



PATIENTS KEEP MOVING IN GRAZ, AUSTRIA





“Patients keep moving in Graz” Campaigns

Problem description

Transport related impacts such as emissions, noise, accidents but also lack of physical activities result in various health problems. The rise of the use of motorised modes of transport even for short distances within the last 2 decades led to a significant decrease of walking trips. Even the trips carried out by bicycle or on foot from children in Austria between 1995 and 2003 have been decreased from 48 % to 41.5 %. The number of children suffering from obesity has been doubled within the last 20 years (source VCÖ 2004).

Description of the campaign / measure

In a first project the transport and health objectives have been combined. The demonstration project GOAL (www.goal-graz.at) carried out some pilot actions to transfer physical activities into every day's mobility. In STEP BY STEP these successful approaches have been improved and persons who already started new behaviour have been stabilised for a long term change of behaviour.

The objectives for STEP BY STEP were the following:

- to find out the appropriate approach to stabilise a traffic behaviour
- to keep people moving once they started with non-motorised means of transport
- to make multipliers out of confident walkers / cyclists for their friends and relatives
- to transfer the idea of “non-motorised transport solutions” in every day's life to those who already have positive attitudes towards physical exercises (persons who are in sport clubs, fitness centres etc.)
- to win other operational and strategic partners for this approach (like other health insurance companies, doctors, politicians etc).

Several campaigns will be / have been carried out within the Austrian demonstration.

As there is no campaign known within the transport area that focuses on stabilisation of behaviour the appropriate approach has to be found.

Campaign 1: Stabilise behaviour of persons who already participated in a “test new behaviour” program

The 100 persons who already participated in the program carried out in the GOAL project (finalised in 2003) have been contacted and invited to participate in a new fitness test (including body fat measurement). Additional to that these persons have been asked about their habits concerning physical activities and transport behaviour. In in-depth interviews and group meetings the success factors as well as the barriers have been analysed. Based on these results special motivation programs have been

offered. These motivation programs focused on three different types of persons based on the bio structure analysis:

1) *Persons who like to have common activities:*

For these persons the contact to other persons is very important. They are unable to keep on “moving” if they have to do it alone. The experience in a group is essential for them. They like to come together in a pleasant atmosphere. These are the communicative people and therefore they like to exchange ideas and experiences with other people.

For these groups regular meetings have been organised. These informal meetings are the base for further activities. Besides the talks on their experiences common activities have been organised here. E.g. a series of common bicycle tours.

2) *Persons who like to have competitions:*

To motivate these persons a competition is organised where the person with the best fitness data have been awarded.

3) *Persons who like statistics and who want to get information:*

These people are provided with articles, links to websites and materials (transport and health related) so that they could get additional information on their behaviour and the impacts on their behaviour. A special booklet for self evaluation was created. This booklet can be used as a diary where one can note down his minutes of exercise and if these minutes are “additional minutes of exercise” or if its “a substituted car trip”. With the help of this diary one can easily measure and evaluate the own activities based on ones own goals (e.g. 30 minutes of physical exercise per day).

Common leisure trips (walking tours in combination with public transport) have been organised, promoted and carried out. People had the possibility to participate in winning games and win prizes.

Of course all kind of people of this group were invited to participate in each activity.

Campaign 2: To motivate people for physical activities

In this campaign a co-operation with medical doctors has been arranged. People who receive the prescription “more physical exercise” from their doctors get a folder of possibilities and the already mentioned booklet for self evaluation and introspection. The folder is designed based on the following steps:

1) *Collection of existing possibilities for physical activities (organised by different institutions).*

2) *Evaluation of these activities on their usability for the project.*

To provide the appropriate activities for the different target groups the selection was prepared taking into account the age of the persons (activities for senior citizens and activities for other adults) and the place of living / the place where the doctors practise is located (the idea was to suggest activities in the close surroundings).

3) *Based on this selection special folders have been composed.*

4) *The doctors (as authorities for their patients) have disseminated these folders together with prescriptions for walking / cycling.*



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This campaign combines the transport and health objectives of the program with social aspects (to go against social isolation of elderly people).

Interested patients/ people have been invited to participate in the activities mentioned under “campaign 1”.

Campaign 3: Transfer the idea of “non-motorised transport solutions” in every day’s life to those who have already positive attitudes towards physical exercises (persons who are in sport clubs, fitness centres etc.)

In this campaign different organisations / organisers of sportive activities (sport clubs, dance clubs etc) have been contacted. Information material as well as the diary for self evaluation and introspection has been disseminated. A special focus was given to impacts on changing travel behaviour.

In this campaign we also contacted companies which already have a program concerning “fitness at work” e.g. healthy posture at the desk etc. We offered the idea of transferring physical activities into every day’s life by substituting short car trips by walking and cycling. This later activities have been carried out by the Steiermärkische Gebietskrankenkasse GKK, which is a health insurance company that could have been convinced as multiplier to spread the idea of non motorised transport solution as part in the physical exercise in every day’s life program

As a multiplier result of the combination of health and mobility issues a new campaign for the target group of people who suffer from obesity has been initiated by the above mentioned GKK but will start only in February 2005. In this campaign which will be a long time project 80 people pf the target group will be coached for one year. The project will be heavily supported by the Austrian Television ORF and will among others get two broadcastings at the prime time at 21:00 o clock at the begin and in the end of the campaign.

Who is the driving force behind it? Who is the beneficiary?

The campaign initiator is Austrian Mobility Research FGM-AMOR.

FGM-AMOR on the one hand is working with the main target groups, namely the citizens, with the objective of a stabilisation of new (sustainable) transport behaviour. On the other hand FGM-AMOR focuses on the policy / partnership level. Both the politicians / decision makers within the city as well as the multiplier within the media and the strategic partners like assurance companies will be convinced for a strategic partnership and for a permanent take over of the activities into the objectives / activities of the above mentioned institutions / organisations.

Main slogan / statement

Only 30 minutes of physical exercise per day can reduce the risk of coronary heart disease, of diabetes type2, high blood pressure and osteoporosis.

Results

Results of Campaign 1: Stabilise behaviour of persons who already participated in a “test new behaviour” program

From the 100 persons who participated in the test new behaviour program about 40 persons also participated in this new stabilisation program. Only ca. 14 % of the participants show worse fitness values than at the last check up. Ca. 49 % have improved their fitness values. The rest has stabilized their values.

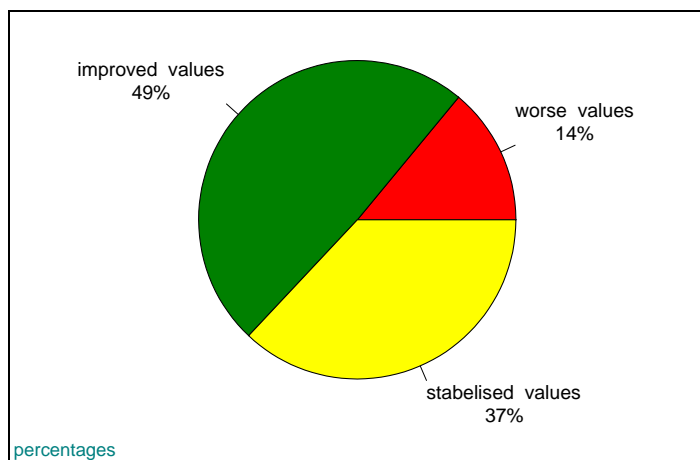


Figure 1: Changes in fitness values

The situation is similar when measuring the body fat values: 21.4 % improved their values and 28.6 % showed worse values than at the last check up. The rest stabilised their values.

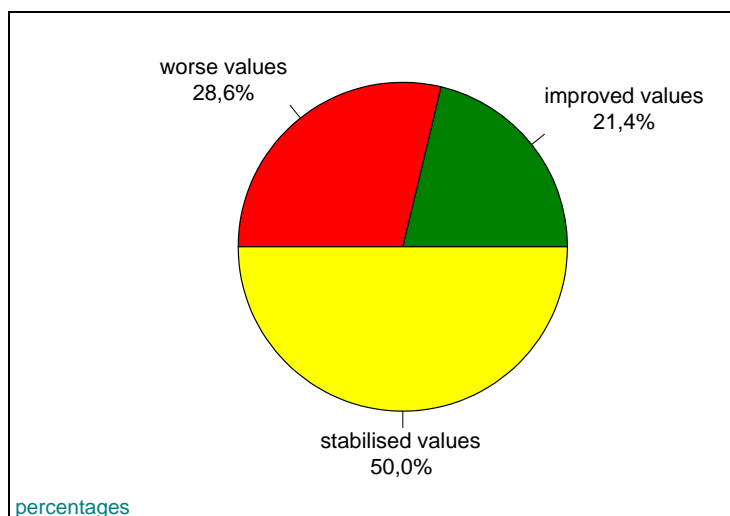


Figure 2: Changes in body fat values



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The evaluation of the transport impacts shows very similar results as the long term evaluation of the test new behaviour program (evaluation after one year). About 11.1 km per person per week could have been shifted from the car to walking or cycling. After one year it was 11.6 car km which could have been reduced per week. This equals about 4-5 short car trips per week in Graz.

6 common cycle tours and 6 common leisure trips (walking tours in combination with public transport) have been organised, promoted and carried out.

In general the idea of a “Club” of those persons who participated at the program was appreciated very well also the offer of presentations and information materials during regular meetings / informal tables.

The competition to award the person with the best fitness values flopped. The participants didn't want to publish their values but only wanted to publish common values of the whole group.

Results:

- For 68 % of the participants the support of the group was responsible for continuing the programme / for keep on moving
- 61 % of the participants state that the transfer of physical activity into every day's life is already automatically – an active decision “pro walking / cycling” isn't any more necessary.
- 84 % of all participants believe that information concerning non-motorised modes of transport and the impacts of regular physical activities given by medical doctors are much more credible and effective than the same information given from other sources / persons / institutions.

Results of Campaign 2: Transfer the idea of “non-motorised transport solutions” in every day's life to those who have already positive attitudes towards physical exercises (persons who are in sport clubs, fitness centres etc.)

Persons who have already positive attitudes towards physical activities have been convinced through two different approaches:

- People who are members in sport clubs / who participate in regularly sportive meetings
- People in companies via a physical exercise program where measures for a reduction of motorised transport trips have been included.

People who are already members in sport clubs / who participate in regularly sportive meetings: More than 180 people have been contacted. People have been made familiar with the idea of transfer short car trips into walking or cycling trips in presentations. People have been shown the advantages of this shift on their own health and on the environment. They have received the mobility – health – diary.

Almost all participants believe that the transfer of physical activities into everyday life by using non-motorised modes of transport is a useful measure to reduce emissions and other negative impacts of car traffic. 9 out of 10 see possibilities for themselves to shift solo car trips into walking or cycling trips. The number of potential shiftable trips per week varies from average 4 (among people with the age of average 30 years) and more than average 7 trips (among people with the age of average 55 years).

The GKK as insurance company has been convinced as multiplier. They offer a physical exercise program for companies as well as for their own patients. About 50 persons per week participated in



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these programmes which equals in about 2500 persons in one year. The seminars have been divided into a “starter’s seminar” with 4 units à 90 minutes and into a “follower seminar” with 10 units à 90 minutes. Both seminars were divided into 1/3 theory and 2/3 practical exercises. As a result of those seminars about 27 % of the participants change their life style towards more physical exercise in the long term.

Opportunities / barriers

Factors of influence and criteria of success

- Group shouldn’t be too big – about 10-20 persons are ideal.
- Personal contact and coaching is essential for a long term stabilisation. Even if it costs more money.
- Possibilities for a personal feedback should be provided.

The personal benefit should be presented. Therefore personal advice as well as measurements of fitness and body fat values is criteria for a success. Also all kind of gadgets, give-aways and technical equipment for rent are highly appreciated.

A repetition of the campaign is highly recommended – the more repetitions the better the results.

Possible barriers

- Mixed groups (men and women) very often end up in a drop out of the male (except if there are couples in the group).
- A merging of different groups is not easy. If it should work the groups must have a similar level of fitness. But anyway the integration of new members into existing groups fails very often.

Steps for implementation – Frequently asked questions

Working steps for introduction

- Setting up the program (designing the contents)
- Find (strategic) partners
- Call for participants or selection of participants
- Carry out the campaign (incl. before measuring and possibilities for feedback)
- Evaluation of the program (incl. quality control)
- Dissemination / publication of results

Time of implementation and Frequently asked questions

How long does a program have to be so that changes in fitness and body fat values can be measured?

It is suggested that the program lasts at least 12 weeks.



Information

You can get more information in German and English from
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Cost / Benefits

It is difficult to estimate or calculate the costs of campaigns of that kind. It very much depends on the contents and the effort of personal coaching as well as on the kind of give-aways. E.g. a simple unit for 15-20 persons including measurement of fitness and body fat values costs around 15 Euro per person.

A more intensive campaign with 3 meetings within 3 month (incl. presentations) and attendance in additional 2 informal tables costs about 150,- Euro per person for a group of 35 persons. This includes 2 measurements of fitness and body fat values (before – after), the handout and explanation of the use of the diary and a personal as well as a common analysis of the results (3 persons coach the group).

Compared with the average costs of one day off in a company the program has been amortised only if one day of staying away sick can be reduced (basis 2000,- Euro salary per month which equals about 161,- per day).

Link and or article for more information

More information can be obtained from the final report of the STEP BY STEP project which can be downloaded from the projects website: www.eu-stepbystep.org