

GALM ; Groningen Actief Leven Model

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

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

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

Available time, budget and manpower

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

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

Analysis of the problem

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

GALM project is in line with the policy of sports clubs to offer recreational sporting activities for senior citizens.

Principles of behavioural change

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

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

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

Approach

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

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

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

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

Objectives of the GALM project are:

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

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

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

National organisation

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

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

Continuity

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

Evaluation

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

a start will be made on a large scale effect evaluation of the GALM project by Human Movement Sciences.