

# Guidelines for Health-Enhancing Physical Activity Promotion Programmes

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**GUIDELINES FOR HEALTH-ENHANCING PHYSICAL  
ACTIVITY PROMOTION PROGRAMMES**

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# Foreword

**T**he European Network for the Promotion of Health-Enhancing Physical Activity (The HEPA Network) is one of the seven European Commission Health Promotion Networks. It promotes the health and well-being of European citizens by facilitating the development of national health-enhancing physical activity policy. It has received funding from the European Commission's Health Promotion Programme since 1996. In addition to the 15 member states, the network also includes Estonia, Iceland, Israel, Norway, Slovenia, and Switzerland.

These guidelines were designed to assist health-enhancing physical activity (HEPA) practitioners in creating a successful HEPA promotion programme. They are the result of a thorough analysis conducted of four national programmes: The Netherlands on the Move! (The Netherlands), Allez Hop (Switzerland), Fit for Life (Finland) and ACTIVE for LIFE (England). The guidelines identify good practices for programme preparation, development, design, implementation and evaluation. They also present the lessons learnt by the four programmes.

We would like to thank Charlie Foster of Oxford University for the expert work he did in conducting the analysis and producing these guidelines. We hope this guide will become a valuable tool for European HEPA professionals seeking to set up local, regional or national HEPA promotion programmes.

Ilkka Vuori  
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Health-Enhancing Physical Activity

# Introduction

## Who are these guidelines for?

These guidelines are aimed at local, regional and national promoters of health-enhancing physical activity (HEPA). They have been written with the help of four national HEPA promotion programmes and are based on the experiences of these programmes. They include examples of perceptions of good practice and reflections on the strengths and weaknesses of the programmes as well as other sources of published literature and research on HEPA promotion programmes. The aim of these guidelines is:

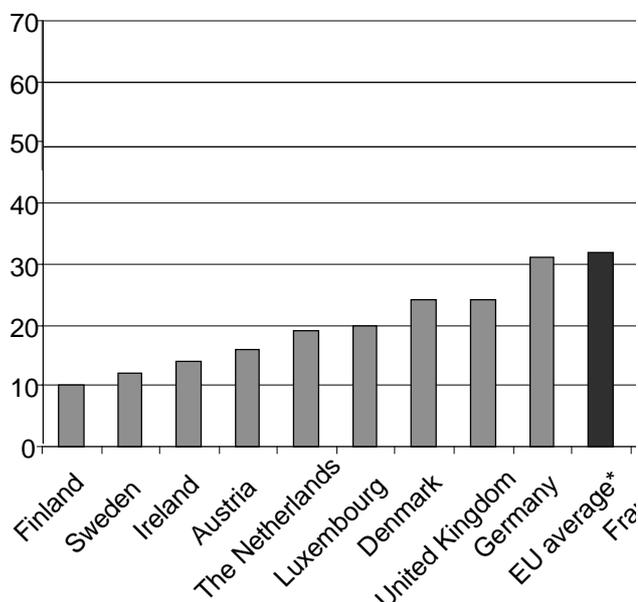
**to help in the development, design, implementation and evaluation of HEPA promotion programmes.**

## Why are these guidelines needed?

The prevalence and impact of physical inactivity is emerging as one of the largest public health problems throughout Europe. Increasingly the cost of treating chronic diseases and conditions will grow as health problems such as cardiovascular disease, diabetes, obesity and the premature decline of functional capacity continue to develop (US Department of Health and Human Services 1996). The health, social and economic costs of a less active population across all ages are likely to rise as changes in occupation, transport, leisure time and the environment encourage the majority of the population to remain sedentary. Figure 1 shows the prevalence of inactivity across the member states of the European Union.

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**Figure 1.**  
**Percentage of adults who are physically inactive during a typical week**



Source: British Heart Foundation (2000). European cardiovascular disease statistics. British Heart Foundation, London. Original data from Institute of Food Studies. (1998). Pan-EU Survey on Consumer Attitudes to Physical Activity, Body-weight and Health. Institute of Food Studies, Dublin.

The challenge for HEPA promoters is to tackle physical inactivity by mobilising political, organisational and community support. The development of new recommendations for more moderate types of physical activities that can enhance health may contribute to meeting this challenge. Indeed, moderate amounts of brisk activities as part of daily living, transport and leisure may offer the least active sections of populations the chance to become more active.

### **How do these guidelines contribute to tackling physical inactivity across Europe?**

The guidelines offer principles of good practice for HEPA promotion. They are based on the experiences gained in four national programmes drawn from 20 member states of the wider European network, the European Network for the Promotion of Health-Enhancing Physical Activity (the HEPA Network). For the first time, the guidelines bring together examples of HEPA promotion.

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As more is learnt about HEPA promotion within the different countries, cultures and settings across Europe, new examples of good practice will undoubtedly emerge. As such, these guidelines should be considered a starting point as HEPA promoters across Europe begin to tackle the challenge of physical inactivity – the most underrated health hazard in Europe.

## **How have these guidelines been developed?**

The guidelines are part of developmental work of the HEPA Network. They are based on the results of research, initiated and supervised by the UKK Institute and conducted as a commissioned task by the British Heart Foundation Health Promotion Research Group, from the University of Oxford. The contributors to the guidelines have been national HEPA programmes: staff and representatives of the following:

- The Netherlands on the Move! – The Netherlands
- Allez Hop! - Switzerland
- Fit For Life – Finland
- ACTIVE for LIFE – England

A brief overview of these programmes is given in Appendix 1.

The research had the following three phases of data collection:

- a self-completed questionnaire
- an analysis workshop
- programme-specific post-workshop questions

Representatives of each of the four selected HEPA programmes completed a 20-item questionnaire prior to the analysis workshop (see Appendix 2). The workshop data were captured using researcher notes, participant's notes and audiotapes. During the workshop, the participants took part in two types of programme analysis and provided such project materials as videos, publications and campaign-written resources. After the workshop all four programmes were asked to check and verify their researchers' notes. Additional HEPA programme data was obtained via an electronic literature search that produced literature from Scandinavia, Canada, Scotland, Australia and the United States.

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## How should these guidelines be used?

The examples of good practice for HEPA promotion have been grouped into the following sections of a five-stage framework.

- Stage 1     Preparing a HEPA programme
- Stage 2     Developing a HEPA programme
- Stage 3     Designing a HEPA programme
- Stage 4     Implementing a HEPA programme
- Stage 5     Evaluating a HEPA programme

Each section contains key points and examples of good practice. A short discussion follows some points if literature or different experiences were found in other HEPA programmes. At the end of each section all the key points are summarised.

The final sections cover the common learning of the four programmes and a series of questions suggested to help guide the development and thinking of a HEPA promotion programme.

### **What is health-enhancing physical activity (HEPA)?**

Health-enhancing physical activity is any form of physical activity that benefits health and functional capacity without undue harm or risk.

Physical activity does not need to be strenuous to be effective. Thirty minutes a day of moderate-intensity activity is enough to benefit health. The choice of activities is ample and include:

brisk walking  
cycling  
swimming  
dancing

cross-country skiing  
gardening  
mowing the lawn  
walking the dog

washing windows or a car  
shovelling snow  
walking to work or shops

## STAGE 1

# Preparing a HEPA Programme

The aim of stage 1 is to ensure wide acceptance of HEPA and the recognition of its contribution to political and social agendas. This stage precedes any recruitment of support for the actual design and delivery of HEPA promotion. Without conceptual understanding, key stakeholder support and commitment, and public recognition of the contribution of HEPA within existing or new political policies, any HEPA programme faces an uncertain future.

### KEY POINT 1 Identify potential stakeholders in HEPA

For the four HEPA programmes, the process of identifying stakeholders involved assessing the importance and potential role of an organisation in supporting HEPA and any future HEPA promotion programme. An organisation could provide political support, professional and public acceptance, or resources and funding for future HEPA work. The successful identification of stakeholders required some imagination and subsequent matching of agendas with the potential contribution of HEPA.

#### CASE STUDY – Identifying potential stakeholders in HEPA

The Netherlands on the Move! – found key stakeholders in political, health, sporting and commercial organisations - organised by the Netherlands Olympic Committee\* Netherlands Sports Confederation. The main supporting partners were the Dutch Heart Foundation, the Dutch Cancer Foundation, the Ministry of Public Health, Welfare and Sport, Dutch Lotto, the Prevention Foundation, Youth on the Move, Shell, Postbank and Yakult, provincial sports councils and regional public health agencies. Each organisation provided different types of support for the programme, ranging from funding, political support by national bodies and access to regional and local networks. The diversity and number of organisations allowed the programme to develop and sustain commitment and strength during its first phase.

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## **KEY POINT 2      Use a variety of sources of evidence to present broad justification of the benefits of HEPA promotion to key stakeholders**

In making the case for promotion, all of the four HEPA programmes used a variety of sources of evidence to justify the health, economic and social benefits of HEPA. This approach allows HEPA to be promoted as a positive force for improving different aspects of society. The conceptual acceptance of HEPA was the first step in recruiting political approval and resources. Mobilising stakeholder organisations required different types of evidence. The task of identifying key stakeholders required an analysis of the potential contribution of HEPA to the agenda and thus the identification of the most appropriate sources of evidence. The use of a variety of evidence to appropriate audiences provided added impact and a wider value to the case for HEPA promotion.

Examples of sources of evidence included:

- The prevalence of inactivity within adult populations
- The fitness levels of the adult population
- The benefits of HEPA and health
- The benefits of walking and cycling in transport
- The benefits of HEPA, building social networks and improving quality of life
- The economic benefits of HEPA

### **CASE STUDY – Using evidence of population activity and fitness**

ACTIVE for LIFE – used the results of the Allied Dunbar National Fitness Survey from 1992. This national survey first illustrated the low levels of physical activity and fitness among English adults (aged 16 – 74). The survey was the first ever to be conducted in England. It received considerable national attention and was the main evidence base for the rationale for the ACTIVE for LIFE programme.

### **CASE STUDY – Using evidence about the benefits of HEPA**

Fit for Life – used research results on the significance of physical activity and sport as a source of well-being for the individual and savings for society. The data were collected by the Ministry of Education and produced a scientific review called “The Social Justification for Physical Activity and Sport” and also a lay report for policy makers entitled “Stronger Through Physical Activity and Sport”. Both reports acted as catalysts for making a case for HEPA promotion at the national and regional levels and presented the impact and contribution of HEPA in the broadest terms.

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### **KEY POINT 3      Use the evidence to develop political justification, support and funding**

The use of evidence to recruit appropriate stakeholders was common across the four programmes. The type of evidence most frequently used was population survey data of physical inactivity and activity levels.

#### **CASE STUDY – Recruiting support and funding using prevalence data**

Allez Hop! – used the results of a lifestyle survey that found that up to two-thirds of the Swiss population had a sedentary lifestyle. The prevalence of inactivity was clear and promoted a response from the health care system in the form of a health promotion programme for HEPA. Three health insurance companies guaranteed financial support for the first 3 years of the programme, in partnership with the Swiss Olympic Association (SOV), which opened access to over 80 sports associations with 27 000 sports clubs.

#### **CASE STUDY – Developing support across organisations**

The Netherlands on the Move! – identified further national, regional and local potential stakeholders for HEPA promotion. These organisations were recruited by using a charter. Organisations which signed the charter made a commitment to HEPA and to supporting the programme. To date, around 300 organisations have signed the charter of The Netherlands on the Move!, including 82 national organisations and 37 municipalities. Being part of The Netherlands on the Move! programme allowed the organisations to indirectly benefit from the image and activities of the programme. (A copy of the charter can be found in Appendix 3).

### **KEY POINT 4      Place the contribution of HEPA within existing national and local strategy and policy documents**

HEPA was generally placed within national health policies. This placement of HEPA within health strategies or as a part of health targets provided a springboard for integration across other policy areas, for example, sport and transport. Further policy development was also adopted as an aim of the HEPA promotion programme. Clearly working on developing policy offered a variety of options for preparing the way for a HEPA promotion programme.

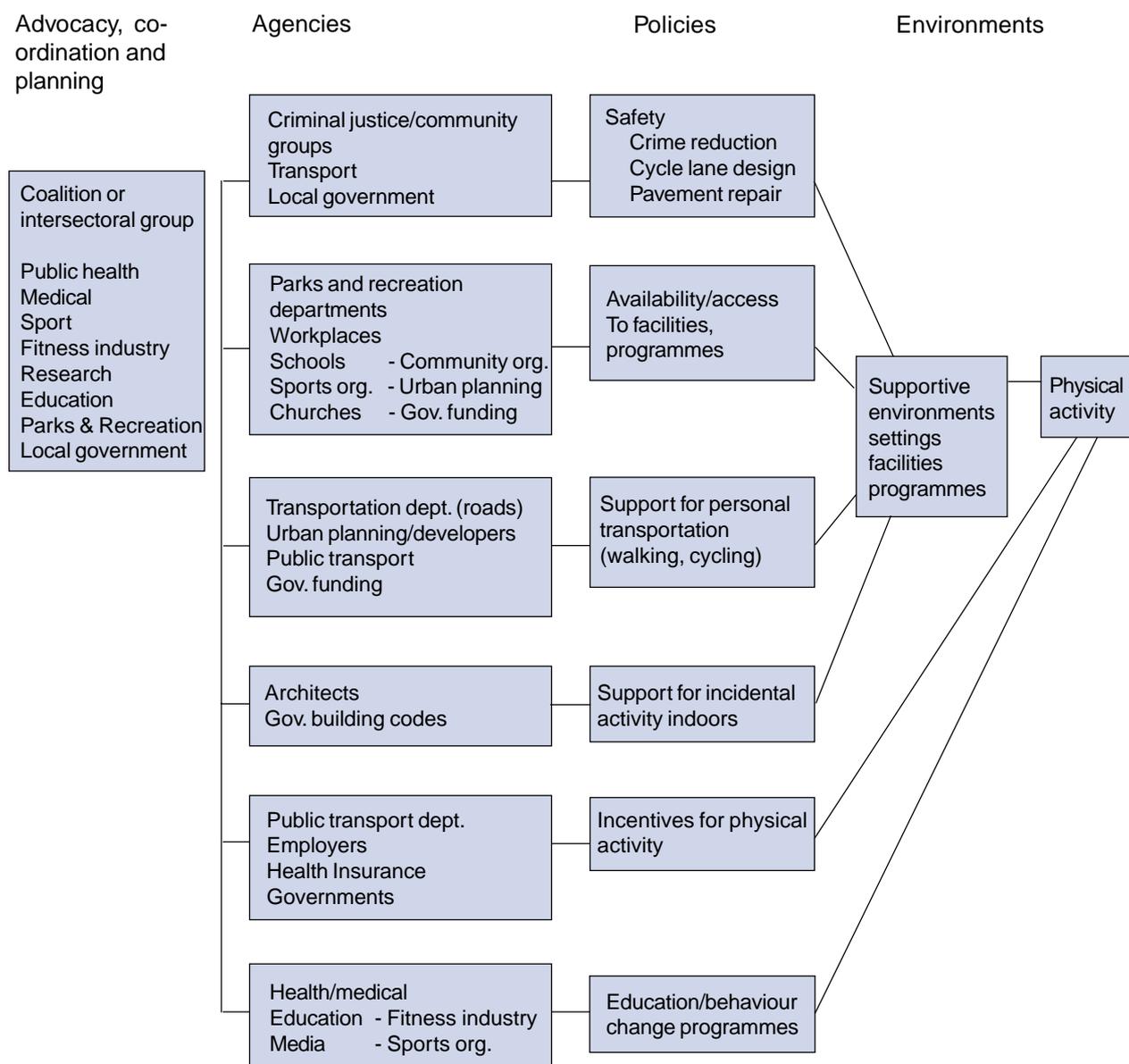
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### **CASE STUDY – Integrating HEPA within national and local policies**

Fit for Life – made an agreement with the Ministry of Education and the Ministry of Social Affairs and Health to start a five-year co-operation programme for the 40 to 60-year age group. Before this agreement, the Ministry of Social Affairs and Health had included physical activity and sport in its national programme “Health for All 2000”. The integration of HEPA promotion within national strategies allowed the national programme to support local HEPA promotion, with national support. This support stimulated and then reinforced the need for HEPA at the regional and local levels and could be used by local HEPA promoters to justify resources and commitment for local activity.

Figure 2 presents the range of agencies that could be involved in HEPA promotion, led by a coalition group. This model has been taken from the work of New South Wales Physical Activity Task Force and shows the different stakeholder organisations which could contribute to HEPA promotion by including HEPA in their policies.

**Figure 2**  
**Conceptual model of the development of policy and environmental interventions to promote physical activity**



Source: Sallis J, Bauman A, Pratt M. (1998) Environmental and policy interventions to promote physical activity. *American Journal of Preventive Medicine*. 15 (4), p 388.

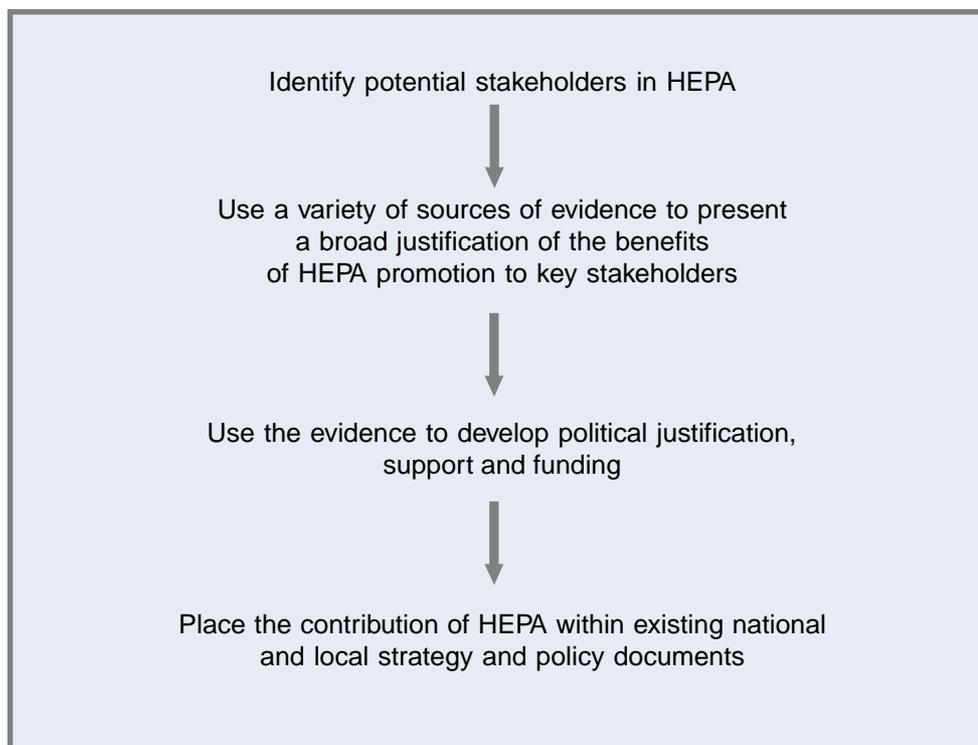
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## **CASE STUDY – Integrating HEPA within national and local policies**

ACTIVE for LIFE – furthered integration with a national government health strategy “Health of the Nation” which supported the role of physical activity in meeting objectives for coronary heart disease, mental health and accidents. A national physical activity strategy was developed and launched to coincide with the launch of ACTIVE for LIFE. The report outlined the government’s commitment to the promotion of HEPA and underlined the importance of HEPA to health. National support for HEPA could be echoed by local HEPA promoters and allowed HEPA promotion to start, stimulated by national recognition of the importance of HEPA promotion and its contribution to physical, mental and social health.

## **SUMMARY**

### **PREPARING FOR A HEPA PROGRAMME**



## STAGE 2

# Developing a HEPA Programme

The aim of stage 2 is to collect further information to aid the design of the programme. Although there is some overlap between the preparation and design stages, each of the four national programmes identified several activities to consider prior to programme design.

**KEY POINT 1**      **Explore and resolve the potential relationship, role and function between HEPA promotion and two key groups**

- Sport and HEPA
- Health professionals and HEPA

All the national HEPA programmes reported using both sports and health professionals as part of their promotion. Both groups were considered important contributors in the delivery of the HEPA message to certain target groups. They were also considered target groups themselves, for example, with respect to receiving education and training intervention about HEPA as part of their professional development.

### Sport and HEPA

Some reluctance to be actively involved in HEPA programmes appeared among sports development and promotion bodies. The following reasons were offered:

- Sports bodies may have viewed HEPA promotion and the emphasis on non-sporting activities as a threat to sports promotion, with perhaps both programmes competing for the same national and local resources.
- Promoting HEPA was an additional activity that sports bodies felt unable to support, perhaps due to a lack of experience in promoting HEPA, little national support for HEPA within sports strategies, or a lack of resources.
- A philosophical difference existed between sports promotion and HEPA promotion in that there was a shift away from sports skills, coaching and elite performance towards mass participation in non-team-based and everyday lifestyle activities.

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Resolving these issues, or being aware that they could exist and could affect local intervention programmes, appeared to be an important step in engaging sports bodies in supporting the HEPA programme and perhaps in providing a sports-based HEPA option.

### **CASE STUDY – Using HEPA promotion with the support of sporting bodies**

Allez Hop! – offered introductory starting sessions for sedentary adults in a range of sports under the guidance of trained Allez Hop! instructors. It worked with the Swiss Olympic Association, the parent organisation of the Swiss sports associations. Their first contribution to the campaign was access to 80 sports associations and their sports clubs. This step enlisted the interest of people experienced in offering courses and had both the relevant communication channels and the necessary access to an appropriate infrastructure (such as gyms and swimming pools). Five sports associations worked closely together with the campaign and were responsible for training the Allez Hop! instructors in sports-specific disciplines and offering their own programme of Allez Hop! courses. The contribution of these organisations helped the programme by providing access to facilities, volunteers and trainers, all key elements of success.

## **Health professionals and HEPA**

The identification of the role of health professionals in contributing to HEPA promotion was common across all the programmes. This group's function was to act as mediators of the HEPA message to certain target groups within primary, secondary and tertiary settings. Engaging health professionals became a two-stage activity. The first stage was to convince them about the concept and role of HEPA within their work and then to support their delivery of HEPA as part of their work. The programmes described targeting health professionals, particularly primary care physicians, as part of their work.

### **CASE STUDY – Convincing health professionals about HEPA promotion**

ACTIVE for LIFE – adopted several approaches to offering the concept of HEPA to health professionals. A resource pack on HEPA promotion was produced for primary health care professionals. It included examples of protocols and screening tools. An annual series of national conferences was offered for medical practitioners. Campaign materials were distributed via local HEPA co-ordinators through a series of local briefings. A systematic review of research was conducted on the effectiveness of different HEPA interventions in primary care. Health professionals were encouraged to register on a database and were sent annual direct mailings of campaign materials. Finally, a series of articles and features was published in professional journals, including *Practice Nurse* and the *British Medical Journal*.

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**KEY POINT 2      Cultivate and recruit other potential HEPA organisations and professional groups at the national and local levels**

- Exercise and fitness professionals
- Sports teachers and coaches
- Medical personnel in public health
- Health promotion staff

The delivery of HEPA programmes at the local level relied upon the support of different HEPA-related professionals. The respective national and regional bodies of these groups needed to be involved in the early stages, prior to the design of the programmes, in order to gain their support. Such early contact allowed an analysis of preliminary needs and evaluation of requirements in order for these groups to deliver HEPA as part of the planned programme. This assessment process was commonly transferred to programme design and implementation.

**CASE STUDY – Cultivating HEPA promotion with key organisations and professional groups**

Allez Hop! – involved sports associations in the development of specific Allez Hop! courses. Members of the Swiss Olympic Association were asked to submit ideas about how they could contribute to Allez Hop! One of the early aims was to inform and involve organised sport in Switzerland. This work allowed access to the recruitment of future instructors for Allez Hop! courses as part of the second phase.

**KEY POINT 3      Identify or create and use any pilot project work**

Examples of pilot HEPA promotion programmes proved to be very useful in allowing potential stakeholders and other organisations to examine HEPA in action. Most of the programmes used pilots from within their own countries for this purpose, especially those based on local or regional activities. If an appropriate pilot project did not exist, the programmes found conducting and evaluating pilots a useful means with which to provide information about programme development and improve design.

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### **CASE STUDY – Integrating HEPA into national and local policies**

Fit for Life - was developed from a previous programme “Finland on the Move” which functioned as an experimentation and demonstration programme and ran for three years prior to Fit for Life. The earlier programme helped to further political interest and policy support for the creation of Fit for Life. National support for HEPA bred a greater interest in research into the contribution of HEPA across social, economic and health settings, alongside existing sports provision.

#### **KEY POINT 4      Conduct a good practice audit and ask others involved in HEPA promotion about their experience**

Creating links with international, national, regional and local HEPA promoters emerged as an important part of the pre-design phase of the programmes. This activity gave each programme a chance to examine their theoretical, practical, strategic and policy options. The programmes described considerable networking, frequently in very tight time frames, and were influenced by the then dominant experience of Canada (ParticipACTION) and Australia (Life be In it). Identifying key local and regional HEPA promotion experience was also seen as important, as it allowed the programmes to assess and access possible HEPA networks and identify areas of local knowledge and expertise. This work was particularly helpful in developing key local and regional network members, especially for programmes like those based in The Netherlands and Finland, which used network development as key elements of their intervention design.

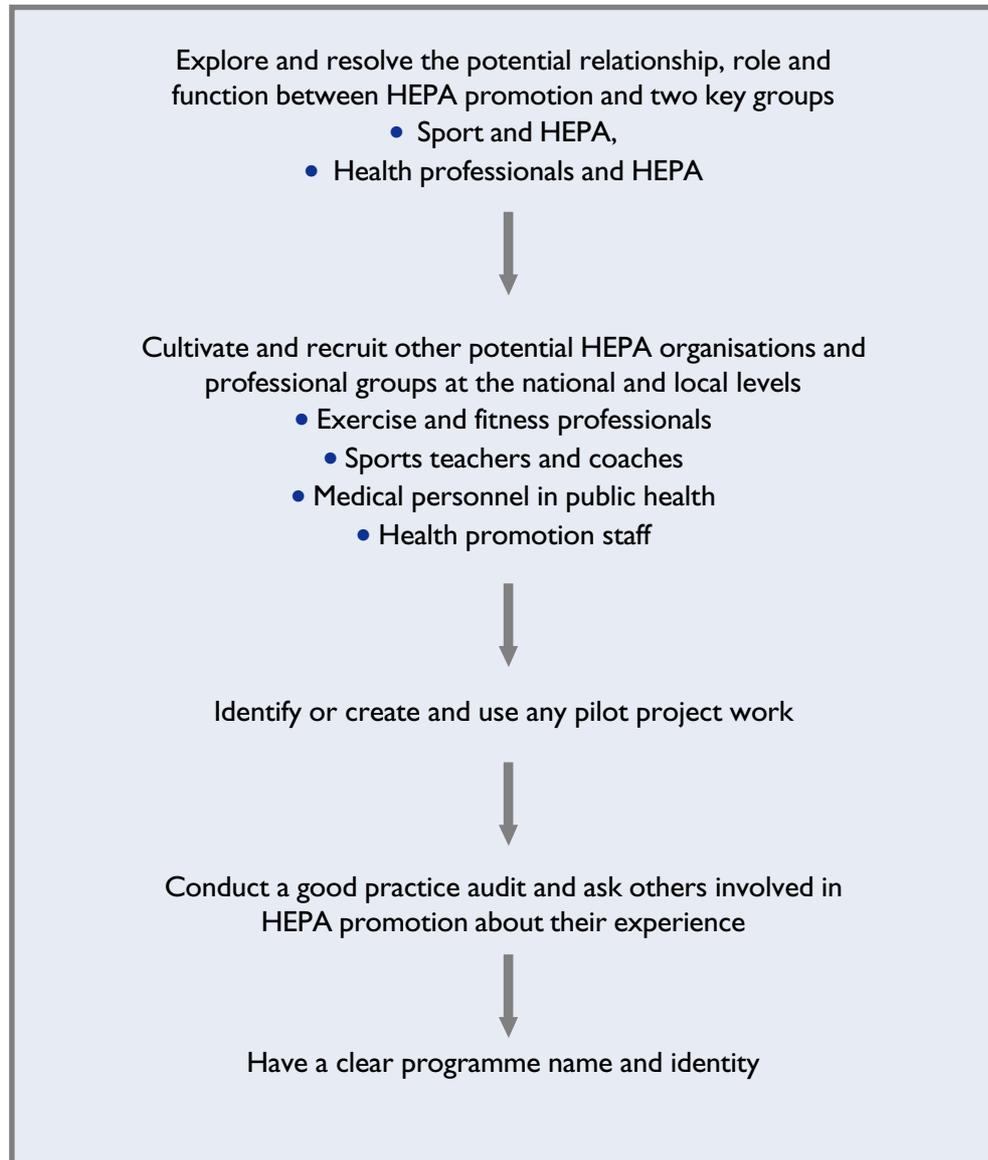
#### **KEY POINT 5      Have a clear programme name and identity**

It was considered important for potential stakeholders and target groups to understand and recognise the HEPA promotion programme by a clear and distinctive name. Once the concept of HEPA was grasped and supported by key organisations, the name and organisation behind the programme was recognised and valued by the public and professionals. However, association with other types of social programmes was a danger, for example, programmes called “on the Move” might be misinterpreted by the public and considered to be an initiative in transport rather than one concerning HEPA. The programmes reported that it took time for their name to become clearly understood and valued.

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## SUMMARY

### DEVELOPING A HEPA PROGRAMME



## STAGE 3

# Designing a HEPA Programme

**T**he aim of stage 3 is to design the strategic and implementation plans for the programme. The design phase followed several common steps across all four of the example HEPA programmes. Evaluation design is covered in Stage 5.

### **KEY POINT 1**      **Use experts', stakeholders' and users' input to help design the HEPA programme**

The use of an expert meeting or symposium gave the programmes the opportunity to pull together international, national, regional and local HEPA promotion experts and create an initial momentum. The gathering of different HEPA experts allowed for reviews of intervention evidence from different perspectives and disciplines. Emerging disciplines of health promotion, mass media communication and marketing and communication were also featured alongside the experience of other national HEPA promoters. Regional and local perspectives also provided an opportunity to reflect on the appropriateness and generalisability of transferring different intervention methods across nations and cultures. The use of experts also allowed the identification of HEPA-related promotion research “gaps” to be identified at the national, regional and local levels.

#### **CASE STUDY – Helping programme design through an expert HEPA symposium**

ACTIVE for LIFE – used a HEPA international symposium, called “Moving On”, organised in England in 1994 by the Health Education Authority to further HEPA programme design. This international expert meeting developed the programme’s moderate-intensity physical activity message for health gain in line with ACSM /CDC recommendations. Core campaign messages were first decided in the expert symposium. Experience from other international physical activity campaigns (ParticipACTION in Canada, Active for Life in Victoria, Australia) was utilised as the strategy for implementing the programme was developed. The meeting created enthusiasm and energy for the programme and alerted national HEPA academics and local HEPA promoters. Rooting the conception of the programme in academic evidence gave it credibility and allowed acceptance among HEPA practitioners.

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## **KEY POINT 2      Develop a strategy to drive and sustain the HEPA programme**

The HEPA programmes reported the importance of having an overall strategy to “set a direction” and guide their progress. The strategy provided a framework for guiding programme development and also indicators for growth. The programmes highlighted the need for strategies to include plans to secure funding from different sources. The importance of maintaining and securing good relationships with key stakeholders was re-emphasised and the need to expand partnerships to include charity and commercial sponsorship and funding was considered.

### **CASE STUDY – Developing a strategy**

The Netherlands on the Move! – adopted a learning approach to the first phase of the programme in 1995-1998 and produced, in 1999, a strategic plan for the second phase. Based upon its experience and the development of different elements of the programme, for example, Adults on the Move and Youth on the Move, the strategy consolidated the best practices and outlined their transfer into different settings and target groups.

## **KEY POINT 3      Design the theoretical framework for the HEPA programme**

The choice of theoretical design varied across the four HEPA programmes and covered different aspects of each programme. All of the programmes employed a mixture of theoretical models as part of their design in relation to specific components of their programme. These included theoretical models relating to:

- health promotion model or approach of the HEPA programme
- intervention methods
- participation.

### **Health promotion model or approach**

A consistent choice of the programmes was the use of an ecological model for health promotion (McLeroy et al 1988). This model assumes that environmental changes to promote HEPA will encourage and reinforce individual behaviour changes. The programmes stressed the importance of focusing attention on intervention aimed at an individual and environmental level. Thus the programme components included designs for intervention aimed at public policies, community bodies, organisations and individuals.

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An epidemiological approach to health promotion could also be found within the programme design. From epidemiological prevalence data on physical inactivity, different social or age groups emerged as potential target groups. This approach allowed the programmes to segment the potential inactive market and build appropriate types of intervention for specific groups.

### **CASE STUDY – Using theory to shape HEPA programme design**

The Netherlands on the Move! – used an epidemiological approach to target different age groups for the programme. In 1990 it was found that the prevalence of physical inactivity in The Netherlands was higher than high blood cholesterol, smoking and hypertension. Research indicated that only 23% of the Dutch population aged 16 years and above was sufficiently physically active, 34% being completely inactive (49% of people aged 55 years and above). This identification of key social groups and the prevalence of inactivity among these groups allowed the programme to select target groups. Prevalence data also provided a baseline for monitoring secular changes in activity levels.

## **Intervention methods**

Several theoretical models derived from health education have been described in the research literature, including the social-cognitive theory, the transtheoretical model and social marketing. These models have been linked with the media and also communication components of HEPA programmes (see Marcus et al 1998). The programmes felt these models were helpful because they helped clarify their aims, objectives, target groups and intervention strategies.

### **CASE STUDY – Using the transtheoretical model as a basis for HEPA promotion**

Allez Hop! – used the transtheoretical model to identify and target different groups of inactive adults for participation in the Allez Hop! courses. The groups included sedentary adults and adults who were slightly active, but nevertheless insufficiently so. The recruitment to the Allez Hop! courses focused upon these groups, and courses were offered to participants who were thinking about becoming more active, “contemplators”. Particular strategies were used to support and encourage these participants to become more active.

The social marketing theory proved popular in the programmes that used a media or campaigning component. The media-based approaches of social marketing see the “consumer of the product” (HEPA) as central players in

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developing the campaign's marketing design, based upon the views, attributes and contexts of the target group. Key concepts of social marketing are shown in Table 1.

**Table 1**  
**Key concepts that can be applied from social marketing in the use of media-based methods to promote physical activity**

- Market segmentation
- Market research
- Competitive assessment
- Product, price, promotion and placement (distribution) tactics
- Pretesting and ongoing evaluation of campaign strategies
- Models of consumer behaviour adapted from psychological and communications literature

Source: Donovan R, Owen N. Social marketing and population interventions. In Dishman R (ed) (1994) *Advances in exercise adherence*. Champaign, Illinois. Human Kinetics Press, p 249-290.

Market segmentation for HEPA promotion programmes can be based upon several factors. These factors are shown in Table 2, which presents a suggested range of different segmentation categories and subgroups for HEPA promotion (adapted from Donovan et al 1999). Market research means determining the beliefs, attitudes and perceptions of different groups in order to further programme design. Competitive assessment refers to the process of deciding what other activities the target group can choose to do other than being more active, for example, watching TV versus walking - sedentary behaviour versus active behaviour. Product, price, promotion and placement refer to the mechanism for promoting HEPA to the target group. Finally, the pretesting of programme elements, for example, materials, and the monitoring and evaluation of the impact of the programme upon the target group supports and improves programme development.

**Table 2**  
**Market segmentation categories**  
**for HEPA programme design**

Segmentation categories	Subgroups
Demographic	Age, sex, income, education, religion, ethnicity, occupation, family life cycle
Geographic	State, region, city size, density (urban, suburban, rural, remote), climate, local government area, postcode, census
Psychological	Values, lifestyle, personality, readiness to change (low to high), stages of change, self-efficacy or confidence, experience with HEPA
Socio-demographic	Social class
Epidemiological	Risk factor status - inactive, slightly active, active
Behavioural	Frequency, intensity, time, type
Attitudinal	Positive, neutral, negative
Expected benefits	Perceptions of HEPA benefits (physical, emotional, social)

The combination of epidemiological and social marketing theories can be found in the potential selection of target groups for a HEPA promotion campaign that uses the TARPARE model (Donovan et al 1999). This model allows possible target groups to be systematically compared and perhaps allows programme designers to identify and then prioritise the most appropriate target groups for intervention. The model combines identified market segments and evaluates these against the criteria, presented in Table 3, alongside suggested data sources. Further details can be found in Appendix 4.

**Table 3**  
**Components of the TARPARE**  
**model and data sources**

Component	Segment criteria	Sources of evidence
T	Total number of persons in the segment	Epidemiological data
AR	Proportion of “At Risk” persons in the segment	Epidemiological data
P	Persuasibility of the target audience	Estimated value based on attitudinal research
A	Accessibility of the target audience	Lifestyle data, TV viewing and related media use
R	Resources required to meet the needs of the target audience	Review of existing resources, data on group needs, perceptions, beliefs and attitudes
E	Equity. Inclusion of social justice considerations	Review of policy and ethical considerations for special populations

**CASE STUDY - Using media campaign based on social marketing**

ACTIVE for LIFE – based the HEPA programme upon the principles of social marketing, for example, the programme used a formative evaluation of campaign messages and materials with representatives from the relevant target groups. The sedentary adult population was segmented into specific sedentary groups identified by survey data. These groups included young women (16-24 years of age), middle-aged men (45-55 years of age) and older men and women ( $\geq 50$  years of age). Also identified were people from black and ethnic minority groups and people with disabilities. A campaign strategy for target groups was determined by the particular needs of each group – determined by additional qualitative research. See Cavill (1998) for more details.

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## Participation

The importance and use of conceptual definitions of “participation” could be seen in the application of theory to the design of HEPA programmes in which participation was central to the design and implementation of programme aims. The programmes stressed the importance of a conceptual definition of the “participation” of their HEPA promoters, in relation to their target groups, and communities in programme development and delivery. This approach was referred to as “bottom-up” rather than “top-down”. The programmes stressed the importance of developing partnerships, networks and collaboration to encourage HEPA promotion.

One theoretical perspective of participation is the concept of social validity. Social validity may offer HEPA programme designers one option with which to evaluate the impact of the programme upon target groups. A HEPA programme that has “social validity” is characterised by the problem being deemed important enough to warrant intervention, the intervention being valued and used by target groups with sufficient behaviour impact (see Winett et al 1991 for further details). This concept builds on social marketing and epidemiological approaches to HEPA programme design by offering contact with target groups across the stages of design, implementation and evaluation. The drawback of adopting this approach is the time and expense involved in interacting at all times with the target groups.

### **CASE STUDY - Building participation in HEPA design - using a networking approach**

Fit for Life – adopted the concept of participation as central to the implementation of the programme using its regional network and its network of big towns. The participatory HEPA message was translated to the participants via several key principles, which included 1) accessibility, free access to the programme for all those interested in developing HEPA; 2) its voluntary character; 3) local activities, activity being based on local ideas; 4) networking, networking in horizontal and vertical directions; 5) targeting permanent changes; 6) financial support; 7) support of non-organised physical activity; and 8) participation requiring own investment.

### **CASE STUDY - Using metaphors to present participation in HEPA design**

The Netherlands on the Move! – described the participation approach and networking with two metaphors in order to conceptualise and present the philosophy and work style of the programme to stakeholders. One metaphor compared the network development of the programme to building a spider's web of information and ideas. The second presented the whole programme as a park and the role of the participating organisations as gardeners: “The Netherlands on the Move! can be compared to a national park which contains many different gardens. The various gardeners that work there have realised that they all use the same type of soil, so they can learn a lot from each other.” This presentation reinforced the programme message of promoting collaboration and encouraging independence and creativity.

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## Drawbacks of using theoretical models in design

It is important to stress that, although some models were more frequently cited as being used as part of programme design, little direct evidence is available to suggest that one particular health promotion model or intervention theory or approach was more successful than another. The programmes reported that theoretical design allowed for clearer stages of programme development, planning, implementation and evaluation but did not necessarily lead to better results. More research is needed to test the appropriateness of particular theoretical models, their application to HEPA promotion, and their influence upon determinants of HEPA, such as the personal or environmental characteristics of HEPA activity (Dishman et al 1985). Until more is known about the effectiveness of different models or theories, perhaps the value of theory in the design phase is to improve programme structure and planning.

### **KEY POINT 4**      **Design the HEPA programme aims, objectives and indicators**

Clearly stated aims and programme objectives were found across the four programmes. Their development was based upon previous activity and evidence that was translated into appropriate aims, objectives and indicators. All four programmes had HEPA-related behavioural aims or targets for their programme. Behavioural aims were considered politically necessary and expedient. However, they had drawbacks if the likely impact of the programme was overestimated for a short time frame. If a delay exists between programme delivery and related population or target group behaviour change, then using rounded percentages as targets may present problems. Generally speaking, the programmes did use particular aspects of their behavioural targets, for example, a percentage increase in HEPA behaviour in a target group or an absolute change in the number of people being active. Some concerns were raised that using behavioural targets as indicators of programme impact may be less helpful, or even misleading, because of the lack of information about the rate of secular HEPA changes.

#### **CASE STUDY – Using behaviour aims for HEPA programmes**

- **Fit for Life**  
To increase the number of regularly active 40 to 60-year-old men and women by 10% by the year 2000.
- **ACTIVE for LIFE**  
To reduce the numbers of adults who are sedentary (are physically active for 30 minutes on less than one occasion per week).  
To increase the numbers of adults who participate in moderate-intensity physical activity for 30 minutes 5 times per week.
- **The Netherlands on the Move!**  
To realise a substantial growth in the percentage of the Dutch population that,

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through an active lifestyle with an emphasis on regular and sensible exercise, has a positive influence on their own health.

- Allez Hop!

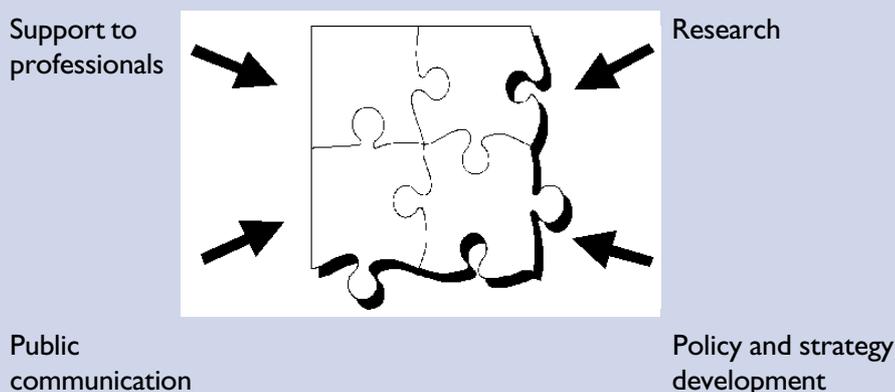
To get the sedentary Swiss population moving (one-third of Swiss people do not move at all, and one-third not enough).

A range of other aims was found across the programmes. The communication of programme aims, objectives and components to stakeholders was felt to be important. Clear design of the communication of programme components allowed the programmes to be understood by key professional groups and other HEPA-related stakeholders.

Within the programme, aims were specific objectives. In designing the objectives, the programmes stressed the importance of a formative evaluation with the relevant target groups. The objectives needed to be constructed with the support of stakeholder organisations and to reflect their agenda. The design of the objectives also included identifying appropriate process indicators and evaluation outcomes.

### **CASE STUDY – Designing the communication of programme components**

ACTIVE for LIFE – England – used an integrated model to illustrate the four key components of the programmes. Examples of activity from within these components were also included.



### **KEY POINT 5**

### **Design the HEPA message**

The design and construction of the HEPA message appeared to be developed in two stages. First, national agreement on the moderate HEPA message was required, and then a national recommendation for HEPA promotion needed to be created. This process involved expert meetings of national HEPA

promotion academics and practitioners, followed by a formative testing and evaluation of the HEPA message with the public and any additional target groups. Different HEPA messages were used for different target groups, for example, young people and elderly and adult populations. These HEPA messages had different words, phrases and emphasis, perhaps stressing different types and examples of the benefits of HEPA. The messages were tested for appropriateness with target groups and, after feedback and additional research, were tailored into the HEPA messages used. Table 4 shows examples of the different types of HEPA message and the target groups used, plus other examples of media messages used to communicate HEPA.

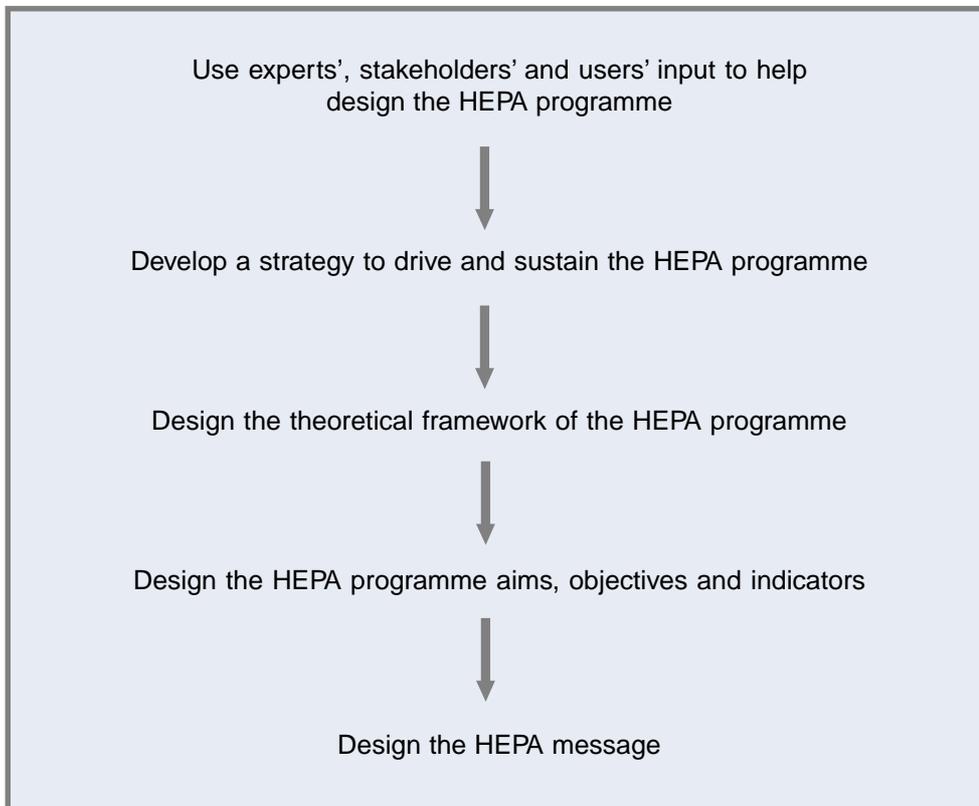
**Table 4**  
**Programmes and examples of tailored target group HEPA messages**

HEPA programmes	HEPA messages
ACTIVE for LIFE Sedentary adults	<ul style="list-style-type: none"> <li>Overall adult message: Try to build up to 30 minutes of moderate-intensity physical activity (like brisk walking) on five or more days of the week. The “frequency” message was communicated as “half an hour a day”.</li> </ul>
Fit for Life Low active/sedentary adults	<ul style="list-style-type: none"> <li>Even minor physical activity is worthwhile</li> <li>A low threshold to start exercise (lack of skills, condition or equipment) are not barriers to physical exercise</li> <li>The advantages offered by sport to the middle-aged: functional and working capacity, health, capability, social and mental advantages, opportunity to slow the symptoms of ageing</li> <li>Physical activity gives new meaning to life.</li> </ul>
Allez Hop! Sedentary adults	<ul style="list-style-type: none"> <li>Allez Hop! Movement for everybody!               <ul style="list-style-type: none"> <li>- will make you live longer</li> <li>- will make you more beautiful</li> <li>- will improve your mood</li> <li>- gives you a strong back.</li> </ul> </li> </ul>
The Netherlands on the Move! Seniors (55 years or older)	<ul style="list-style-type: none"> <li>Thirty minutes of moderately intense physical activity on at least five, but preferably all days of the week; for those who are inactive, with or without physical limitation, every extra amount of physical exercise is beneficial.</li> </ul>

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## SUMMARY

### DESIGNING A HEPA PROGRAMME



## STAGE 4

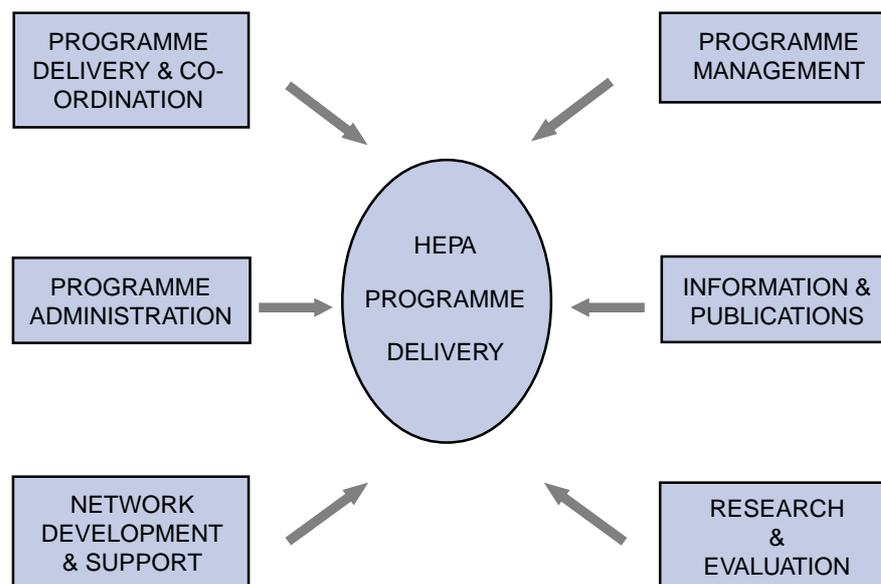
# Implementing a HEPA Programme

The aim of stage 4 is to translate the plans for the HEPA programme into action. The key points relate to examples of good practice, found in addition to basic project management and monitoring. All the programmes shared common operational programme management procedures, including monitoring of the progress toward meeting objectives with specific indicators. The key points of the evaluation are covered in Stage 5.

### KEY POINT 1      **Develop the organisational structure of the HEPA programme**

A range of factors relating to resources, types of aims and programme design shaped a variety of different organisational structures for the programme. However a common organisational framework (with certain core functions) was shared across all four programmes. This framework and the functions are outlined in Figure 3. Staffing levels varied between programmes, with stakeholder organisations, external consultants or academic groups providing some services.

**Figure 3**  
**Common framework and functions of HEPA programmes**



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## **KEY POINT 2      Establish programme ownership with all participants**

The nature of the relationship developed between the national HEPA programme team, and regional or local HEPA promoters and partner organisations was believed to be important. In particular, maintaining a positive approach with clearly defined roles and responsibilities was considered to influence success. All the programmes relied upon others to implement HEPA within local geographical areas, whilst ideally the national HEPA programme acted in a coordinating and supportive role. The programmes reported particular occasions when there were difficulties between local HEPA projects and national programmes. The following factors were a part of the problem:

- a lack of national leadership in advocating resources for HEPA promotion on behalf of local HEPA promoters,
- tension between local and national programmes for credit and publicity about HEPA initiatives,
- poor communication between the national programme and the local HEPA promoters about future plans and development,
- local HEPA programmes feeling unable to influence the direction and decision-making of the national or regional networks - “feeling consulted but ignored”.

These challenges indicate some of the difficulties that could face other national HEPA programmes that use a network and participatory approach to encourage local HEPA promotion. Establishing clear roles and responsibilities for all participants, at all levels, across HEPA programmes may reduce the likelihood of such problems.

## **KEY POINT 3      Cultivate and tend the network**

The success of a HEPA promotion programme was rooted in a strong HEPA network. All the programmes used a network as a key component of their programme design and implementation.

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### **CASE STUDY – Weaving a network into the fabric of the HEPA programme**

Fit for Life – had two key programme objectives that reflected the commitment to a networking approach to HEPA promotion:

Objective 1: To develop promotion activity through a network at local, regional and national levels

Objective 2: To develop promotion activity at the local level through financial support

The essence of the networking philosophy could be described as “activation”. Local and regional projects were encouraged through financial incentives (project competition twice a year for local projects), through authorisation, through information to key target groups and through training and consultancy to HEPA promoters. These approaches were strengthened through networking between the representatives of sports, health and worklife personnel at the national, regional and local levels.

### **KEY POINT 4      Co-ordinate national and local activity**

The programmes identified an element of their work in which co-ordination was needed between national media and communications and local activity. First, the development of an integrated communication and media strategy with the support of local HEPA promoters was considered important. This procedure allowed local HEPA promoters to plan to use the interest and momentum created by national advertising, publicity or materials, to support local activities. The translation of national activity into local reality appeared to be very important in allowing local HEPA promotion to capitalise upon public interest and media coverage. Clear national co-ordination reflected by local activity, placed within an agreed communication strategy, enhanced the profile of HEPA at the national and local levels.

### **CASE STUDY - Building upon national HEPA promotion at the local level**

The Netherlands on the Move! – has two examples of translating national events to the local level:

1. Aimed at young people, the Fit & Fun project used local teachers to offer new HEPA activities to young people (aged 13-15 years). The programme was publicised on the Internet, it published material on school cards and school noticeboards, and Radio 538 (a popular radiostation among teenagers), provided a dance music CD with a Fit & Fun message.
2. Exercise at Home - In 1997, the programme - partners developed an exercise at home video “Kwiek” (Brisk) and the “60+ Fitness at Home” programme. In 2000 a national morning-television exercise programme will present HEPA daily across The Netherlands. This will run parallel with local initiatives.

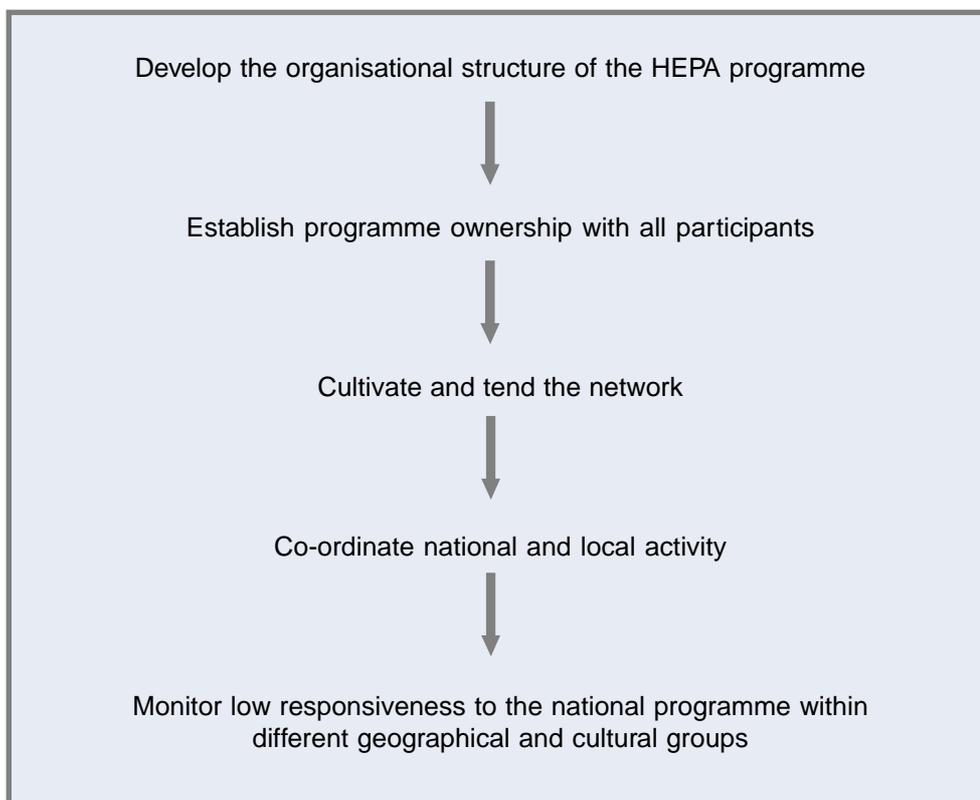
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**KEY POINT 5      Monitor low responsiveness to the national programme within different geographical and cultural groups**

During the implementation stage, the programmes noted the need to monitor the response and participation of regional and local HEPA promoters. They noticed differences in participation and support within geographical areas or cultural groups. For example, within nations with different languages or significant cultural diversities, the response to the programme was low in some areas. The programmes concluded that it was important to anticipate the response of particular areas or groups who may respond differently to HEPA promotion. Learning from other health promotion or health education campaigns could help solve this problem.

**SUMMARY**

**IMPLEMENTING A HEPA PROGRAMME**



## STAGE 5

# Evaluating a HEPA Programme

**T**he purpose of stage 5 is to integrate the opportunity for learning that exists as part of the programme design and implementation. Evaluation was considered a key component of all four programmes, and its elements were found across all stages of the programmes. Although evaluation was considered to be a process rather than a concrete stage in itself, for the purpose of these guidelines, examples of a range of evaluation types and methods are presented.

### **KEY POINT 1**      **Commit to evaluating the programme**

Recent WHO guidelines for the evaluation of health promotion clearly stress the need for evaluation and propose the case for allocating suitable resources. Recommendation 2 states:

“Policy-makers should require that a minimum of ten percent of the total financial resources for a health promotion initiative be allocated to evaluation”

Source: World Health Organization. (1999) Health promotion evaluation: recommendations to policy makers. Report of the WHO European Working Group on Health Promotion Evaluation. WHO Europe. Page 10.

Securing adequate resources provides a wider choice about which components of a HEPA programme can be evaluated. Formative, process and outcome evaluations create information of potential value to those who fund, deliver and participate in HEPA programmes. Alongside evaluation, integrated as part of HEPA programmes, can be examples of how research has been commissioned to fulfill a different purpose.

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## **KEY POINT 2      Create an evaluation design for the programme**

The levels and types of evaluation that had been undertaken by the four programmes differed. Choices about which elements to evaluate were determined by the programmes, participants and external evaluation experts. Each project constructed an evaluation design to identify which parts of the programme had to be evaluated.

### **CASE STUDY – Setting aims for the evaluation of a HEPA programme**

Fit for Life – set the following aims for programme evaluation:

1. To get information on the results of local projects: how many people were activated, how they were activated and with what resources.
2. To follow the changes in the physical activity of the target group from 1995 to 1999.
3. To obtain feedback from the local, regional and national partners about financial support, information, training, evaluation and networking.
4. To get feedback on the realisation of the programme, namely, on the most successful elements and the elements needing development.

The political and stakeholder agendas, discussed earlier, surfaced in this decision making process and resulted in programmes that answered the questions their funders felt were critical. There were differences in the types of evaluation used across the four programmes, with some focusing more on the impact on target groups and the eventual outcome while others concentrated on process evaluations.

### **CASE STUDY – Emphasising the design of HEPA evaluation**

The Netherlands on the Move! – stressed that process evaluation of the implementation of projects and the outcomes in terms of short-term behavioural determinants was more important than longer term behaviour changes or health gains.

Table 5 outlines the examples of the types of evaluation used in each programme.

**Table 5**  
**Evaluation used in the four HEPA programmes**

	<b>Formative evaluation</b>	<b>Process evaluation</b>	<b>Outcome evaluation</b>
<b>ACTIVE for LIFE England</b>	Used to create all campaign materials	Used field liaison and extensive consultation with key HEPA promoters	Impact of public and professional campaign as measured by four annual panel and tracking surveys
<b>Fit for Life Finland</b>	Used to create materials to promote HEPA in different settings	Used feedback on local projects via diaries and annual expert review and analysis	Annual public health behaviour survey of HEPA prevalence
<b>The Netherlands On the Move! Netherlands</b>	Used to create materials, resources and training to promote HEPA in different settings	Used measurement of the behavioural determinants of HEPA projects, enjoyment of participation	Behavioural survey of the adult population including both summer and winter HEPA prevalence
<b>Allez Hop! Switzerland</b>	Used to develop the key training materials and procedures for Allez Hop! training and identify new developments for the programme	Continuously used to assess sports clubs' and trainers' attitudes and participation in the programme	Measurement of the participants' HEPA behaviour and attitudes and also the experiences gained with the programme

**KEY POINT 3**      **Use existing surveillance methods in the programme**

Using existing public health surveillance methods to support the evaluation of a programme assumes that HEPA behaviour is already being assessed in some way. Only one national public health surveillance system included HEPA behaviour on an annual basis. If programmes could include HEPA questions in existing surveys, perhaps at the national or regional level, they would have a practical means of demonstrating political commitment to HEPA. Detecting small population shifts in HEPA behaviour requires the development of validated measures that can reflect the variety and components of HEPA

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behaviour. The development of such tools takes time and also more information is needed about the secular trends of HEPA behaviour if methods are to capture changes valid in small populations. Programme evaluations that build upon existing public surveillance allow limited evaluation resources to be allocated to other components of a HEPA programme.

**KEY POINT 4      Set up an independent evaluation mechanism for the programme**

The four programmes used a mixture of commercial research and marketing organisations with academic groups to support their evaluations. There were both advantages and disadvantages in utilising both groups. Commercial organisations were able to offer a speedy service, particularly helpful in developing target group materials or messages, and were able to capture large panels of survey data with existing groups. However the programmes felt that the method and quality of the data gathered might be perceived as less rigorous than if conducted by an academic body. Academic groups offered more rigorous evaluation design and methods, but were found to take longer and cost more than commercial organisations. The programmes felt the best situation, depending on the type of evaluation, was to have the evaluation design and implementation conducted by a team outside of the programme, perhaps using the skills of both academic and commercial organisations. The evaluation of a HEPA programme certainly required the use of a range of experts and programme personnel.

**KEY POINT 5      Support others in the evaluation of their activities**

The programmes encouraged their regional and local HEPA promoters to conduct their own evaluations, and they encouraged process evaluation. In particular the sharing of experience gained from conducting a HEPA promotion programme was considered necessary. One key function of the programmes was to share this information within their networks and via their materials. Process evaluations, for example, using reflective project diaries (Fit for Life – Finland), sharing case studies in programme guidelines (ACTIVE for Life - England) and newsletters (Fit for Life – Finland), and surveying the experiences of participants across the training programme (Allez Hop! - Switzerland) were encouraged.

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### **CASE STUDY – Using process evaluations for HEPA programmes**

- Fit for Life – encouraged local HEPA promotion projects to keep project diaries to record their experiences about their initiatives. Each project diary was then analysed as part of the overall evaluation of the programme. The projects also reported that this evaluation was a commitment rather than a choice they would have made themselves, as keeping a diary was part of the conditions for achieving funding.
- ACTIVE for LIFE – used the reflections and experiences of local HEPA projects as part of guideline documents to share good practice with other HEPA promoters. These guidelines were produced nationally to support and stimulate local activity and used case studies to provide a chance to develop and improve ideas in different areas.

Support enabling HEPA promoters to evaluate their programmes was also required. Providing guidance about how to conduct a HEPA-related evaluation was offered by the programmes, although little was known about the quality of the evaluations, conducted as part of the programmes, and how well these evaluations met local stakeholders' and funders' agendas. A recent survey of evaluation across 250 HEPA promotion programmes in England found that the quality of evaluation conducted was low (Foster et al 1999). In this survey programmes that aimed to increase HEPA behaviour used crude behavioural measures, with only 4 out of 86 using systematic and valid tools for data collection. Encouraging local HEPA promotion also entailed supporting local HEPA evaluation, to allow local promoters to evaluate their programmes in the most appropriate, realistic and satisfactory manner from their own, stakeholder and participant perspectives.

### **KEY POINT 6      Learn from programme weaknesses**

The programmes described aspects of their activities that appeared to be less successful than expected. Although they felt some disappointment about their lack of success in some areas, they all shared the view that errors in design or implementation offer valuable learning if programmes react and respond to this new information. Examples of elements that could be improved are shown in Table 6, along with what was learnt from each example. Although the examples are specific to one national HEPA programme, it was felt that sharing examples of “bad news” might prove useful to others.

**Table 6**  
**Improving HEPA programmes by learning from mistakes**

<b>Mistake</b>	<b>Learnt from mistake</b>
<p>Public and professional HEPA messages were too complex for target groups. Fitting all the components of the HEPA message (frequency, intensity, time and HEPA type) was very difficult to capture in a simple message.</p>	<p>Keep the HEPA message simple. Messages that are simple pre-tested and appropriate to the target group are the best.</p>
<p>Doing too many HEPA events or “roadshows”. The amount of work in creating one HEPA event was large compared with other methods of delivering HEPA to local areas or communities. Events need follow-up activities to sustain interest.</p>	<p>Other methods of disseminating information to target groups could be smaller scale and part of a series of activities. Local briefings, media publicity, small conferences and photo opportunities can reach the same numbers for less effort, time and cost.</p>
<p>Centralising information on good practice within a database and system that does not allow the information to be accessed easily. Hard copies of good practice, once produced, are costly and almost immediately out of date.</p>	<p>Use electronic publishing to allow instant access to programme information. Changes and updates take less time and can offer the chance for information requests.</p>
<p>The development of networks and programmes in certain areas within national or local areas is poor. The enthusiasm for the HEPA promotion concept may not be translated into action!</p>	<p>Invest time in developing, supporting and monitoring regional and local networks. Consider putting resources into development activity and building sustainable work programmes. Ask the network participants what makes it worthwhile to be a part of such a group. Accept that HEPA promotion activity may not be evenly distributed.</p>
<p>The cost of high priced advertising (TV, newspapers, magazines) (Note: Public health education was free for some national programmes).</p>	<p>Use “below the line” publicity. Use free sources of publicity and advertising with celebrities, pop and sports stars or free advertisements of health-related products.</p>
<p>Local HEPA promotion was hindered where there was no national HEPA promotion. Promoting HEPA locally competes against other social programmes, such as transport, employment, education, health or leisure. HEPA needs to be a collaborator in these policy areas not a competitor.</p>	<p>Work alongside others, including transport, health, sport and employment sectors as part of HEPA promotion areas. Ensure that there is a national HEPA promotion presence via strategy, policy and publicity.</p>

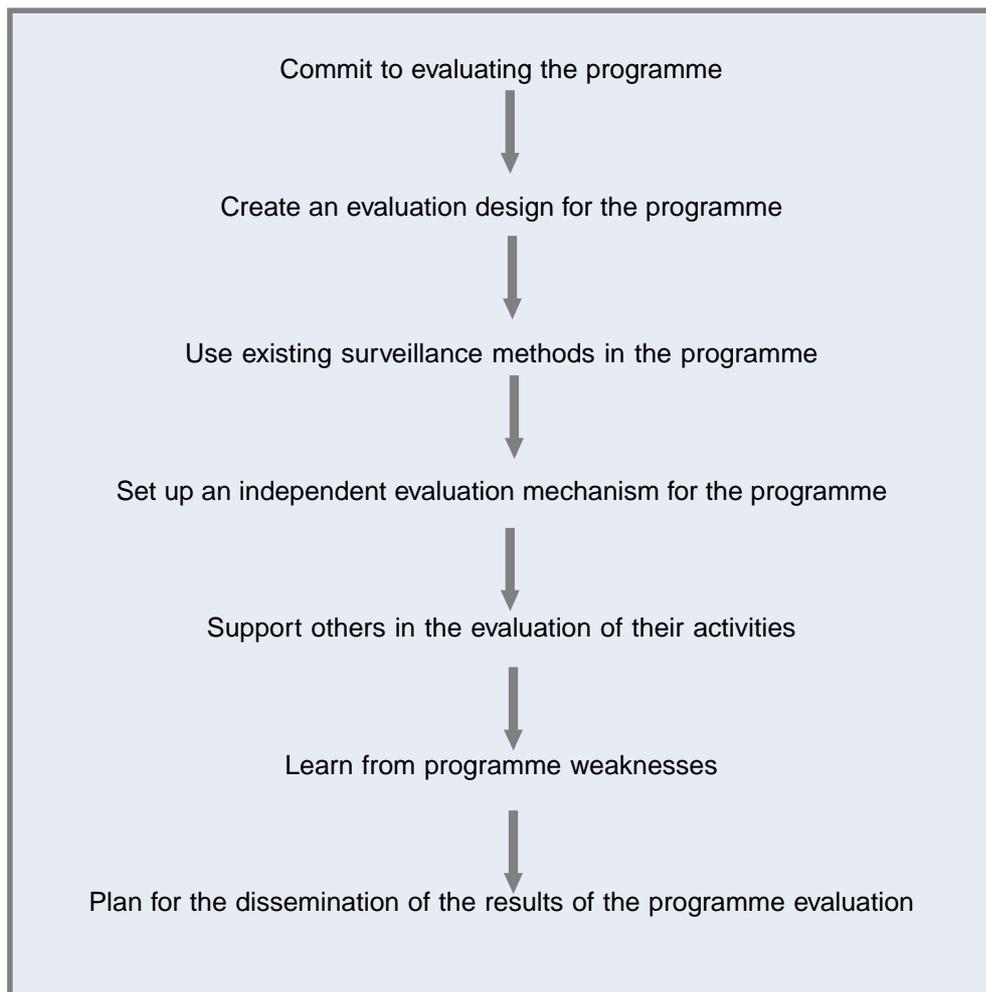
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**KEY POINT 7      Plan for the dissemination of the results of the programme evaluation**

The programmes described the importance of ensuring that the right type of evaluation information is presented to the right audience, stakeholder and funder. Whether evaluation was formative- or process- or outcome-based, the programmes reported that the purpose of the evaluation was to use the experience gained to improve and shape their programme. Not only did evaluation have a political role, by reporting progress to stakeholders and funders, but it also needed to be used as feedback for the programme. The programmes attempted to use the data gained in their evaluations in their programme plans although there were some difficulties with the time this process took.

**SUMMARY**

**EVALUATING A HEPA PROGRAMME**



# Sharing Wisdom

## – What have HEPA Promotion programmes learnt?

**T**he accumulated experience of HEPA promotion, if measured in absolute terms (by number of years of each programme), is about 16 years.

This final section aims to capture the wisdom and experience of these 16 years of HEPA promotion.

During the development of these guidelines, the four national programmes were asked to reflect upon their experiences and prioritise what key points each would share with other HEPA promoters who are about to create a HEPA promotion programme. Table 7 collects this “HEPA promotion wisdom” under several key themes and also provides the rationale of the programme observation.

**Table 7**  
**Wisdom gained from the four HEPA promotion programmes**

Theme	Rationale
Set clear and measurable aims	<ul style="list-style-type: none"><li>• The aims of HEPA campaigns should be measurable, defined, articulated and exactly financed before a programme is started.</li></ul>
Support local HEPA promoters and professionals	<ul style="list-style-type: none"><li>• Staff training for local HEPA activities should be planned and financed, including training in the area of: Planning of HEPA activities Implementing HEPA promotion across different settings, including sports, health, social care and workplaces, as planned and free-living HEPA Devise methods of promoting HEPA to inactive and unfit individuals and groups</li></ul>

Theme	Rationale
Cultivate and use the media as part of HEPA promotion	<ul style="list-style-type: none"> <li>Do not underestimate the importance of public communication for the success of a campaign. Do not hope that the media will help just because HEPA is a good thing. Provide enough resources and opportunities for public communication. Enlist the support of media experts to learn the most effective ways of promoting HEPA through the media.</li> </ul>
Disseminate information on HEPA campaign strategy (including targeting) from the outset to traditional allies and new allies	<ul style="list-style-type: none"> <li>Public campaigning is wasted if the local environment or infrastructure does not support HEPA. Therefore, professionals who have the potential to develop local HEPA projects and influence policies with impact locally are the key to the success of any national initiative. Local professionals are the legs of a national health promotion initiative, and time, effort and resources should be spent on getting them on board with national objectives and on delivering local initiatives.</li> <li>Setting out campaign objectives, targets and strategy from the outset ensures the co-ordination of national and local activity and allows local professionals to set local objectives around these target groups.</li> </ul>
Be patient in observing any impact of the HEPA programme	<ul style="list-style-type: none"> <li>Be aware of the time-consuming process of building up and developing the HEPA programme. It will take longer than expected to reach the target group with the intervention. Therefore do not set quantitative goals too early in the development.</li> <li>If the programme wants to reach the sedentary population, be aware that it may be quite resistant to HEPA recommendations. Do not tell them about sports but instead emphasise moderate physical activity. Listen to their reactions - they are the experts about being sedentary!</li> </ul>

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<b>Theme</b>	<b>Rationale</b>
Be creative and radical	<ul style="list-style-type: none"><li>• Think “outside of the box” and be radical. HEPA promotion is a very young discipline, so experiment, think creatively and encourage innovation.</li></ul>
Remember that current good practice may be based on experience rather than evidence	<ul style="list-style-type: none"><li>• The current thinking of the time shapes HEPA programme design. As programmes progress, new research evidence and approaches emerge. An earlier design choice may appear now to be less attractive. Only high-quality evaluation can allow any real understanding of the strengths and weaknesses of a programme. The results of a HEPA programme can only be fully seen in decades rather than years. The science for the benefits of HEPA is established, but HEPA promotion is just beginning.</li></ul>

# Key Questions

## for HEPA Programme Development

This section offers a number of questions to stimulate thinking around planning and designing a HEPA programme. The idea for these questions came from the representatives of the four national programmes. Although not comprehensive, these questions provide a starting point for discussion and in seeking options.

1. Who are the key stakeholders in HEPA and HEPA promotion?
2. What sources of evidence can be used to present a broad justification of the benefits of HEPA and HEPA promotion to key stakeholders?
3. How can this evidence be used to develop political justification, support and funding?
4. How can the contribution of HEPA be identified within existing national and local strategy and policy documents?
5. What is the potential relationship, role and function between HEPA promotion and the following key groups?
  - Sport and HEPA
  - Health professionals and HEPA
  - Exercise and fitness professionals
  - Sports teachers and coaches
  - Medical personnel in public health
  - Health promotion staff
6. Does any pilot HEPA promotion project work exist?  
If yes - how can this information be used?
7. Who else is involved in HEPA promotion and what is their experience?

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- 8.** What is the HEPA programme's name and identity?
  - 9.** Who are the experts in HEPA and HEPA promotion?
  - 10.** How can these experts and others be involved in the HEPA programme design?
  - 11.** What is the HEPA programme strategy?
  - 12.** What is the HEPA programme's theoretical framework?
  - 13.** What are the HEPA programme aims, objectives and indicators?
  - 14.** What is the HEPA programme evaluation design?
  - 15.** Who will conduct the evaluation?
  - 16.** What is the programme's HEPA message?
  - 17.** What is the organisational structure of the HEPA programme?
  - 18.** How will the programme encourage ownership with all participants? (organisations, professional groups and HEPA promoters)
  - 19.** How will the HEPA programme develop and maintain any network?
  - 20.** How will the HEPA programme identify if the network is working?
  - 21.** How will the programme co-ordinate national, regional and local activities?
  - 22.** How will the programme organisers monitor the responsiveness to the programme within different geographical and cultural groups?
  - 23.** How will the programme support HEPA promoters to evaluate their activity?
  - 24.** How will the programme identify its strengths and weaknesses?
  - 25.** How will the programme disseminate evaluation, good practice and learning?

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# APPENDICES

## **Appendix 1**

Brief overviews of the four European HEPA promotion programmes

## **Appendix 2**

Examples of questions used in HEPA programme questionnaire

## **Appendix 3**

The charter of The Netherlands on the Move!

## **Appendix 4**

Further information on the TARPARE model

## Brief overviews of the four European HEPA promotion programmes

### 1. ACTIVE for LIFE - England

<b>Programme name</b>	ACTIVE for LIFE
<b>Country of origin</b>	England
<b>Sample</b>	Adult population (16-80+)
<b>Physical activity target</b>	Moderate HEPA
<b>Dependent variables</b>	HEPA attitudes, beliefs, self-reported HEPA behaviour, stages of change
<b>Programme type</b>	Mass-media campaign with support for local HEPA programmes and professionals
<b>Programme length</b>	3 years (1996-1999)
<b>Evaluation design</b>	Panel surveys of public and professional
<b>Programme activities</b>	Including support to professionals, public communication, research, strategic policy development and evaluation
<b>Theoretical model</b>	Social marketing theory
<b>Programme results</b>	Not available. Created many local HEPA programmes

### 2. Fit for Life - Finland

<b>Programme name</b>	Fit for Life
<b>Country of origin</b>	Finland
<b>Sample</b>	Adult population (40-60)
<b>Physical activity target</b>	Moderate HEPA

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<b>Dependent variables</b>	HEPA attitudes, beliefs, self-reported HEPA behaviour, HEPA activity at local level
<b>Programme type</b>	National network development to stimulate local HEPA programmes
<b>Programme length</b>	5 years (1995-1999)
<b>Evaluation design</b>	Finnish Public Health Institute health behaviour annual survey of HEPA behaviour, process evaluations of projects
<b>Programme activities</b>	Including project competition, networking, information, training, monitoring and evaluation
<b>Theoretical model</b>	Social cognition theory, networking and participation approach
<b>Programme results</b>	Annual increase in HEPA behaviour. 50000 participating in FFL programmes

### 3. Netherlands on The Move! – The Netherlands

<b>Programme name</b>	Netherlands on The Move!
<b>Country of origin</b>	The Netherlands
<b>Sample</b>	Netherlands population (adults and adolescents)
<b>Physical activity target</b>	Moderate HEPA
<b>Dependent variables</b>	HEPA attitudes, beliefs, self-reported HEPA behaviour, HEPA activity at the local level, organisation support for HEPA
<b>Programme type</b>	National network development to stimulate local HEPA programmes
<b>Programme length</b>	5 years (1995-1999)
<b>Evaluation design</b>	Population survey, local process evaluations
<b>Programme activities</b>	Including networking, research, strategic plans, materials, publicity, fund raising, international exchange and evaluation
<b>Theoretical model</b>	Transtheoretical model
<b>Programme results</b>	Increase in HEPA behaviour. Created many local HEPA programmes

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## 4. Allez Hop! - Switzerland

<b>Programme name</b>	Allez Hop!
<b>Country of origin</b>	Switzerland
<b>Sample</b>	Adult population
<b>Physical activity target</b>	Moderate HEPA
<b>Dependent variables</b>	HEPA promotion activity at the local level, HEPA attitudes, beliefs, self-reported HEPA behaviour
<b>Programme type</b>	National network development to stimulate local HEPA training programmes
<b>Programme length</b>	2 years (1997-1999)
<b>Evaluation design</b>	Participant survey, local process evaluations
<b>Programme activities</b>	Including intensive training, access to HEPA courses, evaluation and networking
<b>Theoretical model</b>	Transtheoretical model
<b>Programme results</b>	Increase in HEPA behaviour. Created many local HEPA programmes and trained HEPA promoters

### Examples of questions used in HEPA programme questionnaire

1. Please complete the name and country of HEPA campaign.
2. Please describe the background to the development of your campaign.
3. Please describe any/all organisations involved in the development of your campaign.
4. Please describe any developmental research for your HEPA campaign activities and message.
5. Please describe the approximate levels of funding, sources and time-scale for the campaign.
6. Please describe the overall aim of your HEPA campaign.
7. Please list the specific aims and/or objectives for particular components of your HEPA campaign.
8. Please specify the target group/groups for particular components of your HEPA campaign.
9. Please describe your campaign's HEPA message.
10. Please describe the organisational structure of the team used to manage the delivery of your HEPA campaign.
11. Please briefly describe the delivery of your HEPA campaign
12. Please describe the involvement of other organisations in delivering your HEPA campaign.
13. Please give examples of any training initiatives that were part of your HEPA campaign.
14. Please describe the use of media as part of your HEPA campaign.
15. Please describe the evaluation design for your HEPA campaign.
16. Please describe the results of your HEPA campaign evaluation
17. Please describe the most successful elements of your HEPA campaign
18. Please give example/s of elements of the campaign that could be improved, as a result of the experience of running your HEPA campaign.
19. Please describe the future for your HEPA campaign.
20. Please offer no more than three pieces of advice for another country planning to develop a HEPA campaign.

## The charter of The Netherlands on the Move!

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### CHARTER

#### Enhancing health through a healthy lifestyle

##### Introduction

This charter was formulated in the context of the national campaign promoting exercise, The Netherlands on the Move! (NotM). This campaign is an initiative of the Netherlands Olympic Committee\**Netherlands Sports Confederation* (NOC\*NSF). Together with others organisations, NOC\*NSF wants to use NotM to make an important contribution to the promotion of sport and exercise to the Dutch population, with the object being health enhancement. By signing this charter, organisations make a statement declaring the importance of sport and exercise to an individual's health. The charter provides principles and a further impulse for promotion policy in the area of sport and exercise in the context of health enhancement.

##### Value of sport and physical activity

Sport and exercise are extremely valuable to society. Besides enhancing physical health, they are also a source of pleasure, they provide opportunities for establishing social contacts and contribute to a greater feeling of self-confidence and independence. Participating in (group) sport also enhances active participation in society of specific groups such as people with a chronic illness and/or handicap, foreigners and the elderly. In short, to enhance health in a broad sense, such that there is a focus on physical, psychological and social aspects, sport and exercise are extremely important elements.

##### Health value of physical activity

- At the moment there is considerable research available attesting to the health enhancing effects of sport and exercise, or more generally physical activity.
- Physical activity enhances quality of life.
- Physical activity reduces the incidence of a number of chronic illnesses, such as heart and vascular disease, stroke, high blood pressure, diabetes (type II), obesity, osteoporosis, and cancer of the large intestine.

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- There are indications that physical activity reduces the chances of a number of forms of cancer as well as depression.
  - Regular physical activity is associated with less fear, lower risk of depression and a greater feeling of well being.
  - A significant group of the elderly are characterised by limited mobility and a loss of independence. There is sufficient evidence showing that regular physical activity can prevent or reduce the likelihood of such limitations.
  - Regular physical activity is necessary to be able to perform every-day activities at work, home and during leisure time without experiencing fatigue.
  - Regular physical activity makes a positive contribution to the care and treatment of people with a chronic illness.
  - People that regularly engage in physical activity are absent from work as a result of illness less than people who are physically inactive.
  - Promoting physical activity leads to savings in medical costs.
  - People that regularly engage in physical activity are less likely to die prematurely than people who are not physically active enough.

### **Physical inactivity: a national health problem in the Netherlands!**

- A large share of the Dutch population perform too little physical activity at work and at home in order to keep the human body functioning healthily.
- Research has shown that 34% of Dutch adults are physically inactive in their free time.
- Only 23% of Dutch adults are active to a satisfactory level, or in other words they are physically active at least three times per week for at least 20 minutes.
- Longitudinal research in the Netherlands has shown that the level of participation in physical activity between the age of 12 and 27 decreases considerably, with a decrease of 42% among males and 17% amongst females.

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- Physical inactivity is more common among the elderly, people with a chronic illness or handicap, women and people from a lower socio-economic group.
  - Besides smoking, high cholesterol and high blood pressure, physical inactivity is an autonomous risk factor for cardiovascular disease. Of these risk factors, physical inactivity is the most common on a population wide basis.

Physical inactivity is a health risk factor and represents an important national health problem in the Netherlands. There is sufficient evidence to show that a broad approach to exercise promotion is necessary.

### **Mission of The Netherlands on the Move!**

- Each individual and each organisation should actively strive to enhance the opportunities of people to be more physically active in their daily lives.
- The greatest health gain, for both the individual and society, can be realised if people who are currently inactive begin exercising regularly.
- It is always possible to exercise more. It is never too late to start. Those that begin young and maintain a physical lifestyle enjoy the greatest benefit.
- Every adult should engage in at least 30 minutes of moderately intensive physical activity on most, preferably all, days of the week.
- The stated minimum of 30 minutes per day can be done all at once, but can also be split up, for example two times 15 minutes or three times 10 minutes.
- Moderate physical activity is achieved by walking at a solid pace. It is not necessary to engage in extremely intensive physical activity. Although even greater health benefits can be realised by exercising longer, more often and more intensively.
- Physical activity should be integrated in an individual's daily lifestyle. The first steps towards achieving this may include using the stairs instead of the lift, or walking and cycling instead of using motorised transportation.
- Increases in the level of exercise should be built up gradually in order to avoid injuries and should be tailored to the capacity of the individual.

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## Plan of approach

Exercise promotion and discouragement of an inactive lifestyle are goals that should be energetically pursued by many organisations. The following activities are just some of the possibilities.

- Promoting a broader awareness of the importance of regular physical activity for (national) health.
- Encouraging the acceptance of physical activity as a more important basis of a healthy lifestyle.
- Making people aware that there are benefits to be realised for all age groups through more physical activity and undertaking action to achieve this.
- Taking on responsibility for providing a social and physical environment that encourages people to adopt and maintain an active lifestyle. Examples include more and safer walking and cycle paths, improving the accessibility of stairs in buildings, etc.
- Promoting the availability of a varied sport and exercise programme.
- Undertake action to lower the obstacles to participating in sport and exercise by taking on responsibility for things such as: simple registration procedures, low costs, good information, guarantees in terms of minimising the risk of sports injuries through sensibly set up programmes and facilities in the immediate environment of target groups.
- Taking on responsibility for specific training for various groups of intermediaries in the area exercise and health.
- Paying special attention to exercise promotion for groups that are less or seldom physically active, such as the elderly, people with a chronic illness or handicap, women and people from a lower socio-economic group.

Every organisation that signs this charter shall make a contribution, according to its means, to realising the aims set out in the mission statement.

Recognising the points as stated in The Netherlands on the Move! charter, we will commit ourselves to the encouragement and promotion of health enhancement through an active lifestyle in the Netherlands.

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**Drawn up in duplicate at:**

Date: \_\_\_\_\_

City: \_\_\_\_\_

On behalf of: \_\_\_\_\_ NOC\*NSF

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Chairman

### Further information on the TARPARE model

Using an attitudinal and a behavioural segmentation model, the authors present an example of selecting a target segment of a national physical activity campaign.

The model uses a weighted scale for each segment (based on separate factors). Each segment's overall score is the weighted sum of its score on each of the attributes. Each weighting also reflects the relative importance of each attribute.

Segmentation Priority =  $f(T.w_1 + AR.w_2 + P.w_3 + A.w_4 + R.w_5 + E.w_6)$   
where  $w$  represents the weight attached to the various factors, and

- T = Total number in segment
- AR = % at (high) risk
- P = Persuasibility
- A = Accessibility
- R = Additional resources required
- E = Equality factor

Note: When applied to tobacco intervention two additional segments were added into the analysis. These were:

1. The political (and public) acceptability of focusing on each target group (child focused campaigns may be more popular than adult focused campaigns)
2. The historical perspective - the consideration of previous impact of campaign on target groups and the organisations experience and expertise in delivering interventions to target groups.

The physical activity campaign model used exercise attitude-behaviour segmentation, as shown in Table.

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**Table**  
**Exercise attitude-behaviour segmentation**

Exercise behaviour	Attitude to exercise	
	Positive	Neutral/negative
Exercise at or near level sufficient for maximal cardiovascular benefit (“high actives”)	11 %	3 %
Exercise at light/moderate level for some cardiovascular benefits (“medium actives”)	35 %	19 %
Little or no exercise (“inactives”)	16 %	16 %

The segments are weighted across a 1 to 5 range with 5 indicating a high priority score, 3 medium and 1 indicating a low score. When applied to each segment, scoring reflects a high to low priority or effect etc. The model allows choices of weighting or non-weighting particular segments that would focus the campaign on certain groups, based upon the HEPA promoter’s policies, values, resources and desired effect of campaign.