

EUNAAPA | Work Package 5

Expert Survey on Successful Physical Activity Programs and Physical Activity Promotion Strategies for Older People

National Report Germany

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▪ INTRODUCTION

The European Network for Action on Ageing and Physical Activity (EUNAAPA) is committed to improving the health, wellbeing and independence of older people throughout Europe by the promotion of evidence-based physical activity.

The first aim of EUNAAPA work package No. 5 (Identify Existing Programmes for Physical Activity and Physical Activity Promotion for Older People) was to identify and describe, with the help of national experts, German examples of physical activity (PA) programmes and PA promotion strategies for older people which were deemed to be ‘successful’. The second aim was critically to compare these programmes and strategies with evidence based guidelines identified by a systematic search of the scientific literature.

In May 2007, the EUNAAPA Partners in each participating country were asked to enlist the help of eleven physical activity Experts in their country, all recognised authorities on PA for older people. Each Expert was asked to:

- complete a short questionnaire concerned principally with the availability in their country of national qualifications in the supervision or guidance of physical activity for adults in general and for older adults in particular.
- identify a successful PA programme for older people in their country and assist its director to complete a second (longer) questionnaire, concerned primarily with the characteristics of the chosen PA programme.
- identify a successful PA promotion strategy for older people in their country and assist its director to complete a third questionnaire, concerned primarily with the characteristics of the PA promotion strategy.

The resulting data have been submitted to the leader of work package 5 (University of Edinburgh) for incorporation into a cross-national report. The present document is a national report on the data collected by and from the German experts.

▪ THE EXPERTS

○ Methods

▪ Selection of Experts

As requested by the leader of Work Package 5, eleven Experts were selected with the help of the matrix below (Table 1). Partners were instructed that they should use the matrix to guide the selection of eleven Experts – ideally one from each of the 11 boxes but not more than two from any one box. They were advised that the matrix should be used flexibly, bearing in mind that, for example, that several organisations could be located in more than one box. EUNAAPA Partners were also advised that, ideally, all of their selected Experts should be knowledgeable both in the field of PA Programmes and in the field of PA Promotion Strategies. If this was not possible, it was particularly important that the Partners should ensure that both fields were adequately represented in the group of 11 Experts as a whole.

Some of the German experts selected were known personally to the German Associated Partner. Selection partly took place by means of convenience sampling. Experts known to the authors were listed and then put into the fields that suited their background most. Simultaneously, institutions working in the relevant sectors were approached and asked to name experts willing and able to participate in the survey. This was especially necessary for the two matrix fields related to national/regional experts with a governmental background in the sport and health/social care sector, which might in part be due to the German political and administrative structures dealing with

physical activity, physical functioning, and senior citizens already discussed in the German national report for work package 4. Selected Experts were contacted by telephone. The purpose of the project was explained to the potential Expert by the German partner, and their support was requested.

	sport sector		health sector and/or social services sector		education sector (including training and professional development)	
	government	other	government	other	government	other
National or Regional	Ministry of Sport (or equivalent) 1	NGO specialising in the delivery of recreational or competitive physical activity for older people 2	Ministry of Health or Ministry (or department) with particular responsibility for older people 3	NGO specialising in the delivery of health-related exercise for older people or sickness funds or health insurance or NGO addressing age-related issues 4	Department specialising in the training of those who deliver recreational, competitive or health-related physical activity for older people 5	NGO specialising in the training of those who deliver recreational, competitive or health-related physical activity for older people 6
						Professional association for those specialising in old age healthcare or social care 7
City or local neighbourhood	Municipal department for sport, recreation and leisure services 8	Sport or dance organisation with special interest in older people or Other organisation providing physical activity opportunities for older people 9	Municipal department responsible for healthcare services for older people or Municipal department responsible for social care services for older people 10	Local branch of a sickness fund or health insurance or Commercial provider of health-related exercise or Local branch of an NGO addressing age-related issues/providing social care for older people 11		

Table 1. Matrix used to guide the selection of national Experts for WP5

▪ **Distribution and return of Experts' questionnaires**

The initial contact with the survey subjects was made either by phone or by mail (especially in the case of experts working for governmental agencies) in order to explain the objectives of the questionnaire and to ensure the experts' compliance and understanding of the survey process. In cooperation with the Austrian Associated Partner (AP), German translations of difficult terms were added to the original English-language questionnaire developed by the work package leader. The questionnaire was then made available on the internet by the Austrian AP for usage by the Austrian

and German survey respondents. Experts who agreed to take part in the survey were sent access code to complete the questionnaire on-line.

The main advantage of conducting the survey on-line was that the results could automatically be converted into the format required by the work package leader for further data analysis, which saved a lot of time and also avoided potential errors during a manual coding process. On the other hand, some participants (esp. older ones) had difficulty handling the electronic questionnaire. This, combined with initial technical problems, led to several subjects accidentally aborting the questionnaire, which delayed the conduction of the survey. Eventually, two questionnaires had to be administered by phone. As in one case, the expert did not have enough time to answer all questions on the phone, she was only asked to name a successful PA program and a successful PA promotion strategy. The dataset for this expert is consequently incomplete – information on guidelines and an expert self-rating is therefore only available for seven of the eight survey subjects.

○ Results

▪ Selection of Experts

	Sport sector		Health sector and/or social services sector		Education sector (including training and professional development)	
National or Regional Level	Government	Other	Government	Other	Government	Other (NGO)
	1	2	3	4	5	6 Expert D**
	X	Expert A	X* X	Expert B	Expert C X	Other (Professional Assoc.) 7 Expert D**
City or local neighbourhood	Government	Other	Government	Other		
	8 Expert E	9 Expert F	10 Expert G	11 Expert H		

Actual Respondents given in bold.

X denotes experts/institutions that were selected but could not be successfully contacted or refused to take part

** Expert responded but did not return the questionnaire.*

***Expert covered both field 6 and 7 of the matrix. Expert had difficulty completing the questionnaire. Only limited information available.*

Table 2. Primary matrix fields of the national experts, as perceived by the German Associated Partner when selecting the experts.

12 experts and institutions were selected as potential respondents, covering all 11 fields of the expert selection matrix (see table 1a). One expert (Expert D) was considered to be in a professional position that covers both field 6 and 7 of the sampling matrix. Three experts could either not be contacted or were unable to take part in the survey. One expert agreed to take part in the survey but did not return the questionnaire. The final sample thus amounted to eight experts.

Finding the right experts was rather difficult for the national/regional “government” fields of the matrix (with the exception of the educational sector, which is due to good inter-university contacts to other researchers in the field). Cooperation with the governmental experts that were eventually identified turned out to be problematic: Three out of five subjects contacted did not respond or did

not agree to take part. One expert, despite repeated efforts, could not be brought to return the questionnaire by 29 November 2007. By contrast, national/regional-level NGO experts were easier to identify, and all three subjects identified participated in the survey. Identification of and cooperation with experts on the local level was largely unproblematic. Individuals from different German regions were approached: Baden-Wuerttemberg, Bavaria, Berlin, Hamburg, Lower Saxony, and North-Rhine-Westphalia.

- **Return of Experts' questionnaires**

By the end of November 2007, all eight experts that finally agreed to take part in the survey had either returned the completed questionnaire or had been administered the questionnaire by phone. One expert (Expert D) was found to have had difficulties completing the questionnaire, which means that only limited information is available for this respondent.

- **Experts' educational background and areas of practice**

In order to double-check the sampling of experts to certain fields of the matrix, respondents were asked to self-rate their educational background, organizational level, field, client group, sector, and professional expertise. As tables 3 and 4 show, the sample has a focus on experts with a background on sport/exercise, social organizations, and education/research. Meanwhile, healthcare and medicine are not represented, which may partly be due to the fact that these fields have a rather curative focus in Germany, while prevention issues are mostly taken care of by other sectors. Most expert's self-allocation to the national/regional or local level corresponds with the box into which they were sampled, with the exception of experts G and H. The reason might be that these two subjects, while working in local rather than national institutions, may have considered themselves knowledgeable about PA programs and strategies all over Germany. Likewise, there are two exceptions (experts C and H) concerning the allocation of subjects to the governmental or NGO sector. Both experts in question work in a unit that is funded and supervised by but not directly part of the government, which may explain the differing self-allocation of the experts. Finally, it is worth noting that not all subjects considered themselves to be experts for both PA programs and PA strategies/campaigns. However, the questionnaire is not clear about whether this question refers to the expert's field of expertise or to the field in which he or she currently works. Therefore, some of the survey subjects may be knowledgeable about both programs and campaigns although they indicated otherwise.

	PA Expert								Total
	A	B	C	D	E	F	G	H	
Medicine									0
Other Health Profession									0
Exercise/ Sport Science			X		X	X		X	4
Other	X	X					X		3
Missing data				X					1

Table 3 - Expert Questionnaire Question 9 (XQ9). Educational backgrounds of national Experts for WP5

Expert	A	B	C	D	E	F	G	H
FIELD								
Physical activity programmes	X	X	X		X		X	X
Physical activity (promotion) strategies	X	X			X	X		X
ORGANISATIONAL LEVEL								
National	X	X				X	X	X
Regional			X			X		
City, town or local neighbourhood					X	X		
CLIENT GROUP								
Community-dwelling older adults	X	X	X		X	X	X	X
Institution-dwelling older adults		X	X					X
SECTOR								
Government					X		X	X
Non government organisation	X	X	X			X		
PROFESSIONAL EXPERTISE								
Health care								
Health promotion						X		X
Educational sector								X
Sport/ recreation/ physical activity facility management	X							X
Sport/recreation/ physical activity instruction/ supervision/guidance	X				X	X		X
Health-related exercise facility management			X					X
Health-related exercise instruction/ supervision/guidance					X	X		X
Education					X		X	X
Research			X			X		X
Social services, social care or social welfare		X			X			
Socio-cultural organisation		X						

Table 4 (XQ10). The national Experts' areas of practice

▪ NATIONAL QUALIFICATIONS IN THE SUPERVISION/GUIDANCE OF PHYSICAL ACTIVITY

○ Methods

The questionnaire completed by the eight national experts also asked about the availability in their countries of national qualifications in the supervision or guidance of physical activity for adults in general and for older adults in particular. It asked whether such qualifications were optional or compulsory, and requested detailed information about assessment, validation and revalidation of the higher level, older-person-specific qualification. Finally, it asked about the existence in their country of a professional register of qualified instructors (*i.e.* a regulatory body that holds a current record of those qualified to guide or supervise physical activity and of their level of specialist qualification).

○ Results

▪ Basic level qualification

Six of the eight respondents confirmed that there was a basic level qualification for those supervising PA exercise in Germany (see tables 5 and 7). Of these, five named the “Übungsleiter“ (qualification for trainers), one considered a degree or diploma as a physiotherapist, sport or gymnastics teacher as the relevant basic level qualification. Three subjects felt that the basic level qualification was properly implemented in Germany, two thought it was not.

	Basic level qualification	
	Available	Properly implemented
Yes	6	4
No	0	2
Don't know	0	0
Missing Data	2	2
Total	8	8

Table 5 (XQ11 & 13). PA Experts' responses concerning the availability in Germany of a basic level qualification in supervising or guiding physical activity or exercise by adults in general.

▪ Higher level qualification

Four respondents gave an older person-specific higher level qualification. One named the “MA in Physical Activity, Performance and Aging”, the second the “Übungsleiter Prävention“ (prevention trainer), another the “Zusatzausbildung Seniorensport“ (Further training in sport for seniors), and one the “Übungsleiter Senioren“ (trainer for seniors). Details on the implementation and external verification of the higher level qualification are given in table 6. Three respondents said that the higher level qualification was externally validated. While only one expert believed that the higher level qualification was implemented properly in Germany, all agreed that it would be necessary to do so.

Table 7 gives an overview of experts' assessment of the proportion of instructors that have the basic of higher level qualification in Germany.

	Higher level qualification			
	Available	Implemented properly	Implementation necessary	External verification
Yes	4	1	6	3
No	2	2	0	1
Don't know	0	1	0	2
Not applicable	0	2	0	0
Missing Data	2	2	2	2
Total	8	8	8	8

Table 6 (XQ 14 & 16-18). PA Experts' responses concerning the availability in Germany of a higher level qualification in supervising or guiding physical activity or exercise by older adults.

	Entry level	Higher level
0%	0	0
25%	0	2
50%	0	0
75%	2	1
100%	1	0
Don't know	2	2
Not applicable	0	0
Missing data	3	3
Total	8	8

Table 7 (XQ21 & 22). PA Experts' estimates of the prevalence of the basic, entry level qualification and the higher level (older-person-specific) qualification among instructors guiding or supervising physical activity by older participants

▪ **Assessment, validation and revalidation**

As there were four different kinds of training/degree named as higher level qualification, answers concerning the requirements for obtaining and retaining this qualification differ starkly. Table 8 gives an summative overview of the requirements the experts believed to apply to the qualification they had named.

	A	B	C	D	Not applicable	Don't know
Yes	5	3	2	4	0	0
No	1	3	4	2		
Missing Data	2	2	2	2		
Total	8	8	8	8		

Table 8 (XQ19). PA Experts' responses concerning the components of the assessment for the higher level (older person specific) qualification

A = Verification of current cardiopulmonary resuscitation (CPR) certification

B = Summative assessment of knowledge

C = Practical teaching competence assessed with participants of any age

D = Practical teaching competence assessed with older participants

As table 9 indicates, experts agree that there are requirements for the retention of the higher level qualification, but as experts named different higher level qualifications, their answers concerning requirements naturally differ as well. The most frequently named requirement (four out of eight experts) is a practical test of teaching competence.

	A	B	C	D	E	F	G	Not applicable
Yes	0	2	2	4	1	0	2	0
No	6	4	4	2	5	6	4	
Missing Data	2	2	2	2	2	2	2	
Total	8	8	8	8	8	8	8	

Table 9 (XQ20). PA Experts' responses concerning the requirements for retention of the higher level (older person specific) qualification

A = Payment of fee

C = Evidence of continuing professional development (CPD)

E = Other

G = Test of knowledge

B = Evidence of current CPR certification

D = A practical test of teaching competence

F = Nothing

▪ Professional register and fixed remuneration for instructors

Only two experts knew of professional registers for qualified PA instructors in Germany (see table 10). One expert namely registers of trainers kept by the regional sport federations of the Länder (Landessportbünde). The second remarked that the *Bundesverband Seniorentanz* (German Senior Dancing Federation) had a register, which is, however, limited to dancing instructors. According to this expert, neither the entry level nor the higher level qualification required to become a member of these registers. Three of the six respondents said that there was no fixed remuneration for instructors in Germany, while the other three did not know.

	Professional register		
	Exists	Membership requires	
		Entry level*	Higher level**
Yes	2	0	0
No	2	2	2
Don't know	2	1	3
Not applicable		1	0
Missing data	2	4	3
Total	8	8	8

Table 10 (XQ23 & 25-26). PA Experts' responses concerning the existence in Germany of a professional register of PA instructors and their qualifications and concerning its membership requirements for registration to supervise PA by adults in general (a basic, entry level qualification*) and by older adults in particular (a higher level qualification**)

- **‘SUCCESSFUL’ PA PROGRAMMES**

- **Methods**

- **Selection of programmes (including definitions)**

Each national expert was asked to identify a successful PA programme for older people in their country and assist its director to complete a questionnaire concerned primarily with the characteristics of the chosen PA programme. The national experts were instructed that their choice should be guided by the following definitions.

Physical activity (or PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure *e.g.* running, walking, swimming, lifting or carrying a heavy weight.

PA programme – A schedule of selected physical activities in which individuals can choose to engage. *e.g.* An overall programme of activities and PA opportunities for older people OR the components of such a programme, such as a programme of old time dancing classes, supervised resistance training, supervised, seated exercise classes, hill walking groups or aqua classes etc.

A successful PA programme – A PA programme is ‘successful’ if a PA expert in that country considers it to be successful. This judgment may be based on some or all of a wide range of possible effects of the programme. These might include, for example, demonstrable improvements in physical fitness or quality of life, growing membership, client loyalty, etc.

To be eligible for consideration a successful PA programme must have been running for at least 6 months and if it has ceased, this must have occurred no more than 2 years previously.

- **Distribution and return of programme questionnaires**

In the second phase of the survey, conducted between August and November 2007, the directors of successful PA programs and promotion strategies identified in the first phase were contacted and asked to complete another questionnaire to learn more about their projects. Before contacting directors, recommendations were validated through additional research, using the definitions and requirements developed by the work package leader.

Stage 1 experts had named six different PA programs, of which four were included in stage 2 of the survey (see section II.1 for details). None of the six projects named as “PA promotion strategy” was found to fulfill the above-mentioned requirements (see section II.2 for details). Consequently, the German survey did not yield any results for PA promotion strategies.

At the second project meeting in Porto, the EUNAAPA group had decided to give partners the option to let stage 1 experts assist them in conducting stage 2 of the survey in order to enhance the stage 1 experts’ commitment and the compliance of stage 2 program/strategy directors. In some countries, experts were asked to contact the directors of the programs and strategies they had recommended directly, send them the questionnaires, answer possible questions, and ensure the timely return of the questionnaires to the national EUNAAPA partners. Given the German overall situation in the field and especially the workload of the experts contacted in phase 1, this option was not made use of for the German survey. Instead, program and strategy directors were contacted directly by the Institute of Sport Science and Sport.

○ **Results**

▪ **Selection of programmes**

The eight experts questioned named six different PA promotion programs, of which two were excluded from the second stage of the survey: One was not considered to be a program according to the definition provided by the work package leader, another was found to be limited to a very specific local setting. The following four programs were included for further analysis:

Provider	Program Name	No. of experts mentioning this program
Deutscher Olympischer Sportbund (DOSB) <i>(German Olympic Sport Federation)*</i>	Richtig Fit ab 50 <i>(Truly fit over 50)</i>	3**
Deutscher Turnerbund (DTB) <i>(German Gymnastics Federation)</i>	Fit bis ins hohe Alter <i>(Fit up to a ripe old age)</i>	2
University of Erlangen-Nuremberg, Deutscher Verband für Gesundheitssport und Sporttherapie (DVGS) <i>(German Association for Health Sport and Sport Therapy)</i>	Standfest im Alter <i>(Enhancing stability in older people)</i>	1
University of Erlangen-Nuremberg, SIMA-Akademie	SIMA – Selbständig im Alter <i>(Independent at an old age)</i>	1

**Rough translations of provider and program names by the authors*

***This program was classified as a strategy by one expert*

Table 10b: Successful PA Programs for Older People in Germany

As table 10b indicates, the program “Richtig Fit ab 50” by the Deutscher Olympischer Sportbund was mentioned by three of the eight experts as a successful program, while “Fit bis ins hohe Alter” by the Deutscher Turnerbund was nominated twice, indicating that these two programs are particularly well-known by German experts on PA and ageing. One subject classified “Richtig Fit ab 50” as a strategy. After additional research, however, it was decided to treat this project as a PA program.

▪ **Return of programme questionnaires**

The work package leader provided separate questionnaires for PA program directors and for PA promotion strategy officers. Due to the difficulties with the on-line questionnaire encountered in phase 1, the phase 2 questionnaires were not administered on-line. Potential respondents were initially contacted by phone; those willing to participate were sent the respective questionnaire by e-mail, asked to complete it by hand and return it by mail.

The initial phone conversations with directors and officers were used to underline the importance of their taking part in the survey and the potential benefits for their projects. Subjects that did not return the questionnaire were sent a reminder by e-mail, once more underlining the relevance of the survey. All four PA program directors agreed to take part in the survey. The return rate was 100 per cent.

- **Detailed programme description**
 - **A: DOSB: Richtig fit ab 50 (Truly fit over 50)**

Overview

In July 2003, the *Deutscher Olympischer Sportbund* (DOSB) launched a three-year model project entitled „Richtig fit ab 50“ (truly fit over 50) to motivate older people to move more and play more sport. Four sub-projects investigated how barriers preventing more physical activity among men and women over 50 can be removed. A large number of partners from the health and social sector supported the program, helping to cross-link activities and adapt them to the needs of older people. The four sub-projects were conducted by the Regional Sport Associations (Landessportverbände) of Bavaria, Berlin, Thuringia, and Schleswig-Holstein. The target group consisted of so-called “younger” older people between 50 and 60 years of age who had never before played sport or no longer played sport. Since 2006, the project has mainly been developed via the project website,¹ which aims at informing both older people and experts about the topics of fitness, sport, and health for older people. In addition, the DOSB has published two workbooks describing the project, one with an emphasis on younger senior citizens, the other focusing on people over 70.²

Program Description

Richtig fit ab 50 is a national program that had an original duration of 3 years (2003-2006). The overall program included community-based group programs, exercise referral programs, and various other sub-programs (e.g. programs aimed at GPs, wellness activities, and action to improve the various sport associations’ organized in the DOSB more aware of the needs of older people). The program focused on both indoor and outdoor group activity and had both land and water-based elements. A wide range of facilities was used, e.g. sport/physical recreation facilities, community centers, but also physicians’ and physiotherapists’ offices, kindergartens, hospitals, and public swimming pools. One sub-project took place in a daycare center for older people, another project in an assisted-living facility.³

Participants

The program was aimed at the age group between 50 and 70, the average age of the participants was between 55 and 60. The program was generally designed for community-dwelling older adults that walk outdoors without walking aids, assistance, or supervision or that would even walk frequently and vigorously outside. Except for one sub-project directed at men only, some 75 per cent of the participants in the program were female.

Group sizes ranged from 11 to 20 persons, usually with one instructor per group. On average, individuals would participate in the program once a week, with a maximum of two times. Some 75 per cent of the initial participants attended the program for at least one year.

Aims and Objectives

The program director of *Richtig fit ab 50* defined health promotion and the activation of older people who have not engaged in sport for a long time or even never before as the two most important goals of the program. Participant satisfaction was formally measured one or two times per year. Participants’ aims were also recorded: Some 93 per cent indicated that health promotion was an important reason for their participation. Other reasons frequently given were an active lifestyle and doing something together with others. The program was adjusted according to the participants’ aims.

¹ www.richtigfitab50.de

² Deutscher Olympischer Sportbund (ed.): Werkheft „Richtig fit ab 50“, Frankfurt/Main, 2006. Ibid (ed.): Werkheft „Bewegungsangebote 70 plus“, Frankfurt/Main, 2007.

³ This project, however, was not aimed at the inhabitants of the facility but only at the staff.

Moreover, psychomotricity and lactate measurements were conducted in two sub-projects in order to get objective outcome measures for the participants.

Pre-Participation Assessment

There are no mandatory health checks or health screenings before a potential participant may enter the program, but an assessment by a doctor is recommended.

Program Design

In the main program, there is no specific focus on certain components of physical fitness (e.g. endurance, strength, coordination, flexibility) that are to be improved. The general goal is to achieve an overall improvement of the participants' health. Improvement in certain components of physical fitness is only aimed for in some of the sub-projects.

All sub-programs taken together, *Richtig fit ab 50* offers activities from the following areas: aquatics (aqua exercise, sailing), on-road cycling, ball games (tennis, soccer, volleyball, table tennis), recreational movement (dancing, Tai Chi), outdoor walking, and all kinds of machine-based activities (e.g. stepper, cross-trainer, treadmill, etc.). Adapted exercise, such as pack-pain prevention and chair-based exercise, is only offered in some sub-programs. There are only preventive but no rehabilitation exercises. Consequently, the special needs of older people with chronic medical conditions cannot be taken into account.

In line with the overall goal to improve general fitness, there are no specific aspects of fitness (e.g. strength, balance, or bone density) that are targeted in the program. The usual structure of the program sessions is as follows:

- Warm up: 16-20 minutes
- Workout: 30 minutes
- Cool down: 6-10 minutes

Instructors' qualifications and training

In order to become an instructor for the program, only the basic level qualification of „Übungsleiter“ (trainer) is required, but the higher level qualification of „Übungsleiter Prävention“ (prevention trainer) is strongly preferred. All instructors that actually took part in the program had both the basic and higher level qualification. All instructors had to be members of the DOSB's own professional register.

The program provides an ongoing in-service training for instructors. Every two years, instructors have to attend a 30-hour training covering, among other things, topics related to sport, medicine, pedagogy, and ageing. Training is provided by paid professional instructors only.

Client Safety

The program has specific protocols to be followed in emergency situations. Staff are trained in these protocols once at the beginning of their project work. There are no protocols for equipment use, storage, or maintenance.

Finances

Providing the program costs between 5 and 10€ per session and participant, 50 per cent of which have to be covered by the participants themselves. Transport or refreshments are not provided for by the DOSB.

Publicity, marketing and promotion

A wide range of methods were used to publicize the program, esp. features in various media (local and national newspapers, elder-oriented magazines, local and national radio and national TV),

leafleting (in neighborhoods, sports halls, community centers for older people, and on health premises). In addition, alternative means of marketing were used, such as talks to local groups, word of mouth, a web site, open days, discounts, initiatives to “bring a friend”, and presentations for and by general practitioners.

There was no cooperation with a national or regional campaign on health and ageing, but the DOSB built partnerships with general practitioners, physiotherapists, and social organizations in order to promote *Richtig fit ab 50*.

- **B: University of Erlangen-Nuremberg: SIMA (Independent at an old age)**

Overview

Starting as a research project on health and cognition in older people, researchers of the *Friedrich-Alexander-University Erlangen-Nuremberg* (FAU) have developed a psychomotor exercise manual for older people. The manual describes 22 exercise sessions (22 x 90 minutes sessions), 9 sessions are focussed on gymnastics and dancing, 8 are focussed games including balls, and 6 are focussed on combined and simple dancing and ball game exercises. All sessions include exercises that geared at (1) cognitive/memory training, (2) physical training, (3) and psychoeducational training. Goal of the program is to support independent living in old age.

The manual is geared at exercise instructors that work with older people. Instructors are advised to set up training groups consisting of 15-20 older people. Participants should be 75 years of age and older. The manual does not contain information on potential recruitment strategies. The program is now promoted by an incorporated society called “SIMA Akademie”.⁴

Program Description

The organisation delivering the program is the Sima-Akademie e.V., a registered non-profit club. The question on classification level was not answered. The program exists since more than 10 years, and has been adapted 1-5 years ago. The program is conceptualized as a community based senior fitness program/ chair-program/ home-based program, and for falls- prevention. It may include group or individual activity, and could take place at all facilities 8recreational facilities, community centre, day centre, private dwelling, or sheltered housing.

Participants

Age of participants should be between 50 and 100 years of age, the average age of program attendees is 75 years. Participants are community dwelling and institutionalised, and may not be able to walk outdoors. About 50-75 % of participants are women. Groups sizes of classes of the program are about 11 – 15 older people, with 1-2 exercise instructor(s). The program includes at most 3-4 weekly exercise sessions, 2 weekly sessions would be common. It is not known what rate of attendees has joined the classes for more than a year

Aims and Objectives

Most important goals of the programme are to promote health and physical function of older people. The satisfaction of the participants is assessed 1-2 times per year, their aim of joining the program is not assessed. Strength, balance, mood/depression, cognition, and dementia are assessed for participants living in nursing homes only.

Pre- Participation Assessment

No health check for joining the program is required.

⁴ www.sima-akademie.de

The completion of a health screening tool is not required before joining the programme.

Program Design

The program addresses the components strength, coordination/balance, and flexibility/mobility. It uses the modality of recreational movement (movement to exercise, exercise to music) to address these components. Adapted exercises include fall prevention, and chair-based exercise. Aspects of fitness targeted include strength, and balance. Progression of the participants is part of the programme for the first few months only.

The warm up and cool-down are 6-10 minutes. The work component has usually a duration of 40 minutes. Exercises are adapted to participants in frailty-related or disability-related groups.

Instructors' qualification and training

Instructors are required to take part in a certified training course. Instructors do not need to be member of a professional register. 100 % of instructors have only the entry level qualification. For instructors, in-service training is provided (hours per year not applicable). Volunteers contribute to the program as instructors/ instructors assistants.

Client safety

There are no protocols for emergency situations. There are no protocols for procedures to be followed.

Finances

Costs for joining the program are estimated at 2-5 € per participant, per attendance. These costs are covered in full by nursing home for nursing home attendees, and in full by attendees themselves for community dwelling target groups. There is no transport provided, refreshments are served in some sessions.

Publicity, marketing and promotion

The program utilizes advertising through elder-oriented organisations and magazines. Also, talks to local groups and a website.

The program has found it useful to capitalise on preventive services offered by sickness funds, and has established partnerships with nursing homes.

▪ **C: DTB: Fit bis ins hohe Alter (Fit up to a ripe old age)**

Overview

As of 2007, the *Deutscher Turnerbund* (DTB) has launched a program targeting older adults being approximately 70 years of age to engage in an 12 week exercise programme. The DTB developed a written manual of the programme and the exercise sessions (12 x 60 minutes sessions) that is geared towards physical education/ exercise instructors in sports clubs. The exercise sessions follow the theoretical “four-pillar” model: (1) Supporting safe commuting in daily life, (2) increase muscle strength, (3) increase balance, and (4) maintain flexibility. The manual suggests that group sizes should be 15 persons, and that exercise instructors have licenses in teaching “health sport” classes and “exercise for prevention” classes. The program has received the quality seal “adding to health” from the association of German sickness funds. This means, that participants will be partly reimbursed for joining this program by their sickness fund. To recruit participants into the exercise sessions, it is suggested to launch a press release in the local newspaper, contact local meeting points for senior citizen, inform local physicians about the program, or collaborate with a local sickness fund. Just recently, the program has launched a similar manual targeting adults of age 80 years and older.

Program Description

Fit bis ins hohe Alter is a national program that is less than a year old. The program is intended as a community based senior fitness exercise program that could be used for falls reduction. Preferably, the programme should take place in exercise facilities/ gyms. Community centres or day resource centers would also be able to host exercise classes of the program.

Participants

Age of participants should be between 65 and 80 years of age, the average age of program attendees is 70 years. Participants are in general community dwelling, and can at least walk outdoors with assistance or supervision by another person. About 50 per cent of participants are women. Groups sizes of classes of the program are about 11 – 15 older people, with 1-2 exercise instructor(s). The program includes at most 2 weekly exercise sessions, 1 weekly session would be common. Since the program is in general not evaluated (a pilot evaluation including 3 exercise classes took place), it is not known what rate of attendees has joined the classes for more than a year.

Aims and Objectives

Most important goals of the programme are to promote health and physical function of older people. The satisfaction of the participants is not assessed, however, strength, balance, mood/depression, and social support of participants are assessed at regular intervals. Also, activities of daily living and the ability to live independently are assessed.

Pre- Participation Assessment

Participants are advised to get a health check by a physician before joining the program, but it is not required. It was not known, if the completion of a health screening tool was required before joining the programme.

Program Design

The program addresses the components strength, coordination/balance, and flexibility/mobility. It uses the modality of recreational movement (movement to exercise, exercise to music, Pilates) and walking to address these components. Machine based equipment used are Dumbbells/ free weights, resistance balls/ bands/ tubes, balance disks. Adapted exercises include back pain prevention, Osteoporosis prevention, fall prevention, pelvic floor exercise, and chair-based exercise. Aspects of fitness targeted include strength, balance, joint range and motion, and bone density. Progression of the participants is always part of the programme.

The warm up and cool-down are 1-5 minutes. The work component has usually a duration of 40 minutes. Exercises are adapted to participants having chronic medical conditions.

Instructors' qualification and training

Instructors are required to have a “basic level” or a “higher level” qualification. Instructors have to be registered. 50 % of instructors have only the entry level qualification. For instructors, in-service training of 10 hours per year is provided. Recently covered topics in the in-service training included an introduction to the program, falls prevention with older people, and strength training with older people. Volunteers are not part of the program.

Client safety

There are no protocols for emergency situations. There are protocols for procedures to be followed, staff is trained one time (presumably when joining the program) to follow protocols.

Finances

Costs for joining the program are estimated at 5-10 € per participant, per attendance. These costs are covered by sickness funds to 100 %. There is no transport provided, neither are refreshments for participants.

Publicity, marketing and promotion

The program utilizes a wide variety of channels to publicise, including newspaper advertisements, features in newspaper (both from local to national level), local TV ads, leafleting (neighbourhood, sports halls, health premises, community centers), word of mouth, and a website.

The program has found it useful to capitalising on the “Deutsches Turnfest”, and has established partnerships with one major sickness fund (Barmer) and the Sporthochschule cologne (Sports University Cologne).

- **D: University of Erlangen-Nuremberg: Standfest im Alter (Enhancing stability in older people)**

Overview

As the above mentioned SIMA program, the program *Standfest im Alter* was developed by researchers of the *Friedrich-Alexander-University Erlangen-Nuremberg* (FAU). The initiative consists of an exercise program geared at reducing the risk of falls in older people through a multimodal training focussed at increasing strength, balance, cognition, and psychomotor skills of older people. The program is intended to reach older people of age 70 to 90. Participants take part in 32 exercise sessions (32 x 60 minutes) in 16 weeks. Sessions focus on improving the interaction between perception and action, incorporating motor coordination, competence training, and perceptual training.

Exercise instructors who are interested to use the program for their own work, are required to join a 10 days licensing training. The program is currently supported by one German sickness fund. The sickness fund recruits members of the age bracket 70 – 90 years of age who have a history of falls/fear of falling into the program.

Program Description

The 16-week intervention phase was followed by a twelve-month follow-up period. The program consisted of community-based senior fitness programs, exercise referral programs, and falls programs that were both preventive and medical-condition specific. The program was designed as an indoor group activity that made exclusive use of sport and physical recreation facilities.

Participants

The program was directed at the age group between 70 and 90, with the average age of participants being around 75. The program was designed for community-dwelling older adults that could walk outdoors, either with or without walking aids, assistance, but always without supervision by another person. The share of men and women was roughly equal.

Group size ranged from 6 to 15 persons, usually with two instructors per group. Individuals participated in the program twice a week. About 50 per cent of the initial participants attended the program for at least one year.

Aims and Objectives

The two most important aims of the project are health promotion and disease prevention. Participant satisfaction is formally measured three to six times per year. Participants' aims are recorded, and the program is adjusted accordingly. Strength and explosive power, balance, and

other tests (clock test, self-efficacy, quality of life) were recorded as objective outcome measures for the participants.

Pre-Participation Assessment

There are no mandatory health checks or health screenings before a potential participant may enter the program.

Program Design

Standfest im Alter aims at improving a wide range of physical fitness components: endurance, strength, coordination/balance, flexibility/mobility, and body awareness. Among the activities offered are movement to exercise (partially derived from Tai Chi), Nordic walking, dumbbells/free weights, physioballs and balance disks. Adapted falls prevention and chair-based exercise for people with special needs is available in special disease-related groups.

The program targets strength, explosive power, balance, but also perception, body awareness and attention as specific aspects of fitness. The usual structure of the program sessions is as follows:

- Warm up: 6-10 minutes
- Workout: 30 minutes
- Cool down: 6-10 minutes

Instructors' qualifications and training

In order to become an instructor for the program, a higher level, old age-specific qualification is required. All instructors that actually took part in the program had a higher level qualification. Membership in a professional register was not required.

The program provides an ongoing in-service training for instructors. Every year, instructors have to attend a 3-hour training including, among other things, economic aspects, liability, and an update of assessments.

Client Safety

There are no specific protocols for client safety.

Finance

Providing the program costs between 2 and 5€ per session and participant, 5 per cent of which have to be covered by the participants themselves. Transportation is not provided for, but there are free refreshments offered at some sessions.

Publicity, marketing and promotion

The program was advertised both in national and regional newspapers as well as on local, regional, and national radio stations. Word of mouth also helped increase participation.

There was no cooperation with a national or regional campaign on health and ageing but partnerships with a local health insurance, a local sports club, and local health professionals.

- **Overall programme analysis**

For the following programme analysis, programme directors are in the same way as in the section above:

Director of programme	Code
Richtig fit ab 50	A
SimA	B
Fit bis ins hohe Alter	C
Standfest im Alter	D

The following section gives an overview of the characteristics of the most important aspects of the four “successful” programmes identified by the German experts in stage 1. However, due to the small number of programmes, it is difficult to draw general conclusions for successful PA programmes in Germany. The following data therefore have to be interpreted with caution.

- **Programme directors’ educational backgrounds**

Table 11 gives an overview of the four programme directors’ personal educational background.

	PA Programme Director			
	A	B	C	D
Medicine				
Other Health Profession		X		
Exercise/ Sport Science			X	X
Other				
Missing data	X			

Table 11 - Programme Questionnaire Question 4 (ProgQ4). Educational backgrounds of PA Programme Directors selected by German national experts

- **Catchment areas of programmes**

As table 12 shows, two of the programs in stage 2 of the German survey are classified as national, while no information is available for the other two.

	Number
National	2
Regional	
Limited to a city/town	
Limited to a local neighbourhood	
Missing data	2
Total	4

Table 12 (ProgQ9). PA Programme Directors’ responses concerning the geographical classification of their programme

- **Ages of programmes**

One of the four programmes in the German sample (programme B, “SimA”) is older than 10 years, while the other three have existed for five years or less.

	Number
Less than 1 year	1
1 to 5 years	2
6 to 10 years	
More than 10 years	1
Missing data	
Total	4

Table 13 (ProgQ10). PA Programme Directors’ responses concerning the length of time their programme has existed

- **Components of overall programmes**

Table 14 illustrates the different sub-programmes included in the four overall programmes. All four programmes include community based senior fitness programmes, three also feature exercise/general practitioner referral or falls prevention programmes. Other characteristics of all four programmes are group activity and activity taking place indoors (see table 15). Two programmes also offer water-based exercise.

Most of the programmes use a wide range of facilities for their programmes, including sport/physical recreation facilities as well as community and day resources centres. Details are shown in table 16.

	Number
Masters (elite competitor) programme	
Community based senior fitness programmes (groups)	4
Community based senior chair-based programmes	1
Home based exercise programmes (individual)	1
Exercise referral / General Practitioner referral programmes	3
Falls Prevention Programmes	3
Medical condition-specific programmes	1
Cardiac rehabilitation	
Pulmonary rehabilitation	
Arthritis programmes	
Other medical condition-specific programmes	
Other programmes	

Table 14 (ProgQ11). PA Programme Directors’ responses concerning which component programmes are included in their overall programmes

	Number
Group activity	4
Individual activity	1
Indoors	4
Outdoors	1
Water-based	1
Land-based	2

Table 15 (ProgQ12). PA Programme Directors' responses concerning the description of their overall programmes

	Number
Sport / physical recreation facility	4
Community centre	3
Day resources centre	3
Participant's private dwelling	1
Sheltered housing, assisted living facility, care home or nursing home	2
Other	1

Table 16 (ProgQ13). Programme Directors' responses concerning the types of facilities used by their overall programmes.

▪ **Characteristics of programmes' clients**

As figure 1 indicates, all four programmes are directed at older people at least 50 years of age. Programmes A and C are general preventive programmes run by sport associations. Programme A (Richtig fit ab 50), run by the largest German sport association, has the youngest target group (with people over 70 covered by a separate program of the same organization). Although Programme C (Fit bis ins hohe Alter) is also run by a sports organization, its target group is slightly older, but people over 80 are also addressed with different offers.

Programme B (SimA) and D (Standfest im Alter) are directed specifically at populations at risk, with risk factors increasing with age, which might explain the older age groups given by the programme directors.

All four programmes identified are directed at community-dwelling older adults, with one programme also aiming at institution-dwelling older people in a separate sub-programme (see table 17).

Only one of the four programmes is suitable for people who never walk outdoors; the other three programmes have higher mobility requirements for participants (see table 18). All four programmes are suitable for people who can walk outdoors without walking-aid or assistance/supervision; being able to frequently walk vigorously or to run is not necessary for any of the programmes.

With respect to the participants' gender, at least 50% of those taking part in the programmes (in two cases even 75%) are women (see table 19 for details).

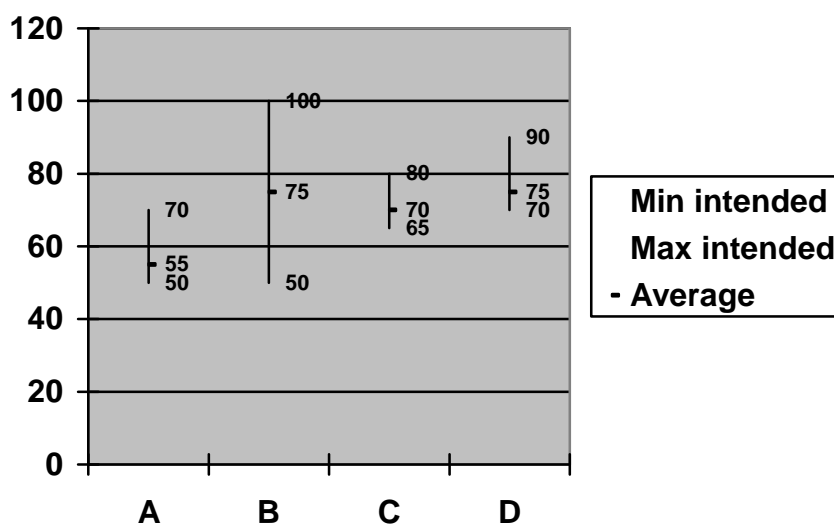


Figure 1 (ProgQ14-15). PA Programme Directors’ responses concerning the age groups for whom their overall programme is intended and the average age of participant actually attending a typical session of the programme

	Number
Community- dwelling older adults	3
Institution – dwelling older adults	
Both, together (in the same group)	
Both separately (in different groups)	1
Total	4

Table 17 (ProgQ16). PA Programme Directors’ responses concerning the ‘category’ of participant (by type of dwelling) for whom their overall programme is intended.

	Number
Frequently walks vigorously or runs	2
Walking outdoors with no walking aids and no assistance or supervision by another person	4
Walks outdoors with a walking aid but no assistance or supervision by another person	3
Walks outdoors only with assistance or supervision by another person	2
Never walks outdoors	1

Table 18 (ProgQ17). PA Programme Directors’ responses concerning the ‘category’ of participant (by level of functional mobility) for whom their overall programme is intended.

	Number
0%	
25%	
50%	2
75%	2
100%	
Don't know	
Total	4

Table 19 (ProgQ18). PA Programme Directors' estimates of the proportion of participants in their overall programme that are women

▪ **Characteristics of programmes' classes**

Group sizes in the four programmes range from six to 20 participants (see table 20). Instructor-participant ration is 1:2-10 in three cases and 1:11-25 in the fourth (see table 21). As shown in table 22, the maximum number of sessions is between 2 and 4 per week, the usual number of sessions for most participants is either one or two per week. Table 23 contains the programme directors' estimates of the proportion of current participants that have attended their overall programme for at least a year.

	Number
1	
2 – 5	
6 – 10	1
11 – 15	2
16 – 20	1
21 – 25	
26 – 50	
51+	
Don't know	

Table 20 (ProgQ19). PA Programme Directors' estimates of 'group' sizes used in their overall programmes

	Number
1 : 1	
1 : 2 - 10	3
1 : 11 - 25	1
1 : 26 - 50	
1 : 51+	
Don't know	
Total	4

Table 21 (ProgQ20). PA Programme Directors' estimates of the ratio of instructors to participants in a typical session of their programme

	Maximum	Usual
<1		
1		2
2	3	2
3 – 4	1	
5 – 7		
8+		
Don't know		
Total	4	4

Table 22 (ProgQ21-22). PA Programme Directors' estimates of the maximum possible frequency and the usual frequency with which individuals participate in their overall programme.

	Number
0%	
25%	
50%	1
75%	1
100%	
Don't know	2
Total	4

Table 23 (ProgQ23). PA Programme Directors' estimates of the proportion of current participants that have attended their overall programme for at least a year

▪ Objectives, outcomes, monitoring and feedback

Considering all four programs in the survey, health promotion and improved physical function are the two most important overall aims (table 24). Only in one case, customer satisfaction is not measured at all (table 25). In all programmes, objective outcome measures are recorded for participants at regular intervals (see table 26 for additional details). The two main indicators measured are “strength or explosive power” and “balance” (3 programmes each, see table 27).

	Number
Health promotion	4
Improved competitive performance	
Disease prevention	1
Improved physical function	2
Improved mood	
Opportunities to socialise	
Improved self esteem / confidence	
Other	1
Don't know	

Table 24 (ProgQ24). PA Programme Directors' responses concerning the two most important overall aims of their programme, from the point of view of its sponsoring organisation.

	Number
Not at all	1
1 – 2	2
3 – 6	1
More than 6	
Don't know	
Total	4

Table 25 (ProgQ25). PA Programme Directors' estimates of the frequency (times per year) with which the satisfaction of participants in their programme is formally measured

	survey of aims	prog. adjusted for aims	outcomes measured
Yes	2	3	4
No	1		
Does not apply		1	
Don't know	1		
Total	4	4	4

Table 26 (ProgQ26-28). PA Programme Directors' responses concerning whether (A) participants are formally surveyed for the aims of their involvement in the programme, (B) programmes are adjusted according to participants' aims, and (C) objective outcome measures are recorded for participants at regular intervals

	Number
Strength or explosive power	3
Maximal oxygen uptake (directly measured)	
Sub maximal test of aerobic fitness	
Balance	3
Joint range of motion	1
Body composition	
Bone density	
Mood / depression	2
Social support	1
Other	3
Not applicable	

Table 27 (ProgQ29). PA Programme Directors' responses concerning which objective measures are recorded at regular intervals

▪ **Pre-participation assessment**

A health check is a requirement for entering the program in only two of the four projects in the survey (table 28). In both cases, this health check is an assessment performed by a doctor (table 29). None of the programme directors states that participants have to complete a health screening tool prior to entering the programme (tables 30-33).

	Number
Yes	2
No	2
Don't know	
Total	4

Table 28 (ProgQ30). PA Programme Directors' responses concerning whether eligibility for entry to their programme requires the potential participant to have a health check

	Number
Completion of a health screening tool	
Assessment by a doctor	2
Assessment by a doctor who is a sports medicine specialist or by the programme doctor	
Assessment by some other healthcare professional	
Other	
Total	

Table 29 (ProgQ31). PA Programme Directors' responses concerning the form of health check required for a potential participant to be eligible for entry to their programme

	Number
Yes	
No	3
Don't know	1
Total	4

Table 30 (ProgQ32). PA Programme Directors' responses concerning whether eligibility for entry to their programme requires completion of a health screening tool by the potential participant.

	Internationally recognised	Adapted for the prog.
Yes		
No		
Not applicable	4	4
Total	4	4

Table 31 (ProgQ33 & 35). PA Programme Directors' responses concerning whether their health screening tool is internationally recognised and whether it had been adapted for their programme

	Dizziness	Eyesight	Hearing	Don't know	Not applicable
Yes					4
No					
Total					4

Table 32 (ProgQ36). PA Programme Directors' responses concerning the questions included in the health screening tool used by their programme

	Number
The applicant need only sign a liability waiver	
Applicant must obtain 'approval' from any healthcare professional	
Applicant must obtain 'approval' from their doctor	
Applicant must obtain 'approval' from a doctor who is a sports medicine specialist or from the programme doctor	
It is not possible for the applicant to be permitted to enter the programme	
Other	
Don't know	
Not applicable	4
Total	4

Table 33 (ProgQ37). PA Programme Directors' responses concerning what is done so that an applicant can be permitted to enter a programme after a potential problem has been identified by the health screening tool

▪ Programme content

According to the four programme directors, the two most important goals that their programmes aim to improve are strength and coordination/balance (mentioned three times each), followed by endurance (mentioned two times, see table 34). This result is supported by the results shown in table 27 ("strength or explosive power" and "balance" as main indicators measured).

Table 35 suggests that a wide range of modalities of PA is offered in the four programmes, with a focus on recreational movement, machine based equipment and adapted exercise. On the other hand, aquatics, cycling, team sports, running, skiing, and walking (with the exception of Nordic Walking) are seldom or not at all offered.

Participants' progression is measured at all stages in three of the four programmes; in the fourth case, progression is only an issue in the first months of the programme (see table 36).

Warm up and cool down periods mainly range from one to ten minutes (table 37), while the central workout component is approximately 30 minutes in three programs and about 40 minutes in the other (table 38). Table 39 shows that organizations have developed very diverse ways of coping with the needs of people with chronic medical conditions, from adapted exercise to special groups.

	Number
Strength	3
Explosive power	1
Endurance	2
Coordination – Balance	3
Joint range of motion	1
Body composition	
Bone density	1
Other	1

Table 34 (ProgQ38 & 40). PA Programme Directors' responses concerning the component(s) or aspect(s) of physical fitness which their PA Programme aims to improve.

TABLE 35 (ProgQ39)

	Number
Aquatics	
Swimming	
Aqua exercises	1
Cycling	
On Road/ Paths	1
Off Road/ Track/ Hills	
Group Sports/ Ball Games	
Badminton	
Billiard Sports	
Boules	
Bowling	
Golf	
Minigolf	
Short tennis	
Tennis	1
Recreational Movement	
Dance	1
Movement to exercise	3
Exercise to music	2
Derived from Pilates	1
Derived from Tai Chi	2
Derived from Qigong	
Derived from Yoga	
Running	
Indoor running (not on treadmill)	
Outdoor running/ Track	
Orienteering	
Skiing	
Cross Country Skiing	
Downhill (Alpine Skiing)	
Ski Touring	

Walking	
Indoor Walking (not on treadmill)	1
Outdoor Walking on path/ track	
Outdoor Walking groups	1
Rambling or Hill Walking	
Trekking	
Nordic Walking	2
Machine based equipment	
Circuits	1
Treadmill	1
Cycle	1
Rowing	1
Stepper	1
Cross – trainer	1
Cable machines/ fixed resistance	1
Dumbbells / Free weights	3
Physioballs (Swiss balls/ exercise balls) for balance	2
Resistance balls/ bands/ tubes	2
Balance disks/ wobbleboards	3
Other	
Competitive sport	
Adapted exercise	
Back pain prevention	1
Osteoporosis prevention	1
Falls prevention	3
Pelvis Floor exercise	1
Chair-based exercise	3
Cardio rehab	
Pulmonary rehab	
Other	

Table 35 (ProgQ39). PA Programme Directors' responses concerning the modalities of physical activity offered in their programme.

	Number
Never	
For the first few weeks only	
For the first few months only	1
Always	3
Don't know	
Total	4

Table 36 (ProgQ41). PA Programme Directors' responses concerning the extent to which 'progression' of participants is part of their overall programme. ('Progression' defined as a systematic increase in the intensity or resistance, the frequency and/or duration of exercise.)

	Warm up	Cool down
0 minutes		
1 – 5 minutes	1	1
6 – 10 minutes	2	3
11 – 15 minutes		
16 – 20 minutes	1	
Don't know		
Total	4	4

Table 37 (ProgQ42-43). PA Programme Directors' estimates of the length of a usual warm up at the beginning of a session in this programme and of the length of a usual cool down (or 'wind down' or 'warm down') at the end of a session

	Number
0 minutes	
10 minutes	
20 minutes	
30 minutes	3
40 minutes	1
50 minutes	
60 minutes	
More than 60 minutes	
Don't know	
Total	4

Table 38 (ProgQ44). PA Programme Directors' estimates of the length of a usual workout component of a session in this programme

	Number
This is not possible	1
Adapted exercise, with participants in disease-related groups	1
Adapted exercise, with participants in frailty-related or disability-related groups	1
Adapted exercise, with participants included in the mainstream older person's group(s)	1
Don't know	
Total	4

Table 39 (ProgQ 45). PA Programme Directors' responses concerning how, within this programme, they cater for the exercise needs of older people with chronic medical conditions.

▪ **Instructors' qualifications and training**

Concerning the minimum level of qualification required for instructors, a higher level qualification is only required in two programs (table 40). Two programme directors also note that another qualification different from the usual basic and higher level qualification is required. In three cases, all instructors also have the basic level qualification (table 41). In two programmes, instructors also needed to be members of a professional register (table 42). Three programmes have annual in-service training for their instructors (table 43), two also employ unpaid volunteers as instructors or assistants (table 44).

	Number
A basic (entry level) qualification	1
A higher level (old age specific) qualification	2
Other	2
Don't know	

Table 40 (ProgQ46). PA Programme Directors' responses concerning minimum level of qualification required for instructors delivering this programme to older participants

	Entry level qualification	Higher level qualification
0%		
25%		
50%	1	1
75%		
100%	3	2
Don't know		1
Total	4	4

Table 41 (ProgQ48 & ProgQ49). PA Programme Directors' estimates of the proportion of instructors guiding/supervising older participants, in this programme, that have the entry level qualification or the higher level qualification.

	Number
Yes	2
No	2
Don't know	
Total	4

Table 42 (ProgQ.47). PA Programme Directors' responses concerning whether instructors for this programme have to be a member of a professional register

	Number
0	
1	
3	1
5	
10	1
15	1
20	
30	
More than 30	
Don't know	
Not applicable	1
Total	4

Table 43 (ProgQ51). PA Programme Directors' estimates of the number of hours in-service training provided each year for the instructors in this programme

	Number
Not at all	
Instruction	1
Instructor's assistant	1
'Buddying' a participant	
Peer mentoring participants	
Administration	
Transport	
Refreshments	
Other	
Don't know	
Not applicable	

Table 44 (ProgQ54). PA Programme Directors' responses concerning ways that unpaid volunteers contribute to this programme.

- **Client safety**

Only one out of four programmes has protocols for emergency situations and for the use, storage, and maintenance of equipment, as table 45 indicates. By the same token, only in one programme instructors are trained in the application of emergency and equipment protocols.

	Emergency protocols	Equipment protocols
Yes	1	1
No	3	3
Don't know		
Total	4	4

Table 45 (ProgQ55 and 57). PA Programme Directors' responses concerning whether this programme has specific protocols to be followed in emergency situations or in respect of the use, storage and maintenance of equipment

	Emergency protocols	Equipment protocols
Yes	1	1
No	1	
Don't know	2	3
3 monthly		
6 monthly		
Annually		
Never		
Don't know	2	1
Not applicable	2	3

Table 46 (ProgQ56 and 58). PA Programme Directors' responses concerning the frequency of staff training in the protocols to be followed in emergency situations or in respect of the use, storage and maintenance of equipment

▪ **Finance, transport and refreshments**

According to the results shown in table 47, tTotal costs for providing the programme (excluding transport and refreshments) range from 2 to 10€ per participant and session. While in three programmes, participants have to pay little or no fee for their participation, they have to cover 50% of the costs in the fourth case (table 48). Transport is not provided for in any of the programmes, refreshments are only offered in some sessions of two programmes (tables 49 and 50).

	Number
Up to €2	
More than €2, up to €5	2
More than €5, up to €10	2
More than €10	
Don't know	
Total	4

Table 47 (ProgQ59). PA Programme Directors' estimates of the total cost (per participant per session) of providing their programme (excluding transport and refreshments but including the cost of the room, lighting, heating, maintenance, instructor's fee, administration)

	Number
0%	2
5%	1
10%	
25%	
50%	1
75%	
100%	
Don't know	
Total	4

Table 48 (ProgQ 60). PA Programme Directors' estimates of the proportion of cost paid by each participant in their programme

	Transport	Refreshments
Yes, to everyone		
Yes, selectively	*	2**
No	4	2
Don't know		
Total	4	

*some participants, some sessions

**some sessions

Table 49 (ProgQ61 and 63). PA Programme Directors' responses concerning whether transport and refreshments are provided for participants in their programme

	Transport	Refreshments
0%		1
5%		
10%		
25%		
50%		
75%		
100%		
Not applicable	4	2
Don't know		1
Total	4	4

Table 50 (ProgQ62 and 64). PA Programme Directors' estimates of the proportion of the cost of transport and of refreshments that is paid by each participant in their programme.

▪ **Publicity, marketing and promotion**

Almost all publication/marketing methods that respondents could choose from is being used by one or more of the programmes (see table 51). The most frequently used methods (3 mentions each) are features in national/regional newspapers or elder-oriented magazines, word of mouth, and websites. Two projects also employ various forms of leafleting.

While only one programme has found it useful to motivate participants or recruit new participants in connection with national/regional age and health related campaigns, all four have built partnerships with local health care professionals or organizations.

	Number	%
Advertising in local newspapers	1	25
Advertising in national/ regional newspapers	2	50
Advertising in elder-oriented magazines	1	25
Advertising through elder-oriented organisations	2	50
Features in local newspapers	2	50
Features in national/ regional newspapers	3	75
Features in elder-oriented magazines	3	75
Advertising on local radio	1	25
Advertising on national/ regional radio	1	25
Advertising on local TV	1	25
Advertising on national/ regional TV		
Features on local radio	1	25
Features on national/ regional TV	1	25
Features on local TV		
Features on national/ regional TV	1	25
Neighbourhood leafleting	2	50
Sports hall leafleting	2	50
Health premises leafleting	2	50
Leafleting in community centres for older people	2	50
Talks to local groups	2	50
Word of mouth	3	75
Websites	3	75
Open days	1	25
Bring a friend	1	25
Discounts	1	25
Multiple session bookings		
Other	1	25

Table 51 (ProgQ65). PA Programme Directors' responses concerning the methods which have been used to publicise, market or promote their programme.

	(1)	(2)
Yes	1	4
No	2	
Have not tried		
Don't know		
Missing Value	1	
Total	4	4

Table 52 (ProgQ66 and 67). PA Programme Directors' responses concerning whether their programme had found it useful (1) to capitalise on national or regional campaigns related to aspects of ageing and health in order to improve recruitment of new participants and/or motivation of existing participants, and/or (2) to build partnerships with local healthcare professionals or organisations.

- **‘SUCCESSFUL’ PA PROMOTION STRATEGIES**

- **Methods**

- **Selection of programmes (including definitions)**

Each national Expert was asked to identify a successful PA promotion strategy for older people in their country and assist its director to complete a questionnaire concerned primarily with the characteristics of the chosen PA promotion strategy. The national Experts were instructed that their choice should be guided by the following definitions.

Physical activity (or PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure *e.g.* running, walking, swimming, lifting or carrying a heavy weight.

PA promotion strategy – An intervention, device or plan which it is intended will increase the PA of a community *e.g.* Improved street lighting or an educational TV advertising campaign.

A successful PA promotion strategy – A PA promotion strategy is ‘successful’ if a PA expert in that country considers it to be successful. This judgment may be based on some or all of a wide range of possible effects of the strategy. These might include, for example, demonstrable improvements in swimming pool use, in self-reported physical activity, increasing bicycle sales *etc.*

To be eligible for consideration a successful PA promotion strategy must have been running for at least 6 months and if it had ceased, this must have occurred no more than 2 years previously.

- **Distribution and return of promotion strategy questionnaires**

In the second phase of the survey, conducted between August and November 2007, the directors of successful PA programs and promotion strategies identified in the first phase were contacted and asked to complete another questionnaire to learn more about their projects. Before contacting directors, recommendations were validated through additional research, using the definitions and requirements developed by the work package leader.

Stage 1 experts had named six different PA programs, of which four were included in stage 2 of the survey (see section II.1 for details). None of the six projects named as “PA promotion strategy” was found to fulfill the above-mentioned requirements (see section II.2 for details). Consequently, the German survey did not yield any results for PA promotion strategies.

- **Results**

- **Selection of promotion strategies**

The experts questioned named seven different projects as a PA promotion strategy for older people in Germany. One nomination (Richtig fit ab 50 by the DOSB) was moved to the PA program category. The other five suggestions were not included in the second phase of the survey because they were not considered to be PA promotion strategies according to the definition provided by the work package leader (see above). Consequently, no PA promotion strategy directors were contacted for the second phase of the survey.

▪ **SYSTEMATIC SEARCH FOR EVIDENCE BASED GUIDELINES**

The objective was to conduct a logical, repeatable and thorough search for evidence-based, professional guidelines for the promotion and/or provision of safe and effective physical activity (PA) by older people.

The guidelines identified by the search are to be used to create a readily accessible inventory of existing evidence based guidelines. This resource is to be included in the cross-national and national reports on WP5. It will permit a critical comparison of the successful PA programmes and PA promotion strategies (identified by the WP5 Experts) with current evidence-based guidelines.

○ **Methods**

Definitions

Physical activity (PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure *e.g.* running, walking, swimming, lifting or carrying a heavy weight.

PA promotion strategy – An intervention, device or plan which it is intended will increase the PA of a community.

e.g. Improved street lighting or an educational TV advertising campaign.

Older person - In this systematic search the older person was defined as being 60 years and over, in good health or suffering from a medical condition.

Criteria for inclusion in inventory of guidelines

The publications to be included in the inventory were those which we considered to be guidelines, position stands, consensus statements, standards or recommendations from a credible source, that addressed exercise and/ or physical activity for older people and which satisfied all five of the following criteria.

- composed by a process involving a consensus of experts, and
- published under the auspices of government departments, international health organisations, age-related NGOs, or learned societies, and
- with sufficient information about the evidence on which they are based to allow the individual recommendations to be graded according to the strength of that evidence (see ‘Key to evidence statements and grades of recommendation’, as published in the most recent SIGN guideline, viz. SIGN Guideline No. 98, July 2007), and
- published from 1990 onwards, and
- addresses the delivery and/or promotion of physical activity for the older person (including old age specific sub-sections of guidelines for the role of physical activity for adults of all ages in health and/or disease).

Search to identify candidate publications for inclusion in the inventory of guidelines

The search protocol took account of the fact that the guidelines which we sought might have been published in scientific journals, websites, or as free-standing publications.

We searched the following electronic databases:

Ovid Medline (1950 to June Wk 4 2007)
 CINAHL (1982 to June Wk 5 2007)
 EMBASE (1996 to 2007 Wk 26)
 SPORTDiscus (1830 to May 2007)
 AARP Ageline (1978 to June 2007)
 Cochrane Review Library

Searches included no language restrictions and were limited to older adults.

The following two search strategies were used for Ovid Medline and adapted for the other databases:

Search 1 – Provision of physical activity for older people

- 1 exp exercise/
- 2 (exercise\$ or physical activity or exercise prescription).mp
- 3 1 or 2
- 4 exp aged/ or exp "aged, 80 and over"/
- 5 (aged or elderly or senior\$ or older adult or older person\$ or older people).mp
- 6 4 or 5
- 7 guideline.pt
- 8 practice guideline.pt
- 9 exp guidelines/
- 10 exp health planning guidelines/
- 11 7 or 8 or 9 or 10
- 12 exp consensus/
- 13 (guideline\$ or consensus or position stand or standard\$ or recommendations\$.ti
- 14 11 or 12 or 13
- 15 3 and 6 and 14

Search 2 – Promotion of physical activity for older people

- 1 exp exercise/
- 2 (exercise\$ or physical activity).mp
- 3 1 or 2
- 4 exp health promotion/
- 5 (health promotion\$ or promotion strategy or promotion strategies or health behaviour\$ or campaign\$.mp
- 6 4 or 5
- 7 exp aged/ or exp "aged, 80 and over"/
- 8 (aged or elderly or senior\$ or older person\$ or older people or older adult\$.mp
- 9 7 or 8
- 10 guideline.pt.
- 11 practice guideline.pt
- 12 exp guidelines/ (61574)
- 13 exp health planning guidelines/
- 14 exp consensus/

- 15 (guideline\$ or consensus or position stand or recommendation\$ or standard\$).ti
 16 10 or 11 or 12 or 13 or 14 or 15
 17 3 and 6 and 9 and 16

The following websites were chosen on our judgement and searched for relevant guidelines, position stands, consensus statements, standards or recommendations. Search terms were adapted from the two Ovid Medline searches outlined above.

WHO (World Health Organisation)
 NIH (National Institute of Health)
 NIA (National Institute of Ageing)
 CDC (Centre for Disease Control)
 ACSM (American College of Sports Medicine)
 AHA (American Heart Association)
 NICE (National Institute for Health and Clinical Excellence)

Scrutiny to select publications for inclusion in the inventory of guidelines

Two reviewers (FS, AY) independently scanned the titles of candidate publications identified by the searches to identify potentially relevant publications for more detailed review. Searches of bibliographies and texts were also conducted to identify additional relevant publications. Non-concordance of reviewers was resolved by discussion. The abstract was obtained for each title selected.

The abstracts were then independently studied by the two reviewers, to identify publications for full review. Non-concordance was resolved by discussion. From the full text, the reviewers independently identified the publications which met all five criteria for inclusion in the inventory. Once again, non-concordance was resolved by discussion.

○ Results

Approximately 5120 titles were considered. Of these, over 650 abstracts were reviewed and, from them, 325 full publications were reviewed. Fifty-five publications met all 5 criteria for inclusion in the inventory, where they have been listed under the following subheadings: habitual physical activity and PA promotion, resistance training, exercise referral, cardiovascular conditions, exercise testing and screening, hypertension, stroke, hypercholesterolemia, diabetes, obesity, osteoporosis, falls, osteoarthritis and chronic pain.

▪ CONCORDANCE OF PROGRAMMES WITH GUIDELINES

○ Discussion

▪ General Recommendations

A comprehensive review of the guidelines shows that several kinds of training are generally recommended for older people: general moderate-level PA, strength training, flexibility training, and training to improve balance.

Most guidelines recommend at least 30 minutes per day on most, preferable all days of the week or, alternatively, 20 minutes of vigorous PA on at least three days of the week (e.g. ACSM 2007, ACSM 2004, CDC 1995, US Dept. of Health 1996, AHA 2001b). According to some guidelines, low-expenditure activity should be preferred, while high-intensity training is to be recommended

with caution (AHA 2001b), running and jogging is recommended only for those accustomed to these activities (ACSM 2004).

Guidelines mentioning strength training mostly recommend two to three sessions per week, potentially with 8-10 exercises and 10-15 repetitions each (see ACSM 2007, ACSM 2004, UK Dept. of Health 2004, US Dept. of Health 1996, ACSM 2002, AHA 2001b).

In addition, ACSM guidelines (ACSM 2007, ACSM 2004) recommend flexibility training and stretching routines of 10 minutes on a minimum of two days per week, respectively.

Finally, balance training (three times per week) is recommended by various guidelines (ACSM 2007, ACSM 2004, UK Dept. of Health 2004).

Beyond these general recommendations, ACSM 2004 stresses the need to adapt programmes to the needs and interests of participants. Moreover, the large number of special guidelines for all kinds of conditions (e.g. cardiovascular conditions, hypertension, hypercholesterolemia, stroke, diabetes, obesity, osteoporosis, falls, osteoarthritis, chronic pain) found in the systematic review illustrates the need for programme designs to be flexible and adaptable to older people's requirements.

The German results for the PA programme survey suggest that the main goals of the four "successful" programmes are in line with the above-mentioned guidelines. The main goals and components of the programmes (Q 29, Q 38, Q 40) are strength, balance, and, to a somewhat lesser extent, endurance. Concerning the intensity of the proposed activities, the four programmes seem to focus on recreational movement (e.g. Nordic Walking) and machine-based exercise for strength training, but not on vigorous PA such as running or competitive sports (Q 39). In addition, Q 39 suggests that some adapted exercise is offered (chair-based exercise, falls prevention), addressing at least some medical conditions discussed in the guidelines reviewed. However, responses concerning the general audience of the four programmes suggest that they are mainly directed at community-dwelling older adults with a minimum degree of mobility, and that some medical conditions will prevent a person from taking part in the programmes (Q 16, 17).

- Programme features

A closer analysis of the guidelines also yields a number of characteristics that good-practice PA programs for older people should feature. An important point that is also related to the different needs and conditions of older people is pre-exercise assessment or medical consultation for prospective participants. A large number of general guidelines stresses that participants should undergo pre-exercise assessment, for example using treadmills or cycle ergometry (NHS 2001, AHA 2001a, AHA 2001b). In addition, consulting a doctor or health provider is recommended, but in a lot of cases this suggestion is directed only at people with certain health conditions and/or at those planning to engage in vigorous PA (ACSM 2007, ACSM 2004, US Dept. of Health 1996, AHA 2001b).

General recommendations for programme organization include a warm-up and cool-down component (ACSM 2004, AHA 2001b), educating participants on safety issues/training staff for emergency situations (ACSM 2004), providing for regular and accurate performance feedback (ACSM 2004, NHS 2001), and monitoring and resolving non-attendance (NHS 2001).

Concerning pre-exercise assessments or medical examinations, only two of the German programmes have a mandatory health check (see Q 30), which, in both cases, takes the form of an examination by a doctor (Q 31). None of the programme directors states that participants have to complete a health screening tool prior to entering the programme (tables 30-33). By contrast, all four programmes have the suggested warm-up and cool-down components (Q 42, 43).

Only one out of four programmes addresses client safety through protocols for emergency situations and for the use, storage, and maintenance of equipment, and only in one programme instructors are trained in the application of emergency and equipment protocols (Q 55-58).

Three of the four programs measure participants' satisfaction, and all four record objective outcome measures at regular intervals (Q 25-27).

- **Additional recommendations**

Additional recommendations that can be derived from the guideline analysis pertain to transport, social factors, and professional training.

Concerning transport, two guidelines point out that lack of transport can be a barrier to PA for older people (UK Dept. of Health 2004), not least because older people have fears about road safety and transport emissions (WHO 2006). In addition, several guidelines (ACSM 2007, NHS 2001) point out that social support (e.g. phone counselling) is important, and that it is important to understand the interaction between social factors and participation in exercise-referral programmes. Finally, NHS 2001 stresses the need of continuing professional development for those involved in PA programmes for older people.

None of the German good-practice programmes provides for transport, which might hamper participation of older people with reservations about road safety or pollution (Q 61). In two of the programmes, participants don't have to pay any fee for taking part in the exercise classes; the third programme only charges a small fee. In the fourth programme, however, participants have to cover half the costs, which might result in an exclusion of lower-income groups from the programme (Q 60, 64). Three of the four programmes have annual in-service training for their instructors (Q 50/51).

- **CONCLUSIONS & RECOMMENDATIONS**

The results of the two surveys for work package 5 generally confirm the authors' expectations about the German situation concerning PA programs and promotion strategies for older people. Neither national nor regional ministries have been known to initiate programs or strategies for PA promotion among the elderly; consequently, the German survey yielded no results for PA promotion strategies.

With respect to PA programs, two main developers/providers can be identified: universities/researchers and sport associations. Two of the programs described above began as university-based research projects, the other two were initiated by two of Germany's largest sport federations. This was to be expected, as the sport federations, with some 20 million members, are extremely strong in Germany. In addition, they have been very active in the health sport sector in recent years. The growing emphasis on quality assurance is also reflected in the presented programs. In line with the nature of sport associations, these programs tend to be tailored towards community-dwelling and independent persons. Sport associations often cooperate with health insurances, which help cover part of the costs incurred.

The other main initiators of PA programs in Germany are university-based research projects. In both cases presented above, instruction manuals were published after the end of the research period. In one case, an incorporated society was established to promote the program; in the other case, a professional association (the German Association for Health Sport and Sport Therapy, DVGS) now cooperates with the researchers to continue the program. As they are science-driven, these projects are also of high quality. They tend to make higher demands on their instructors and employ their own methods of certification.

While research-initiated programs sometimes have links to health insurances, their overall reach seems to be more limited than that of the programs initiated by sport associations, although the question of their reach could not be exactly clarified in this survey either.

Concerning the concordance of the four German PA programmes identified as good practice by the stage 1 experts, one might conclude that their overall design (kinds and intensity of exercises) is in

accordance with major international guidelines but that these programmes cannot (and most probably do not aim to) address all potential medical conditions prevalent among older people.

With respect to the more specific features of good practice PA programmes for older people suggested by the guidelines reviewed, it becomes apparent that at least two of the German programmes lack mandatory health checks, which might, however, be explained by the fact that they consist of low-intensity PA, for which most guidelines do not prescribe a health check as mandatory. While German programmes usually feature measurement of participants' satisfaction and warm-up/cool-down components, some work might need to be done with respect to client safety or health-screening tools prior to the start of the programmes.

Finally, lack of transport to and from classes might be a problem for certain population groups as well as the comparatively high fee collected by one organization. All in all, however, one can conclude that German programmes generally conform to major international guidelines on the topic but that improvements in certain specific areas still could be made.

▪ **ACKNOWLEDGEMENTS**

We would like to thank all physical activity experts and programme directors for finding the time to cooperate on WP 5 of the EUNAAPA project.

▪ **APPENDIX ONE - IDENTIFICATION DETAILS OF NATIONAL PA EXPERTS**

In line with our institute's privacy policy, the names of the German PA experts are not disclosed.

▪ **APPENDIX TWO - IDENTIFICATION DETAILS OF 'SUCCESSFUL' PA PROGRAMMES**

- **Richtig Fit ab 50**
Deutscher Olympischer Sportbund
Ute Blessing Kapelke
Otto-Fleck-Schneise 12
60528 Frankfurt am Main
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Internet: www.dosb.de

- **SimA-Erhalt und Forderung der Selbstständigkeit im hoherem Alter; SimA-Maintaining & Enhancing independence**
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Univ.-Prof. Dr. W. D. Oswald
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- **"Fit bis ins hohe Alter"**
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