 to identify experts

- goals
- obligations
- resources
- opportunities

This framework has been adapted to explain policy making rationales in the field of health promotion by the MAREPS project (Rüetten et al., 2003). A shortened version of the original MAREPS scale is used to measure the policy determinants for policy makers' actions. Table 2 shows the actual questions for each determinant.

Table 2 Questions of the Mini Phone Survey, divided over the policy determinants goals, obligations, resources and opportunities

Goals
3a The goals are concrete enough.
3b The goals are officially spelled out.
3c The action concentrates on improving health of the population.
Obligations
4a Scientific results demand the action.
4b The action is part of my professional duties.
4c Personally I feel obliged to do something in this field.
Resources
5a The population supports the action.
5b There is enough personnel.
5c My organization has the necessary capacities.
5d There are sufficient financial resources.
Opportunities
6a The involvement of the population.
6b The media's interest.
6c My own involvement.
6d The cooperation within my organization.

The respondents could answer each question on a five point Likert Scale ranging from 'not true at all' to 'definitely true'. A colour scheme with corresponding label was attached to these answer categories for analysis purposes (see table 3).

Table 3 Answer categories for the Mini Phone Survey and labelling of the colours

Number	Level of agreement	Colourscheme	Label
1	Not true at all	red	determinant not developed
2	Not true	red	determinant not very well developed
3	Neutral	yellow	determinant developed to some extend
4	TRUE	green	determinant quit well developed
5	Definitely true	green	determinant developed very well
9	Not applicable	white	x

Analysis of the data was done on the following aspects:

- number of organisations with action vs. those with no action in the promotion of physical activity in older persons
- general comparison of the four policy determinants (which are less or more developed)

- comparison of the four policy determinants on item level (in percentage dissatisfaction)
- comparison between different levels of the sampling matrix: sectors, national/local on item level (in percentage dissatisfaction)

Percentages dissatisfaction were calculated by recoding values 1 – 3 and 1-2 for opportunities 1-2 into one category.

2.3 The National Workshop

2.3.1 Selection of participants

Based on the matrix, an evaluation by the project team and on the results of the Mini Phone Survey, participants were selected for the National Workshop. We set out to invite 15 to 20 policy-makers to the national workshop. Selection criteria included were:

- cover all fields of the matrix
- focus on the national level rather than on the local level
- focus on organizations who are already active in the field or who indicate they might become active in the future

2.3.2 Contents of the workshop

The objectives of the Workshop were (1) to inform participants about best-practice recommendations for assessment of physical activity and physical activity promotion for older persons and (2) to exchange on policy rationales and windows of opportunity for the development and implementation of policies in this field.

In preparation of the workshop and to stimulate discussion, ten statements were constructed based on the results of rounds 1 and 2, and on the results of the Mini Phone Survey. The list of statements was sent to the workshop participants, and they were asked to indicate whether they agreed or disagreed with the statement and why. The statements which showed the most opposite answers or were considered most important by the policy makers were selected for further discussion in the National Workshop. (For the full list of statements, see table 7).
Secondly, a well known expert in the field of physical activity was contacted to guide the discussion objectively. Prior to the workshop, the goals of the workshop were explained to him and the program talked through.

The program started with a word of welcome and introduction by the Dutch National Officer. An introduction was given of the EUNAAPA project, the agenda and the goals of the workshop. Next, presentations were given on the results of the inventories of round 1 and 2 of EUNAAPA followed by a discussion. After that, the results of the analysis of the Mini Phone Survey were presented and discussed.

The second part of the National Workshop was guided by the selected statements not related to one of the three rounds. The statements concerning the results of round 1 and 2 were addressed directly after the presentation of these results.

2.3.3 Data collection

During the workshop, notes were taken by the project team. At the end of the workshop, a summary of the discussion was presented to the participants, and they indicated

whether they agreed with these outcomes. This summary served as data for the analysis of the workshop.

3 Results

3.1 Results identification of relevant policy makers

Of the 52 identified and contacted policy makers, 34 agreed to participate. In table 4 an overview is given of the identified policy makers divided over the different sectors and levels. The numbers in black are the policy makers who participated in the survey, the number of those who did not respond ore participate are given in red. Reasons for non response were no interest (n=3), being away for a holiday (n=2), unreachable (n=8), responding to late (n=4) and being ill (n=1).

Table 4 Division over the matrix of the 52 policy makers who were interviewed; in black are the 34 policy makers who participated, in red are the policy makers who did not.

	Sport sector				Health sector				Social sector			
	Governmental		NGO		Governmental		NGO		Governmental		NGO	
National/regional	3	2	2	1	5	3	3	3	1	1	4	1
Local	5	1	3	1	2	0	3	2	2	2	1	1

Table 4 demonstrates that all sectors were represented in the Mini Phone Survey. The social sector was less well present, especially on the governmental level.
Some organizations were interviewed twice. This is the case for NISB, NHG, ZonMw, the Ministry of Public Health, GGD and SWO. There were several reasons for interviewing more then one person from the same organization:

- different departments (Ministry of Health, ZonMw)
- local organizations working in different regions (GGD, Amsterdam and Gouda; SWO, Breda and Dongeradeel)
- more then one expert/policy maker working in this field (NISB)

3.2 Results Mini Phone Survey

3.2.1 Cases of action vs. no action

The results of the Mini Phone Survey data are shown in table 5, which presents the four policy determinants translated into the colour scheme (see also table 3). Four of the 34 policy makers (RIVM, Age Platform, CSO and NHG[3]) stated that they currently do not take any action in implementing and promoting programmes for physical activity for older persons.
For some organisations not all questions were applicable (Age platform, VU University and RIVM). Both the VU and the RIVM are research institutes. The Age Platform judged the questions as not applicable because they did not see any possibility for

[3] Abbreviations of organisations are explained in appendix 5

implementing or promoting action in the field of Physical Activity and Elderly in the future. The data for NOC*NSF and NHG suggests that these organizations' main deficit is the lack of concrete and spelled-out goals in the field of physical activity and ageing. In the future, NHG (scientific organisation for General Practitioners) hopes to develop these goals. The NOC*NSF (National Olympic Committee*National Sports Federation) is not sure whether they will aim future programs more at older persons. Their aim is at improving participation of *all* persons in the Netherlands in organized sports.

Table 5 Results of the Mini Phone Survey. In the first column, the cooperating organizations are shown. Secondly their position in the matrix is given (sectors Sports, Health and Social, and divided in organizations at national level (with N behind the sector) and at local/regional level). The answers are divided over the four policy determinants goals, obligations, resources and opportunities. Colours and numbers indicate the level of development (see also table 3)

Organization	Sector	Answers											
		GOALS			OBLIGATIONS			RESOURCES				OPPORTUNITIES			
NISB I	Sports N	5	5	5	4	5	5	3	4	4	4	3	5	5	4
Min. PH - Sports/PA	Sports N	3	5	5	4	5	5	9	2	3	4	2	4	4	4
NISB II	Sports N	5	5	5	5	5	5	2	4	4	4	3	3	3	3
VML	Sports N	5	4	5	1	5	5	5	1	4	2	3	3	3	9
NOC-NSF	Sports N	5	5	2	4	4	4	4	4	4	2	4	4	4	3
Sportservice N-H	Sports	5	5	5	5	5	5	4	3	3	9	3	4	5	4
Sportraad Overijssel	Sports	5	5	5	2	5	5	4	4	4	5	4	5	4	4
VSG	Sports	5	5	9	4	5	5	1	3	3	9	3	4	5	4
Provincial Sportservic	Sports	4	4	5	3	5	4	2	4	4	3	3	3	3	3
VNG	Sports	3	2	5	2	4	4	3	4	4	4	3	3	5	3
NPS	Sports	1	1	5	2	5	5	4	4	4	2	2	3	4	3
Sportbedrijf Arnhem	Sports	5	5	3	2	5	4	5	3	4	4	4	3	3	3
Sportbedrijf Tilburg	Sports	5	5	5	4	5	5	5	3	3	3	4	3	4	5
RIVM	Health N	9	9	9	9	9	9	9	9	9	9	9	9	9	9
NIGZ	Health N	5	5	3	4	4	4	4	4	5	4	4	5	3	4
ZonMW I	Health N	5	5	5	5	5	5	3	3	5	3	9	3	2	4
ZonMW II	Health N	4	4	4	5	5	4	1	5	5	3	3	4	4	5
Min. PH-Social Suppor	Health N	4	1	4	4	3	5	1	1	9	9	4	2	3	3
VVOCM	Health N	4	4	3	3	2	5	3	5	5	3	4	5	4	3
NVFG	Health N	4	4	9	3	2	2	4	2	3	4	4	9	3	4
NHG I	Health N	9	9	9	9	9	9	9	9	9	9	9	9	9	9
GGD HM	Health	4	4	4	4	5	5	2	2	2	3	3	3	3	4
GGD Amsterdam	Health	3	3	4	5	5	5	3	2	4	2	3	3	3	4
VU Amsterdam	Health	5	4	5	5	5	5	1	9	9	9	3	5	5	5
STIOM	Health	4	5	5	2	4	3	4	5	5	3	3	5	5	5
Acti-Fit	Health	5	5	5	2	5	2	2	4	4	3	4	5	3	3
NFO	Social N	4	5	3	4	5	1	9	3	3	2	3	5	3	3
Age-Platform	Social N	9	9	9	9	9	9	9	9	9	9	9	9	9	9
ANBO	Social N	5	5	5	3	2	5	5	3	5	2	4	3	5	5
MO-Group W.M.D.	Social N	4	9	5	1	3	4	4	4	5	3	3	3	3	3
CSO	Social N	9	9	9	9	9	9	9	9	9	9	9	9	9	9
SWO I	Social	5	3	5	5	5	5	1	2	2	5	3	5	3	5
SWO II	Social	5	5	4	3	5	5	3	5	5	4	4	4	3	3
MEE	Social	5	5	5	3	1	5	1	3	5	4	4	3	4	9

3.2.2 *General comparison of policy determinants*

In general the first two determinants (goals and obligations) are relatively well developed, (most fields green or yellow), while resources for physical activity promotion among older persons in the Netherlands are seen as more critical by most respondents. In the fourth field (opportunities), the majority of respondents can either see no change of the opportunity situation during the last year (yellow, value 3) or a slight improvement (green, value 4). Only 4 out of 34 respondents felt that opportunities for PA promotion among the elderly deteriorated during the last year.

3.2.3 *Comparison of policy determinants on item level*

Figure 1 presents the results of the individual items of the Mini Phone Survey (the columns of table 5) Three items of the survey show a high percentage of dissatisfaction: '*scientific results demand action'* (Q4a), '*the population supports the action'* (Q5a) and '*there are sufficient financial resources'* (Q5d). (For the complete questions: see Appendix A or table 2)

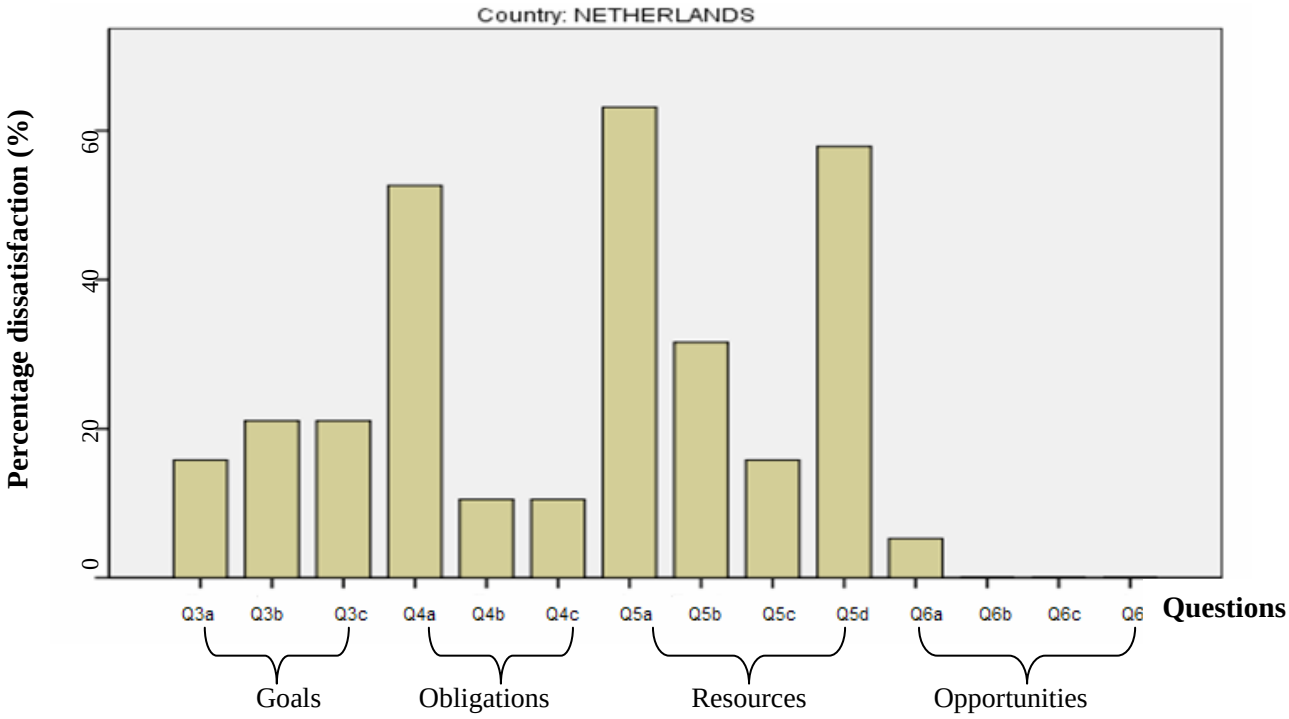

Figure 1 Percentage of respondents in the Netherlands reporting dissatisfaction (values 1 - 3; for opportunities 1-2) (for those reporting any action)

About 53% of the respondents did not seem to believe that scientific results demanded action in the field of physical activity and ageing (Q4a). The workshop could try to clarify why this is the case and why many organizations are active in the field without being aware of the scientific evidence. Moreover, this result is a good opportunity to present the scientific evidence for the benefits of physical activity among older persons and the results of EUNAAPA's work packages 4 and 5 to the workshop audience.

The answers on Q5a indicate that a majority of respondents (63%) are rather sceptical as far as popular support for action in the field of ageing and physical activity is concerned. Bearing in mind the answers to question Q6a ('*How did the involvement of the population change during the last year?*'), one could say that the population does not seem to support action in this field very well and that the situation has remained unchanged during the last year. Thus, searching for reasons for the lacking popular support and finding strategies to improve the situation could be another important topic of the workshop.
The third column that stands out (57% of respondents are dissatisfied) indicates that financial resources are a barrier in the Netherlands for (further) promotion of physical activity in older persons.

3.2.4 Comparison between different levels of the sampling matrix

A "horizontal" analysis of table 3 shows some differences between the respondents on two different levels: local and national/regional level (figure 2).

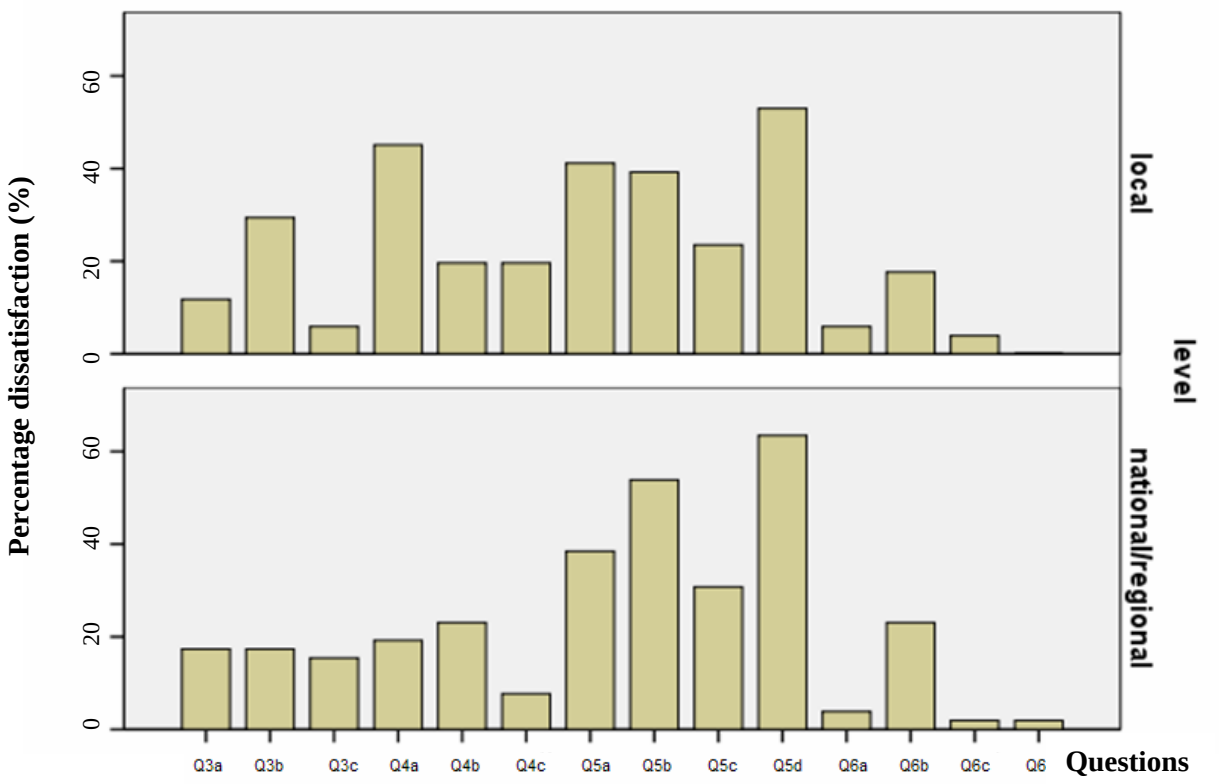

Figure 2 *Percentage of respondents per level reporting dissatisfaction (values 1 - 3; for opportunities 1-2) (for those reporting any action)*

On the local level policy makers have less spelled out goals (Q3b), their actions are less based on scientific evidence (Q4a) and they are less personally obliged then policy makers on a national level (Q4c). There seems to be only a slight difference between the local and national/regional level as far as the question of popular support (Q5a) is concerned: respondents from the local level seem to be even more sceptical with respect to this issue than representatives of the national level (43% and 38% respectively).
Concerning a comparison between the three sectors (sport, health and social) it can be seen that subjects working for national NGOs in the health care and social care sector do not seem to feel to be as obliged (to be active in the field of physical activity and ageing) as those in the sport sector (Q4b and Q4c) The workshop could try to ascertain if this is due to the individual respondents' position within their organization or if this pattern is typical for the situation in the Netherlands.

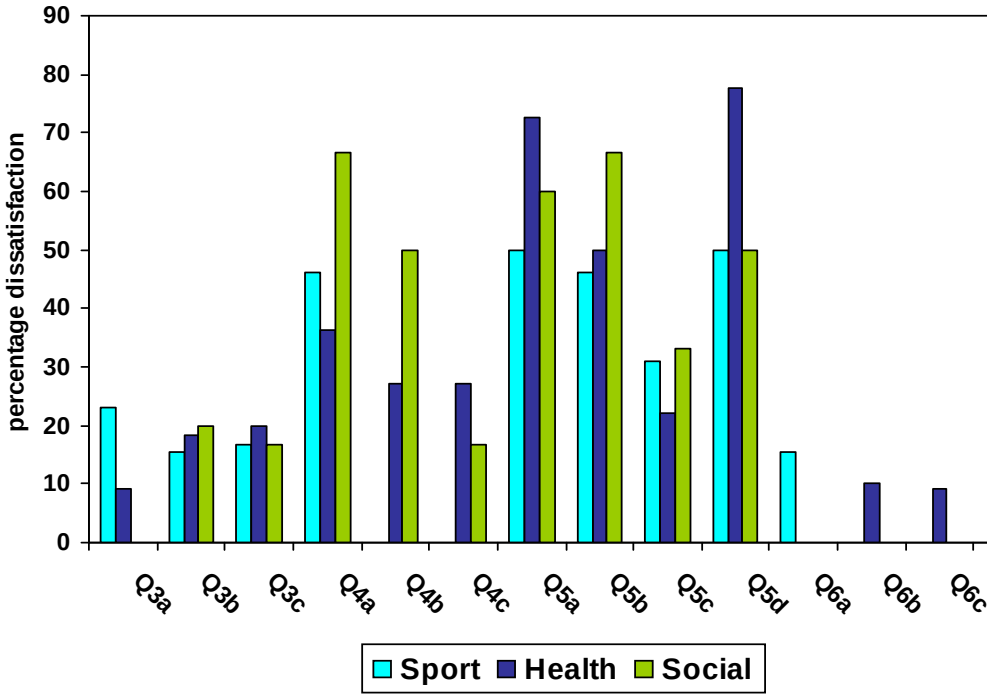

Figure 3 Percentage of respondents per sector reporting dissatisfaction (values 1 - 3; for opportunities 1-2) (for those reporting any action)

3.3 Results of the National Workshop

3.3.1 Selection of participants

In table 6 an overview is presented of all invited persons to the National Workshop. In total 22 policy makers were invited, of whom 13 actually participated (presented in black). In Appendix E an explanation is given of the abbreviated names of the invited organizations. Due to absence, three boxes were not present at the workshop: Health/local/governmental, Social/national/governmental and Social/local/NGO.

Table 6 *Matrix with names of invited policy makers for different sectors and levels. The names in black are policy makers that attended the workshop. The policy makers in red were absent during the workshop.*

	Sports Sector		Health Sector		Social Sector	
	Governmental	*NGO*	*Governmental*	*NGO*	*Governmental*	*NGO*
National/ regional level	**M. Koornneef** Min. Public Health – Sports/PA/Health **G. Kroes** NISB	**J. Kat** MBvO A'dam **W. van Duikel** MBvO A'dam	**M. Stiggelbout** NIGZ **A. Jonkers** Min. Public Health – Social Support	**T. Drenthen** NHG/ZonMW **P. van den Hombergh** LHV	**F. Gardenbroek** Min. Public Health– Social Support	**M. van Tellingen** ANBO for 50+ **P. Kruitbosch** CSO
Local	**D. Bloemert** Sportraad Overijssel **R. Verelzen** VNG Taskforce 50+ A. de Jeu VSG	**M Goedmakers** Sportbedrijf Tilburg **G. Karsten** CIOS	**A. van Ketel** GGD A'dam **M. Hekman** GGD HM	**R. van Bokhoven** STIOM	**Reina Hes** Fryzo- Stichting Welzijn Ouderen Dongeradeel **Els de Swart** Stichting Ouderenwerk Breda	**F. Nalkiran** MEE

The following organizations were invited but absent due to lack of time (GGD, Fryzo) or lack of priority (VNG, MEE and Ministry of Public Health, Welfare and Sports - Department of Public Health and Social Welfare) at the workshop:

- The GGD (Municipal Health Services) was selected because of their role in carrying out activities and research for local communities in the field of public health.

- The department of public health and social welfare of the Ministry of Health, Welfare and Sports was selected because of the discussion on whether physical activity promotion should primarily be aimed at improving health. This department is currently less active in the field of physical activity promotion.

- The VNG (National Organization Dutch Municipalities) was selected because since January 2007, a new Act in the Netherlands (WMO) creates more responsibility for municipalities in carrying out public health related tasks. The VNG supports municipalities in carrying out this Act.

The LHV (National Organization for General Practitioners) and Sportraad Overijssel (Provincial Sport Institute) were at the last minute unable to come.

Selection of topics

The ten statements were sent to all invited policy makers, of whom eight replied before the workshop. Based on these results, six statements were selected to be further discussed during the workshop (see table 7). Additional topics to be covered were based on the result of the analysis and statements, which include:

- clarification of why many organizations are active in the field without being aware of the scientific evidence
- reasons for the lacking popular support and finding strategies to improve this situation
- try to ascertain why participants working for national health care and social care sector do not seem to feel to be as obliged as those in the sport sector

Table 7 Full list of statements sent to participants with results of the answers (n=8) (statements in *italic* are selected for the workshop)

	Statement	**Source**	**agree (%)**	**disagree (%)**	**no answer (%)**
1	The role of municipalities in the promotion of physical activity in the elderly will become more and more important in the next years, especially since the start of the WMO; currently, municipalities do not have enough resources to take on this role.	Website Ministry of VWS	87,5	12,5	-
2	*The programme 'Prescription of PA' should be covered by the national health insurance*	Website Ministry of VWS/VNG	62,5	12,5	25
3	*Physical activity programmes for elderly should be primarily aimed at the promotion of physical health*	MPS	25	62,5	12,5
4	*More focus should be given to carrying out pa programmes which are evidence based*	MPS	50	37,5	12,5
5	*On a national level there should be a preferred set of assessment instruments for the evaluation of efficacy of pa programmes, screening of fitness levels of participants etc.*	Round 1	87,5	12,5	-
6	*Higher order qualifications for promoting physical activity in the elderly should be obligatory for personnel*	Round 2	25	62,5	12,5
7	There will a shortage of personnel with higher order qualifications in the near future	Round 2	50	37,5	12,5
8	Migrant populations are underrated in the promotion of	Website	50	12,5	37,5

	Statement	Source	agree (%)	disagree (%)	no answer (%)
	physical activity; more pa programmes should be developed which focus on this group of inactives	MEE NL			
9	There should be more resources for developing physical activity programs for the elderly	MPS	87,5	-	12,5
10	*Promotion of physical activity should be developed more in the sector 'health' and less in the sector 'sport'*	MPS	62,5	12,5	25

* MPS = Mini Phone Survey; Round 1: assessment of pa and physical functioning; round 2: successful programmes and promotion strategies; MEE NL=National Societal Organisation for Disabled Persons; VWS=Ministry of Public Health, Social Care and Wellbeing; VNG= National Organization Dutch Municipalities.

3.3.2 Discussion of Round 1: Assessment of physical activity and Physical Functioning in Older Persons

The attendees were satisfied with the approach and methodology of the national report on the assessment of physical activity and physical functioning in older persons. The Dutch Physical Activity Guideline was mentioned as missing.

None of the participants spontaneously voiced interest in implementation of the results of the assessment report.

Most of the attendees agreed that at an international level there should be a preferred set of evidence-based assessment instruments (first statement). At a national level such a set of assessment instruments is generally welcomed but the following points should be taken into account:

- differentiation for different outcomes (functioning, fitness, satisfaction, independence etc.)
- differentiation for different older target groups (age, mental problems, functional limitations etc.) and users (researchers, professionals, doctors, older persons themselves)
- at the local/practical level there is a stronger need for a set of assessment instruments that is easy to use compared to scientific qualities

In order to prevent reluctance to use a preferred set, the participants thought it was necessary to also develop a calibration method by which it would be able to compare results obtained by different assessment instruments. In this way users can choose the instrument they think is best or most practical, but results can be compared to other measurements or (inter)national standards.

3.3.3 Discussion of Round 2: Identifying Existing Programmes for physical activity and Promotion for Older Persons

Few comments were given about the approach and methodology of the national report on Identifying Existing Programmes for PA and PA Promotion for Older Persons by the participants.

Although the topic was not brought up specifically, none of the participants spontaneously indicated that they wanted to take a lead in implementing the results of this report.

There was a lot of discussion on the second statement whether physical activity programs for elderly should be primarily aimed at improving (physical) health. Almost all participants mentioned that improving physical health was not the only goal of the programs they promoted: the social aspect was equally important: "*Physical health improvement is the aim but social aspects are a condition to participate and continue the program"*. Policy makers and researchers mostly design and promote physical activity with the aim of improving health, while according tot local organizations most of the older persons join for social aspects (contact, fun etc.) and are not so much concerned in achieving a specific or preset goal.

In general, health improvement can be seen as the aim, with health defined as both physical and mental well being.

3.3.4 Discussion of the Mini Phone Survey results and general discussion

After the presentation of the results of the mini phone survey, the participants were asked to discuss possible explanations for the lack of popular support for physical promotion of older persons. Participants indicated that there was a lack between attitude and behaviour. Problems were indicated in the communication and reach of the older population, although the situation has improved in the recent period. Given the heterogeneity of the older population certain subgroups (oldest age groups) should be given more attention (e.g. development of specific programmes). Improvement could be achieved by sending out a broader public message, better communication and stimulation of the older population. Concrete solutions include using facilities already frequented by older persons and using already active older persons to bring friends, family etc.

On the third statement *'Promotion of physical activity programs for elderly should be the main responsibility of the sector 'Health' instead of the sector 'Sport',* the participants agreed that an integrated policy should be developed including all sectors, but that one sector should have the main responsibility in order to coordinate all activities. According to 6 participants, this role should be taken by the health sector. Unfortunately, most invited participants from the health sector were absent.
On a local level municipalities should play a major role in coordination. Although the municipal health services (GGD) are taking action, they are dependent on priorities set by the municipality. There seems to be a lack in most municipalities in giving priority to prevention and long term goals. It is mentioned that the Taskforce 50+[4] is already working in some municipalities on integrating all sectors. Also the continuation of activities is important and not only to carry out short pilot projects. Coordination by municipalities also creates an opportunity to integrate the building and planning sector in order to influence the physical environment as a promoter of physical activity.

In reaction to statement 4 ('*In implementing physical activity programs for elderly, more emphasis should be put on 'evidence-based' working)* most of the participants agreed that in addition to working evidence-based, practice-based should be seen as equally important to evaluate and improve programs. Especially the policy makers on the local level did not think that evidence-based working was *the* necessary requirement for implementing programs. They view the experience from professionals and older persons themselves even as more important than strictly scientific evidence. Representatives of national institutions explained that scientific results are necessary to show the necessity of a program in order to allocate financial resources effectively. They also indicate that there are several ways of working evidence based. Joining a program that has been proven to be working could also be stimulating for participants. Apart from evidence or practice based it may be best to talk about 'best-practice' based.

Regarding the fifth Statement ('*the qualifications in the supervision/guidance of physical activity for elderly should become higher'*), in general, the participants agreed that the quality of the instructors is not the problem, but the amount of instructors. There is already a shortage on instructors and this problem will most likely persist in the near future. Policy makers on a local level indicate a lack of motivation in young

[4] Taskforce 50+ is a method for integrated policy making for municipalities in the field of physical activity and elderly (50+). It was developed by NISB, tested and is now promoted nationally.

professionals in working with older persons. This could be solved by recruiting young Sports Academy students and actively promote the target group older persons. Another option that was mentioned was to recruit elderly themselves as instructors, although not all programmes are suited for them.

On the last statement (‘*programs for physical activity for elderly should be prescribed by a doctor and be covered by the national healthcare insurance’*), there was an agreement among all participants, but they also realized that there should be given a lot of thought about the reimbursement of costs. All health insurers and doctors need to participate, and first evidence should be gathered. The Ministry of Public Health, Welfare and Sports indicated that they are working on this.

At the end of the workshop, no further action was decided on, neither was there an agreement on a common strategy for the promotion of physical activity among older persons in the Netherlands. The participants did not feel a need to discuss their programmes on national level, but were interested in receiving information on developments. TNO was seen as an information provider. In the future, TNO/EUNAAPA can continue in providing useful information.
This workshop was a way of discussing and analyzing the problems within policy making in the area of physical activity and older persons.

At last the summary of the workshop was presented and participants indicated they agreed that this was a fair reflection of the discussion (see table 8).

Table 8 Summary of the workshop as agreed by the participants

	Statement	**Summary**
1	*On a national level there should be a preferred set of assessment instruments for the evaluation of efficacy of pa programmes, screening of fitness levels of participants etc.*	- calibration method needed for comparison - preferred set on a international level - easy to use instruments at the local/practical level
2	*Physical activity programmes for elderly should be primarily aimed at the promotion of physical health*	- health and social wellbeing are equally important goals of PA promotion - physical health is aim; social wellbeing is determinant
3	*Promotion of physical activity should be developed more in the sector ‘health’ and less in the sector ‘sport’*	- integration of sectors - one should have the lead/coordination
4	*More focus should be given to carrying out pa programmes which are evidence based*	- practice based research is equally important - evidence based research is needed for justification of programmes
5	*Higher order qualifications for promoting physical activity in the elderly should be obligatory for personnel*	- higher order qualifications are not always necessary - shortage of qualified personnel should be tackled (including students and training older persons as well)
6	*The programme ‘Prescription of PA’ should be covered by the national health insurance*	- positive but conditions for reimbursement should be looked at

4 Discussion

4.1 Relevancy of selected policy makers

Working with the matrix proved to be helpful in identifying and selecting most relevant policymakers. Most of the identified organisations and policy makers indicated that they were active in the promotion of physical activity as expected. Those that were not, were either working on a scientific level or did not limit their actions to older persons.
Although not all identified policy makers could be reached or wanted to participate, all boxes in the matrix were represented during the Mini Phone Survey and most of them in the workshop. The relative lower presence of the health and social sector could reflect their lower level of interest and action on physical activity in this field. This was also an important outcome of the analysis and workshop.
The intention expressed by organisations from the health sector that they are developing goals and actions is therefore promising.

4.2 Survey analysis and workshop discussion

The results from the analysis of the Mini Phone Survey indicated that the level of resources is judged to be the most critical policy determinant for physical activity promotion. Especially on financial resources, personnel and popular support were policy makers dissatisfied.
A striking result was that scientific evidence is not mainly responsible for taking action in this field, especially on a local level. During the discussion it became clear that (local) policy makers have some critical ideas about the (unique) value of scientific evidence and that they relied more on practical aspects and their own experience. Policy makers on the national level based actions more on scientific evidence, especially in relation to allocating limited financial resources.
The same contradiction between the local and national level was visible in the discussion on assessment instruments. Again, the local policymakers opted for practical and easy to use instruments. There did seem to be consensus about developing a preferred set on an (inter)national level.
The largest dissatisfaction on all levels was visible on the lack of popular support. Clearly action needs to be taken here in order to improve this resource in the future. Some concrete actions were put forward but no specific organisation showed willingness to take these actions.

From the analysis and also during the discussion it became clear that in the Netherlands the health/social sector is currently less active in the field of physical activity promotion for older persons. Traditionally the sports sector has a strong role in this field, but more input from the other sectors is preferable. Especially if improving health is the primary aim, although most participants agreed that also social aims (fun, getting together) are very important. According to local policy makers, most older persons participating in the programs do not have concrete goals. There was no clear conclusion reached on how the health and social sector could be integrated into the promotion of physical activity. Unfortunately invited organisations from these sectors were mostly absent from the workshop. Nevertheless from the discussion it became clear that for instance GP’s and the Ministry of Health are working on initiatives to stimulate physical activity promotion from this sector. One clear recommendation was to have one

sector/organisation appointed as coordinator. On a local level, municipalities seem the most likely candidate, if they are prepared to set long term goals.
There was no organization which at that moment was willing to take the lead in coordination on a national level. Although this was not discussed directly no organisation spontaneously indicated they would like to take this role. EUNAAPA/TNO was seen as an information provider, also in the future.

4.3 Future steps

The information distribution through the workshop went well. The workshop participants indicated that they received a lot of useful information and more insight in policy making on a national level. It is not clear whether the two rounds into assessment and successful programs will lead to action. More initiatives for (systematic) implementation probably need to be taken here. The current information on assessment instrument and successful programs was mainly limited to national data. The European Best Practice Reports which will be published by EUNAAPA in the next months could give a next stimulus to implementing these best practices on a national and local level. For now there was no action decided.
The EUNAAPA network has been working on a new proposal for implementing results of the EUNAAPA project for which research and implementation partners are working together in every participating country. The Dutch National Institute for Sports and Physical Activity (NISB) has agreed to act as the implementation partner in this new project.[5]

4.4 Limitations

The identification and selection of the participants based on the matrix had to be done within a relative short period (two weeks). Due to this time limit, it was not possible to interview all the identified policy makers (eight of them could not be reached). Nevertheless given the distribution within the matrix and the final number of interviewed policy makers (65%) we do feel this selection provided a good representation of Dutch policymakers who are active in the field of physical activity promotion in older persons.
Unfortunately, there were some absentees from the workshop, especially from the health sector and municipalities. Most of the attendees did contribute to the discussion, either spontaneous, or by stimulation from the chairman. It proved sometimes difficult to have a discussion at an aggregate level since most participants discussed only from their own perspective.
Both the questionnaire itself as well as the translation of the Mini Phone Survey from English into Dutch may have caused some misunderstandings. Question 3c (‘*The action centres on improving the health of the population’*) was unclear because the definition of ‘health’ was not given. Question 5a (‘*The population supports the action’*) was considered to be a vague question: many policy makers did not know how to interpret the support. And who exactly was meant by ‘the population’? This issue was later cleared during the workshop.
Summarizing the general discussion and drawing conclusions proved to be difficult. Therefore we distributed the statements prior to the workshop and summarized

[5] The new proposal PASEO (Building Policy Capacities for Health Promotion through Physical Activity among Sedentary Older People) has been submitted to the EC

conclusions at the end of the workshop. Unfortunately it was not possible to differentiate this summary to the different sectors and/or levels.

4.5 Conclusions

Policy determinants for promotion of physical activity in older persons in the Netherlands indicate that goals on most levels and in most sectors are clearly developed. Most policy makers feel (personally) obliged, but there is dissatisfaction on most resources while opportunities remain steady.

Policy (makers) from both the health and social sector needs to be more integrated with the dominant sport sector in the field of physical activity and older persons. Concrete goals need to be spelled out officially and obligations made. A coordinating organisation or sector needs to be chosen. In the mean time there are promising initiatives from the health sector on promoting health. Likewise the social sector could focus on initiatives with social aims such as social integration, fun and relaxation in addition to the primary aim of improving health.

Local policymakers and organisations mostly operate from a clear pragmatic point of view. This approach may have the highest rate of success in terms of reaching and satisfying older persons but it remains unclear what effects are achieved on health or other aims, even if social aims are considered just as important. More research on this topic is therefore necessary.

EUNAAPA can provide practical tools and knowledge through their best practice reports which could help in getting this information to all levels and improving the promotion of physical activity in older persons. Further and active steps need to be taken for nationwide implementation in all sectors.

5 Recommendations

From these results and conclusions the following recommendations are suggested for implementing policy on physical activity and older persons in the Netherlands:

- develop clear goals for the health and social sector in promoting physical activity for older persons
- integrate these goals and actions with the sport sector; make sure there is some sort of coordination between these activities on all levels (national, regional, local)
- take action on improving critical resources such as finances, personnel (education, qualifications) and popular support
- provide practical and easy to use assessment instruments that are evidence based and can be compared to data collected through other methods (calibration)
- provide (information on) best practice promotion strategies and programmes that are practical and easy to use
- evaluate the way in which these activities reach their aims (including satisfaction and reach of older persons)
- take action on a nation wide implementation of European Best Practices on physical activity promotion for older persons *[6]
- update evaluation of policy determinants and organise knowledge and information exchange between different levels and sectors on a regular basis

These actions should create opportunities for an integrated policy, in which the offering of services can be adapted to (local) needs to stimulate health, autonomy and quality of life of older persons.

[6] One initiative that has already been taken is the PASEO project of the NISB (see 4.3)

6 References

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TAK, ECPM, DE VREEDE, PL AND HOPMAN-ROCK, M. Expert survey on physical activity programmes and physical promotion strategies for older people. TNO Quality of Life, Leiden 2008, KVL/B&G 2008.003.

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A Phone Screening Questionnaire (Dutch)

EUNAAPA WP6 Last update: 21/01/2008

Telefonische vragenlijst

Land:	Respondent: Positie:

Geachte heer, mevrouw,

Op het moment zijn wij vanuit TNO werkzaam aan een Europees project voor bewegingsstimulering voor ouderen, genaamd EUNAAPA (European Network for Action on Ageing and Physical Activity). Het project onderzoekt en promoot fysieke activiteit uit het oogpunt de gezondheid en het welzijn van oudere mensen in Europa te verbeteren. In deze context zouden we van u graag meer willen weten over de betrokkenheid van uw organisatie op het gebied van fysieke activiteit en gezondheid van ouderen om zo het beleid in Nederland hierover in kaart te brengen. In de vragenlijst zal het begrip ‘activiteit’ genoemd worden. Hiermee wordt bedoeld welke acties beleidmatig zijn ondernomen door uw organisatie ter stimulering van bewegen van ouderen.

Bent u de juiste persoon binnen uw organisatie om de vragen aan af te nemen?

Het interview zal ongeveer 15 minuten duren. De verkregen informatie over bewegingsstimulering voor ouderen in Nederland, zal worden gebundeld in een Europees rapport. Na medewerking aan dit interview kunt u dit rapport ontvangen.

Betrek de volgende vragen uitsluitend op het onderwerp **fysieke activiteit en gezondheid van ouderen.**

1. Bestaan er binnen uw organisatie activiteiten op het gebied van stimulering van fysieke activiteit en gezondheid bij ouderen?

Ja □ □ Ga verder bij vraag 2.
Nee □ □ Ga verder bij vraag 7.

2. Beschrijf dit programma graag in het kort:

_____

_____

_____

_____

_____

Betrek de hierop volgende vragen op uitsluitend de bovengenoemde activiteit die door uw organisatie wordt ondernomen.
(Als meerdere acties worden ondernomen: vraag naar de belangrijkste vorm van actie en betrek de vragen uitsluitend daar op.)

3. Wanneer u denkt aan de <u>doelstellingen</u> op het gebied van stimulering van fysieke activiteit en gezondheid onder ouderen, tot welke hoogte zijn dan de volgende stellingen waar vanuit uw oogpunt?

Helemaal niet waar Heel waar
1 2 3 4 5

De doelstellingen zijn helder genoeg. 1 2 3 4 5
De doelstellingen zijn officieel uiteengezet en beschreven. 1 2 3 4 5
De actie concentreert zich op het verbeteren van de gezondheid van de populatie. 1 2 3 4 5

4. Als u denkt aan de <u>verplichtingen</u> waar u en uw organisatie door gestuurd worden, in hoeverre zijn dan de volgende stellingen waar betreffende de actie op het gebied van stimulering van fysieke activiteit en gezondheid van ouderen?

Helemaal niet waar Heel waar
1 2 3 4 5

Wetenschappelijke resultaten vereisen de actie te ondernemen. 1 2 3 4 5
De actie is een onderdeel van mijn professionele verplichtingen. 1 2 3 4 5
Persoonlijk voel ik me verplicht om iets te doen op dit gebied. 1 2 3 4 5

5. Wanneer u kijkt naar de <u>middelen</u> die u en uw organisatie tot uw beschikking hebben, in hoeverre zijn dan de volgende stelling waar betreffende bewegingsstimuleringen gezondheid van ouderen?

Helemaal niet waar Heel waar
1 2 3 4 5

De doelgroep ondersteunt de actie. 1 2 3 4 5
Er is voldoende personeel. 1 2 3 4 5
Mijn organisatie heeft de benodigde capaciteit.. 1 2 3 4 5
Er zijn voldoende financiële middelen. 1 2 3 4 5

6. Wanneer u de <u>gehele opzet</u> beschouwt van de ondernomen acties op het gebied van stimulering van fysieke activiteit en gezondheid van ouderen, hoe zijn dan de volgende factoren veranderd gedurende het afgelopen jaar?

Achteruit gegaan vooruit
1 2 3 4 5

De betrokkenheid van de populatie. 1 2 3 4 5
De interesse van de media. 1 2 3 4 5
Eigen betrokkenheid. 1 2 3 4 5
De samenwerking binnen uw organisatie. 1 2 3 4 5

7. Kunt u uitleggen <u>waarom</u> uw organisatie hier geen aandacht aan besteedt?

Als uw organisatie nog geen aandacht heeft besteedt aan fysieke activiteit en gezondheid van ouderen, zou dit in de toekomst wel kunnen gebeuren. Uw organisatie zou al doelen kunnen hebben gesteld met betrekking tot fysieke activiteit en gezondheid van ouderen. Er kunnen ook verplichtingen zijn om actief te worden, of ondersteuning voor toekomstige plannen. In de volgende vragen willen we hier graag nadere informatie over verkrijgen.

Relateer deze vragen graag aan <u>potentiële activiteiten</u> die door uw organisatie kunnen worden genomen aangaande fysieke activiteit en gezondheid van ouderen.

8. Wanneer u denkt aan de <u>doelstellingen</u> die belangrijk zijn voor u en uw organisatie in relatie tot fysieke activiteit en gezondheid van ouderen, in hoeverre bent u het eens met de volgende stellingen?

Helemaal niet waar				**Heel waar**
1	**2**	**3**	**4**	**5**

De doelstellingen zijn helder genoeg. 1 2 3 4 5
De doelstellingen zijn officieel uiteengezet en beschreven. 1 2 3 4 5
De actie zou zich concentreren op het verbeteren van de gezondheid van de populatie. 1 2 3 4 5

9. Als u denkt aan de <u>verplichtingen</u> waar u en uw organisatie door gestuurd worden betreffende fysieke activiteit en gezondheid van ouderen, in hoeverre bent u het dan eens met de volgende stellingen?

Helemaal niet waar				**Heel waar**
1	**2**	**3**	**4**	**5**

Wetenschappelijke resultaten vereisen actie te ondernemen. 1 2 3 4 5
De actie is een onderdeel van mijn professionele verplichtingen. 1 2 3 4 5
Persoonlijk voel ik me verplicht om iets te gaan ondernemen op dit gebied. 1 2 3 4 5

10. Als u denkt aan de <u>middelen</u> die u en uw organisatie ter beschikking heeft aangaande fysieke activiteit en gezondheid van ouderen, in hoeverre bent u het eens met de volgende stellingen?

Helemaal niet waar				**Heel waar**
1	**2**	**3**	**4**	**5**

De populatie zou de actie ondersteunen. 1 2 3 4 5
Er zal voldoende personeel zijn. 1 2 3 4 5
Mijn organisatie zal kunnen zorg dragen voor de benodigde capaciteit.. 1 2 3 4 5
Er zullen voldoende financiële middelen zijn. 1 2 3 4 5

11. Als u denkt aan de <u>algemene opzet</u> aangaande fysieke activiteit en gezondheid van ouderen, hoe zijn de volgende factoren veranderd gedurende de laatste jaren?

Achteruit gegaan vooruit
1 2 3 4 5

De betrokkenheid van de populatie. 1 2 3 4 5
De interesse van de media. 1 2 3 4 5
Eigen betrokkenheid. 1 2 3 4 5
De samenwerking binnen de organisatie. 1 2 3 4 5

We zijn nu aan het einde gekomen van de vragen.

Hartelijk dank voor uw medewerking!

Zoals gezegd is het mogelijk om het rapport te ontvangen. Hebt u hier interesse in? Hebt u contacten binnen uw sector die voor dit rapport wellicht ook interessant kunnen zijn?

Heel hartelijk bedankt!

Email adres correspondent

Post adres correspondent

B Agenda National Workshop (Dutch)

Agenda National Workshop EUNAAPA project

Datum: Donderdag 27 mei 2008
Locatie: TNO Kwaliteit van Leven
Wassenaarseweg 56 Leiden
Bijlzaal 1 and 2
Tijd: 12.00-17.00 (lunch and drinks included)
Voorzitter: drs. Eddy Engelsman

12.00	**Lunch**
13.00	**Welkom** *M. Hopman*
13.05	**Introductie EUNAAPA netwerk door dr. Marijke Hopman-Rock**
13.10	**Voorstelronde** *E. Engelsman*
13.30	**Presentatie resultaten werkpakket 4 en 5 en discussie door** **dr. Paul de Vreede/ drs Erwin Tak** • *Stelling 1: Er zou een verplichte set meetinstrumenten moeten komen op nationaal niveau, voor evaluatie van effectiviteit van beweegprogramma's, de screening van fitheid van deelnemers etc.* • *Stelling 2: Beweegprogramma's voor ouderen zouden primair gericht moeten zijn op bevordering van fysieke gezondheid*
14.30	**Pauze**
14.45	**Analyse telefonische interviews door Hilda Akkermans**

15.05	**Inhoudelijke discussie n.a.v. stellingen** • *Stelling3: Bewegingsstimulering zou meer moeten de noemer 'gezondheid' moeten vallen, en minder onder de noemer 'sport'* • *Stelling 4: Er moet in de uitvoering van beweegprogramma's meer nadruk worden gelegd op 'evidence-based' werken* • *Stelling 5: Er moeten verhoogde instapeisen komen voor het kader van Ouderen en Bewegen.* • *Stelling 6: Het programma 'Bewegen op recept'/ de Beweegkuur zou moet opgenomen worden in het basispakket van de zorgverzekering.*
16.50	**Afronding discussie en conclusies** *Samenvatting van de belangrijkste conclusies* **EUNAAPA End Conference Verona** *M. Hopman*
17.00	Borrel

C List of statements (Dutch)

Stellingen en achtergrondinformatie

De volgende stellingen kunnen deze dag aan bod komen:

1) *De rol van de gemeentes op het gebied van stimulering van bewegen voor ouderen zal de komende jaren veel belangrijker worden, na de invoering van de WMO in 2007. Op dit moment is er bij de gemeentes nog te weinig capaciteit en kennis om dit te bewerkstelligen.*

Met de komst van de Wet Maatschappelijk Ondersteuning (WMO) per 1 januari 2007 worden de gemeenten verantwoordelijk gemaakt voor de maatschappelijke ondersteuning.

(http://www.minvws.nl/images/aard-en-omvang-wmo-doelgroep_tcm19-140937.pdf

'De nieuwe verantwoordelijkheid verplicht gemeenten in tegenstelling tot voorheen de maatschappelijke ondersteuning op de terreinen wonen, welzijn en dienstverlening te verantwoorden. Hiervoor zullen zij zich meer moeten gaan verdiepen in de wensen van hun inwoners.' (Interne Memo TNO Bewegen en Gezondheid)

2) *Het programma 'Bewegen op recept' moet opgenomen worden in het basispakket van de zorgverzekering.*

In de beleidsagenda van het Ministerie van Volksgezondheid, Welzijn en Sport 2008 wordt bekeken of 'bewegen op recept' en 'stoppen met roken' met ingang van 2009 kunnen worden opgenomen in het basispakket van de zorgverzekeraars. Alleen doeltreffende en kosteneffectieve interventies voor mensen die hulp zoeken om ongezond gedrag te veranderen, komen eventueel in aanmerking om in het verzekerde pakket onder te brengen. (Uit: http://www.minvws.nl/images/beleidsagenda_tcm19-152489.pdf)

Zie ook:
- http://www.minvws.nl/kamerstukken/ds/2007/beleidsbrief
- http://www.vng.nl/smartsite.dws?id=74451&ch=DEF

3) *Beweegprogramma's voor ouderen zouden primair gericht moeten zijn op bevordering van fysieke gezondheid.*

Uit de telefonische interviews kwam vaak naar voren dat 'sociaal welzijn' ook een heel belangrijk doel is van de beweegprogramma's voor ouderen.

4) *Er moet in de uitvoering van beweegprogramma's meer nadruk worden gelegd op 'evidence-based' werken.*

Uit Workpackage 5 van het EUNAAPA project kwam naar voren dat geen van de programma's die aangeboden worden in Nederland, voldoen aan de richtlijnen voor beweegprogramma's voor ouderen:
'Remarkably, hardly any of the successful PA programmes are completely in line with current guidelines for general PA programmes for older persons. Although all programmes include activities of at least moderate intensity and increase in the exercise intensity over time, most successful programmes do not meet the required frequency of at least seven days per week 30 minutes or more of continuous or accumulated physical activity.'

Uit de analyse van de telefonische interviews kwam naar voren dat een groot aantal respondenten (17 van de 34) niet of weinig belang hecht aan de wetenschappelijke resultaten van beweging en gezondheid om actie te ondernemen op bewegingsstimulering.

5) *Er zou een verplichte set meetinstrumenten moeten komen op nationaal niveau, voor evaluatie van effectiviteit van beweegprogramma's, de screening van fitheid van deelnemers etc.*

'Results suggest that in the Netherlands instruments to determine physical activity and physical functioning are not usually recommended in national, local or professional guidelines.'
(Workpackage 4 EUNAAPA)

6) *Er moeten verhoogde instapeisen komen voor het kader van Ouderen en Bewegen.*

*'Er zal overleg met het veld worden gevoerd over de mogelijkheid om een opleiding (kopstudie) te ontwerpen ten behoeve van een **(professionele) functie van bewegingsleider** voor ouderen, chronisch zieken en gehandicapten' (Paragraaf 8.5.3. Nota VWS 2001)*

Uit de telefonische interviews kwam naar voren dat de kwaliteit van het kader niet duidelijk gemeten wordt en het kader niet altijd de nascholingen volgt. Uit de resultaten van work package 5 bleek dat er onduidelijkheid heerste over de benodigde certificaten om les te mogen geven aan ouderen.

7) *Er zal te weinig kader zijn op het gebied van Bewegen en Ouderen in de toekomst.*

Uit de telefonische interviews met de beleidsmakers kwam regelmatig naar voren dat er te weinig kader is. Hoe zal deze trend zich in de toekomst ontwikkelen?

8) *Allochtonen krijgen te weinig aandacht als speciale groep inactieven, er moeten meer programma's specifiek op hen gericht komen.*

'Allochtone vrouwen in met name Overvecht, Zuidwest, Noordwest en Zuid vormen om meerdere redenen een kwetsbare groep. Door taalbarrières en zeer beperkte integratie ontstaat in sommige gevallen zelfs isolement en is er sprake van een slechte gezondheid: zowel psychisch als lichamelijk' (Actie Programma Utrecht)

'Om het bewegen bij allochtone ouderen te stimuleren en het vallen te voorkomen, heeft Consument en Veiligheid in samenwerking met het Nederlands Instituut voor Sport en Bewegen (NISB) het pilotproject 'Bewegingsstimulering en valpreventie allochtone ouderen 45+' opgezet. Op vier plekken in Nederland wordt deze pilot uitgevoerd

Bij dit programma krijgen de ouderen gezondheidsvoorlichting in eigen taal en bewegen ze vervolgens onder leiding van een MBvO-docente.' (www.mee.nl)

9) *Er moeten meer mogelijkheden en middelen komen voor het ontwikkelen van speciale programma's voor senioren.*

Uit: telefonische interviews kwam naar voren dat het huidige aanbod van beweegprogamma's niet altijd aantrekkelijk genoeg is voor ouderen. De ouderen hebben meer wensen en meer financiële middelen tot hun beschikking waar het huidige aanbod van beweegprogramma's niet aan voldoet.

10) *Bewegingsstimulering zou meer moeten de noemer 'gezondheid' moeten vallen, en minder onder de noemer 'sport'.*

Uit de analyse van de telefonische interviews blijkt dat veel sociale gezondheidsorganisaties minder aan bewegingsstimulering doen dan sportorganisaties. Gezien bewegen voor ouderen vooral de gezondheid van de ouderen zou moeten verbeteren, moet er meer aandacht vanuit de sociale gezondheidsorganisaties naar dit beleidspunt besteedt worden

D Summary National Workshop (Dutch)

Samenvatting stellingen workshop WP 6

27 maart 2008, TNO Kwaliteit van Leven, Leiden
Dagvoorzitter: Eddy Engelsman Ambassadeur Bewegen en Gezondheid

Ministerie VWS

Aanwezig:
Dhr. Maarten Koornneef - Ministerie Volksgezondheid Welzijn en Sport
Mevr. Marieke Goedmakers - Sportbedrijf Tilburg
Dhr. Robbert van Bokhoven - STIOM
Dhr. Ger Kroes - NISB
Dhr. Peter Kruitbosch - CSO
Dhr. Maarten Stiggelbout - NIGZ
Mevr. Marjan van Tellingen - ANBO voor 50+ ers
Mevr. Joke Kat - MBvO
Mevr. Willy van Duikel - MBvO
Mevr. Els de Swart - SWO
Dhr. Goos Karsten - CIOS
Dhr. Ton Drenthen - NHG
Dhr. André De Jeu - VSG
Dhr. Sjoerd Olthof - KNGF

TNO medewerkers:
Mevr. Marijke Hopman – Rock
Dhr. Erwin Tak
Dhr. Paul de Vreede
Mevr. Hilda Akkermans
Mevr. Neelke Troost
Mevr. Mariëlle Jans
Dhr. Gert –Jan Wijlhuizen

Afwezig:
Dhr. Dick Bloemert - Sportraad Overijssel
Dhr. Pieter van den Hombergh - LHV

Stelling 1:
Er zou een verplichte set meetinstrumenten moeten komen op nationaal niveau, voor de evaluatie van effectiviteit van beweegprogramma's de screening van fitheid van deelnemers etc.

Er zijn ijkmethoden nodig om verschillende meetmethoden te kunnen vergelijken.
Op internationaal niveau is een verplichte 'set' meetinstrumenten aan te bevelen. Op lokaal niveau zou er een toegankelijke set meetinstrumenten moeten komen die eenvoudig is in gebruik en welke te standaardiseren is naar een gouden standaard. Eerst zou echter moeten worden bepaald welk type uitkomstmaten belangrijk zijn voor de evaluatie van beweegprogramma's. (bijv. Zelfredzaamheid)

Stelling 2:
Beweegprogramma's voor ouderen zouden primair gericht moeten zijn op het bevorderen van de fysieke gezondheid.

Zowel fysieke als sociale factoren zijn belangrijke elementen in de doelstellingen van beweegprogramma's voor ouderen. Sociale factoren zijn een voorwaarde voor het blijven volgen naar de beweegprogramma's door ouderen. De doelstelling fysieke gezondheidsverbetering is nodig om de effecten van de beweegprogramma's aan te kunnen tonen.
In het algemeen kan het bevorderen en of behouden van de gezondheid als doel van de beweegprogramma's gesteld worden. Hierbij wordt met gezondheid zowel het fysiek als mentaal welzijn bedoeld.

Stelling 3:
Bewegingsstimulering zou meer onder de noemer 'gezondheid' moeten vallen en minder onder de noemer 'sport'.

Het is vooral nodig om verschillende sectoren te betrekken bij de verbetering van de gezondheid van ouderen. Hiertoe is het opstellen van integraal beleid noodzakelijk. Naast de sectoren Sport en Gezondheid is ook de sector Welzijn verantwoordelijk voor de promotie van fysieke activiteit door ouderen. Het is echter nog niet duidelijk wie de regie moet dragen bij het opstellen en uitvoeren van het integrale beleid. De aanwezigen opperden de mening dat wellicht de sector Gezondheid de regie zou moeten dragen, daar de primaire doelstelling van de programma's gezondheidsbevordering is.

Stelling 4:
Er moet in de uitvoering van beweegprogramma's meer nadruk worden gelegd op 'evidence –based' werken.

Veel aanwezigen vonden dat naast werken op basis van evidence-based resultaten, ook practice-based resultaten belangrijk zijn om programma's te evalueren en te verbeteren. Vooral de uitvoerende en lokale organisaties vonden wetenschappelijk onderzoek niet noodzakelijk voor het bepalen van beleid op het gebied van fysieke activiteit voor ouderen.
Nationale organisatie gaven aan dat wetenschappelijke resultaten van programma's nodig zijn voor het aantonen van de noodzaak en het nut van beweegprogramma's, zodat op basis hiervan het toekennen en/of verdelen van subsidies gefundeerd mogelijk is.

Stelling 5
Er moeten verhoogde instapeisen komen voor het kader van ouderen en bewegen.

In het algemeen werd bevonden dat niet zo zeer instapeisen voor het kader omhoog hoeven, maar dat er een kader tekort is. Dit zou op twee manieren kunnen worden opgelost: door jongeren te werven en interesseren voor de doelgroep ouderen, en door ouderen zelf in te zetten als bewegingsleiders.

Stelling 6
Het programma 'Bewegen op Recept' moet worden opgenomen in het basispakket van de zorgverzekeraar.
Hier wordt verder op gedoeld al de programma's die door de huisarts worden voorgeschreven.

De aanwezigen waren allen positief over deze stelling. Om tot een geschikt voorwaardenstelsel te komen dient echter nog wel uitgezocht te worden welke voorwaarden e.d. hier voor nodig zijn.

E Identification details of respondents

Figure 6 Identification details of the respondents of the Mini Phone Survey. In names in yellow are the policy makers who were invited for the National Workshop.

aanhef	voorl.		naam	bedrijf	adres	PC	plaats
Mevr	T.		Bakkenist	ZonMW- Netherlands Organization for Health Research and Development	Postbus 93245	2509 AE	Den Haag
Dhr	D.		Bloemert	Sportraad Overijssel- Provincial Sports Institute	Postbus 2600	8000 AG	Zwolle
Dhr	G.		Boshuis	NFO- National Funding Elderly Aid	Postbus 119	3980 CA	Bunnik
Dhr	T.		Drenthen	NHG- National General Practitioners Association	Postbus 3211	3502 GE	Utrecht
Dhr	A.		Du Jeun	VSG- National Organization Sports and Municipalities	Postbus 103	6860 AC	Oosterbeek
Dhr.	F.		Gardenbroek	Ministry of Public Health, Welfare and Sports - dep. Societal Support	Postbus 20350	2500 EJ	Den Haag
Mevr	M.		Goedmakers	Sportbedrijf Tilburg- Local Sports Institute	Postbus 90155	5000 LH	Tilburg
Dhr	M.	van	Hagen	STIOM- Local Foundation for Health and Societal Support	Van der Vennestraat 185	2525 CE	Den Haag
Mevr	M.		Hekman	GGD HM- Municipalities and Health Service Midden Holland	Postbus 121	2300 AC	Leiden
Mevr	A.		Hiemstra	NISB- National Institute for Sports and Physical Activity	Postbus 64	6720 AB	BENNEKOM
Mevr	A.		Jonkers	Ministry of Public Health, Welfare and Sports - dep.Public Health and Social Welfare	Postbus 20350	2500 EJ	Den Haag
Dhr	T.		Joosten	NOC*NSF- National Olympic Committee-National Sports Federation	Postbus 302	6800 AH	Arnhem
Mevr	R.		Hes	Fryzo - Social Welfare Organization Dongeradeel	Oranjewal 28	9101 JV	Dokkum
Mevr.	J.		Kat	MBvO- More Physical Activity for Elderly (Provincial Sports Institute)	Plein 40-45 nr. 5	1063 KP	Amsterdam
Mevr	A.	van	Ketel	GGD A'dam- Municipalities and Health Service Amsterdam	Postbus 2200	1000 CE	Amsterdam
Dhr	M.		Koornneef	Ministry of Public Health, Welfare and Sports - dep.Sports Physical Activity and Heal	Postbus 20350	2500 EJ	Den Haag
Mevr	T.		Kroep	Sportbedrijf Arnhem- Local Sports Insititute	Postbus 5283	6902 EG	Arnhem
Dhr	G.		Kroes	NISB- National Institute for Sports and Physical Activity	Postbus 64	6720 AB	BENNEKOM
Dhr	P.		Kruitbosch	CSO- Central Cooperative Elderly Organizations	Postbus 1238	8001 BE	Zwolle
Dhr	R.		Küh	NVFG- National Organization Fysiotherapists in Geriatrics	Heijenvoorsteweg 48	6813 GA	Arnhem
Mevr.	L.		Leurs	Stichting Activite- Social Entrepeneur Regional Social Health Care	Postbus 149	2350 AV	Leiderdorp
Mevr	F.		Nalkiran / S. Ursum	MEE- National Societal Organisation for Disabled Persons	James Wattstraat 5	1817 DC	Alkmaar
Dhr	W.	de	Regt	ZonMW- Netherlands Organization for Health Research and Development	Postbus 93245	2509 AE	Den Haag
Mevr	C.	van	Santen	VVOCM- Organisation for Mensendieck Remedial Therapists and Cesar Therapists	Kaap Hoorndreef 54	3563 AV	Utrecht
Dhr	E.		Scherder	Vrije Universiteit-Clinical Neuropsychologist	Van der Boechorststraat 1	1081 BT	Amsterdam
Mevr	L.		Schouten	Sportservice Noord Holland- Provincial Sports Insititute	Postbus 338	2000 AH	Haarlem
Mevr	J.		Schuit	RIVM- Research Institute for Public Health and Environment	Postbus 1	3720 BA	Bilthoven
Dhr	B.		Slijkhuis	Age Platform- European Older People's Platform	Postbus 222	3500 AE	Utrecht
Dhr	M.		Stiggelbout	NIGZ- Netherlands Institute for Health Promotion and Disease Prevention	Postbus 500	3440 AM	WOERDEN
Mevr	E.	de	Swart	SWO Breda - Social Welfare Organisation Breda	Baronielaan 4	4818 RA	Breda
Mevr	M.	van	Tellingen	ANBO voor 50+ - National Pressure Group for Senior Citizens	Postbus 18003	3501 CA	Utrecht
Dhr	R.		Terhoeven	Nationaal Platform Zwemmen- National Platform Swimming	Postbus 119	3970 AC	Driebergen
Mevr	R.		Thomas	VML- Dutch Society for Physical Activity Trainers for Seniors	Turfschip 252	1186 XC	Amstelveen
Mevr.	A.	van	Tiessen	SCP- Social and Cultural Planning Office for the Netherlands	Postbus 16164	2500 BD	Den Haag
Dhr.	P.		Van Hombergh	LHV- National Organisation for General Practisioners	Mercatorlaan 1200	3528 BZ	Utrecht
Dhr	R.		Verelzen	VNG- National Organisatin Municipalities	Postbus 30435	2500 GK	Den Haag
Mevr	C.		Vermunt	MOgroep WMD- National Societal Entrepeneurs Group Welfare and Societal Support	Postbus 3332	3502 GH	Utrecht
Mevr	E.		Wijdeveld	Sportservice midden nederland- Provincial Sports Institute	Postbus 2657	3430 GB	Nieuwegein

F Definitions of used terms

Action - specific topic of physical activity and health among older persons

Physical activity (or PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that increases energy expenditure.

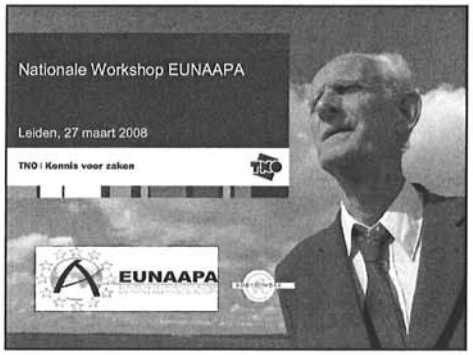
Older persons – (as used in the systematic search) being 60 years and over, in good health or suffering from a medical condition.

Policy maker – A person involved in policy writing and making from Sports sector, Health sector or Social sector.

Policy determinants:
- Goals: goals involved for the organization regarding the action in the field of physical activity and health among older persons
- Obligations: obligations by which the organization are governed regarding the action in the field of physical activity and health among older persons
- Resources: resources available to the organization regarding the action in the field of physical activity and health among older persons: divided in support by the population, personnel, capacity of the personnel and financial resources.
- Opportunities: the overall set-up regarding the action in the field of physical activity and health among older persons; changing factors during the last year. This contains the involvement of the population, the media's interest, the policy makers' involvement and the cooperation within the organization.

(for an overview of the particular questions about these determinants, see table 2)

G Powerpoint presentation by TNO during National Workshop



Agenda

12.00	Lunch
13.00	Welkom
13.05	Introductie EUNAAPA Netwerk door Marijke Hopman-Rock
13.10	Voorstelronde
13.30	Presentatie en discussie resultaten werkpakket 4 en 5: Dr. Paul de Vreede en Drs. Erwin Tak
14.30	Pauze
14.45	Analyse en discussie telefonische interviews: Hilda Akkermans
15.05	Inhoudelijke discussie n.a.v. stellingen
16.50	Afronding discussie en conclusies
17.00	Borrel

TNO Kwaliteit van Leven, 27 maart 2008

Agenda

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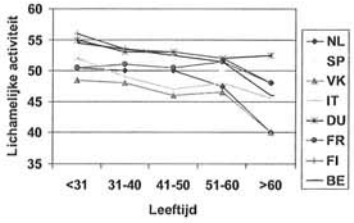
TNO Kwaliteit van Leven, 27 maart 2008

Lichamelijke (in)activiteit in Europa



Trendrapport Bewegen en Gezondheid 2003-2004 TNO KvL

TNO Kwaliteit van Leven, 27 maart 2008

Introductie EUNAAPA netwerk

- **EU**ropean **N**etwork for **A**ction on **A**geing and **P**hysical **A**ctivity
- Funded March 2005
- Chair of steering committee: Marijke Hopman-Rock
- Vision:
  Optimal health and quality of life for older people in Europe through physical activity
- Goal
  The network has the goal to use evidence-based strategies to improve health and quality of life among older people in Europe through physical activity

TNO Kwaliteit van Leven, 27 maart 2008

EUNAAPA project

- Proposal 2005, start in August 2006, end August 2008
- Project lead:
  Institute of Sport Science and Sports, Erlangen Germany
- Funding by EC + additional national funding VWS
- Goals:
  - Establish self-sustained network
  - Foster an intersectoral approach to the promotion of physical activity
  - Identify evidence-based, cost-effective and acceptable ways to promote physical activity
  - Facilitate the contribution of European scientists to develop and implement evidence-based physical activity promotion policies

TNO Kwaliteit van Leven, 27 maart 2008

Overzicht EUNAAPA project

Work Packages

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
WP1	Coordination of the Project																							
WP2	Dissemination of the Results																							
WP3	Evaluation of the Project																							
WP4	Assessment of PA and Physical Functioning in Older People																							
WP5			Identifying Existing Programmes for PA and PA Promotion for Older People																					
WP6																	Implementation and Dissemination of Programmes for PA and PA Promotion							
WP7																	Securing the Existence of the EUNAAPA							

TNO Kwartiet van Leuven, 27 maart 2008

Partners Project

TNO Kwartiet van Leuven, 27 maart 2008

Associated Partners

- **University of Verona, Italy**
- **TNO Quality of Life, The Netherlands**
- **Karolinska Institute, Sweden**
- **University of Edinburgh, United Kingdom**
- **Friedrich-Alexander-Universität Erlangen-Nürnberg, Germany**
- National Institute of Hygiene, Poland
- Norwegian Institute of Public Health
- University of Jyvaskyla, Finland
- University of Leuven, Belgium
- University of Nancy, France
- University of Porto, Portugal
- University of Southern Denmark
- University of Thrace, Greece
- University of Vienna

Collaborating Partners

- Centrum Kinatroplogickeho Vyzkumu, Olmuz, Czech Republic
- Directorate for health and social affairs, Oslo, Norway
- National board of health and welfare, Stockholm
- Oslo University College, Norway
- Royal Free and University College, London
- Trinity College, Dublin, Ireland
- University of Jyvaskyla
- VU University Medical Centre, Amsterdam, Netherlands
- Irish Osteoporosis Society, Ireland*
- University of Extramedura, Spain*
- Hepa, Macedonia*

TNO Kwartiet van Leuven, 27 maart 2008

Vervolg

- Voorbereidingen nieuwe aanvraag EU
  - Public health program 2008-2013 (deadline eind mei 2008)
  - Implementatie Best Practices in Europa
- Beheer en onderhoud website Netwerk
- Steering committee

TNO Kwartiet van Leuven, 27 maart 2008

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TNO Kwartiet van Leuven, 27 maart 2008

Methode inhoudelijke werkpaketten

Work package leader
Protocol en Vragenlijst

Lokale Partners (TNO)
Selecteren nationale experts volgens matrix
Dataverzameling
(vragenlijst/workshop)
Nationaal rapport

Work package leader
Verzamelen internationale data/rapporten
Inventory/Best Practice Report

Matrix voor selectie experts

	Sport		Gezondheid		Opleiding of Welzijn	
	Intramuraal			zelfstandig		
Nationaal/ regionaal	Overheid	NGO	Overheid	NGO	Overheid	NGO
lokaal	Overheid	NGO	Overheid	NGO	Overheid	NGO

Ronde 1: inventarisatie meetinstrumenten

- Doelstelling EUNAAPA
Advisering over de kwaliteit van methoden voor het bepalen van fysieke activiteit en fysiek functioneren van ouderen.

- Doelstelling ronde 1
In kaart brengen van de stand van zaken over instrumenten voor het meten van fysieke activiteit en fysiek functioneren van ouderen in de deelnemende landen

- Experts benaderd met vragenlijst voor inventarisatie (zwaartepunt in onderzoek)

- Expert bijeenkomst

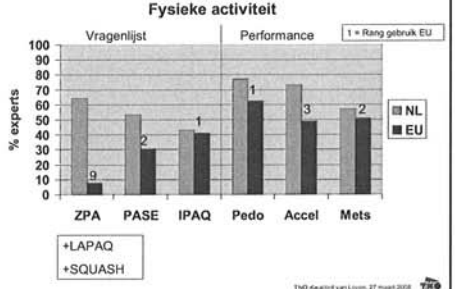
- Review artikelen -> Best Practice Report

Vragenlijst

Domeinen
- Physical Activity
- Physical Functioning
  - Endurance
  - Mobility
  - Balance
  - Range of motion
  - Dexterity
  - Muscle Strength
  - Overall Index
  - Activities of daily living

Onderwerpen
- Gebruik instrument
- Redenen voor niet gebruik
- Vertaling voor handen
- Algemene mening over instrument
- Instrumenten niet genoemd in vragenlijst

Fysieke activiteit



Fysieke activiteit: vragenlijsten

ZPA	PASE	IPAQ
Afgelopen 7 dagen	Afgelopen 7 dagen	Afgelopen 7 dagen
14 items	10 items	7 items (short form)
Activiteiten (licht/waar, zomer/winter)	Activiteiten (licht/matig/zwaar)	Activiteiten (Licht/zwaar)
Wandelen/fietsen, hobby's, tuinieren, sport, klussen, traplopen	Zittende activiteiten, wandelen/fietsen, sporten, huishoudelijke activiteiten, werk	Zwaar, matig, wandelen, zittend
Frequentie/duur	Frequentie/duur	Frequentie/duur
Double labeled water	Double labeled water	Accelerometer

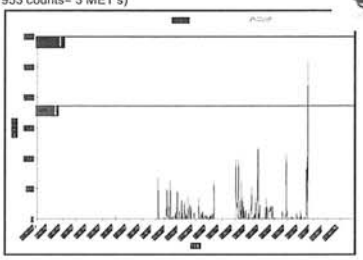
ZPA= Zutphen Physical Activity Questionnaire (Caspersen e.a. 1991)
PASE= Physical Activity Scale for the Elderly (Washburn e.a. 1993)
IPAQ= International Physical Activity Questionnaire (Rosenberg e.a. 2002)

Fysieke activiteit: performance based

Pedometer

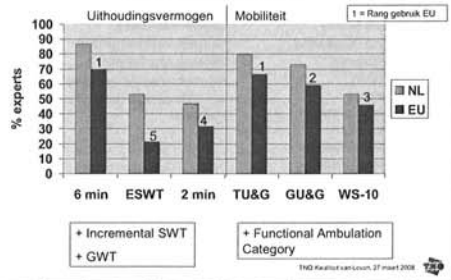
Accelerometer

Uitdraai Beweegmeter
(1953 counts= 3 MET's)



TNO Kwaliteit van Leven februari 2008

Fysiek functioneren (1)



+ Incremental SWT
+ GWT

+ Functional Ambulation Category

Uithoudingsvermogen: (6 minutes) walking test

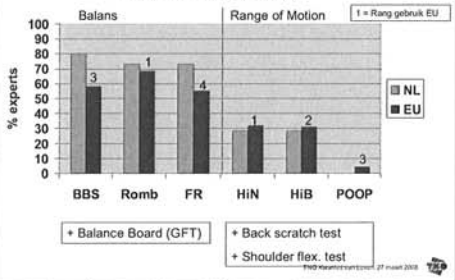
6 Minutes walking Test
Afstand in meters
Uitgezet parcours
Maximale wandelsnelheid

Endurance Shuttle Walking Test (ESWT)
Snelheid gedicteerd
Einde als tempo niet gevolgd kan worden
Niveau (tempo)

Mobiliteit: (Timed) up and go test

Kwantitatief (tijd)
Vs.
Kwalitatief (zelfstandigheid)

Fysiek functioneren (2)



+ Balance Board (GFT)

+ Back scratch test
+ Shoulder flex. test

Balans: Berg Balance Scale

1. Sitting unsupported
2. Change of position: sitting to standing
3. Change of position: standing to sitting
4. Transfers
5. Standing unsupported
6. Standing with eyes closed
7. Standing with feet together
8. Tandem standing
9. Standing on one leg
10. Turning trunk (feet fixed)
11. Retrieving objects from floor
12. Turning 360 degrees
13. Stool stepping
14. Reaching forward while standing

Balance Item Score (0-4)
(kwalitatief, mate van zelfstandigheid)

TNO Kwaliteit van Leven, 27 maart 2008

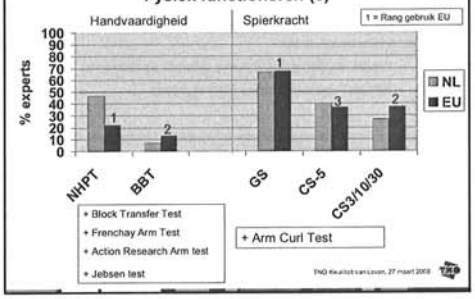
Range of Motion: Hand in Neck/Hand in Back

Hand in Back

- Afstand tot nek

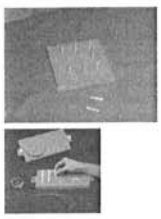
TNO Kwaliteit van Leven, 27 maart 2008

Fysiek functioneren (3)



TNO Kwaliteit van Leven, 27 maart 2008

Handvaardigheid: Nine hole peg Test



Raap de pinnetjes met de hand die moet worden getest een voor een op. Plaats de pinnetjes in de gaten tot alle negen gaatjes vol zijn. Verwijder ze daarna een voor een. Volgorde is niet belangrijk Bent u klaar? Start Eventueel voordoen

Getimed met stopwatch zodra de patiënt het eerste pinnetje aanraakt en stop de tijd zodra het laatste pinnetje in de houder zit.

De test duurt maar 3-5 minuten, wanneer de patiënt na 7 minuten nog niet klaar is wordt de test gestopt.
(Fischer et al.)

TNO Kwaliteit van Leven, 27 maart 2008

Spierkracht: Grip Strength & Chair Stand

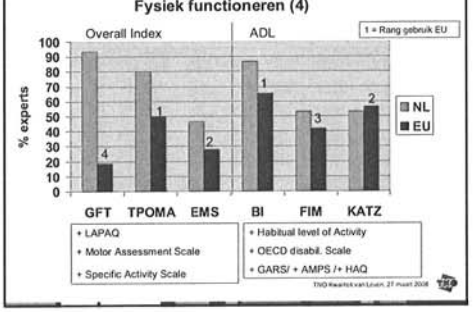
Grijpkracht
- Newton

Opstaan uit een stoel
- Tijd

Procedure
- Sit as far back as possible in the chair seat. Keep feet firmly planted on the floor approximately hip width apart and the back of lower legs away from the chair. Keep knees bent at a 90-degree angle with arms crossed over the chest.
- Stand up one time and sit down, returning completely to the correct starting position.
- At the command "Ready, Set, Go" the tester begins timing by starting the stopwatch.

TNO Kwaliteit van Leven, 27 maart 2008

Fysiek functioneren (4)



TNO Kwaliteit van Leven, 27 maart 2008

Tinetti's Performance Oriented Mobility Assessment

Kwalitatief

(1) siting balance
(2) arising from chair
(3) immediate standing balance during the first 5 seconds after are legs no longer touching the chair
(4) side-by-side standing balance: The feet are placed touching each other and the patient is observed for 10 seconds
(5) nudged: The subject is standing with feet as close together as possible and the examiner pushes lightly on the subject's sternum with palm of hand 3 times
(6) standing with eyes closed for 10 seconds
(7) turning 360°
(8) sitting down

TNO Kwartiet van Leven, 27 maart 2008

Groningen Fitness Test

Table 1 Tests and Components of the Groningen Fitness Test for the Elderly

Test	Fitness component
Block transfer	Manual dexterity
Reaction time	Reaction time
Balance board	Equilibrium
Grip strength	Grip strength
Leg-extension strength	Leg-extension strength
Sit-and-reach	Flexibility of the hamstrings/lower back
Circumduction	Flexibility of the shoulders
Walking	Aerobic endurance

Lemmink, K.A.P.M.; Han, K.; de Greef, M.H.G.; Rispens, P.; Stevens, M. (2001)

TNO Kwartiet van Leven, 27 maart 2008

ADL: Barthel Index

Kwalitatief

zelfstandig, met hulp, helemaal niet

1. Feeding (if food needs to be cut up = help)
2. Moving from wheelchair to bed and return (includes sitting up in bed)
3. Personal toilet (wash face, comb hair, shave, clean teeth)
4. Getting on and of toilet (handing clothes, wipe, flush)
5. Bathing self
6. Walking on level surface (or if unable to walk, propel wheelchair)
7. Ascend and descend stairs
8. Dressing (includes tying shoes, fastening fasteners)
9. Controlling bowels
10. Controlling bladder

Reproduced from Mahoney FI, Barthel DW. Functional evaluation: the Barthel index. Maryland Stat Med J 1965; 14:62

TNO Kwartiet van Leven, 27 maart 2008

Resultaten: Algemeen oordeel & doelgroep

- Top 3 meest gebruikte testen, correspondeert met top 3 best beoordeelde testen, m.u.v.:
  - Double labelled water (Fysieke activiteit, performance)
  - PPT en Functional Fitness (Overall index)
- Gebruik bij zelfstandige ouderen en ouderen in instellingen is vrijwel overeenkomstig, m.u.v.:
  - Alleen instellingen: PASE (Fysieke activiteit), Romberg (Balans), IADL (ADL)
  - Alleen zelfstandig: PPT en Functional Fitness (Overall)

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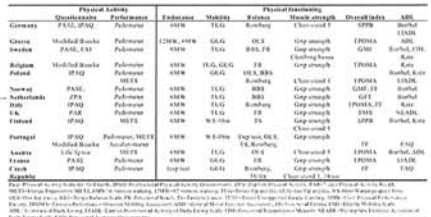
Meetinstrumenten NL vs. EU



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Reviews

- Betrouwbaarheids, validiteits, en gebruikeigenschappen
  - Fysieke activiteit (Nederland en Zweden)
  - Spierkracht (Finland)
  - Mobiliteit & Uithoudingsvermogen (Portugal)
  - Overall Fitness Index (Duitsland en Nederland)
  - ADL (Nederland en Duitsland)
- Planning: voor het EUNAAPA congres (juni 2008) en gesubmit

TNO Kwartiet van Leven, 27 maart 2008

Conclusie inventarisatie meetinstrumenten

- Meten van fysieke activiteit en fysiek functioneren gebeurd met een relatief select aantal instrumenten
- veel gebruikt = goed beoordeeld, goed beoordeeld ≠ veel gebruikt
- Redelijke overlap NL vs. EU
- 'Prefered set' voor betere onderlinge vergelijking

Stelling 1

- *Er zou een verplichte set meetinstrumenten moeten komen op nationaal niveau, voor evaluatie van effectiviteit van beweegprogramma's, de screening van fitheid van deelnemers etc.*

7 x eens, 1 x oneens

Eens
'Afhankelijk van de aard van beweegprogramma's, maar dan er is ook een standaard set onderzoekers/interpretators nodig. Niet voor ieder beweegprogramma is een standaard set geschikt'

Ronde 2: inventarisatie "succesvolle" programma's en promotiestrategieën

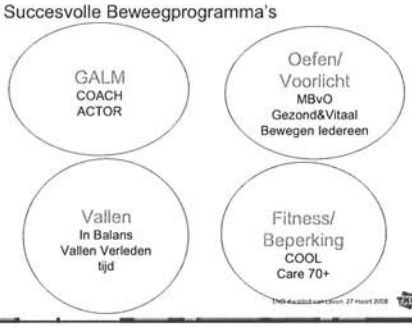
Doelstelling
- Identificatie en beschrijving van 'succesvolle' Nederlandse programma's en promotiestrategieën voor fysieke activiteit voor Ouderen
- Vergelijken van de geïdentificeerde programma's en strategieën met evidence-based richtlijnen

Nominatie succesvolle programma's en strategieën

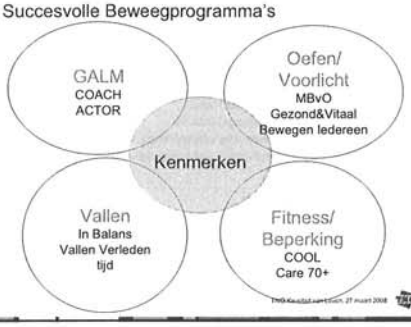
13 Nederlandse experts
Nomineren 1 succesvol programma én 1 succesvolle strategie

13 beweegprogramma's	14 promotiestrategieën
2 toegevoegd van strategieën (In Balans, COACH) 4 dubbele nominaties (GALM, Gezond & Vitaal)	9 geëxcludeerd 2 programma's (In balans, Coach) 4 niet of te laat gereageerd (BOG, SCALA, NiB-TV, Info Huisartsen) 1 nog niet gestart (30 minuten) 2 dubbele nominatie (GALM)
11 beweegprogramma's	5 promotiestrategieën

Succesvolle Beweegprogramma's



Succesvolle Beweegprogramma's



Kenmerken succesvolle programma's

Gemeenschappelijke kenmerken

- Aanbod op verschillende locaties (sportcentrum, wijkgebouw)
- Primair doel is verbeteren gezondheid (sociaal is secundair)
- Programma bestaat uit meerdere onderdelen (bv thuis en in groep, voorlichting en oefening)
- Programma is aangepast op doelstelling deelnemers
- Programma is progressief (intensiteit)
- Oefeningen: bewegen op muziek, valpreventie, mogelijk op stoel
- Oefeningen: spierkracht, coördinatie & balans en flexibiliteit
- Vergoeding deelnemers tot 25% van de kosten
- Promotie programma via meerdere methoden (radio, krant (lokale tv, brochure)

Vergelijk met (internationale) richtlijnen

- Weinig programma's voldoen geheel aan evidence-based richtlijnen voor beweegprogramma's
- Meeste programma's voldoen aan:
  - Tenminste matig intensieve activiteit
  - Progressief (intensiteit)
- Meeste programma's voldoen niet aan:
  - Frequentie (vaak maar een maal per week)
  - Zelf-monitoring systeem
  - Juiste type oefeningen om doelstelling te halen (b.v. geen balanstraining bij balans programma)

Succesvolle promotiestrategieën

- BIG! (Beweging In Gedrag) Move: Promotie van fysieke activiteit vanuit 1ste lijn zorg
  Profiel (gezondheid, sociale omgeving en barrières) door interview en ondersteuning voor starten activiteiten
- Vallen Verleden Tijd: Regionale implementatie valpreventie programma door fysiotherapeuten
- FLASH!: (Fietsen, Lopen, Actiemomenten, Huishoudelijk werk) Media campagne, evenementen gericht op bewustwording gezondheidswaarde fysieke activiteit
- GALM: (Groningen Actief Leven Model)
  Benadering oudere doelgroep, Fitness test, introductie programma, aanmoediging tot behoud fysieke activiteit
- Wandel routes: promotie van (richtlijnen voor) recreatieve wandelroutes voor personen met loophulpmiddelen.

Kenmerken succesvolle promotiestrategieën

Gemeenschappelijke kenmerken

- Grote verscheidenheid in aanpak barrières en benaderingen om gedrag te veranderen
- Lastig onderscheiden van gemeenschappelijke kenmerken

- Speciaal voor ouderen ontwikkeld (sommigen ook aparte campagne voor andere doelgroep)
- Toegankelijk voor alle functieniveaus
- Een theoretische achtergrond
- Lopen al langer dan 1 jaar

Vergelijk met (internationale) richtlijnen

- Grote variatie en kleine aantal strategieën maken vergelijk nauwelijks mogelijk
- Meeste strategieën voldoen aan:
  - Gebaseerd op (gedrags) theorie
  - Promotie samenwerking verschillende sectoren
  - Richt zich op wegnemen van barrières voor bewegen

Conclusies programma's

- Grote variatie in programma's en strategieën
- Lastige vergelijking programma's onderling en met richtlijnen
- Geïdentificeerde programma's kunnen gezien worden als eerste belangrijke stap om ouderen te introduceren met verantwoord bewegen
- Gemeenschappelijke kenmerken kunnen gebruikt worden voor ontwikkeling van succesvolle programma's

Stelling 2

Beweegprogramma's voor ouderen zouden primair gericht moeten zijn op bevordering van fysieke gezondheid.

- ***2 x eens, 5 x oneens, 1 x weet niet***

TNO Kwaliteit van Leven, 27 maart 2008

Argumenten Stelling 2

Oneens
- *'Het gaat ook om psychische gezondheid ofwel het voorkomt ook veel eenzaamheid en zorgt ervoor dat ouderen blijven participeren in de samenleving.'*

Oneens
- *'Het ligt eraan om welke ouderen het gaat. De oude senioren (75+) vinden de gezelligheid en het groepsgebeuren zeker zo belangrijk als het bewegen (psychosociale aspecten, de veiligheid van leider en groep).'*

Eens
- *'Neemt niet weg dat impliciet daarmee een aantal andere doelstellingen gerealiseerd kunnen worden.'*

TNO Kwaliteit van Leven, 27 maart 2008

Agenda

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
14.30	**Pauze**
14.45	[illegible]
15.05	[illegible]
16.50	[illegible]
17.00	[illegible]

TNO Kwaliteit van Leven, 27 maart 2008

Agenda

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
14.45	**Analyse en discussie telefonische interviews: Hilda Akkermans**
15.05	[illegible]
16.50	[illegible]
17.00	[illegible]

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Ronde 3 Disseminatie en implementatie van succesvolle strategieën

Doelstelling

- Uitwisseling tussen beleidsmakers op het gebied van fysieke activiteit en ouderen, incl. vertegenwoordigers van ouderen
- Analyse van het beleid en discussie over de mogelijkheden voor verbetering

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Selectie beleidsmakers

- matrix (sport, gezondheid, welzijn + lokaal vs. nationaal/regionaal)
- deelnemers telefonische interviews
- deelnemers workshop o.b.v. resultaten interviews en analyse

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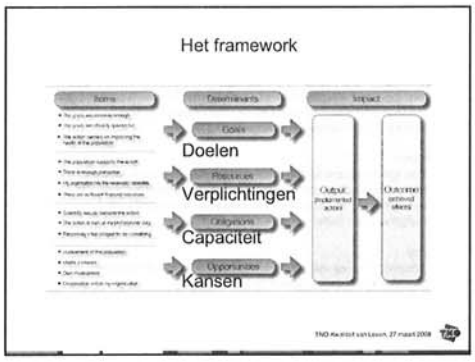
Het framework
Items
Determinants
Impact
Goals
Doelen
Resources
Verplichtingen
Obligations
Capaciteit
Opportunities
Kansen
Output
Outcome
TNO Kwaliteit van Leven, 27 maart 2008


De vragenlijst
Bestaan er binnen uw organisatie activiteiten op het gebied van stimulering van fysieke activiteit en gezondheid bij ouderen?
EUNAAP
Aparte ranking van organisaties die wel en geen actie ondernemen
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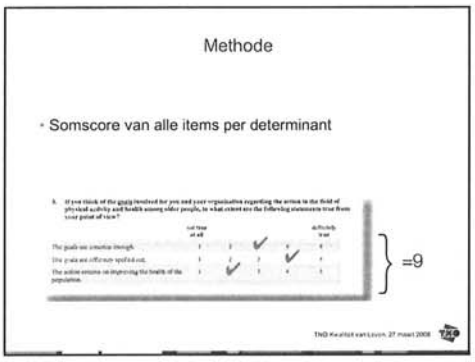
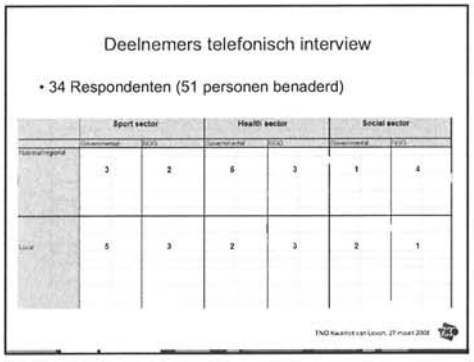
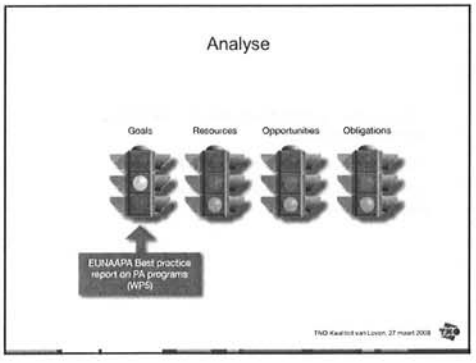
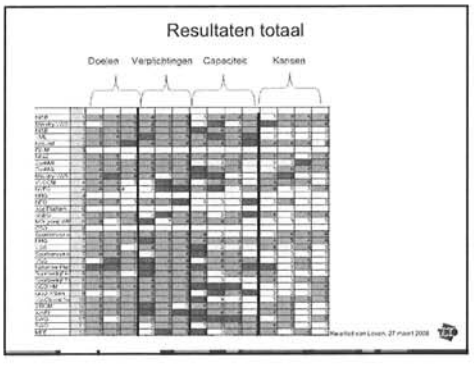
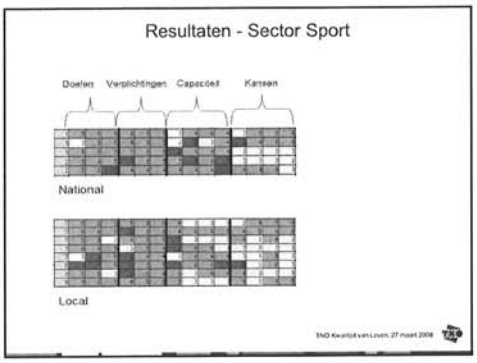
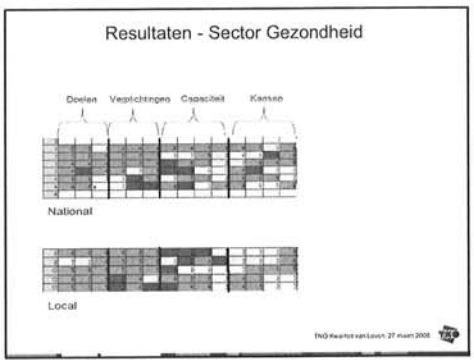

Methode
Somscore van alle items per determinant
=9
TNO Kwaliteit van Leven, 27 maart 2008

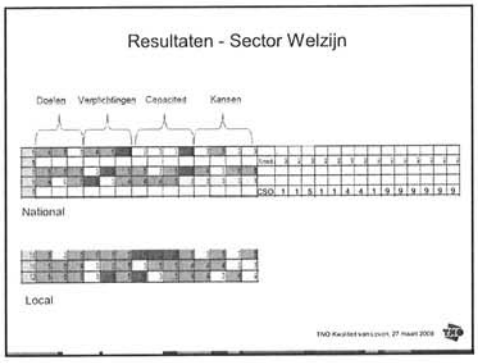

Deelnemers telefonisch interview
34 Respondenten (51 personen benaderd)
Sport sector
Health sector
Social sector
Regional/regional
3
2
5
3
1
4
Local
5
3
2
3
2
1
TNO Kwaliteit van Leven, 27 maart 2008

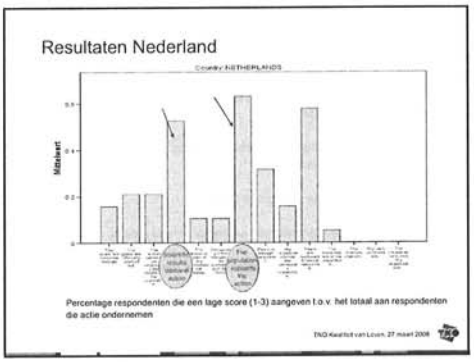

Analyse
Goals
Resources
Opportunities
Obligations
EUNAAPA Best practice report on PA programs (WP5)
TNO Kwaliteit van Leven, 27 maart 2008

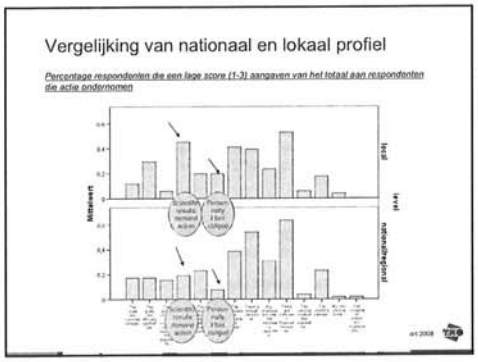

Resultaten totaal
Doelen
Verplichtingen
Capaciteit
Kansen
TNO Kwaliteit van Leven, 27 maart 2008

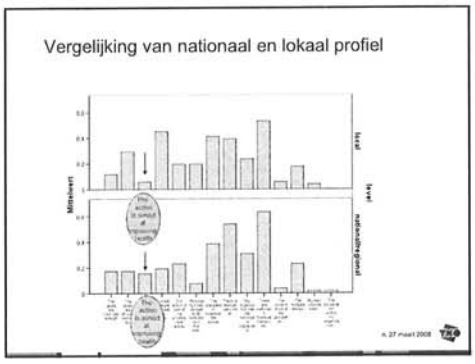

Resultaten - Sector Sport
Doelen
Verplichtingen
Capaciteit
Kansen
National
Local


Resultaten - Sector Gezondheid
Doelen
Verplichtingen
Capaciteit
Kansen
National
Local


Resultaten - Sector Welzijn
Doelen
Verplichtingen
Capaciteit
Kansen
National
Local


Resultaten Nederland
Percentage respondenten die een lage score (1-3) aangeven t.o.v. het totaal aan respondenten die actie ondernomen


Vergelijking van nationaal en lokaal profiel
Percentage respondenten die een lage score (1-3) aangeven van het totaal aan respondenten die actie ondernomen


Vergelijking van nationaal en lokaal profiel

Conclusie determinanten Nederland

- Doelen en Verplichtingen zijn goed ontwikkeld, behalve voor de **wetenschappelijke resultaten**
- Capaciteit wordt als meer kritisch gezien, **(financiële mogelijkheden, betrokkenheid van de populatie)**
- De meerderheid ziet **geen kansen voor verbetering** in het afgelopen jaar

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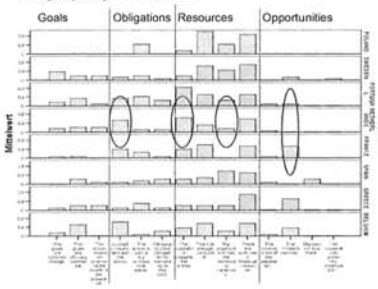
Vergelijking NL vs. EU



Conclusies

- De ondersteuning vanuit de doelgroep voor actie is lager in Nederland tov de EU
- Acties worden minder ondernomen op basis van wetenschappelijke resultaten
- De welzijns sector is weinig betrokken
- Er zijn verschillen op nationaal en lokaal niveau mbt tot
  - persoonlijke betrokkenheid
  - werken op basis van wetenschappelijke resultaten
  - doelstelling programma

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Interpretatie vraag 'De doelgroep ondersteunt de actie'

- *Klopt dit? Is er weinig draagvlak in de bevolking?*
- *Zo ja: hoe kan dit tekort aan ondersteuning voor bewegingsstimulering voor ouderen worden verbeterd?*

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Agenda

[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
15.05	**Inhoudelijke discussie n.a.v. stellingen**
16.50	[illegible]
17.00	[illegible]

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Rol van sector Gezondheid en Welzijn

- *Het blijkt dat er in de sectoren Gezondheid en Welzijn minder aandacht wordt geschonken aan beweegprogramma's voor ouderen t.o.v. de sector Sport. Zou de rol van deze sectoren moeten veranderen?*

Stelling 3: <u>Bewegingsstimulering zou meer onder de noemer 'gezondheid' moeten vallen, en minder onder de noemer 'sport'</u>

5 x eens, 1 x oneens, 2 weet niet

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Stelling 4

Op de vraag of wetenschappelijke resultaten actie vereist, werd laag gescoord.

Stelling: Er moet in de uitvoering van beweegprogramma's meer nadruk worden gelegd op 'evidence-based' werken.

4 x eens, 3 x oneens, 1 x weet niet

Argumenten Stelling 4

Oneens
- Helaas gaat er in onderzoek vaak meer geld zitten dan voor de praktijk beschikbaar is voor ontwikkeling en implementatie.

Oneens
- Experience based werken is minstens zo belangrijk, tenzij ook de 'beleving' van ouderen serieus genomen gaat worden als evidence.

Stelling 5

- Er moeten verhoogde instapeisen komen voor het kader van Ouderen en Bewegen

2 x eens, 5 x oneens, 1 x weet niet

Argumenten Stelling 5

Oneens
'Het kunnen net zo ouderen zelf zijn, die een cursus voor sportleider hebben gevolgd. Het is immers geen topsport.'

Eens
'Kwaliteit eist gedegen opleiding, MBO- ¼ is niet meer voldoende.'

Oneens
'Er is eerder behoefte aan overzicht en coördinatie van opleidingsmogelijkheden in Nederland (ook auspiciëring). Verder vergrijst het kader schrikbarend, en er is nú al een groot kadertekort. De instapeisen zijn over het algemeen wel okay, en duidelijk omschreven.'

Stelling 6

- Het programma 'Bewegen op recept' moet opgenomen worden in het basispakket van de zorgverzekering.

5 x eens, 1 x oneens, 2 x weet niet

Achtergrond Stelling 6

Eens
'Het is immers preventie, wat uiteindelijk kostenbesparend is'

Eens
'Mits dit niet ten koste gaat van andere aanspraken. Alweer: het resultaat is dikwijls preventie van zorgkosten: het zal dus ongetwijfeld ook iets opleveren voor de zorgverzekeraars.'

Agenda

12.00	Lunch
13.00	[illegible]
13.00	[illegible]
13.10	[illegible]
13.30	[illegible]
14.30	Pauze
14.45	[illegible]
16.00	[illegible]
16.50	**Afronding discussie en conclusies**
17.00	[illegible]

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Conclusies

Algemene uitkomsten van de workshop

- Samenvatting van de uitkomsten
- Hoe nu verder? => Plan van actie
- Rol TNO?

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EUNAAPA Project End Conference

PHYSICAL ACTIVITY AND HEALTHY AGEING
A dialogue between policy and research

- June 19-20, 2008
- Verona, Italy
- Deadline for abstracts (poster sessions): 15 April 2008
  - Assessment
  - Physical Activity programmes & Promotion strategies
  - Dissemination & implementation
  - Physical Activity Policies

http://portale.unitn.it/events/paha

www.eunaapa.org

TNO Kwaliteit van Leven, 27 maart 2008