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Gesund bewegt – für die Umwelt / Move for Health and the Environment
Lessons learnt from recruiting physiotherapists and doctors from primary health care institutions in
Switzerland

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Abstract

Physical inactivity is increasing in the Swiss population. According to the Swiss Health Survey 1999 over 30% of the population are moderately active less than 30 minutes a day. One of the main challenges in campaigns promoting physical activity is to effectively reach the inactive population. Systematic screening of patients and counselling by doctors tested with five general practitioners in Zurich in 2000 showed that inactive people could be reached and a change of their physical activity patterns achieved. Yet, it was not possible to put these experiences into practice in a wider approach. The pilot project *Gesund bewegt* aimed at finding and testing a suitable model for a systematic screening of patients in primary health care institutions in a wider approach in North Western Switzerland.

This paper describes first results on the scheme for the systematic screening and experiences with recruiting and working with physiotherapists and general practitioners.

Gesund bewegt was able to efficiently recruit and introduce 20 physiotherapists to the project. This was generally achieved via the physiotherapist association. 14 of them completed the further education designed by the Swiss Federal Office of Sports to become a certified activity counsellor.

With general practitioners the formula “From Doctors for Doctors” was the most important trigger for participation. 27 of 44 doctors (61%) were eventually recruited by their colleagues – the members of the project group. The same was experienced regarding the introduction to the project: 70% of the doctors enjoyed “private lessons” with their colleagues as opposed to a workshop introduction.

Individual treatment was necessary for most doctors during the screening period. Some effort was necessary to keep the general practitioners in the project: Each screening cycle of two weeks had to be negotiated individually. The project had to accept some degree of skipping of certain cycles. All material had to be provided in order to keep the practices’ time and effort low. None of the doctors took part in all eight screening cycles. Most of them took part in 4 or less cycles.

Our experience from *Gesund bewegt* shows that it is important to develop a concept that takes the reality of general practitioners into account, being flexible and minimizing the work load of doctors and assistants added by the project. Finally, it is indispensable to be supported by doctors or a doctors association in order to gain thorough access to the community.

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Dr. med. Michael Nüscher is a dedicated general practitioner. As member of the project group he is the voice ensuring the practicability of the proposed model by testing it in a very busy urban practice.

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Introduction

Context

Physical activity is considered a key for a health promoting lifestyle. Active people in general tend to have a healthier lifestyle: They smoke less and tend to have a balanced diet (Zanoni, 2001). Thus physical activity is getting more and more into the focus of both researchers and politicians. The fraction of people who are physically inactive is increasing in the Swiss population (Zanoni, 2001). According to the Swiss Health Survey 1999 over 30% of the population are not even moderately active: Thus they are less than 30 minutes active a day (e.g. brisk walking) (Martin et al., 2000). Most projects and campaigns, e.g. *Allez Hop!*, try to activate the population in their leisure time, which poses a hurdle for many inactive people (see Lamprecht and Stamm, 2001). Most of them are unaware that 30 minutes a day of walking would be enough for an active lifestyle (see Martin et al., 1999 and Dunn et al., 1999). Thus, activity integrated in the everyday life like walking or cycling poses a great potential to activate the population (Martin et al., 1999) and at the same time helps conserving the environment by substituting car trips with activity, thus resulting in less exhaust fumes and noise (WHO Regional Office for Europe, 1999).

According to *Gesundheitsförderung Schweiz* one of the main challenges in campaigns promoting physical activity is to effectively reach the inactive population (oral statement by Denise Rudin). A promising approach was found in the study *Vom Rat zur Tat* by the Swiss Federal Office for Sports. Systematic screening of patients and counselling by the doctors tested with five general practitioners in Zurich showed that inactive people could be reached and a change of their physical activity patterns achieved (Jimmy and Martin, 2001). However, it was difficult to reproduce these „surprisingly good“ results in a wider approach with more doctors (experience with the project *Leben in Bewegung*). Hence, one of the main challenges is developing a suitable model that motivates enough general practitioners to participate in a systematic screening of patients in their practices.

General Project Concept

The pilot project in North Western Switzerland *Gesund bewegt* aims at finding and testing a suitable model for a systematic screening of patients in primary health care institutions. Its target group consists of German speaking patients aged 16 to 65. Questions are how can doctors and physiotherapists best be recruited to the project and what are features of the model to easily be integrated into the routine of busy general practices.

Secondly, the effect of two types of interventions on activity level and modes of transport of inactive patients will be compared: "general advice and delivery of an informative brochure" and "counselling" by a trained person. In general this was delegated to the physiotherapists by the doctors.

The project aims at encouraging a moderate activity level integrated in day-to-day routine as opposed to working out in the gym. Human powered mobility and sustainable transportation are promoted – thus avoiding CO₂ and adverse effects on our climate.

This paper focuses on first findings on the proposed model and the recruitment of physiotherapists and general practitioners.

Methodology

Development of a Suitable Intervention Concept

We examined hurdles, problems and challenges of projects in the primary health care setting by research and by evaluating the experience of prior projects. This resulted in a first concept about the

intervention. We discussed this concept with doctors and physiotherapists in order to better adapt the scheme to their needs.

In order to critically review the suitability of the concept, we collected feedback from the doctors and physiotherapists during the project. We retrieved systematic information by interviewing the participants upon their participation in the project. A PHD-student at the Institute for Social and Preventive Medicine of the University of Basel evaluated this information.

Recruitment of Project Participants

From the recruitment phase from December 2003 until May 2005, we developed a strategy for the motivation of doctors and physiotherapists, their introduction to the project, and their training where necessary.

Short reports on the project and its search for participants were published in the Swiss journal for physiotherapists (FISIO Active) and local journals for doctors (Synapse and Oekoskop). We presented the project at meetings of the respective target groups (annual meeting of the local physiotherapist association, quality circles of doctors). Due to the low response from general practitioners, we looked at ways to increase their number. We targeted to have at least two participating doctors per physiotherapist whom they can delegate the activity counselling. Participating physiotherapists gave us contact information of doctors with whom they already had an established relationship. In May 2004, we sent letters to these doctors (direct mailing), inviting them to participate in the project. Finally, the project management team or the doctors from the project group personally approached individual doctors.

Introduction & Training of Project Participants

In order to provide interested physiotherapists and doctors an introduction to the project idea, its concept and its logistics, we conducted three evening workshops. Additionally, the doctors of the project group gave “private lessons” to colleagues who were unable or unwilling to participate in the official workshops.

For the training of activity-counsellors we worked closely together with the Federal Office of Sports (BASPO). We tested their newly developed online-tool “RatZurTat” on the internet, giving counsellors the background knowledge for their activity counselling (see website www.ratzurtat.ch). In a second step, counsellors passing the online test received their certification during a one-day-workshop conducted by the BASPO.

Results

Suitable Intervention Model

In a first step we developed an intervention scheme addressing the motivation for the participation of physiotherapists and general practitioners including the following features:

- Introduction to the project either in a workshop or more individually in their own practices or in small groups.
- Dedicating specific weeks to screening (two week periods) as opposed to screen the whole year through.
- Individual check with practices on dates for screenings prior to a screening cycle. These generally took school holidays into account.
- Flexibility of the project for practitioners not participating in certain screening cycles.
- We provided the practices with all necessary material prior to each screening cycle: Questionnaires, brochures, vouchers and protocols for the control of the overall number of patients during the cycle.
- We kept the questionnaires lean (two pages) and easy to analyze for the doctors considering risk factors and activity level
- Defined sequence of action for the practices. In the first week (brochure week) only brochures with general advice on activity opportunities were to be distributed to patients identified as inactive. In the second week, in addition to the brochure, a voucher was handed to the patients. With it patients were granted two activity counsellings by trained experts (e.g. their doctor or a physiotherapist).

- Delegated activity counselling: Doctors could either participate as “delegating doctors” who delegated the activity courses to certified physiotherapists. Or they could conduct the actual counselling themselves, after having passed the BASPO training.
- Doctors or physiotherapist conducting counselling were compensated for their time
- Assistants in the practices were introduced to the project by the doctors, by the written information or by members of the project group in case of personal introduction to the project.
- Assistants were motivated for thorough participation with one Swiss Frank per questionnaire
- High-quality handouts and good project documentation
- Physiotherapists and doctors in sports medicine were able to take credit of the training to become a certified activity counsellor for their obligatory further education need

Outcome of Different Recruitment Strategies

27 physiotherapists were interested in the project, whereof 20 of them were actually introduced to the project. 44 general practitioners were introduced to the project. There are currently no accurate figures on how many doctors could be counted as “interested”. Most of the doctors were approached very actively (letters, follow-up phone calls). The following table shows the number of physiotherapists and doctors participating in the project per recruitment strategy. The stated numbers are first estimates; the data will be finally evaluated and verified after the completion of interviews with physiotherapists (12/2005).

Table 1: Number of interested physiotherapists and doctors by recruitment strategy

Recruitment Strategy	Physiotherapists	Doctors
Members of the project group	-	2
Reporting in Journals	8	7
Presentation at meetings by members of project group	12	-
Personal contact by peers	5	4
Direct Mailing	-	2
Follow-up by project management (phone)	-	6
Follow-up by doctors of the project group	-	23
Not attributable	2	-
Sum	27	44

The recruitment strategy for physiotherapists proved to be quite successful, no additional effort was required. Especially the presentation of the project at the annual meeting of the local physiotherapist association provided to be very effective (12 out of 27, or 44%).

It was much more difficult to find interested doctors willing to participate in the project. The responses to the presentations and to the articles in journals were low. We targeted to have at least two participating doctors per physiotherapist whom they can delegate the activity counselling. 90 postal mails were sent during May 2004. In the name of participating physiotherapists known to the respective doctor and in the name of the doctors of the project group we asked for their participation. Current data and experience shows that this does not seem to be a successful way to convince the doctors for participation. However, the follow-up by phone revealed that the contacted doctors did know about the project through the letter. The best trigger for the doctors’ decision to take part, however, was the personal approach by their colleague doctors of the project group.

Effect of the different Introduction Strategies to the Project

The following table shows the different strategies for the project introduction and its effects.

Table 2: Effect of introduction strategies of physiotherapists and doctors

Project Introduction Strategy	Physiotherapists	Doctors
Project Workshop April 2004	11	3
Project Workshop June 2004	2	7
Project Workshop August 2004	5	1
Individual Introduction / Private Lessons	1	31
Self-Study with material	1	-
Members of Project Group	-	2
Sum	20	44

Of the 27 interested physiotherapists 20 were introduced to the project, whereof 90% of the introductions were done in the workshops. Almost 70% of the doctors were personally introduced to the project by the doctors of the project group, only 25% at workshops.

Training of the Activity Counsellors

Out of the 20 physiotherapists that were introduced to the project, fourteen completed the training programme of the Federal Office of Sports to become a certified *BewegungsberaterIn* (activity counsellor). Thirteen of them qualified to become certified counsellors. Nine doctors decided to become activity counsellors themselves and passed the online test *RatZurTat*.

Doctor Participation in different Screening Cycles

From January 2004 to June 2005 general practitioners were able to participate in eight screening cycles.

Figure 1 shows the number of cycles participated by doctors.

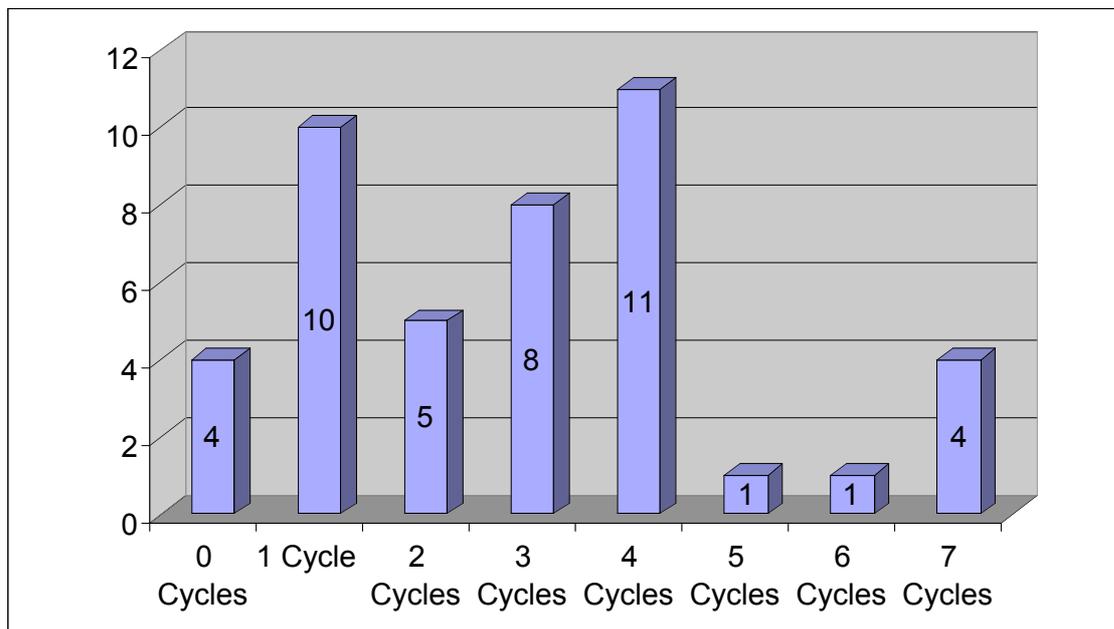


Figure 1: Number of cycles conducted by 44 doctors

Most doctors (86%) participated in four or less screening cycles. Four doctors did not take part in any screening cycle.

Figure 2 outlines the number of participating doctors for each screening cycle.

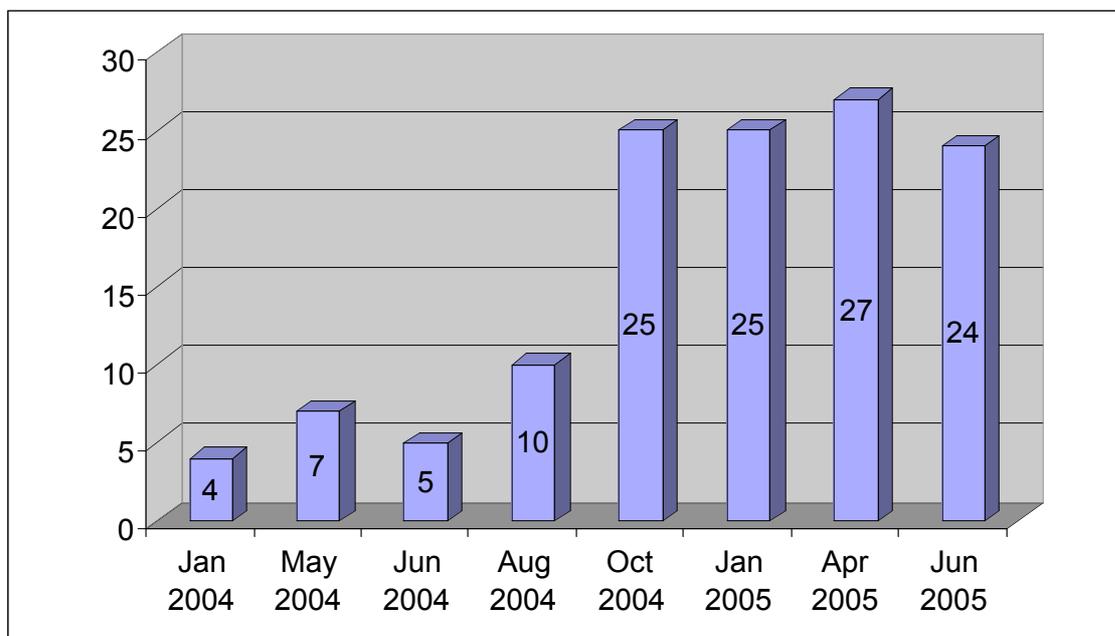


Figure 2: Number of doctors participating in screening cycles

Until August 2004 the number of doctors participating in the screening cycles was rather low. From October 2004 on, the respective number reached a satisfactory level of more than 50% of the doctors in the project pool.

Discussion & Conclusion

Recruitment and participation of physiotherapists

It was quite easy to approach physiotherapists and motivate them for participation in the project (over 50% of the physiotherapists had been recruited and introduced to the project by May 2004). The intended motivators proved to work: compensation of the counselling and paid further education. Additionally, the online training course designed by the Swiss Federal Office of Sports seemed to address their interests and was able to give them new impulses. However, we think that another factor played an important part: *Gesund bewegt* gave physiotherapists an important role within a project situated in the primary health care setting. They were approached as experts on activity and movement and the project concept stressed their importance in this respect.

Recruitment and Participation of Doctors

As shown in the “results” part we experienced more problems in motivating and getting doctors to participate in the project. We were able to address around seven doctors by articles in journals. Those doctors can be seen highly motivated and already sensitive on the issue of inactivity. Most of the other doctors were quite interested when approached personally and they concurred with the idea of the project. Yet, they finally decided to participate only when some colleagues invited them personally. However, these doctors had been addressed several times before: by articles in journals, they might have read; by letters addressing them personally, followed by phone calls by the project team. One of the most important factors seemed to be that the project was designed by doctors for doctors, taking into account the reality of primary health care institutions. In addition, the doctors of the project group were known to most of the contacted general practitioners. Thus, doing them a favour could have been another driver.

Another reality of general practitioners is reflected by the fact that 70% of the doctors had been introduced to the project personally: they have low resources, be it time or attention for a new subject. Thus, introducing them personally to the project on the one hand saved them time (in general about thirty minutes during lunch time vs. two hours of evening workshop in Basel). On the other hand the personal introduction allowed for a tailor-made lesson. Doctors preferred to read the material on the

project beforehand and then ask questions where there were ambiguities. The introduction by a colleague seemed to be very welcome, since they knew of the functioning and stress of the daily business of a general practice. Thus the formula “from doctors for doctors” played an important role.

Degree of Participation

Figure 2 reflects the experience of the recruitment phase: it takes time to motivate doctors and convince them to participate in the project. Only one year after the official start of the project (October 2003) and over six months after the start of the recruitment, the screening cycles were conducted with a targeted average of 25 doctors each.

None of the 44 doctors participated in all eight cycles. As shown in figure 1 most of the doctors took part in four cycles or less. This can be attributed to the different degrees of work load of the practices. Some doctors just cancelled their participation for certain screening cycles when they had too much to do or would have been too stressed by the project logistics (e.g. ill assistant). We experienced this especially with those four doctors that did not take part in any screening cycle. Contrary to our presumptions doctors needed high flexibility on participation in screening cycles and dates of screening.

In a nut-shell, recruitment of physiotherapists for the described scheme was as expected. However, most doctors had to be treated individually in every respect. This was very time-consuming and it can be said that *Gesund bewegt* was only able to be successful in recruiting so many doctors because it was driven by dedicated doctors who put their efforts in designing a practicable scheme and in convincing their colleagues personally.

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