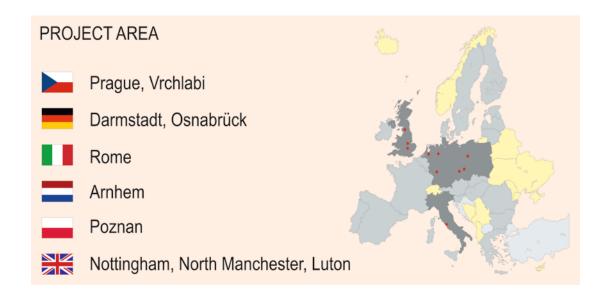
HCSC

APPENDIX

Technical Implementation

Preparatory Action in the Field of Sport 2010-2011 EAC/21/2009/033

"Healthy children in sound communities (HCSC): diffusion and implementation of a multi-actor network for enhanced physical activity for children and youth on EUlocal community level"























Introduction

- A. Reprint of Chapter 2 of our application "Information on the Project Action for which the grant is requested"
- B. Handbook of descriptive evaluation data
- C. Agenda and minutes of meetings of the steering committee
 - 1. Meeting at Frankfurt, January 26th, 2010
 - 2. Meeting at Velen, May $7^{th} 8^{th}$, 2010
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- D. Manuals of test instruments
 - 1. Physical fitness and motor development test
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 - E 1: Interim Reports
 - 1.1 Interim Report of UK schools
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 - 2.1 European Academy of Sport, Velen, Germany
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Introduction

The HCSC final report on technical implementation of the project No. EAC/21/2009/033 is divided into two volumes.

Volume I includes three parts of the study: "Healthy children in sound communities (HCSC): diffusion and implementation of a multi-actor network for enhanced physical activity for children and youth on EU-local community level".

This volume II is the appendix of this project. The appendix includes five sections (A, B.C, D, E).

Section A is a reprint of the application form of chapter 2 of our application "Information on the Project – Action for which the grant is requested" (pp. 10-17) for the HCSC project submitted to the EC EAC Sport unit in August 2009 according to their "call for preparatory action in the field of physical activity and health".

In section B the complete data of the HCSC project is provided as a handbook. It documents all descriptive data of the empirical implementation and evaluation study of the project according to the application form.

In section C all programmes/ topics of the meetings/ minutes of the lead partner with second organizations (contract partners) are documented.

Section D documents the tools which were used for implementation and evaluation: 1. test items and the test manual for measuring the BMI, the physical fitness and motor development of the pupils. 2. Parents' questionnaire which was voluntarily added to the project, 3. Monitoring the implementation process

Finally, in section E selected interim reports (two) and final self-evaluation reports (four) of the national contract partners (back office) submitted to the lead partner are recorded which also give information about back offices cooperation with officially so called "third parties" (terminology of the given application form) at municipalities of the EU country.

A. Reprint of Chapter 2 of our application form

2. Information on the project / action for which the grant is requested

2.1 Description of the project / action

Title: "Healthy children in sound communities (HCSC): diffusion and implementation of a multi-actor network for enhanced physical activity for children and youth on EU-local community level"

Acronym: HCSC-EU

Area of intervention (please indicate which of the following areas is targeted)

Xa) health and physical activity

□b) education and training in sport

□c) sport for persons with disabilities

□d) gender equality in sport

Specific objective(s): (explain how the project / action meets the objectives of the Preparatory Action in the field of Sport)

The strategy and structure of the project has been prepared after the outcome and recommendations of the EU-Study on "Young people's physical activities and sedentary lifestyles" (Brettschneider & Naul, 2004^{1;} GK EAC/33/03) that was accomplished as one of the four studies in the frame of the European Year of Education through Sport 2004. The recommendations after the EU-survey have been implemented by the "EU-working group sport and health" on an EU-policy level (Kornbeck, 2009²) as well as on a community level after another two years of preparation in a cross-border EUREGIO project in 12 municipalities in the Netherlands and Germany in 2008 (Naul & Hoffmann, 2007³). The purpose of this EUREGIO Interreg IV-project (34-INTERREG IV A-II-2-03=035) entitled "healthy children in sound communities" (HCSC-NL/DE) is to link all stakeholders for education, health, and sport on a community level ("round table") as a "front office" to strengthen common ties in curricular, co-curricular and extracurricular PA activities for primary school children to achieve at least 60 to 90 minutes of daily physical activity.

Public authorities (school board and health board of the municipality) and civil societal partners (representatives of local sport club organizations and single sport clubs, private based health centres) build a community based multi-actor network to combine their single efforts and programmes for a commonly agreed health-enhanced PE/PA-programme for local children to promote and implement more opportunities for an active lifestyle to counteract physical inactivity and overweight/obesity.

¹ Brettschneider, W.-D., Naul, R. (2004). "Study on young people's lifestyles and sedentariness and the role of sport in the context of education and as a means of restoring the balance". Brussels: European Commission

² Kornbeck, J. (2009). More than a Nutrition Isssue: assessing the capacity off he EU to use physical activity and sport to counteract obesity. In H. Westerbeek, (Ed.). *Using sport to advance community health: an international perspective.* (pp. 153–174) Nieuwegein, Arko Sports.

³ Naul, R. & Hoffmann, D. (2007). Healthy Children in Sound Communities: A Euregional Community Setting Project. In: Heikinaro-Johansson, P., Telama,, R. & McEvoy, E. (eds.) The Role of Physical Education and Sport in Promoting Physical Activity and Health (pp.258-267). Jyväskylä: Kopiyvä Oy.

The purpose of the applied EU-based "Healthy children in sound community" project (HCSC-EU) is to transfer/diffuse and implement the strategy, structure and experiences of the Dutch-German cross-border project to several other local communities in 6 other EU-countries (BEL, CZE, POL, ITAL, SWE,UK) as well as to other provinces/states/cities outside the cross-border region of the Netherlands and Germany (NED, GER).

The objectives of the project are (1) to diffuse the strategy, structure and "good practice" experiences of the HCSC concept to "partner organizations" in other EU-countries and (2) to implement the HCSC-programme together with these "partner organizations" into selected municipalities in BEL, CZE, POL, ITA, SWE, UK with respective public and civil society stakeholders on education, health, and sport ("third parties") over there.

Detailed description:

School based curricular activities are: 3 hours of health-enhanced physical education (PE) per week and one additional hour of health and nutrition education weekly. Co-curricular PA activities are daily nonmotorized transportation to school and back home by "walking bus". Extra-curricular activities are given by special "health courses" of local sport clubs which have become partners of the HCSC-schools. The weekly schedule for the primary school children is a combination of all three types of physical activities including health and nutrition education. PE lessons at school and PA courses of the sport clubs differ in the days (MON, WED, FRI - PE at school; TUE, THU - PA either at school or at the sport club). The project plan of the EUREGIO project further includes yearly evaluation tests of BMI and a complex physical fitness test which measures age related basic motor development like coordination, strength etc. Reports are given to parents, school teachers and to the individual child in order to evaluate its' physical development in a "healthy developmental zone". Pupils are supported in special tailored courses (e.g. more support for coordination or aerobic endurance) according to their physical fitness and health development (different types of the third PE lesson at school and different course structures of the sport club PA offers). Besides the regular PE teachers and sport coaches external experts (e.g. nutrition) from the public health sector support the HCSC-intervention programme by teaching, advising and guiding their colleagues at school and in sport clubs. External experts are also employed on part time contracts for measurement, evaluation and further education programmes supporting and assisting school teachers and sport club coaches.

The "best practice" experiences in Dutch and German schools/sport clubs of the HCSC-NL/DE project will be transferred/diffused, but carefully compared with already existing "good practice" in health-enhanced PE and PA programmes and respective experiences at schools and sport clubs in the other EU-municipalities of the 6 EU-countries (selected schools and sport clubs) before implementation.

In summary the items of the HCSC-programme coincide with recommendations of the EU-Commission recently published in the "EU-Guidelines of Physical Activities" (EU 2008, see Guidelines No. 9–13, 21–24 and 26,27 and 38⁴).

Organisation / implementation: (in particular, mention the qualifications and skills for the project / action of the staff who will be assigned to it especially in terms of project management, and the involvement of any third parties as set out at 2.3.2)

The applicant body (German Sport Youth) and all "partner organizations" build a network to diffuse, implement and evaluate the HCSC-EU project. The steering body of the complex HCSC-EU project will be the applicant (German Sport Youth) with their different "partner organizations" in the EU-countries. "Partner organizations" of the applicant are sport/youth sport organizations in selected EU-countries

(e.g. Youth Sport Trust in the United Kingdom; CSTV in the Czech Republic, NISB in the Netherlands), their European umbrella organization, ENGSO Youth, as well as a regional sport network in Germany (European Academy of Sport, Velen) with its regional sport organization partner networks in Belgium (German–speaking Community in East Belgium) Poland (Wojewodschaft Drzonkow) and Sweden (Skanneidrotten) which are all together regional stakeholders of civil youth sport programmes. However, "partner organizations" of the applicant and its youth sport partner organisations abroad are also university based research units which are experienced in health and youth sport implementation and evaluation studies in the respective EU-countries of the participating sport/youth sport organization (e.g. Germany: Willibald Gebhardt Research Institute at the University of Duisburg/Essen; Czech Republic:

Charles University of Prague; Netherlands: Dutch Institute of Movement and Sport (NISB), Poland: E. Piasecki University School of Physical Education, Poznan). Most of these academic partners have already developed formal ties with national/regional youth sport organizations in their countries like the Youth Sport Trust in the UK and the Willibald Gebhardt Research Institute in Germany. In addition, both institutions and some other of these university-based institutes have already become partners under the EU umbrella roof of ENGSO Youth.

⁴ EU Physical Activity Guidelines.2008. Recommended Policy Actions in Support of Health-Enhancing Physical Acitivity. Brussels: European Commission

The applicant and its three kinds of "partner organizations" (national sport organizations, regional sport organization networks and academic institutes) in each country will become responsible to transfer/diffuse, to implement and to evaluate the HCSC-programme into selected municipalities of these countries, assisted locally by "third parties".

In each participating EU-country either the national/regional sport/youth sport organization networks or the academic partner organizations (university based institutes) will build a national "back office" for the HCSC-EU project. As much as possible both "second organizations" in each country should build the "back office" as partners. To increase these partnerships is also a task of the project in stage 1. The "back office" will serve for the network of the municipality (front office) as well as for their local based schools, sport clubs and public health offices ("third parties"). In the project a max. of 9 "second organizations" will be involved.

"Third parties" are local stakeholders in a municipality which represent local actors in education, health, and sport. Each municipality will build a local multi-actor-network (front office) between education, health, and sport units ("round table") in order to implement the proven HCSC-NL/DE programme and best practice experiences into another municipality of another EU-country (BEL,CZE,ITA,POL, SWE,UK), into another province/state in the Netherlands/ Germany (schools and sport clubs) and into another sport organization network.

An extended network between all EU-based "partner organizations" organized and managed with support of ENGSO Youth, existing regional sport networks and cross-municipality exchange of experiences about the HCSC-programme will be a side effect of the project to raise more EU-based citizenships for public health networks in the civil sector, particularly for local, regional and national sport organizations in the EU.

On each level of diffusion and implementation of the project academic trained individuals in PE, health promotion, youth sport affairs and sport management will serve. Individuals of "second organizations" which represent academic institutes in the country of the HCSC-EU project need a full academic degree in a relevant subject of sport science, sport medicine or public health (PhD.) Individuals of "second organizations" who represent national/regional youth sport organizations and respective regional networks must proof their expertise by extended vocational training and management experiences in promoting and diffusing youth sport programmes in their countries successfully. Individuals of "third parties" who teach and coach primary school children in the project need either a degree as a PE teacher or a certified license as a youth sport coach. (For further information, please see the CVs of the different partners).

Arrangements for evaluation / supervision during the operation:

An evaluation report will be provided for each level of the project (steering group, back offices, front offices/ third parties). Some arrangements for evaluation will also be diffused from the HCSC-NL/DE project. Supervision will be conducted by the steering committee for the different national "back offices", and the national "back offices" will supervise their "front offices/third parties" of the municipalities. In addition, the steering committee will do fact-finding- visits to municipalities to supervise implementation and evaluation activities.

Furthermore, the steering committee and the "back offices" will provide two manuals: one manual for monitoring the implementation process of the HCSC-programme at schools and sport clubs; a second manual for evaluation measurements of an active lifestyle of primary school children.

Expected results and their use: (as far as possible, the results must be measurable on the basis of criteria laid down for that purpose)

Expected results are:

- 1. Extension of curricular PE and extra-curricular PA units from 2 or 3 weekly units of at least 45 minutes up to 5 units per week for selected classes of primary school children.
- 2. Implementation/ extension of health-enhanced teaching and coaching programmes for PE and PA/sport units at selected schools and sport clubs.
- 3. Implementation of physical co-curricular activities before and after school lessons and between school lessons (e.g. movement breaks," walking bus").
- 4. Implementation of relevant health and nutrition aspects into the school curriculum.
- 5. Further education units for teachers and coaches to measure BMI, weekly physical activity index and basic motor development.
- 6. Monitoring BMI, weekly physical activity index and basic motor development two times in selected schools or sport clubs (at the beginning of the school year 2010/11 and after 6 months of health enhanced teaching and coaching in selected primary schools or sport clubs, spring 2011).

The results and experiences (good ones and bad ones) are used to develop specially tailored healthenhanced multi-actor-programmes for the partnership of schools and sport clubs on community level in each of the participating EU-municipalities for region/nation-wide daily physical activity programmes.

Applicant's operational capability (and, if appropriate, that of any third parties or subcontractors involved) to complete the proposed project / action (in particular in the light of skills and qualifications in the relevant field):

Financial viability of the applicant and of any third parties involved throughout the period during which the planned action or work programme is to be carried out.

This section (not apllicable if the beneficiary is a public-sector body) must show that the applicant has stable and sufficient sources of funding to continue operating throughout the period during which the action is being carried out or the year for which the grant is awarded and to participate in its funding. As a child and youth services organisation according to the Child and Youth Services Act of German Federal Law, the German Sports Youth does neither earn gaining nor make losing.

For 2006 the budget of the German Sports Youth had a total volume of € 6.502.937,64. In 2007 the budget had a volume of € 7.395.880,44.

The budget for 2008 is not yet approved by the Youth Steering Committee of the German Sports Youth. According to the statute of the German Sports Youth this will take place the 24th of October 2009.

The total number of staff of the German Olympic Sports Confederation is 178. The German Sports Youth as part of the German Olympic Sports Confederation has a permanent staff of 30 people.

In this context the following indicators must be given (for the last two financial years for which the accounts have been closed) in euros:

For these indicators pls.check the brochure "Vorlagen zur Tagesordnung / Finanzen" green and yellow pages of the applicant.

	Accounts N	Accounts N-1
Turnover or equivalent:		
Net earnings or equivalent:		
Total balance sheet or budget:		
Shareholders' equity or equivalent:		
Medium and long-term debt:		
Short-term debt (< 1 year):		
Permanent staff (number of posts):		
Any guarantees granted by third parties:		
Any other factors demonstrating financial via	bility:	
Any risks or uncertainties about impleme	ntation:	

2.2 Duration and summary timetable for carrying out the project / action

2.2.1 The period during which an action or work programme is carried out determines the period of eligibility of the corresponding costs.

Applicants are informed that, under the financial legislation applicable to the general budget of the European Communities, no grant may be awarded retrospectively for actions already completed, and that in the exceptional cases accepted by the Commission where applicants can demonstrate the need to start the action or work programme before the agreement is signed, expenditure eligible for financing may not have been incurred before the grant application was lodged or before the start of the beneficiary's budgetary year in the case of an operating grant.

Applicants are here requested to indicate and justify:

the planned dates for starting and completing the action.

The actions will start on January, 1st 2010 and will be completed as a part of the preparatory stage of the HCSC-EU implementation project on March 31st, 2011 (stage 1 to stage 3). After these preparatory stages the project should continue, according to the 4 years intervention design of the HCSC-NL/DE study. There will be also some communication and common

work by

the partners of the steering group prior to the start of January 1st (stage 0).

• the timetable for carrying out each stage of the action showing the main key dates and the objectives/expected results for each stage:

The actions of the project are divided into 3 stages. Stage 1 is dated from January 1st to June 30th (end of school year and/or regular summer programmes of youth sport activities); stage 2 is dated from July 1st up to January 31st 2011; stage 3 will start on February 1st and will be completed on March 31st.

Stage 1 - January to June 2010

Stage 1 is dedicated to the diffusion of the HCSC-NL/De- project programme to all second organizations (back offices) of the project (stage 1.1. January to March 2010) and the establishment of the local multi-actor-networks in the municipalities (front offices, third parties) including preparatory work for the implementation of the HCSC-programme at selected schools and sport clubs (stage 1.2. March to June 2010).

Stage 1.1 will start in January 2010 with a conference (workshop) prepared by the steering group at the facilities of the applicant at the city of Frankfurt/Germany (foundation of the steering group and the national "back offices", diffusion of the programme). All second organizations of the participating EU-countries will be present and report on special needs which will be addressed for the diffusion process, organization and implementation of the HCSC programme into a municipality of their country. After the workshop information packages will be provided by partner organizations in their national languages for third parties in their municipalities, if written English, Dutch and German sources are insufficient.

Stage 1.2 will start with the management of ENGSO Youth in collaboration with their national youth sport partners and its academic counterparts in the participating EU-countries to diffuse the HCSC-EU project programme to their national third parties (municipality representatives, school principles, and sport club representatives) from March 2010 onwards (foundation of the "front offices"). Workshops will be organized in each of the participating EU-countries, based at the municipalities which have been selected for implementation of the HCSC-programme. Members of the steering group will participate in the local diffusion process. If further education units are necessary or requested for health-enhanced PE and PA by front offices, school and/or club based information, instruction and further education meetings for PE teachers and sport coaches will be organized in the local community between April and June 2010.

Stage 2 – July 2010 to January 2011

Stage 2 will have two parts, which are dedicated to further diffusion of the HCSC concept in each participating country (stage 2.1) and implementation and evaluation of the HCSC programme into at least one national municipality in each participating country (local schools and sport clubs) (stage 2.2). Both sub-stages will take place (parallel) in the same period of time (July 2010 to January 2011).

Stage 2.1 is dedicated to the "second organizations" (back office) to further diffuse the HCSC concept within the structure of their sport organizations/networks and to identify more municipalities which will set up multi-actor-networks as "front offices" for future implementation of the HCSC-programme.

Stage 2.2 is dedicated to the implementation and evaluation process of the commonly prepared and agreed HCSC intervention programme by the "front office" in each participating municipality with support of the "back office".

In stage 2.2 the HCSC programme (see paragraph 2.1 of the application form "detailed description", "organization/ implementation" and "arrangements of evaluation") will be implemented by the front office of at least one municipality in each country in cooperation with at least two local schools and sport clubs in partnership with and support of the partners of the "back office" who assist for implementation and serve for evaluation of the local projects.

After the summer break (school holidays) the implementation of the HCSC programme starts at the local schools for 5 months (20 weeks) of intervention with a health-enhanced PE curriculum and a healthenhanced sport club programme according to the "detailed description" PΑ "organisation/implementation" in paragraph 2.1. of the application form. At the start (T 1) and at the end of this stage (T 2) the BMI, the weekly physical activity index and a complex physical fitness and motor test will be conducted by the national partner organizations (back office) in cooperation with the "front office" and the PE teachers and sport coaches of the local schools and sport clubs.

Stage 3 – February to March 2011

Stage 3 is dedicated to data analysis of the test items, feed back and evaluation reports of the applicant and its partner organizations for the local stakeholders (front offices) as well as for the EU-Sport Unit in Brussels (final report). In March 2011 a final conference (workshop at Brussels) for all partner organizations and stakeholders of the local multi-actor-networks will be organized by ENGSO Youth with support of the applicant and the Willibald Gebhardt Research Institute to document and to discuss the outcome of the project (summary of the final report) and to address further items to improve multi-actor-networks in the municipalities and to enhance an active lifestyle for children and youth.

However, this workshop serves not only as the "final" of the HCSC-EU project. The intention is to diffuse the evaluated outcome and experiences of this "preparatory work project" (1.1.2010 to 31.3.2011) to more EU-municipalities of the participating EU-countries as well as to address further diffusion and implementation of the HCSC concept into more than the 6 EU-countries

2.3 Involvement of third parties in the project/ action

Contracts for implementing the action

Reasons must be given for contracting out implementation work.

Contracts must be awarded to the tender offering best value for money, that is to say, to the tender offering the best price-quality ratio, care being taken to avoid any conflict of interest. Any special rules in this connection contained in the call for proposals or any other document governing the grants concerned must be complied with.

The information below must be given for each contract covering a heading or sub-heading of the costs of the action or work programme concerned:

(add further sheets if necessary)

"Third parties" represent local stakeholders in a municipality which represent local actors in education, health, and sport. Each municipality which participates in the HCSC-EU project will build a local multi-actor-network (front office) between education, health, and sport units ("round table") in order to implement the proven HCSC-NL/DE programmes and best practice experiences.

Tasks involved:

Third parties are **involved in tasks** to build a "front office" in a participating municipality and are obliged to participate in meetings of the round table of the local stakeholders. Furthermore teachers and coaches will have to conduct PE/PA programmes for about 20 weeks in stage 2. There also might be a work load for local PE teachers and youth sport coaches when attending "further education courses" (in stage 1.2), to address and to conduct later health-related PE /PA programmes in stage 2 of the project.

Reasons for contracting out implementation work:

Reasons for contracting in are:

Any implementation process of a health-enhanced programme for primary school children with a multiactor-approach on community level needs local "third parties" as partners, particularly from schools and sport clubs. Therefore, the reason is **not** "**contracting out**" **but** "**contracting in**" **tasks and implementation work of local partners** viewed from a European (ENGSO youth) and national level of sport/youth sport organizations (e.g. German Sport Youth, CSTV, UK Youth Sport Trust a.o.). No European, national or regional based health enhanced PE/PA project for children will be successful "in reality", (not only on "paper") for some reasons, if local community based stakeholders of the education, health and sport system are not involved into the implementation process. There exist some surveys and evaluation studies which do recommend that criteria (see WHO, EU-documents).

• Selection procedure:

The **selection procedure** will be done by "second organizations" in each country (proposal of the back office) in collaboration with the applicant and members of the steering group. The sport/youth sport organization in each country will identify and propose by their expertise local sport clubs of reputation for youth sport programmes (third parties) with qualified personnel to conduct the HCSC programme in a selected municipality. The academic based research institutes will also identify and propose by their expertise local schools for their reputation of PE lessons (third parties) where former PE students of the institution (Alumni) are employed as a teacher (e.g. in the same municipality-Loughborough, Poznan). Both "second organizations" will bring together the local "third parties" for a partnership (if not already established) after common negotiations.

Appendix B

- B. DATA of t1 and t2 (Motor Ability and BMI)
- B.1 Socio-demographic data of the pupils
- B.2 EU-based criteria for assessment of the evaluation data (test items)
- B.3 RESULTS: BMI Development
 - B.3.1 Common European results of measuring times t1 and t2
 - B.3.2 Results separated for countries
 - B.3.3 Results separated for age
 - B.3.4 Results separated for gender
 - B.3.5 Results BMI Development sub-sample p90+
- B.4 RESULTS: Physical fitness and motor development
 - B.4.1 Common European results of measuring times t1 and t2
 - B.4.2 Results separated for countries
 - B.4.3 Results separated in different age groups
 - B.4.4 Results separated for gender
 - B.4.5 Results PA of sub-sample p90+
- B.5 Parents' Questionnaire
 - B.5.1 Socio-demographic data of parents
 - B.5.2 Criteria, factors and clusters of the questionnaire

- B.5.3 RESULTS: Parents' assessment of their children's lifestyle factors (Physical Activity, media consume and nutrition behavior)
- B.5.4 RESULTS: Parents' self-reported attitudes to their own lifestyle factors (Physical Activity, media consume and nutrition behavior)
- B.6. BMI Results for pupils and parents compared to parents' assessment of pupils lifestyle factors and their personal attitude towards their lifestyle factors.

B. DATA of t1 and t2 (Motor Ability and BMI)

B.1 Socio-demographic data of the pupils

National samples

Tab. 1: Participants from different countries.

Country	Participants	Percent
Czech Republic	114	13,4
Germany	122	14,3
Italy	98	11,5
Netherlands	92	10,8
Poland	118	13,8
United Kingdom	308	36,2
Tot.	852	100,0

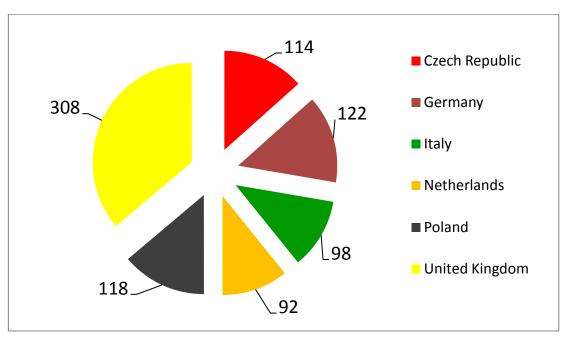


Fig. 1: Participants from different countries.

Tab. 2: Participants from different countries and communities.

School	Community	Country	n	Percent
Hostynska	Prague	Czech Republic	48	5,6
Vrchlabi	Vrchlabi	Czech Republic	66	7,7
Convitto	Rome	Italy	51	6,0
Pistelli/Emnegildo	Rome	Italy	47	5,5
Johns	Manchester	United Kingdom	114	13,4
Carlton	Nottingham	United Kingdom	88	10,3
Foxdell	Luton	United Kingdom	106	12,4
Eversburg	Osnabrück	Germany	17	2,0
Heiligenweg	Osnabrück	Germany	13	1,5
lburg	Osnabrück	Germany	25	2,9
Stüveschule	Osnabrück	Germany	17	2,0
HHS	Darmstadt	Germany	30	3,5
Schillerschule	Darmstadt	Germany	20	2,3
AnniMG	Arnheim	Netherlands	20	2,3
Drees	Arnheim	Netherlands	19	2,2
Kennedy	Arnheim	Netherlands	26	3,1
Lourde	Arnheim	Netherlands	27	3,2
Wielkopolska	Poszan	Poland	118	13,8
Tot.			852	100,0

Age

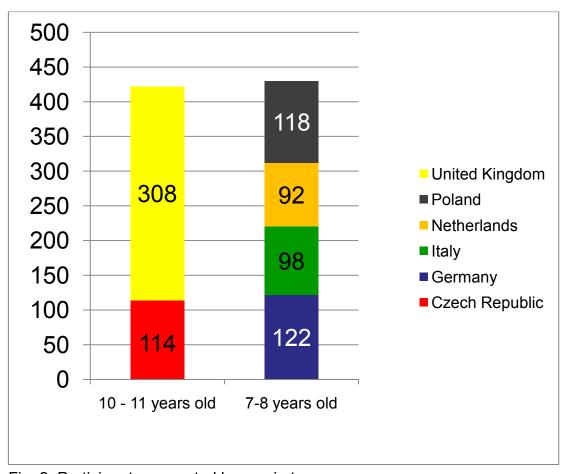


Fig. 2: Participants separated by age in two groups.

Tab. 3: Participants from different countries separated by age.

	Age	Participants	Percent
Italy	7-8	98	22,8
Netherlands	7-8	92	21,4
Poland	7-8	118	27,4
Germany	7-8	122	28,4
Tot.	7-8	430	100,0
Czech	10-11	114	27,0
Republic			
United	10-11	308	73,0
Kingdom			
Tot.	10-11	422	100,0

Tab. 4: Common information about participants from different countries.

Country		Height in cm	Weight in kg	Age_t1
Germany	Mean	130,1198	29,2361	7,9102
	N	121	121	120
	SD	13,42103	9,21889	1,48818
Italy	Mean	130,3367	30,6531	8,1915
	N	98	98	98
	SD	5,75253	6,84452	,30867
Netherlands	Mean	124,8956	25,2900	6,5984
	N	90	90	92
	SD	5,89269	6,23272	,41683
Poland	Mean	129,3941	29,3805	8,0276
	N	118	118	118
	SD	7,98793	7,14811	,97888
Czech	Mean	149,2196	40,2589	11,2474
Republic	N	107	107	112
	SD	7,00309	8,20220	,71488
United	Mean	142,9153	37,6375	9,9264
Kingdom	N	200	194	307
	SD	7,39672	8,50193	,80790

Gender

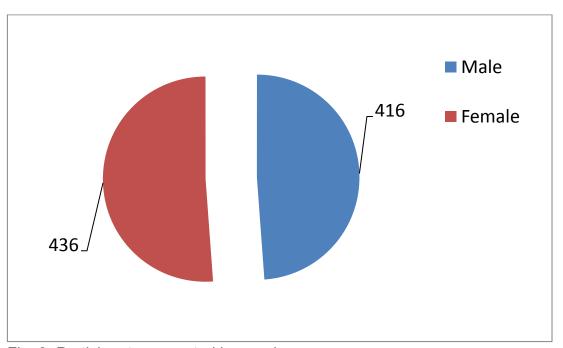


Fig. 3: Participants separated by gender.

Sample: Working and control Group

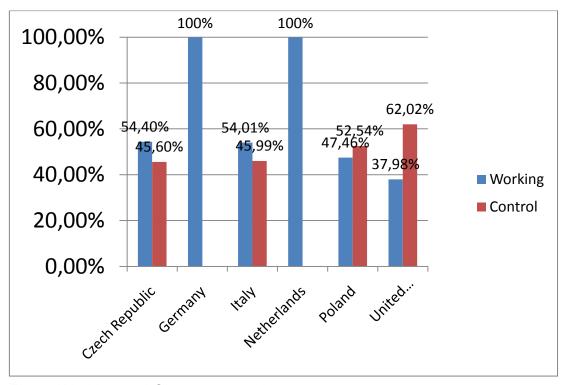


Fig. 4: Working and Control groups in percent per country.

Tab. 5: Participants of working and control group by number.

	Working	Control			
Czech Republic	62	52			
Germany	122	0			
Italy	53	45			
Netherlands	92	0			
Poland	56	62			
United Kingdom	177	131			
Tot.	562	290			

In Germany and the Netherlands no control groups were included.

Sub-sample: Children with overweight (p90+)

Tab. 6: Sub-sample of children with overweight.

		BMI percentiles t1: Sub-sample of 115 children with overweight							
	<p3< th=""><th>P3-<p10< th=""><th>P10-<p25< th=""><th>P25-<p50< th=""><th>P50-<p75< th=""><th>P75-<p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<></th></p75<></th></p50<></th></p25<></th></p10<></th></p3<>	P3- <p10< th=""><th>P10-<p25< th=""><th>P25-<p50< th=""><th>P50-<p75< th=""><th>P75-<p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<></th></p75<></th></p50<></th></p25<></th></p10<>	P10- <p25< th=""><th>P25-<p50< th=""><th>P50-<p75< th=""><th>P75-<p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<></th></p75<></th></p50<></th></p25<>	P25- <p50< th=""><th>P50-<p75< th=""><th>P75-<p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<></th></p75<></th></p50<>	P50- <p75< th=""><th>P75-<p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<></th></p75<>	P75- <p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<>	P90- <p97< th=""><th>>=P97</th></p97<>	>=P97	
Czech Republic	6	8	17	22	26	16	6	5	
Germany	0	5	14	26	20	13	12	6	
Italy	1	4	8	15	21	19	17	9	
Netherlands	2	1	6	8	8	7	5	4	
Poland	0	2	14	28	32	22	8	10	
United Kingdom	1	7	23	51	43	28	22	11	
Tot.	10	27	82	150	150	105	<u>70</u>	<u>45</u>	
							Sub-samp	le = 115	

B.2 EU-based criteria for assessment of the evaluation data (test items)

For BMI norm data of WHO (2007) was used to make reference data which are independent from age and gender.

The definitions are:

1 = heavy underweight

2 = overweight

3 = normal weight

4 = overweight

5 = obesity

BMI-Tab.

Tab. 7: BMI Male

Male	1	2	3	4	5
6/7	< 13,0	< 13,6	13,7 - 19,1	> 19,2	> 21,1
8	< 12,5	< 14,2	14,3 - 19,2	> 19,3	> 22,6
9	< 12,8	< 13,7	13,8 - 19,3	> 19,4	> 21,6
10	< 13,9	< 14,6	14,7 - 21,3	> 21,4	> 25,0
11	< 14,0	< 14,3	14,4 - 21,1	> 21,2	> 23,0
12	< 14,6	< 14,8	14,9 - 21,9	> 22,0	> 24,8
13	< 15,6	< 16,2	16,3 - 21,6	> 21,7	> 24,5

Tab. 8: BMI Female

Female	1	2	3	4	5
6/7	< 12,2	< 13,3	13,4 - 17,9	> 18,0	> 23,1
8	< 12,2	< 13,2	13,3 - 18,7	> 18,8	> 22,3
9	< 13,0	< 13,7	13,8 - 19,7	> 19,8	> 23,4
10	< 13,4	< 14,2	14,3 - 20,6	> 20,7	> 23,4
11	< 13,8	< 14,7	14,8 - 20,7	> 20,8	> 22,9
12	< 14,8	< 15,0	15,1 - 21,4	> 21,5	> 23,4
13	< 15,2	< 15,6	15,7 - 21,9	> 22,0	> 24,4

Tab. 9: Percentiles for male children by Kromeyer-Hauschild

Age	Р3	P10	P25	P50	P75	P90	P97
6	13,18	13,79	14,51	15,45	16,59	17,86	19,44
6,5	13,19	13,82	14,56	15,53	16,73	18,07	19,76
7	13,23	13,88	14,64	15,66	16,92	18,34	20,15
7,5	13,29	13,96	14,76	15,82	17,14	18,65	20,6
8	13,37	14,07	14,9	16,01	17,4	19,01	21,11
8,5	13,46	14,18	15,05	16,21	17,68	19,38	21,64
9	13,56	14,31	15,21	16,42	17,97	19,78	22,21
9,5	13,67	14,45	15,38	16,65	18,27	20,19	22,78
10	13,8	14,6	15,57	16,89	18,58	20,6	23,35
10,5	13,94	14,78	15,78	17,14	18,91	21,02	23,91
11	14,11	14,97	16	17,41	19,24	21,43	24,45
11,5	14,3	15,18	16,24	17,7	19,58	21,84	24,96
12	14,5	15,41	16,5	17,99	19,93	22,25	25,44
12,5	14,73	15,66	16,77	18,3	20,27	22,64	25,88

Tab. 10: Percentiles for female children by Kromeyer-Hauschild

Age	Р3	P10	P25	P50	P75	P90	P97
6	12,92	13,59	14,37	15,39	16,63	17,99	19,67
6,5	12,93	13,62	14,42	15,48	16,77	18,21	20,01
7	12,98	13,69	14,52	15,62	16,98	18,51	20,44
7,5	13,06	13,8	14,66	15,81	17,24	18,86	20,93
8	13,16	13,92	14,82	16,03	17,53	19,25	21,47
8,5	13,27	14,06	15	16,25	17,83	19,65	22,01
9	13,38	14,19	15,17	16,48	18,13	20,04	22,54
9,5	13,48	14,33	15,34	16,7	18,42	20,42	23,04
10	13,61	14,48	15,53	16,94	18,72	20,8	23,54
10,5	13,76	14,66	15,74	17,2	19,05	21,2	24,03
11	13,95	14,88	15,99	17,5	19,4	21,61	24,51
11,5	14,18	15,14	16,28	17,83	19,78	22,04	25
12	14,45	15,43	16,6	18,19	20,18	22,48	25,47
12,5	14,74	15,75	16,95	18,56	20,58	22,91	25,92

Categorization of Motor Activity Items

International Reference data for SIT UPS, STANDING BROAD JUMP, 20-METER-RUN and 6-MINUTES-RUN are taken out of the studies by Beck & Bös, 1995.

6min - Run (n = 5.993)

Tab. 11: reference norms for male

6-min	(m) in laps	(each lap = 18m)			
Age	1	2	3	4	5
6	<12,5	12,5-14,5	15-16,5	17-19	>19
7	<12,5	12,5-15	15,5-17	17,5-19	>19
8	<14	14-16,5	17-18,5	19-21	>21
9	<14	14-16,5	17-19	19,5-21	>21
10	<15	15-18	18,5-20,5	21-23	>23
11	<16,5	16,5-18,5	19-21	21,5-23,5	>23,5
12	<17,5	17,5-20	20,5-22,5	23-25	>25

Tab. 12: reference norms for female

6-min (f) in laps (each lap = 18m)					
Age	1	2	3	4	5
6	<11	11-13,5	14-16	16,5-18,5	>18,5
7	<12	12-13,5	14-16	16,5-18	>18
8	<13,5	13,5-15,5	16-17,5	18-19,5	>19,5
9	<13,5	13,5-15,5	16-17,5	18-20	>20
10	<14,5	14,5-16,5	17-18,5	19-20,5	>20,5
11	<15,5	15,5-17	17,5-19,5	20-21,5	>21,5
12	<17	17-18,5	19-20,5	21-22,5	>22,5

SIT UPS (n = 61.226)

Tab. 13: reference norms for male

sit ups (m)					
Age	1	2	3	4	5
6	<7	7-9	10-13	14-16	>16
7	<8	8-11	12-15	16-20	>20
8	<9	9-12	13-15	16-18	>18
9	<11	11-15	16-19	20-23	>23
10	<12	12-15	16-19	20-23	>23
11	<14	14-17	18-21	22-26	>26
12	<16	16-19	20-23	24-27	>27

Tab. 14: reference norms for female

sit ups (f)					
Age	1	2	3	4	5
6	<6	6-9	10-12	13-15	>15
7	<8	8-11	12-15	16-20	>20
8	<15	15-17	18-20	21-22	>22
9	<11	11-14	15-18	19-23	>23
10	<10	10-13	14-17	18-21	>21
11	<12	12-15	16-19	20-23	>23
12	<14	14-17	18-21	22-24	>24

STANDING BROAD JUMP (n = 55.676)

Tab. 15: reference norms for male

Standing Broad Jump (m)					
Age	1	2	3	4	5
6	<82	82-98	99-116	117-133	>133
7	<86	86-104	105-123	124-141	>141
8	<95	95-114	115-134	135-154	>154
9	<104	104-122	123-142	143-161	>161
10	<119	119-138	139-157	158-177	>177
11	<131	131-149	150-167	168-186	>186
12	<136	136-155	156-175	176-195	>195

Tab. 16: reference norms for female

Standing Broad Jump (f)					
Age	1	2	3	4	5
6	<75	75-98	99-108	109-125	>125
7	<85	85-100	101-117	118-133	>133
8	<92	92-109	110-128	129-146	>146
9	<77	77-110	111-144	145-178	>178
10	<118	118-134	135-152	153-169	>169
11	<129	129-144	145-160	161-176	>176
12	<132	132-150	151-168	169-187	>187

20m-RUN (n = 3.153)

Tab. 17: reference norms for male

20m (m)							
Age	1	2	3	4	5		
6	>5,3	5,0-5,3	4,6-4,9	4,2-4,5	<4,2		
7	>5,2	4,8-5,2	4,4-4,7	4,0-4,3	<4,0		
8	>5,1	4,7-5,1	4,2-4,6	3,8-4,1	<3,8		
9	>4,8	4,5-4,8	4,2-4,4	3,8-4,1	<3,8		
10	>4,6	44,-4,6	4,0-4,3	3,7-3,9	<3,7		
11	>4,4	4,3-4,4	4,0-4,2	3,7-3,9	<3,7		
12	>4,3	4,2-4,3	4,0-4,1	3,7-3,9	<3,7		

Tab. 18: reference norms for female

20m (f)					
Age	1	2	3	4	5
6	>5,6	5,2-5,6	4,7-5,1	4,2-4,6	<4,2
7	>5,4	5,0-5,4	4,6-4,9	4,1-4,5	<4,1
8	>5,1	4,8-5,1	4,4-4,7	4,0-4,3	<4,0
9	>5,0	4,7-5,0	4,3-4,6	3,9-4,2	<3,9
10	>4,9	4,6-4,9	4,2-4,5	3,8-4,1	<3,8
11	>4,7	4,4-4,7	4,1-4,3	3,8-4,0	<3,8
12	>4,5	4,3-4,5	4,0-4,2	3,7-3,9	<3,7

SIT AND REACH (n = 6.264)

Tab. 19: reference norms for male

Sit and Reach (m)						
Age	1	2	3	4		5
6	<-3,81	0,943,80	0,95 - 5,68	5,69- 10,42	> 10,42	
7	<-3,81	0,943,80	0,95 - 5,68	5,69 - 10,42	> 10,42	
8	<-6,00	-0,625,99	-0,61 - 4,75	4,76 - 10,13	> 10,13	
9	<-3,96	1,693,95	1,70 - 7,34	7,35 - 12,99	> 12,99	
10	<-4,24	1,524,23	1,53 - 7,28	7,29 - 13,04	> 13,04	
11 and 12	<-5,84	0,315,83	0,32 - 6,45	6,45 - 12,60	> 12,60	

Tab. 20: reference norms for female

Sit and Rea	ach (f)				
Age	1	2	3	4	5
6	<-2,42	2,642,41	2,65 - 7,70	7,71 - 12,77	>12,77
7	<-2,42	2,642,41	2,65 - 7,70	7,71 - 12,77	>12,77
8	<-2,53	2,342,52	2,34 - 7,21	7,21 - 12,09	>12,09
9	<-0,99	4,400,98	4,40 - 9,79	9,79 - 15,19	>15,19
10	<-0,86	4,620,85	4,62 - 10,09	10,09 - 15,56	>15,56
11 and 12	<-1,13	4,741,12	4,74 - 10,60	10,60 - 16,47	>16,47

For all categorizations sample sizes were at least over 6.000 children. Categories are defined as follows:

1 = heavy underperformance

2 = underperformance

3 = average performance

4 = overperformance

5 = heavy overperformance

B.3 RESULTS: BMI development

For the evaluation of BMI development only data of the longitudinal sample of the pupils (t1 to t2) was taken (N=639).

B.3.1 Common European results of measuring times t1 and t2

Tab. 21: Results of BMI percentiles (KRH) for t1 and t2.

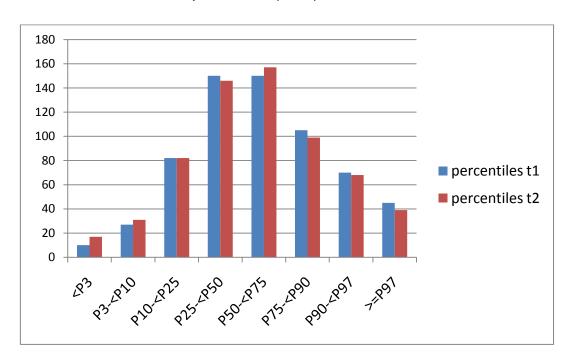


Fig. 5: Percentiles of BMI in t1 and t2

It shows that there are less pupils in p75-p90, p90-p97 and >=p97 in t2 than in t1.

Tab. 22: Results for BMI (WHO).

	Heavy		Normal		Heavy
	Underweight	Underweight	Weight	Overweight	Overweight
BMI (WHO) t1	14	37	498	63	27
BMI (WHO) t2	21	42	478	67	31

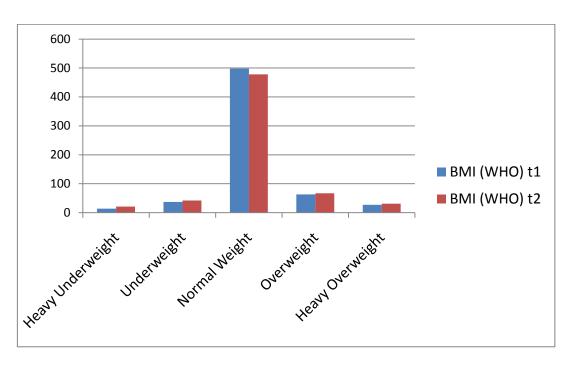


Fig. 6: changes for BMI (WHO).

Tab. 23: Means for percentile and BMI from t1 to t2.

	Percentiles	BMI (WHO)
Mean t1	4,91	3,08
Mean t2	4,81	3,07

Tab. 24: Means in both, Working and Control Group.

	Working Group:	Control Group	Working Group	Control Group
	Percentiles	Percentiles	BMI	BMI
Mean t1	4,98	4,79	3,09	3,06
Mean t2	4,86	4,73	3,09	3,04

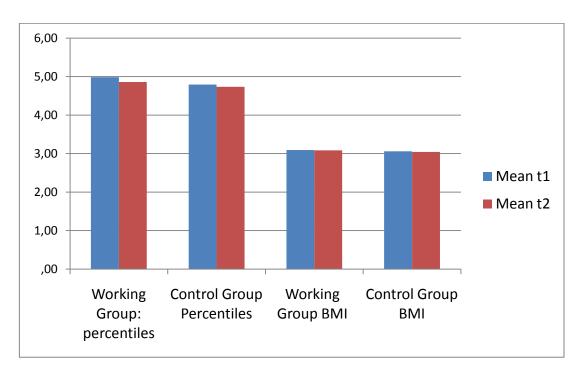


Fig. 7: BMI means measured by percentiles and categories for Working and Control Group.

B.3.2 Results separated for countries

Tab. 25: Percentiles for t1 separated for countries (number of children).

		P3-	P10-	P25-	P50-	P75-	P90-	
	<p3< td=""><td><p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<></td></p3<>	<p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<>	<p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<>	<p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<>	<p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<>	<p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<>	<p97< td=""><td>>=P97</td></p97<>	>=P97
Czech	6	8	17	22	26	16	6	5
Republic								
Germany	0	5	14	26	20	13	12	6
Italy	1	4	8	15	21	19	17	9
Netherlands	2	1	6	8	8	7	5	4
Poland	0	2	14	28	32	22	8	10
United	1	7	23	51	43	28	22	11
Kingdom								

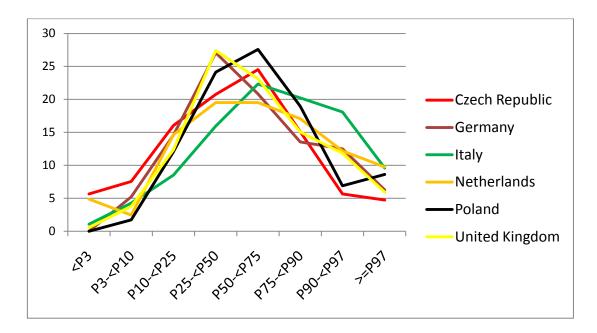


Fig. 8: Percentiles BMI for t1 per country in percent.

Tab. 26: Percentiles for t2 separated for countries (number of children).

			-		•			
		P3-	P10-	P25-	P50-	P75-	P90-	
	<p3< td=""><td><p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<></td></p3<>	<p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<>	<p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<>	<p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<>	<p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<>	<p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<>	<p97< td=""><td>>=P97</td></p97<>	>=P97
Czech	5	11	11	25	25	18	8	3
Republic								
Germany	1	7	20	18	24	8	12	6
Italy	1	7	7	20	23	18	12	6
Netherlands	6	1	6	5	6	10	3	4
Poland	1	1	16	29	31	21	9	8
United Kingdom	3	4	22	49	48	24	24	12

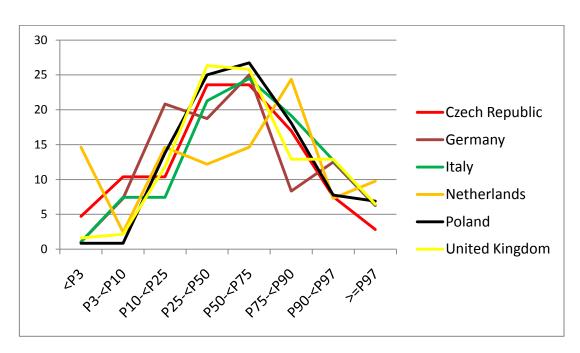


Fig. 9: Percentiles BMI for t2 per country in percent.

Tab. 27: BMI (WHO) per Country for t1.

	Heavy Underweight	Under weight	Normal Weight	Over weight	Obesity
Czech Republic	5	6	80	10	5
Germany	4	7	74	6	5
Italy	1	6	72	12	3
Netherlands	3	6	28	4	0
Poland	0	6	100	6	4
United Kingdom	1	6	144	25	10

Tab. 28: BMI (WHO) per country for t2.

	Heavy		Normal		
	Underweight	Underweight	Weight	Overweight	Obesity
Czech	2	8	78	12	6
Republic					
Germany	5	11	66	8	6
Italy	1	9	74	8	2
Netherlands	7	4	26	4	0
Poland	2	6	95	8	5
United	4	4	139	27	12
Kingdom					

Tab. 29: Means of BMI in both measuring methods.

	BMI (KRH) Percentiles t1	BMI (KRH) Percentiles t2	BMI (WHO) t1	BMI (WHO) t2
Czech Republic	4,42	4,46	3,04	3,11
Germany	4,85	4,66	3,01	2,99
Italy	5,35	5,01	3,11	3,01
Netherlands	4,95	4,61	2,80	2,66
Poland	5,05	4,96	3,07	3,07
United Kingdom	4,91	4,95	3,20	3,21

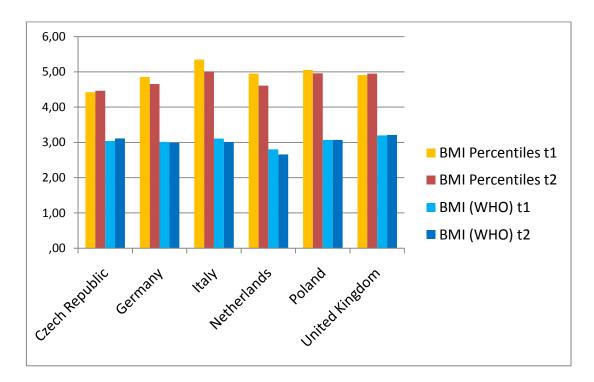


Fig. 10: Results of Tab. 29.

B.3.3 Results separated for age

Sub-sample 7-8 year old boys and girls (N=347; Germany, Italy, Netherlands, Poland)

Tab. 30: KRH-BMI Percentiles for t1 and t2.

		P3-	P10-	P25-	P50-	P75-	P90-	
	<p3< td=""><td><p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<></td></p3<>	<p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<>	<p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<>	<p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<>	<p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<>	<p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<>	<p97< td=""><td>>=P97</td></p97<>	>=P97
percentiles t1	3	12	42	77	81	61	42	29
percentiles t2	9	16	49	72	84	57	36	24

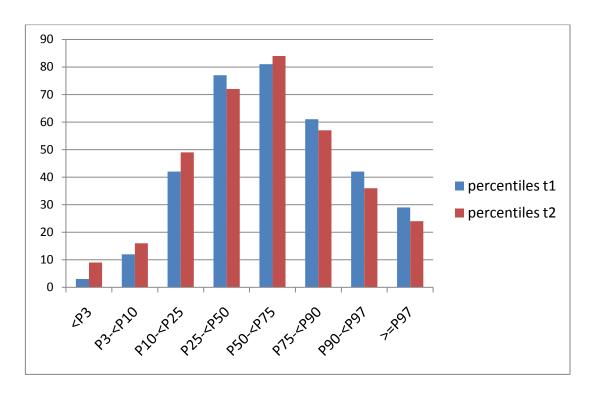


Fig. 11: KRH-BMI Percentiles for t1 and t2.

Tab. 31: BMI (WHO) for t1 and t2.

•	,				
	Heavy		Normal		Heavy
	Underweight	Underweight	Weight	Overweight	Overweight
BMI t1	8	25	274	28	12
BMI t2	15	30	261	28	13

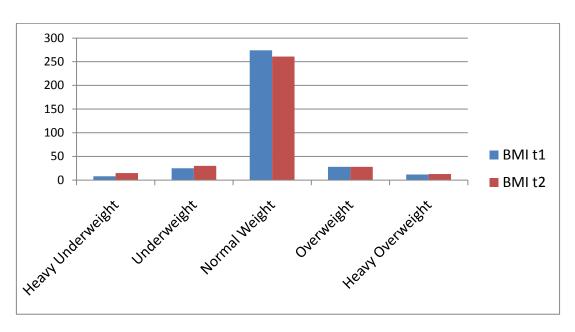


Fig. 12: BMI (WHO) for t1 and t2.

Tab. 32: Means of Percentiles and BMI for t1 and t2.

	Percentiles (KRH)	BMI (WHO)
t1	5,07	3,03
t2	4,85	2,98

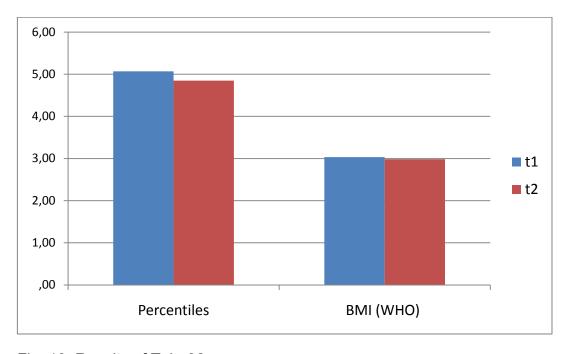


Fig. 13: Results of Tab. 32.

Tab. 33: Mean results for Working and Control Group at t1 and t2.

	Working Group: Percentiles	Control Group Percentiles	Working Group BMI	Control Group BMI
Mean t1	5,05	5,09	3,02	3,06
Mean t2	4,80	4,96	2,97	3,02

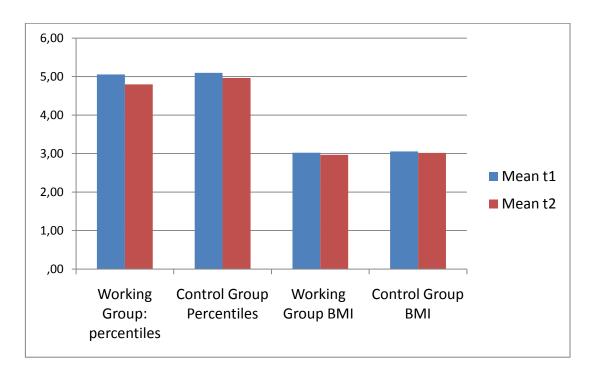


Fig. 14: Results of Tab. 33.

Sub-sample 10-11 year old boys and girls

In this sub-sample results of children from Czech-Republic and United Kingdom are included (N = 292).

Tab. 34: Percentiles for sub-sample for t1 and t2.

		P3-	P10-	P25-	P50-	P75-	P90-	
	<p3< td=""><td><p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<></td></p3<>	<p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<>	<p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<>	<p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<>	<p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<>	<p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<>	<p97< td=""><td>>=P97</td></p97<>	>=P97
Percentiles t1	7	15	40	73	69	44	28	16
Percentiles t2	8	15	33	74	73	42	32	15

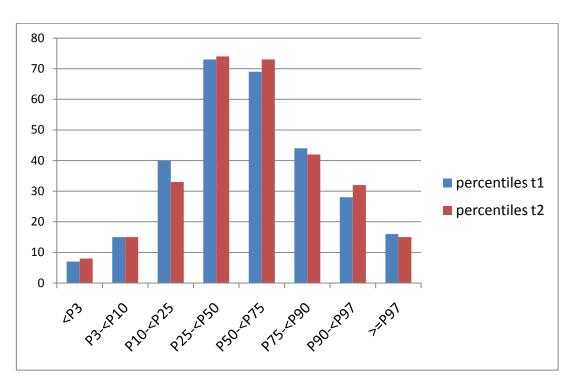


Fig. 15: Percentiles of t1 and t2.

Tab. 35: BMI (WHO) for t1 and t2

	Heavy		Normal		
	Underweight	Underweight	Weight	Overweight	Obesity
BMI (WHO) t1	6	12	224	35	15
BMI (WHO) t2	6	12	217	39	18

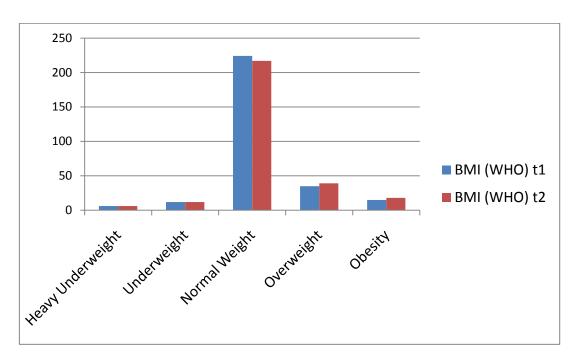


Fig. 16: Results of Tab. 35.

Tab. 36: Means for Percentiles and BMI (WHO) at t1 and t2.

	Percentiles (KRH)	BMI (WHO)
t1	4,73	3,14
t2	4,77	3,17

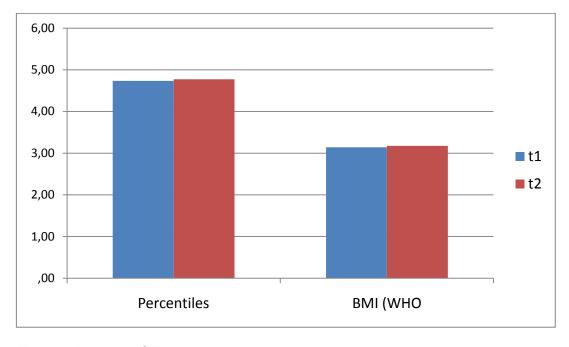


Fig. 17: Results of Tab. 36.

Tab. 37: Means separated for Working and Control Group

	Working Group:		Working Group	Control Group
	Percentiles	Percentiles	BMI	BMI
Mean t1	4,88	4,53	3,20	3,06
Mean t2	4,95	4,54	3,26	3,06

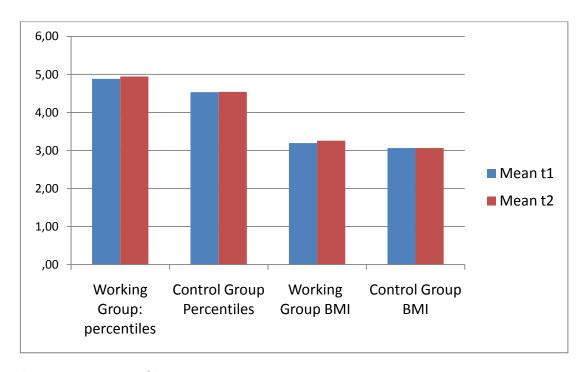


Fig. 18: Results of Tab. 37.

B.3.4 Results separated for gender

Sample size was 639 boys and girls. There were Nm = 331 male children and Nf = 308 female children.

Tab. 38: Results of t1 and t2 for BMI Percentiles (KRH) separated by gender.

		P3-	P10-	P25-	P50-	P75-	P90-	
	<p3< td=""><td><p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<></td></p3<>	<p10< td=""><td><p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<></td></p10<>	<p25< td=""><td><p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<></td></p25<>	<p50< td=""><td><p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<></td></p50<>	<p75< td=""><td><p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<></td></p75<>	<p90< td=""><td><p97< td=""><td>>=P97</td></p97<></td></p90<>	<p97< td=""><td>>=P97</td></p97<>	>=P97
male t1	6	12	43	66	89	53	36	26
male t2	9	13	39	75	83	54	36	22
female t1	4	15	39	84	61	52	34	19
female t2	8	18	43	71	74	45	32	17

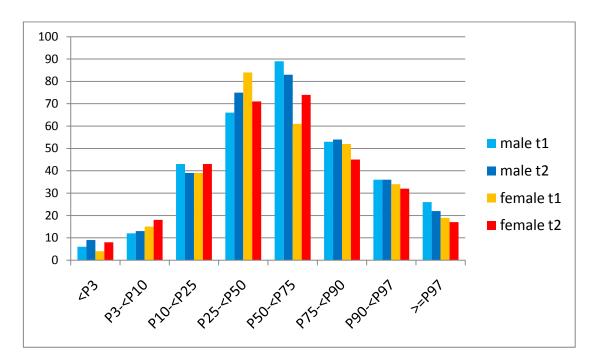


Fig. 19: Number of male and female children at t1 and t2 in the p90-97 and >=p97 Percentiles.

Tab. 39: Results for BMI (WHO).

	Heavy		Normal		Heavy
	Underweight	Underweight	Weight	Overweight	Overweight
male t1	10	18	261	30	12
male t2	14	22	251	30	14
female t1	4	19	237	33	15
female t2	7	20	227	37	17

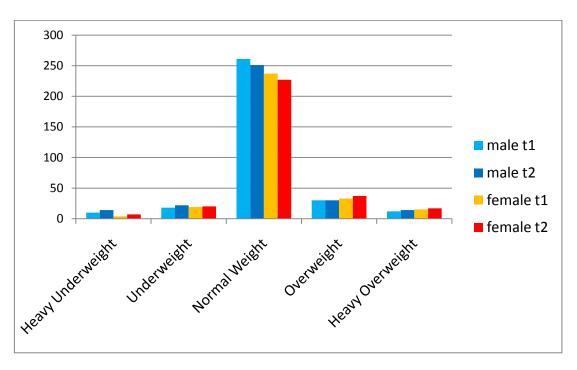


Fig. 20: Results of Tab. 39.

Tab. 40: Mean results of male and female percentiles (KRH) and BMI (WHO).

	male Percentiles	female Percentiles	male BMI (WHO)	female BMI (WHO
t1	4,97	4,85	3,05	3,12
t2	4,89	4,73	3,02	3,12

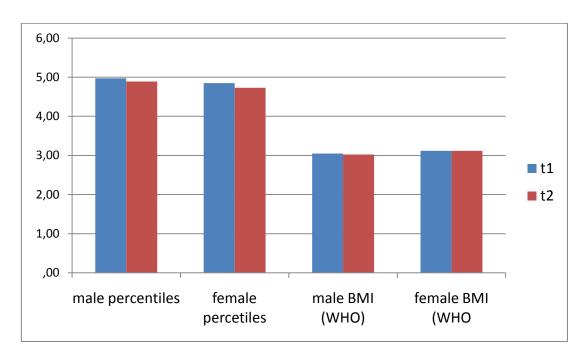


Fig. 21: Results of Tab. 40.

B.3.5 Results BMI Development subsample p90+

Tab. 41: Percentiles (KRH) and BMI (WHO) for sub-sample p90+ at t1 and t2.

	Percentiles	BMI (WHO)
t1	7,39	3,93
t2	7,11	3,94

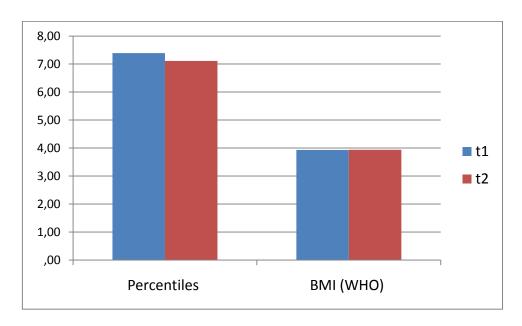


Fig. 22: Results of Tab. 41.

Tab. 42: Overweight and obesity Percentiles at t1 and t2.

	P50- <p75< th=""><th>P75-<p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<></th></p75<>	P75- <p90< th=""><th>P90-<p97< th=""><th>>=P97</th></p97<></th></p90<>	P90- <p97< th=""><th>>=P97</th></p97<>	>=P97
t1	0	0	70	45
t2	1	24	51	39

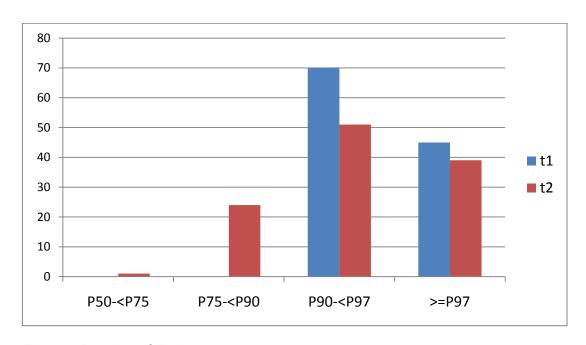


Fig. 23: Results of Tab. 42.

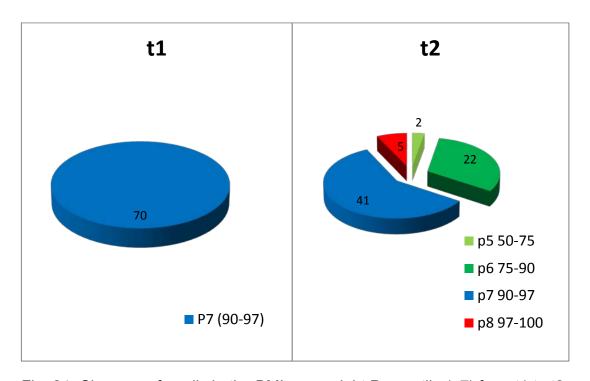


Fig. 24: Changes of pupils in the BMI overweight Percentile (p7) from t1 to t2.

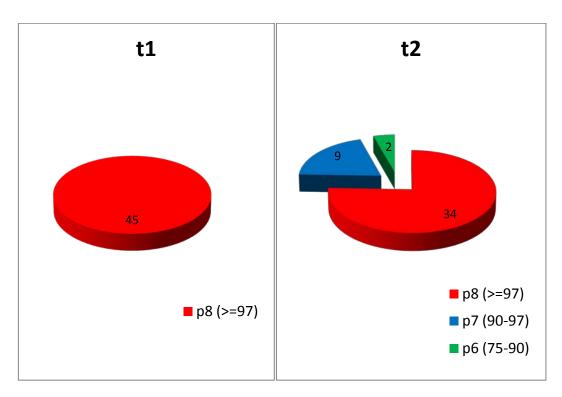


Fig. 25: Changes of pupils in BMI obesity Percentile (p8) from t1 to t2.

Tab. 43: Comparison of BMI means for total and sub-sample groups.

	BMI t1	BMI t2
All pupils	17,75	17,86
Sub-sample p90+	22,55	22,46

B.4 RESULTS: Physical fitness and motor development

All results are based on data of 685 pupils who took part completely in both motor activity measurings.

B.4.1 Common European Results of measuring times t1 and t2

Tab. 44: Means of physical fitness and motor development.

		Sit and		Standing Broad		
	Sit Ups	Reach	20m-Run	Jump	6min-Run	
t1	3,71	2,39	1,95	2,68	2,61	
t2	4,09	2,62	1,81	2,52	2,83	

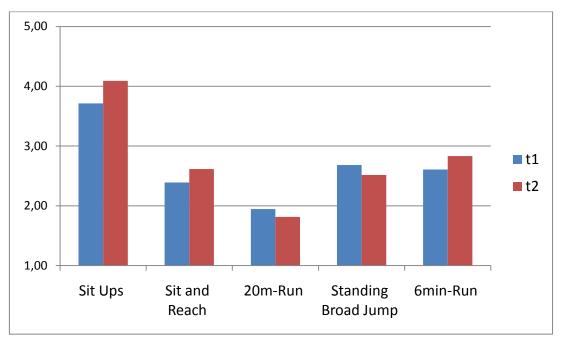


Fig. 26: Means of Motor Ability Items.

Tab. 45: Means of Motor Ability Indices.

	Motor Ability Index	Motor Ability Power	Motor Ability Endurance
t1	2,67	3,20	2,61
t2	2,78	3,30	2,83

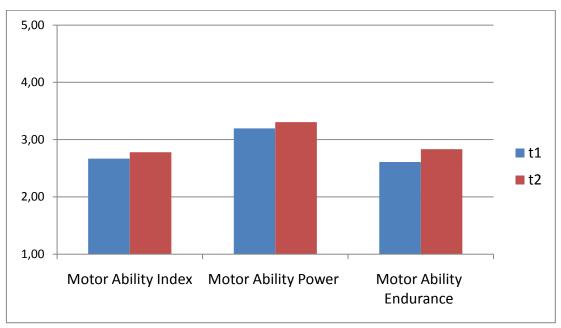


Fig. 27: Results of Tab. 45.

B.4.2 Results separated for countries

The 685 children who took part in both measuring came from Czech Republic (102), Germany (90), Italy (86), Netherlands (37), Poland (114) and United Kingdom (256).

Tab. 46: Motor Items for t1 and t2 separated for countries.

			Sit	Sit						
	Sit		and	and	20m-	20m-	Standing	Standing		
	Ups	Sit	Reach	Reach	Run	Run	Broad	Broad	6min-	6min-
	t1	Ups t2	t1	t2	t1	t2	Jump t1	Jump t2	Run t1	Run t2
Czech	3,99	4,35	2,62	2,77	2,50	2,53	2,68	2,80	3,14	3,22
Republic										
Germany	4,07	4,13	2,74	2,97	2,61	2,31	3,01	3,32	3,18	2,79
Italy	3,52	4,43	2,57	2,91	1,71	1,23	2,31	2,83	2,71	2,27
Netherlands	3,57	3,11	2,76	2,76	2,73	2,76	2,57	2,59	3,24	3,16
Poland	4,21	4,82	2,13	2,13	2,43	2,08	2,78	1,96	2,94	2,68
United	3,34	3,68	2,19	2,53	1,24	1,30	2,60	2,33	1,93	2,91
Kingdom										

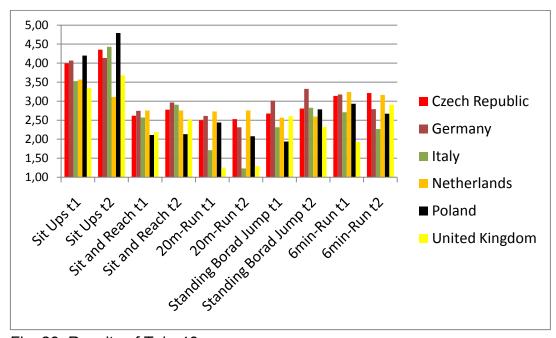


Fig. 28: Results of Tab. 46.

Tab. 47: Motor Indices for countries.

	Motor Ability	Motor Ability	Motor Ability	Motor Ability	Motor Ability Endurance	Motor Ability Endurance
	Index t1	Index t2	Power t1	Power t2	t1	t2
Czech Republic	3,01	3,11	3,40	3,51	3,14	3,22
Germany	3,18	3,04	3,69	3,57	3,18	2,79
Italy	2,67	2,63	3,17	3,37	2,71	2,27
Netherlands	2,98	2,87	3,08	2,84	3,24	3,16
Poland	2,89	2,73	3,49	3,37	2,93	2,67
United Kingdom	2,20	2,60	2,83	3,14	1,93	2,91

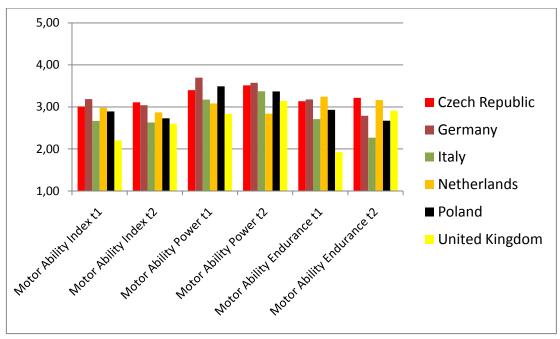


Fig. 29: Results of Tab. 47.

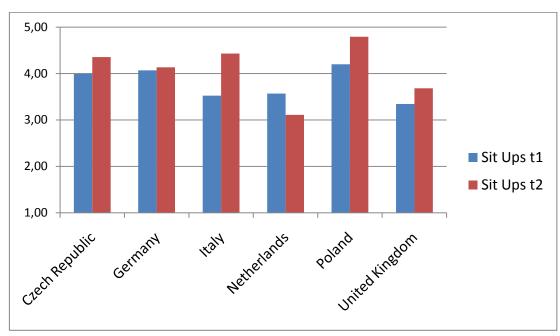


Fig. 30: Means of Sit Ups for countries.

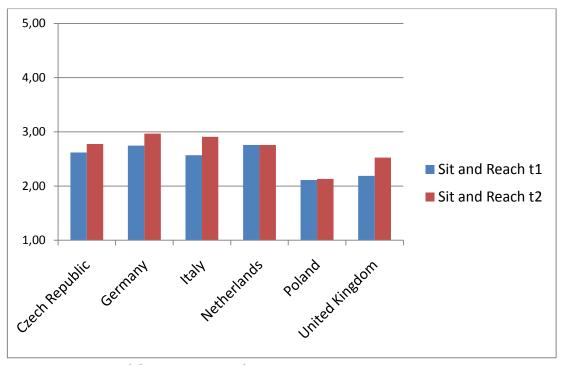


Fig. 31: Means of Sit and Reach for countries.

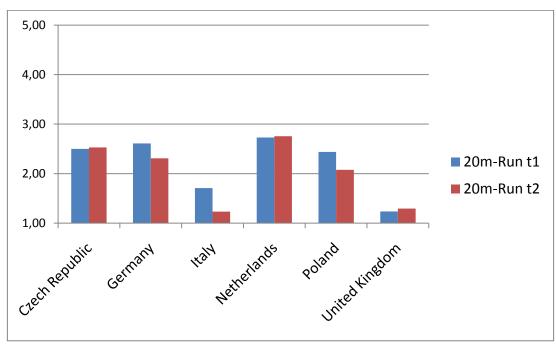


Fig. 32: Means of 20m-Run for Countries

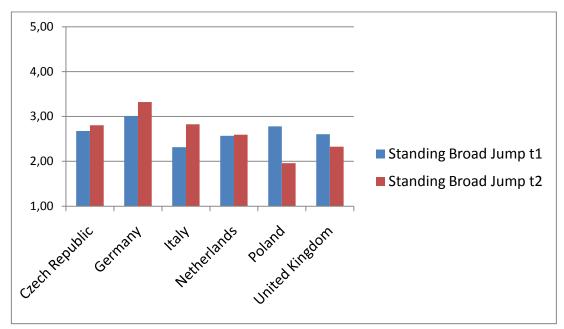


Fig. 33: Means of Standing Broad Jump for Countries.

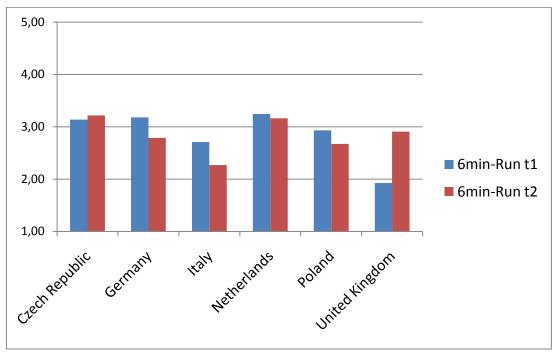


Fig. 34: Means of 6min-Run for countries.

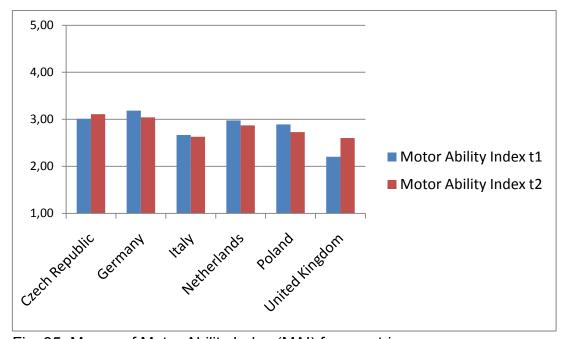


Fig. 35: Means of Motor Ability Index (MAI) for countries.

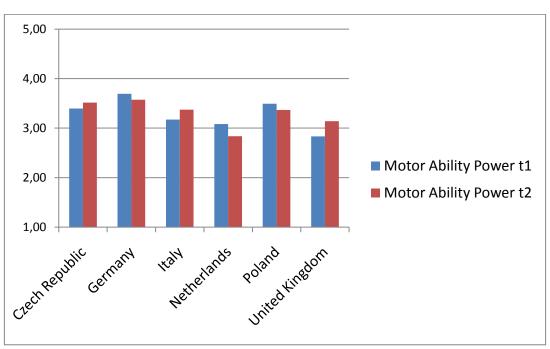


Fig. 36: Means of Motor Ability Power (MAP) for countries.

Tab. 48: Results for Working and Control Group. In Germany and the Netherlands we had no Control Group so these results are not listed again. Working and Control Groups of each country had similar number of participants.

participe		0:1		0''	0	00	00	0, "	0, "		
		Sit		Sit and	Sit and	20m-	20m-	Standing	Standing	6min-	6min-
		Ups	Sit Ups	Reach	Reach	Run	Run	Broad	Broad	Run	Run
		t1	t2	t1	t2	t1	t2	Jump t1	Jump t2	t1	t2
Czech Republic	Working	4,20	4,52	2,93	3,04	2,68	2,86	2,91	3,07	3,41	3,63
•	Control	3,74	4,15	2,24	2,46	2,28	2,13	2,39	2,48	2,80	2,72
Italy	Working	3,74	4,65	2,51	3,12	1,77	1,14	2,16	3,05	2,81	2,60
	Control	3,30	4,21	2,63	2,70	1,65	1,33	2,47	2,60	2,60	1,93
Poland	Working	4,17	4,87	2,23	2,17	2,26	2,13	2,73	1,96	2,94	2,64
	Control	4,25	4,77	2,05	2,10	2,57	2,03	2,85	1,95	2,93	2,72
United Kingdom	Working	3,30	3,53	2,10	2,36	1,31	1,34	2,49	2,12	1,59	2,66
J	Control	3,42	3,94	2,33	2,81	1,12	1,22	2,80	2,67	2,51	3,33

Tab. 49: Results for Indices for Working and Control Group:

						Motor	Motor
		Motor	Motor	Motor	Motor	Ability	Ability
		Ability	Ability	Ability	Ability	Endurance	Endurance
		Index t1	Index t2	Power t1	Power t2	t1	t2
Czech	Working	3,26	3,39	3,63	3,71	3,41	3,63
Republic	Control	2,71	2,77	3,11	3,27	2,80	2,72
Italy	Working	2,78	2,73	3,40	3,41	2,81	2,60
	Control	2,56	2,53	2,95	3,34	2,60	1,93
Poland	Working	2,85	2,75	3,43	3,37	2,93	2,62
	Control	2,93	2,71	3,55	3,36	2,93	2,72
United	Working	2,08	2,48	2,71	3,01	1,59	2,66
Kingdom	Control	2,41	2,82	3,05	3,37	2,51	3,33

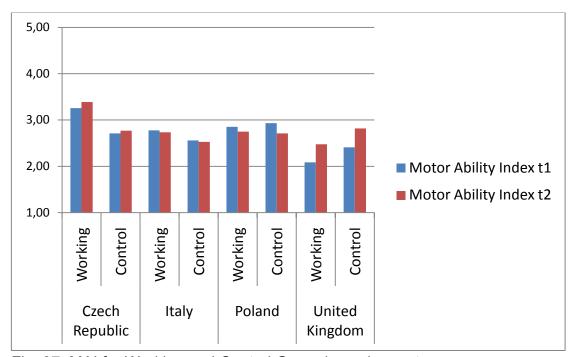


Fig. 37: MAI for Working and Control Group in each country.

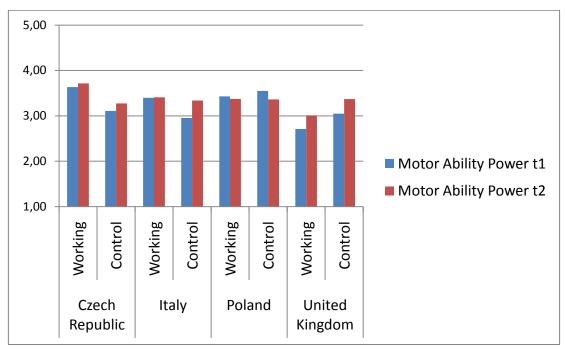


Fig. 38: MAP for Working and Control Group in each country.

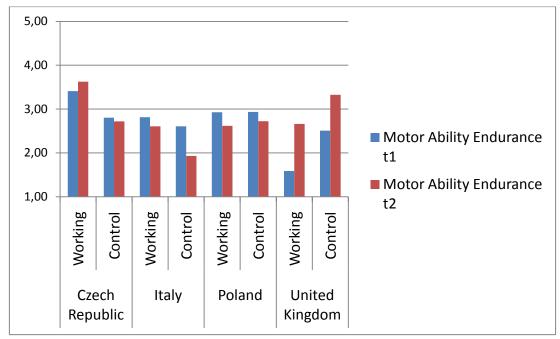


Fig. 39: MAE for Working and Control Group in each country.

B.4.3 Results separated in different age groups

Subsample 7-8 year old boys and girls (n = 327)

Tab. 50: Results Motor Ability Items for 7 to 8 year old children.

		Sit and		Standing Broad	
	Sit Ups	Reach	20m-Run	Jump	6min-Run
t1	3,90	2,56	2,33	2,92	3,00
t2	4,31	2,64	2,02	2,41	2,64

Tab. 51: Results of Motor Ability Indices for 7 to 8 year old children.

	Motor Ability Index	Motor Ability Power	Motor Ability Endurance
t1	2,94	3,41	3,00
t2	2,81	3,36	2,64

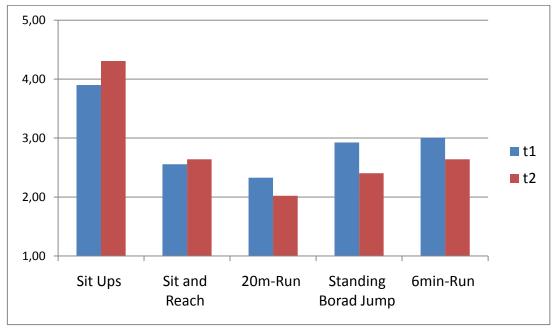


Fig. 40: Results of Motor Ability Items

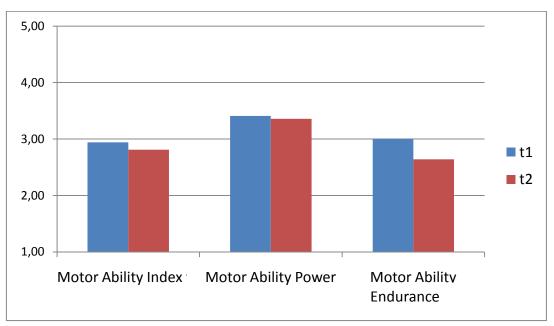


Fig. 41: Results for Motor Ability Indices.

Tab. 52: Results for Working and Control Group (7-8 years).

	Sit	Sit	Sit and	Sit and			Standing	Standing		
	Ups	Ups	Reach	Reach	20m-	20m-	Broad	Broad	6min-	6min-
	t1	t2	t1	t2	Run t1	Run t2	Jump t1	Jump t2	Run t1	Run t2
Working	3,92	4,21	2,64	2,78	2,38	2,14	2,99	2,51	3,09	2,75
Control	3,84	4,54	2,30	2,34	2,19	1,74	2,73	2,15	2,77	2,39

Sub-sample 10-11 year old boys and girls (n = 358)

Tab. 53: Results for Motor Ability Items for 10 to 11 year old pupils.

		Sit and		Standing Broad	
	Sit Ups	Reach	20m-Run	Jump	6min-Run
t1	3,53	2,31	1,60	2,46	2,27
t2	3,87	2,60	1,65	2,62	2,99

Tab. 54: Results for Motor Ability Indices.

	Motor Ability Index	Motor Ability Power	Motor Ability Endurance
t1	2,43	2,99	2,27
t2	2,47	3,25	2,99

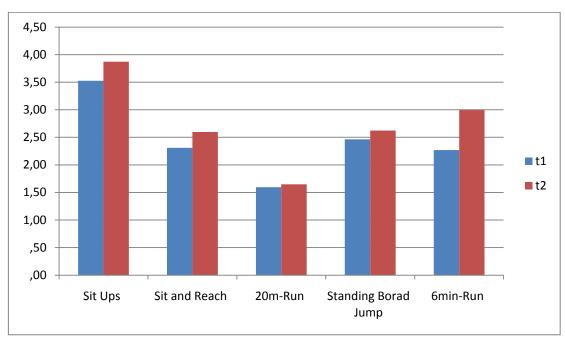


Fig. 42: Results for Motor Items for 10 to 11 year old pupils.

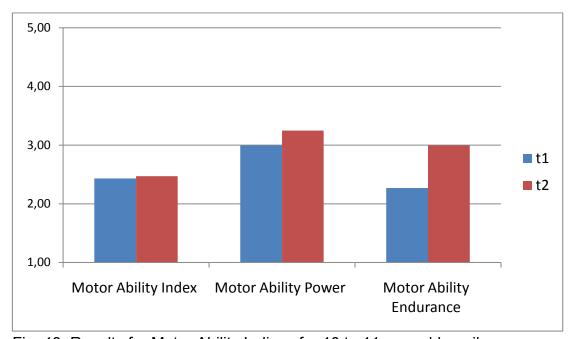


Fig. 43: Results for Motor Ability Indices for 10 to 11 year old pupils.

Tab. 55: Results for Working and Control Group (age 10-11)

	Sit	Sit	Sit and	Sit and			Standing	Standing		
	Ups	Ups	Reach	Reach	20m-	20m-	Broad	Broad	6min-	6min-
	t1	t2	t1	t2	Run t1	Run t2	Jump t1	Jump t2	Run t1	Run t2
Working	3,53	3,78	2,32	2,53	1,66	1,73	2,37	2,60	2,06	2,91
Control	3,52	4,01	2,30	2,70	1,50	1,52	2,61	2,67	2,60	3,13

Tab. 56: Results for Indices (Age 10-11).

					Motor	Motor
	Motor	Motor	Motor	Motor	Ability	Ability
	Ability	Ability	Ability	Ability	Endurance	Endurance
	Index t1	Index t2	Power t1	Power t2	t1	t2
Working	2,39	2,71	2,95	3,19	2,06	2,91
Control	2,51	2,80	3,07	3,34	2,60	3,13

B.4.4 Results separated for gender

Results based on data of 685 children (N=359 boys; N=326=girls).

Tab. 57: Results of Motor Ability Items for gender.

	Sit	Sit	Sit and	Sit and			Standing	Standing		
	Ups	Ups	Reach	Reach	20m-	20m-	Broad	Broad	6min-	6min-
	t1	t2	t1	t2	Run t1	Run t2	Jump t1	Jump t2	Run t1	Run t2
male	3,77	4,10	2,38	2,58	1,92	1,80	2,77	2,63	2,67	2,94
female	3,65	4,08	2,40	2,66	1,97	1,83	2,58	2,40	2,54	2,71

Tab. 58: Results of Motor Ability Indices for gender.

					Motor	Motor
	Motor	Motor	Motor	Motor	Ability	Ability
	Ability	Ability	Ability	Ability	Endurance	Endurance
	Index t1	Index t2	Power t1	Power t2	t1	t2
male	2,70	2,88	3,27	3,36	2,67	2,94
female	2,63	2,82	3,11	3,24	2,54	2,71

B.4.5 Results PA of sub-sample p90+

Subsample p90 based on data of 115 children who were at measuring time t1 inside the Percentiles p7 and p8 of Kromeyer-Hauschild's BMI Percentile scale. 113 of these took part in both motor ability measuring, so n = 113.

Tab. 59: Results of Motor Ability Items for sub-sample (p7 and p8).

		Sit and		Standing Broad	
	Sit Ups	Reach	20m-Run	Jump	6min-Run
t1	3,49	2,24	1,63	2,22	2,00
t2	3,90	2,59	1,63	2,04	2,15

Tab. 60: Results of Motor Ability Indices for sub-sample (p7 and p8).

	Motor Ability Index	Motor Ability Power	Motor Ability Endurance
t1	2,32	2,86	2,00
t2	2,53	2,97	2,15

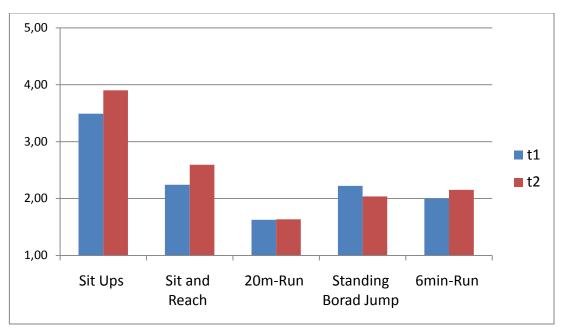


Fig. 44: Results of Tab. 59.

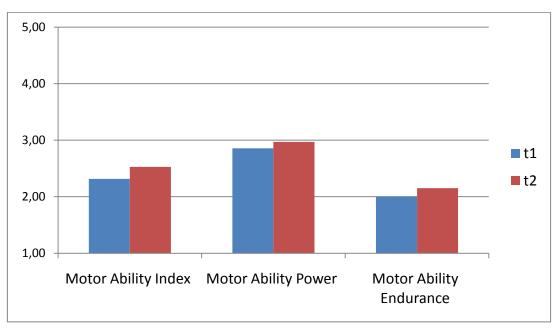


Fig. 45: Results of Tab. 60.

B.5 Parents' Questionnaire

Tab. 61: Parents' Participants of questionnaire.

	Parents	Percent
Czech Republic	113	40,2
Germany	61	21,7
Poland	107	38,1
Tot.	281	100

B.5.1 Socio-demographic data of parents

Homeland of parents

Tab. 62: Homeland of mothers

	Homeland Mother				
own country	East European	South European	African	Asian	other
144	5	3	2	4	9

Tab. 63: Homeland of fathers

Homeland father						
own country	East European	South European	African	Asian	other	
142	3	3	4	5		5

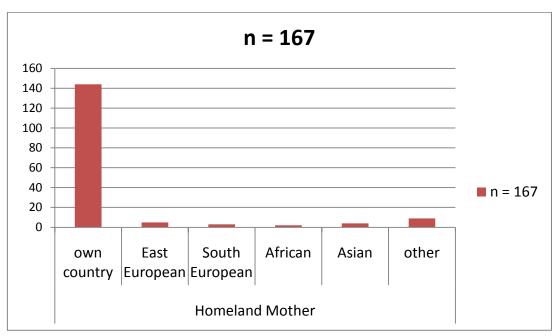


Fig. 46: Homeland of mothers

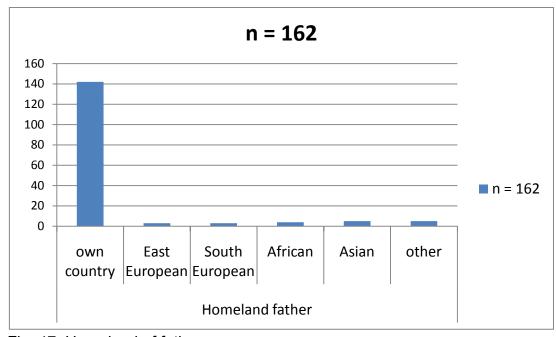


Fig. 47: Homeland of fathers

Marital Status of parents

Tab. 64: Marital status of mothers

	marital status mother				
married	living in a relationship	divorced	single	other	
206	11	32	5	10	

Tab. 65: Marital status of fathers

	marital status father				
married	living in a relationship	a ip divorced single other			
198	13	15	5	6	

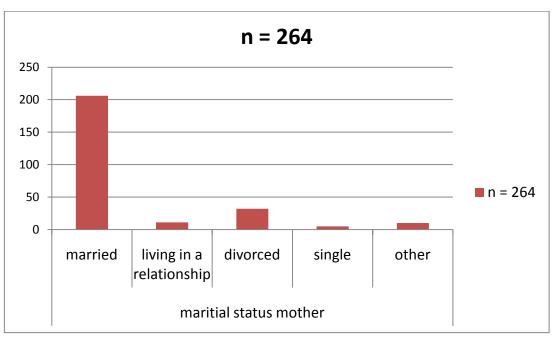


Fig. 48: Marital status of mothers

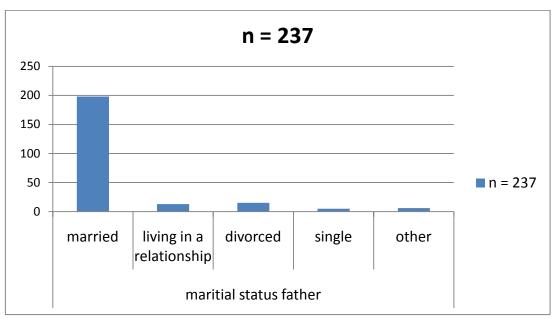


Fig. 49: Marital status of fathers

Number of Children

Tab. 66: Children

Only one Child	more than one child
45	219

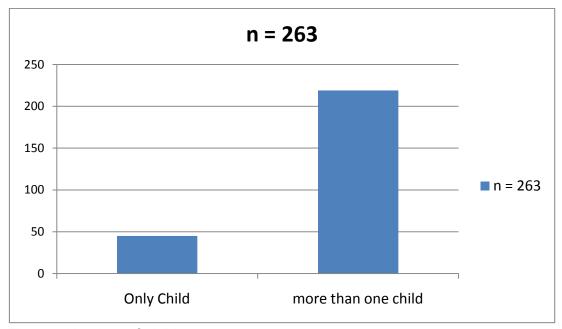


Fig. 50: Number of children

Employment Status of parents

Tab. 67: Employment status summed into two categories

one of them or both fulltime	one or both unemployed
116	5

BMI of parents (mean and categories)

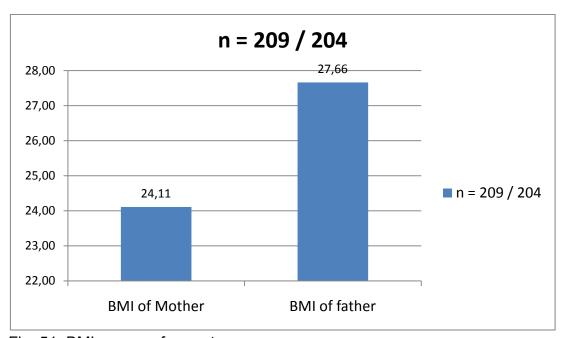


Fig. 51: BMI means of parents.

Tab. 68: WHO - BMI in categories for mothers.

BMI Mother in Categories				
Underweight	Normal Weight	Overweight	Obesity	
6	173	40	14	

Tab. 69: WHO - BMI in categories for fathers.

BMI father in Categories						
Underweight	Normal Weight	Overweight	Obesity			
1	79	94	35			

Parents' assessments of their children's realized lifestyle factors

Means are in between 1 and 2. A mean between 1-1,25 stands for negative lifestyle behavior, a mean between 1,26-1,50 stands for more negative than positive behavior, a mean between 1,51-1,75 stands for more positive than negative behavior and a mean between 1,76-2,00 stands for positive lifestyle behavior in the view of parents.

Tab. 70: Means of pupils' lifestyle factors.

Parents' view Lifestyle and Activtiy	Parents' view Media Consume	Parent's view Nutrition
1,60	1,58	1,69

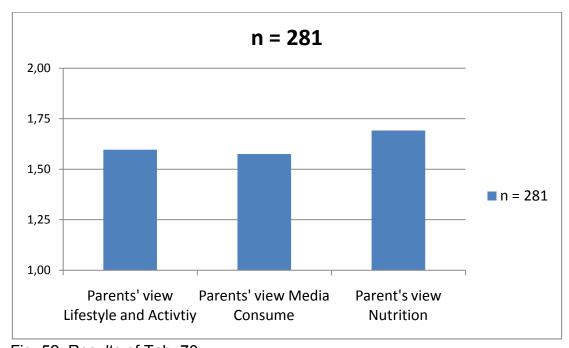


Fig. 52: Results of Tab. 70.

Parents' attitudes towards their personal lifestyle factors

A mean between 1-1,25 stands for negative lifestyle attitude, a mean between 1,26-1,50 stands for more negative than positive attitude, a mean between 1,51 – 1,75 stands for more positive than negative attitude and a mean between 1,76-2,00 stands for positive personal lifestyle attitude of the parents.

Tab. 71: Means of parents' lifestyle factors.

Parents' Attitude tw. Physical activity	Parents' Attitude tw. Media Consume	Parents' Attitude tw. Nutrition
i flysical activity	Oorisario	Tarchis Attitude tw. Nathtion
1,77	1,59	1,69

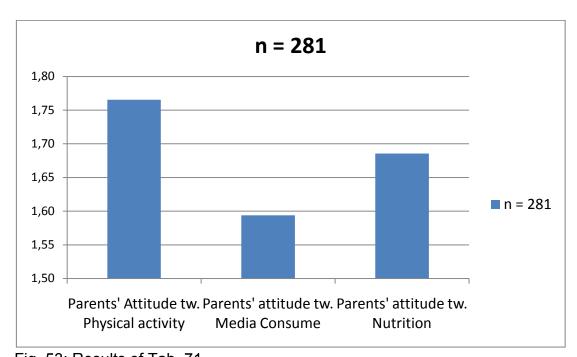


Fig. 53: Results of Tab. 71.

B.5.2 Criteria, factors and clusters of the questionnaire

The questionnaire had 36 items. Items 5, 7,8, 16, 25, 30, 31 were clusters of 4 to 8 lower items, which were summed together.

BMI was summed by Question 33.

The answers of items 32, 35 and 36 weren't clustered. All other items were recorded into a 2-point-scale (1 = negative, 2 = positive). Means were built and summed into six different clusters:

Cluster 1: Parents view on physical activity lifestyle of their children:

- No. 3: way to school
- No. 4: Membership sports club
- No. 5a-k: weekly sports activity
- No. 6: play outside
- No.7d-f free time with friends
- No 8e-g: free time alone

Cluster 2: Parents view on media consume lifestyle of their children

- No. 7a-b: free time with friends
- No. 8a-b: free time alone
- No. 9: TV/DVD/VIDEO watch time
- No. 10: PC time
- No. 11: TV/PC in room
- No. 23: TV/PC before bed

Cluster 3: Parents view on nutrition lifestyle of their children

- No. 13: meals a day
- No. 16a-m eat in meantime
- No. 17: drink behavior
- No. 18: drink behavior II
- No. 24: eat before bed

Cluster 4: attitudes of parents towards physical activity

- No 30b-c: importance of sport
- No 31a: positive effects of sport

Cluster 5: attitudes of parents towards media consume

- No. 19: when does child go to bed
- No. 25a-d: limitation of media consume
- No. 30d: overweight and media consume

- No. 31c: positive effects of limitation of media consume

Cluster 6: attitudes of parents towards nutrition

- No. 14: meals with the family
- No. 25e-h: deal with children about snacks
- No. 25j-k: limitation of snacks
- No. 30e: importance of healthy nutrition
- No. 30f and g: overweight, sweets and nutrition
- No. 31b: effects of positive nutrition

All these items had an impact of 1. So for example mean of cluster 1 was built by the results of all seven items counting 1/7. Results were only clustered if all questions of the cluster had been answered.

All questions that were not clustered or were not a factor by its own (like homeland, question 32) were not included in analysis of the results.

B.5.3 RESULTS: Parents' assessment of their children's lifestyle factors (Physical Activity, media consume and nutrition behaviour)

Tab. 72: Parents' assessment of Sport Activity of their children.

View on PA	Negative	More negative than positive	More positive than negative	Positive
Parents	30	64	117	70

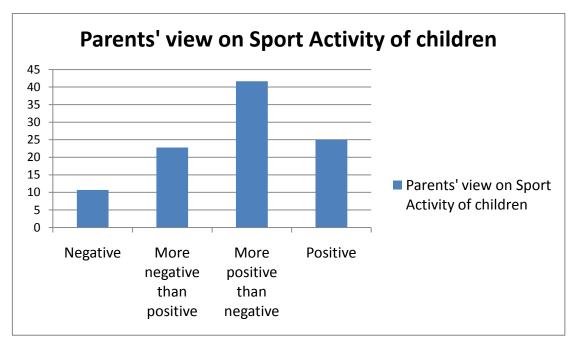


Fig. 54: Results of Tab.72.

Tab. 73: Parents' assessment on Media Consume of their children.

View an Media Consume	Negative	More negative than positive	More positive than negative	Positive	
Parents	45	72	81		82

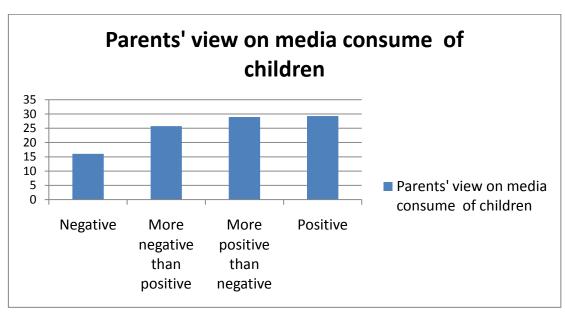


Fig. 55: Results of Tab. 73.

Tab. 74: Parents' assessment on Nutrition of their children.

View on Nutrition	Negative	More negative than positive	More positive than negative	Positive
Nutrition	rvegative	triair positive	Hegalive	i Ositive
Parents	5	44	148	83

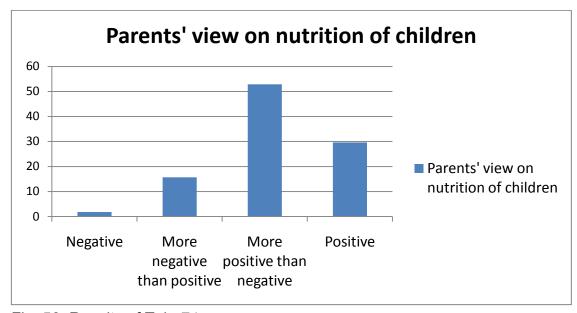


Fig. 56: Results of Tab. 74.

B.5.4 RESULTS: Parents' self-reported attitudes to their own lifestyle factors (Physical Activity, media consume and nutrition behaviour)

Tab. 75: Parents' attitude towards PA in categories.

Attitude	Negative	More negative than positive	More positive than negative	Positive
Parents	3	48	94	130

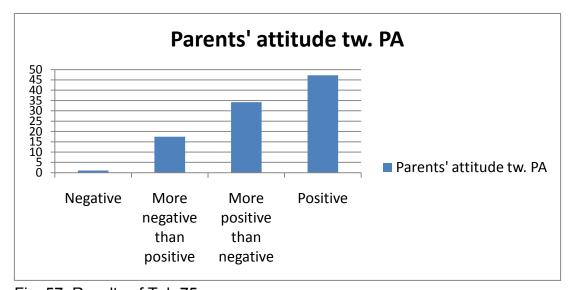


Fig. 57: Results of Tab.75.

Tab. 76: Parents' attitude towards media consume.

		More negative	More positive	
Attitude	Negative	than positive	than negative	Positive
Parents	36	74	133	36

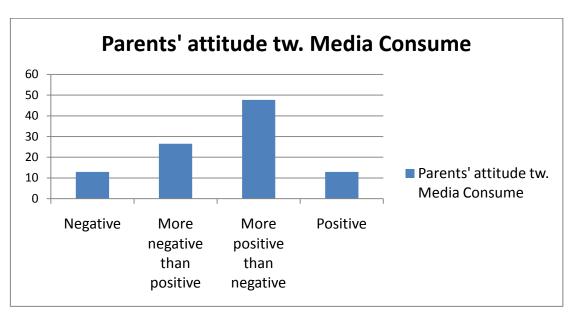


Fig. 58: Results of Tab.76.

Tab. 77: Parents' attitude to their own nutrition behaviour.

Attitude	Negative	More negative than positive	More positive than negative	Positive
Parents	0	42	130	107

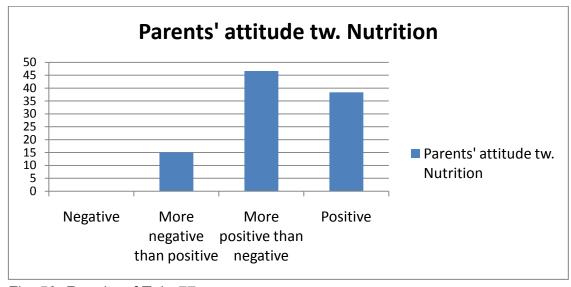


Fig. 59: Results of Tab. 77.

B.6. BMI Results for pupils and parents compared to parents' assessment of pupils lifestyle factors and their personal attitude towards their lifestyle factors.

In the following results the BMI Categories are given as numbers: 1 = Heavy Underweight, 2 = Underweight, 3 = Normal Weight, 4 = Overweight and 5 = Obesity.

Parents' BMI and Views and Attitudes

Tab. 78: BMI of parents and assessment of PA of their children.

		Negative	More negative than positive	More positive than negative	Positive
BMI Mother	2	1	1	2	2
	3	17	41	72	43
	4	4	8	19	9
	5	2	4	5	3
BMI Father	2	0	0	1	0
	3	4	19	35	21
	4	14	18	38	24
	5	6	7	16	6

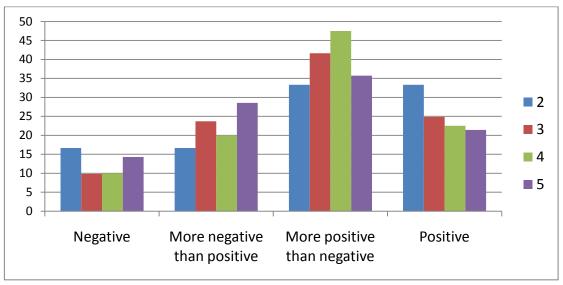


Fig. 60: BMI Mother and assessment of PA of her child in Percent.

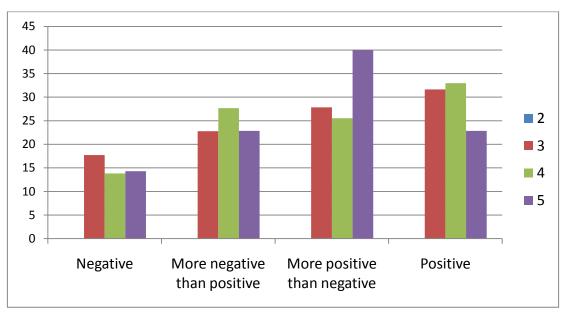


Fig. 61: BMI father and assessment of PA of his child in Percent.

Tab. 79: BMI and assessment on media consume of children.

		Negative	More negative than positive	More positive than negative	Positive
BMI Mother	2	2	0	3	1
	3	23	45	50	55
	4	8	11	10	11
	5	1	1	7	5
BMI Father	2	1	0	0	0
	3	14	18	22	25
	4	13	26	24	31
	5	5	8	14	8

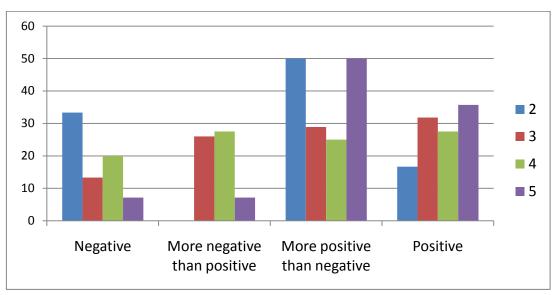


Fig. 62: BMI mother and assessment of media consume of children in Percent.

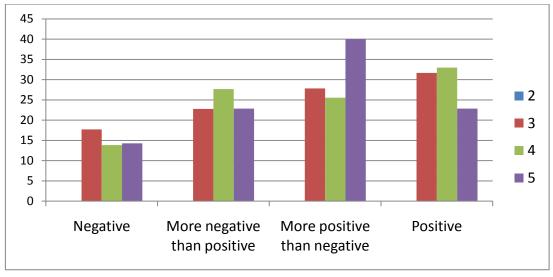


Fig. 63: BMI father and assessment of media consume of children in Percent.

Tab. 80: BMI parents and assessment of nutrition of children.

		Negative	More negative than positive	More positive than negative	Positive
BMI Mother	2	0	1	3	2
	3	4	30	90	49
	4	0	2	26	12
	5	0	3	5	6
BMI Father	2	0	1	0	0
	3	1	14	43	21
	4	2	9	54	29
	5	2	5	16	12

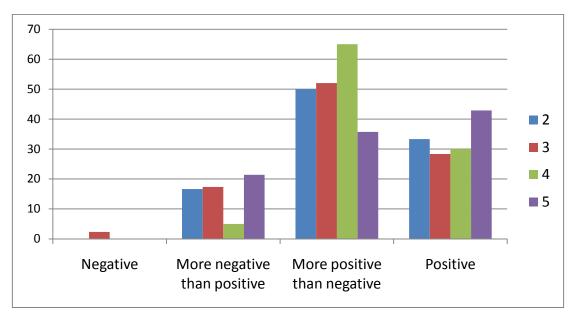


Fig. 64: BMI of mother and assessment of nutrition of children in Percent.

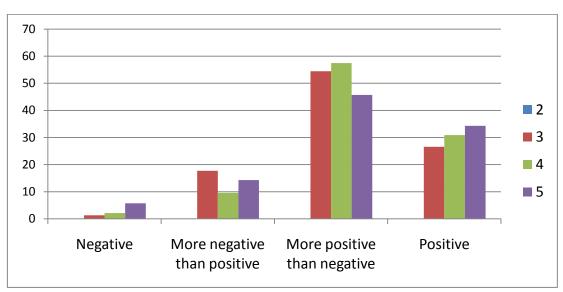


Fig. 65: BMI (father) and assessment of nutrition of children in Percent.

Tab. 81: BMI parents and attitude towards physical activity.

	•		1 2	<u> </u>	
		Negative	More negative than positive	More positive than negative	Positive
BMI Mother	2	0	0	4	2
	3	2	24	55	92
	4	1	13	16	10
	5	0	3	4	7
BMI Father	2	0	0	1	0
	3	1	9	28	41
	4	0	17	31	46
	5	0	10	13	12

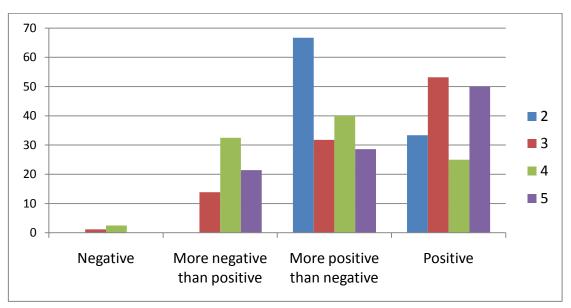


Fig. 66: BMI of mother and attitude towards physical activity of children in Percent.

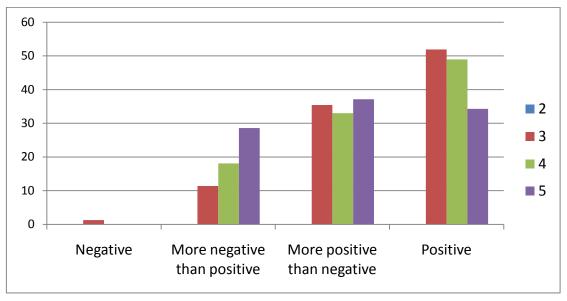


Fig. 67: BMI of father and attitude towards physical activity of children in Percent.

Tab. 82: BMI of parents and attitude towards media consume of children.

		Negative	More negative than positive	More positive than negative	Positive
BMI Mother	2	1	1	4	0
	3	21	45	83	24
	4	7	10	19	4
	5	1	4	6	3
BMI Father	2	0	1	0	0
	3	8	26	35	10
	4	13	22	49	10
	5	8	4	17	6

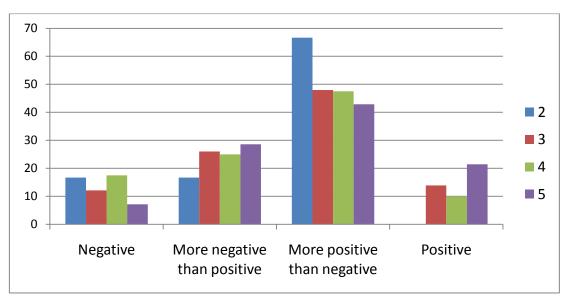


Fig. 68: BMI of mother and attitude towards media consume of children in Percent.

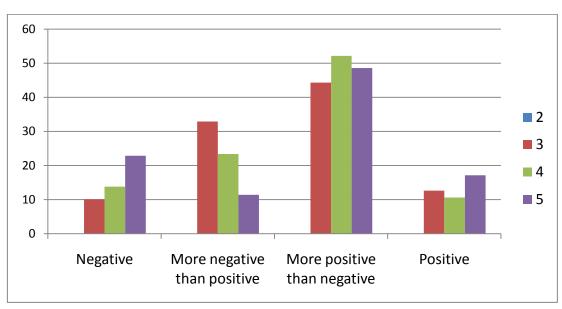


Fig. 69: BMI of father and attitude towards media consume of children in Percent.

Tab. 83: BMI of parents and attitude towards nutrition.

		Negative	More negative than positive	More positive than negative	Positive
BMI Mother	2	0	0	3	3
	3	0	19	90	64
	4	0	9	14	17
	5	0	2	3	9
BMI Father	2	0	0	1	0
	3	0	13	37	29
	4	0	11	47	36
	5	0	5	14	16

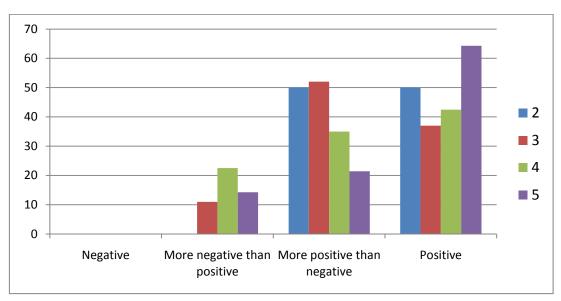


Fig. 70: BMI of mother and attitude towards nutrition in Percent.

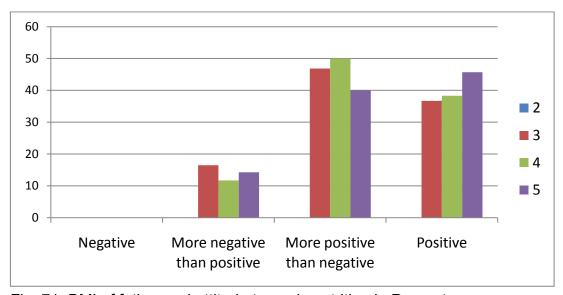


Fig. 71: BMI of father and attitude towards nutrition in Percent.

BMI of pupils and assessment of parents of pupils' lifestyle factors

Tab. 84: BMI of pupils and parents' assessment of physical activity.

			More negative than	More positive than	
		Negative	positive	negative	Positive
BMI pupils	Heavy Underweight	0	2	5	0
	Underweight	3	5	5	3
	Normal Weight	23	49	91	58
	Overweight	3	3	10	4
	Obesity	0	3	3	3

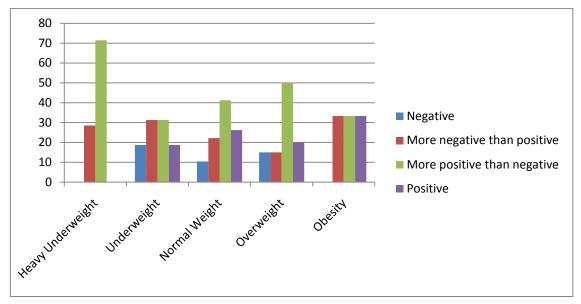


Fig. 72: Results of Tab. 84.

Tab. 85: BMI of pupils and parents' assessment of pupils' media consume.

			More negative	More positive than	
		Negative	than positive	negative	Positive
BMI pupils	Heavy	0	0	2	5
	Underweight				
	Underweight	0	4	4	8
	Normal	36	53	67	65
	Weight				
	Overweight	5	6	8	1
	Obesity	2	6	0	1

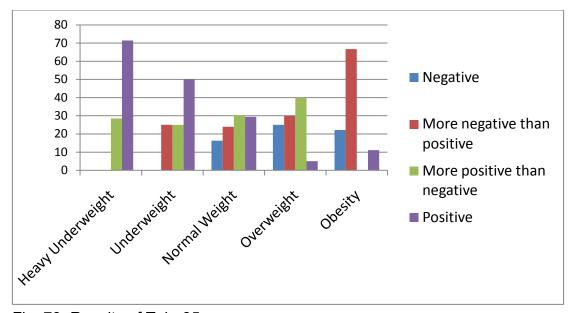


Fig. 73: Results of Tab. 85.

Tab. 86: BMI of pupils and parents' assessment of pupils' nutrition behaviour.

		Negative	More negative than positive	More positive than negative	Positive
BMI pupils	Heavy Underweight	0	2	3	2
	Underweight	0	3	8	5
	Normal Weight	5	32	122	62
	Overweight	0	6	10	4
	Obesity	0	1	3	5

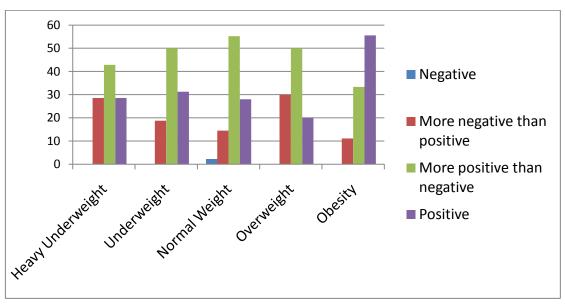


Fig. 74: Results of Tab. 86.

BMI of pupils and parents' attitudes to their personal lifestyle factors

Tab. 87: BMI of pupils and parents' attitude towards physical activity.

		Negative	More negative than positive	More positive than negative	Positive
BMI pupils	Heavy Underweight	0	1	2	4
	Underweight	1	3	7	5
	Normal Weight	2	36	69	109
	Overweight	0	3	10	7
	Obesity	0	3	3	3

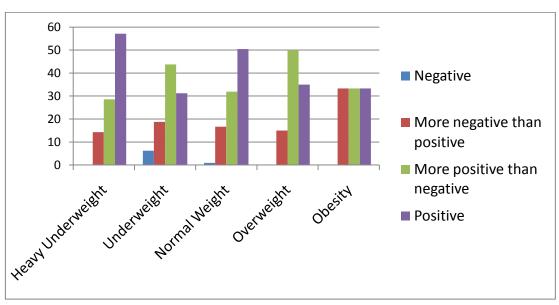


Fig. 75: Results of Tab. 88.

Tab. 89: BMI of pupils and parents' attitude towards media consume.

		Negative	More negative than positive	More positive than negative	Positive
BMI pupils	Heavy Underweight	1	3	1	2
	Underweight	1	3	7	5
	Normal Weight	29	53	110	28
	Overweight	3	8	9	0
	Obesity	1	5	3	0

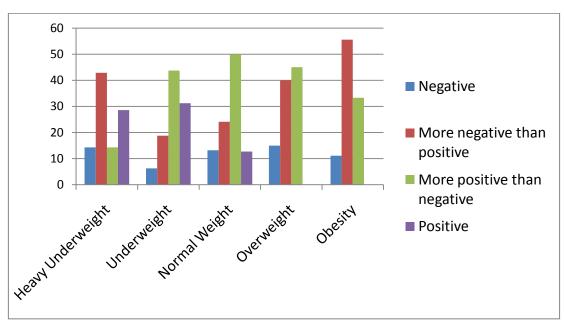


Fig. 76: Results of Tab. 89.

Tab. 90: BMI of pupils and parents' attitude towards nutrition.

		Negative	More negative than positive	More positive than negative	Positive
BMI pupils	Heavy Underweight	0	1	4	2
	Underweight	0	1	7	8
	Normal Weight	0	36	102	82
	Overweight	0	2	8	10
	Obesity	0	1	4	4

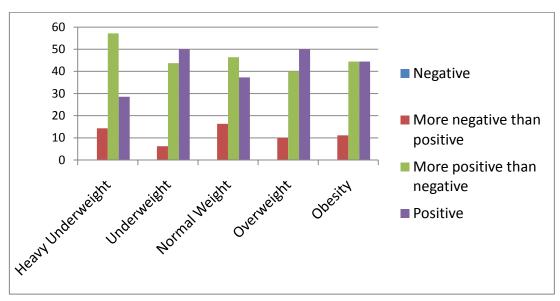


Fig. 77: Results of Tab. 90.

C. Agenda and minutes of meetings of the steering committee

1. Meeting at Frankfurt, January 26th, 2010

Draft minutes of 1st partners meeting in Frankfurt/ Main, Germany 26th of January 2010, 11am – 5 pm

Participants:

Mr Prof. Dr. Roland Naul, Willibald Gebhardt Institute, Germany Mrs Caren Behnke, Willibald Gebhardt Institute, Germany

Mr Jan Holze, ENGSO Youth, Europe

Mr Alan Bell, Youth Sport Trust, United Kingdom

Mr Reinhardt te Uhle, Europäische Akademie des Sports Velen,

Germany - excused

excused

Mr Jan Bohác, Czech Sports Association, Czech Republic

Mr Prof. Dr. Antonin Rychtecký, Charles University,

Faculty of P.E. and Sport, Czech Republic

Mr Dr. Paolo Adami, Federazione Italiana Aerobica e Fitness, Italy

Mr Dr.Michał Bronikowski, The E. Piasecki University School of P.E., Poland

Mrs Dr. Malgorzata Bronikowska, The E. Piasecki University School of P.E., Poland

Mr Adam Kantanista, The E. Piasecki University School of P.E.,

Poland

Mr Peter Barendse, Nederlands Institut voor Sport & Bewegen, Netherlands

Mr Ralf-Rainer Klatt, Wissenschaftsstadt Darmstadt, Sportamt, Germany

Mr PD Dr. Martin Engelhardt, Germany

Mr Martin Schönwandt, Deutsche Sportjugend, Germany

Mr Stefan Jung, Deutsche Sportjugend, Germany

Ms Rebekka Kemmler-Müller, Deutsche Sportjugend, Germany

Agenda

Welcome by lead partner German Sport Youth

- 1. Content of the project
- 2. Structure of the project
- 3. Information on financing/reimbursement
- 4. Time schedule
- Communication
- Miscellaneous

Welcome

Martin Schönwandt, director of German Sport Youth welcomes all representatives of partner organisations in the Healthy children sound community (HCSC)-project. German Sport Youth considers the project as being a very good success for the promotion of childrens' health and physical activity on a European level. He expresses his gratitude to the scientific partner Willibald Gebhardt Institute for the common preparation of the project and the cooperation during the last months.

1. Contents of the project

The activities are funded by the European Commission's Sport Unit in the framework of the "preparatory actions in the field of Sport" and co-funded by German Sport Youth, Willibald Gebhardt Institute and ENGSO Youth. Unfortunately, the original budget from the funding application has been significantly cut down by the European Commission. Accordingly, activities had to be adapted and reduced.

Prof. Dr. Roland Naul (Willibald Gebhardt Institute) presents the content of the project which is a regional community setting project aiming at establishing and fostering networks to increase physical activity for children and youth at local level. In each participating country (Netherlands, Germany, Poland, Czech Republic, Italy, Great Britain) sport organisations, research institutes and public bodies will work together with the aim to increase the daily time of physical activity of children. The first project stage January -June 2010 is dedicated to prepare the cooperation with selected communities in the six participating countries. The partner organisations will have to identify now communities and create "Round tables" where public authorities (school boards and health boards) and local sport clubs, other sport organisations, health centres etc will build a multi-actor network to combine their individual efforts and implement more opportunities for all to engage in an active lifestyle as a means to counteract physical inactivity and overweight. After summer 2010 the second project stage's aim is to offer a daily time of physical activity for children plus health and nutrition education. The activities will run until March 2011.

The powerpoint-presentation including 1) a flow chart showing the structure of the project for one country and 2) an example of a weekly lesion plan was placed at the disposal of all participants. For requests to send it again, please send an email to kemmler@dsj.de.

Elements of the project the partners agreed on:

Age group of children: 6-10 years

• Number of children per country: 100

- Number of units of PE/PA: 5 + 1 unit of health/nutrition lesson
- Parents shall be partners at the round table
- Project partners use a common fitness test developed by the WGI on the basis of input of all partners
- The further education for coaches and teacher shall be done within a commonly agreed frame with space for national application
- Partners consider to hand out questionnaires for children and parents

Willibald Gebhardt Institute sets up a list of demands that partner organisations have to fulfil; this list will be part of the contract.

2. Structure of the project

Please see slide of Prof. Roland Naul's presentation.

Rebekka Kemmler-Müller (German Sport Youth) will send the week following the meeting an official letter of the lead partner inviting each partner organisation to cooperate in the project.

Information and comments relating to the HCSC-contribution per country and/or organisation

Charles Univ./CSTV (Czech Republic):

- the communication with the community offices and their official representatives is challenging
- interested in experiences with parents' reactions

NISB (Netherlands):

- implement a platform co-financed by different sources
- there are several links possible with existing projects and institutions
- connection with the day care system makes sense

UK:

- most probably Loughborough will not be the British community in HCSC
- teachers are sceptical towards formal testing, we should keep the motor fitness test simple
- dates and names shall not be published
- UK is governed by a county sport policy, connection HCSC useful

Italy:

- Suggestion to connect to the lately launched Food & School-project
- Problem concerning the Round table with sport clubs may be that clubs can only offer services for members
- What about insurance question with non-members?

Poland:

- one project was just closed, eventually HCSC-activities can tie in with it
- How to find "health experts"?
- Poznan and eventually another community (Gniezna) may be local partner

Darmstadt (German participating community):

- cooperation between sport clubs and school is already working
- network "gesunde Städte/healthy cities" may be a useful link

3. Information on financing/reimbursement

All participating partners in this project shall use the **EU-Logo** (Flag) http://europa.eu/abc/symbols/emblem/graphics1 en.htm and state that their activities are confounded by the European Commission, Education and Culture DG, in the programme "Preparatory action in the field of Sport" 2010/2011. Also the communities involved in the project shall use the EU-Logo.

German Sport Youth will draft a **reimbursement** form and send this few days after this meeting to all participants. Travel costs are fully reimbursed. Partners are requested to choose low priced flights or other ways of transportation and to keep all original receipts including the boarding passes.

Financing of partners activities: The partners that signed the partnership form for the application receive a funding of staff cost and a funding for implementation of additional PE/PA courses and further education. The amount of funds that will be transferred to each partner is announced orally. The written notification will be done with the contract. The contracts shall be ready beginning of March 2010.

4. Time schedule

Jan – June 2010 selection of communities, prepare implementation

of Round tables

June Aug/Sept 2010 further education for coaches/teachers

Aug/Sept 2010 -

Feb 2011 implementation of project (addition PE/PA

courses, health/nutrition course/further education

for coaches/teacher

Aug/Sept 2010 initial motor fitness test + questionnaire for

children on nutrition (if agreed by national partner

organisation)

December 2010 mid-term motor fitness test (if agreed by national

partner organisation)

February 2011 final motor fitness test

5. Communication

German Sport Youth is the lead partner and contract partner of European Commission, communication goes via Ms Rebekka Kemmler-Müller, responsible for HCSC at German Sport Youth. Furthermore, contact persons for Willibald Gebhardt Institute are Prof. Roland Naul and Ms Caren Behnke and for ENGSO Youth, Mr Jan Holze. These three organisations are members of the steering group of the project.

Project partners are kindly asked to

- publish information about the project in their networks
- collect and forward press releases, photos, CD or other publication to German Sport Youth who will need it to prove towards European Commission
- use the EU-Logo
- inform German Sport Youth and Willibald Gebhardt Institute about current developments in the set up of choice of communities, set up of Round table, implementation of the supplementary PE/PA-lesson
- write minutes of Round table meetings.

To do

What	when	
All partners send their organisations logo	until 10 February	
Rebekka Kemmler-Müller confirms next meeting date of all partners, option 6-8 May in Velen/Germany	until 30 February	
German Sport Youth sends a press release text in English with all logos	Until 15 February	
German Sport Youth and Willibald Gebhardt Institut check if domaine www.hcsc.eu is available+make plan to create the website	Until 30 February	
German Sport Youth prepares the contracts with all partners	Until 02 March	
Willibald Gebhardt Institute sets up a list of demands that partner organisations have to fulfil, this list will be part of the contract	Until 30 February	
Partner org. send items for physical fitness test to kemmler@dsj.de, on this basis Willibald Gebhardt Institut will suggest a common test, to be approved by all partners before Easter 2010	Until 30 February	

Rebekka Kemmler-Müller (dsj) 19 February 2010

2. Meeting at Velen, May $7^{th} - 8^{th}$, 2010

Friday, May	7 th				
10.00	Coffee (Reinhardt te Uhle, Rebekka Kemmler-Müller)				
10.30	 Session I: HCSC in Europe (Moderation: Roland Naul) Community based networks for enhanced PE & PA Variety of European physical fitness tests Which questionnaires will be used for the HCSC health measurement? Further dates and meetings 				
12:15	Lunch				
14:00	Session II: gkgk – a cross-border project (Moderation: Caren Behnke, Rebekka Kemmler-Müller) 1. Introduction of HCSC (Caren Behnke, Rebekka Kemmler-Müller) 2. GKGK – Report of experiences 2.1 Modifying the 3rd PE – lesson (Roland Naul) 2.2 Municipal Moderators (Dorothee Schmelt) 2.3 Further education for teachers and coaches (Matthias Terhorst, Christian Strauß)				
15:30	Coffee break				
16:00	 Session III: gkgk – a cross-border project (Moderation: Huub Schoenaker, Dorothee Schmelt) The development of gkgk in the Netherlands (Huub Schoenaker) Project state of gkgk in the Dutch municipalities Winterswijk and Enschede (Henny Breukers, Suzan de Jong) Realization of GKGK at two German primary schools: Adolf-Reichwein-School Moers & Andreasschool Velen (Wera Waberg, Ute Grabowski, Margret Wielens) 				
17:30	Reception (Dr. Schulze-Pellengahr, Bürgermeister der Gemeinde Velen)				
18:00	GKGK/HCSC – Meeting of the municipal moderators				
19:30	Dinner				

Saturday, May, 8th

08:00	Breakfast			
09:00	Session IV: Workshop: Cross-border implementation of HCSC by European Academies of Sports (Moderation: Reinhardt te Uhle, Roland Naul) 1. Implementation by EARPS (Rhineland-Palatinate) 2. Implementation by ESAB (Brandenburg) 3. Implementation by ADS (Lower Saxony)			
10:30	Coffee break			
11:00	Session V: What does the future hold? (Moderation: Roland Naul)			
12:30	Lunch			

3. Meeting at Prague, November 23rd, 2010

Minutes of the HCSC-Meeting in Prague, 23rd of November 2010

Starting time: 10.30 am Finishing time: 4 pm

Location: Charles University Prague, Faculty of Physical Education

Attendees:

- See participants list

Poland:

- funding for further implementation is needed
- extension in Poznan and Interregio Poland-Germany

Czech Republic:

- problem: school more often add lessons for language, mathematics,...
 not for sports
- additional testing in July is scheduled
- new schools are interested
- extension maybe in Olomouc as a third city in CZ

Italy:

- two universities for cooperation
- 3 days of education for instructors took place
- extension to more schools in Rome is planned
- extension to Bologna and Cassino is planned

Great Britain:

- Luton school: 90% of the children have English as a second language, 100% return of parents questionnaire
- Manchester school: middle class region, 40% return of parents questionnaire
- Nottingham: Working class region, 20% return of parents questionnaire

Germany:

- testing completed
- questionnaires completed in Darmstadt, still in progress in Osnabruck
- 2 schools in Darmstadt (Heinrich-Heine-Schule; Schillerschule), 4 schools in Osnabruck (Stüveschule, Grundschule Eversburg, Heiligenwegschule, Grundschule am Hagenberg)

The Netherlands:

- delayed status in the Netherlands due to personnel problems
- Arnheim is now HCSC-municipality (Lourdesschool; Annie MG Schmidtschool)
- testing completed, implementation has just started

ENGSO Youth:

Agnes Kainz will provide a list of ENGSO Youth contact persons for all countries

WGI:

- WGI will provide a suggestion, how to proceed with the Data in January
- WGI will provide a matrix to digitalize data from the recording form of the fitness test

Others items/results:

- Which reference system should be used for the evaluation of BMI? (Cole vs. Kromeyer-Hauschild)
- How should the data be evaluated? Suggestion: on school level, community level, country level, EU-level
- an interim report should be given by all countries till mid of December, WGI will provide guidelines at the beginning of December
- Rebekka Kemmler-Müller will provide a draft for financial reporting
- financial reporting has to be ready until 31.3.2011
- second testing has to be done before 15.3.2011 (end of February / beginning of March)

Conference at Brussels:

- March 8-10, 2011
- Visit EU-Office, Reception
- WHO Group
- final report
- discussion / evaluation / data assessment
- possible agenda:
 - 6 sessions à 90 min
 - 1) Reception EU Sport Unit
 - 2) WHO EU working group
 - 3) Final reports of HCSC
 - 4) Self-evaluation of participants of the round table (teacher, coaches, communal moderator, health expert ...)
 - 5) Assessment of the data
 - 6) recommendations for the future, Options for continuing HCSC
- participants: 3-4 persons per country

Possible titles of Conference:

- 1) Looking for the future HCSC final conference
- 2) Working for the future health Healthy Children in Sound Community
- 3) Exercising for the future
- 4) The community in shape results of HCSC

Homepage:

- send in more articles, pictures and notes
- make sure that the school pages are linked to hcsc.eu

AOB:

 suggestion: certification of schools - produce badges for schools to show that this is a HCSC school, hand over by community office

Caren Behnke, 02nd December 2010

4. Meeting at Brussels, March 8th-10th, 2011

- Exercising for the future -Healthy Children in Sound Communities' Final Conference March 8th to 10th 2011 in Brussels/Belgium

Draft schedule

Tue, 8th of March, 2 p.m. Start of conference

Session 1, Reports of project implementation HCSC

5 p.m. Statements:

- Michal Krejza, Head of EU Sport Unit, DG EAC, Brussels
- Nina Vestmark Christiansen, Nutrition, Physical Activity and Obesity Pro-gramme, WHO Regional Office for Europe, Copenhagen
- reception/talk with guests

8 p.m. Dinner (Le Bretagne, Rue Champ de Mars 13

Wed, March 9th, 9:30 pm conference program

Session 2, Self-evaluation of members of the local HCSC-round table

12:00 p.m. press conference

12:30 p.m. lunch

01:30 p.m. Session 3, Assessment of the data Session 4, Recommendation for the future

7:00 p.m. Dinner (Il Pasticcio, Rue Marie de Bourgogne 3)

Thur, March 10^{th,} 09.00 a.m. Departure from Hotel

10:00 a.m. visit at Europ. Commission Sport Unit

11:30 a.m. visit at EOC EU Office

1 pm departure

INDICATIONS FOR SESSION 1 TO 4

Session 1, Reports of project implementation HCSC: Format: 20 min per partner organization representative

- no technical/data reports (see session 3), but giving an insight into the practical implementation
- pictures of events
- experiences in building up a network
- which partners were involved in the implementation
- experiences with children and parents

Session 2, Self-evaluation of members of the local HCSC-round table: Format: moderated discussion

- what were the benefits of the network for schools, sports clubs and community members and for you, personally
- what were the developments inside community
- what could be wishes for improvement
- what about sustainability

Session 3, Assessment of the data

Format: presentation (a) 15 min per partner, (b) 40 min compara-tive results, (c) discussion

- presentation per country (applies to primarily to scientifical part-ners, other partners presentation facultative)
- presentation Prof. Roland Naul, comparing selected results of all countries
- discussion: how to move on with data assessment

Session 4, Recommendation for the future:

Format: moderated discussion

- benefits of the project
- options for carrying on the interventions / network
- future perspectives of each country

D. Manuals of test instruments

1. Physical fitness and motor development test

Sit-ups:



Main goal:

Measuring the abdominal muscle endurance.

Setting of the task:

The children should do as many sit-ups from a supine position with anchored feet as possible in 40 seconds.

Carrying out the test:

The children lie on their back on a padded surface, bending their knees to about 90°. The feet are flat on the floor and anchored by a helping person. The children cross their arms across their chest. They should reach their knees with the elbows. After a demonstration by the test leader, all children can try to do the right movement.

Test instruction:

"Now you should do as many sit-ups in 40 seconds as possible. You lie down and put your feet on the ground like I do. I will anchor your feet. Cross your arms across your chest and try to reach your knees with your elbows as you roll up. Roll down again until your shoulder blades reach the ground again. Now roll up again. Don't let your back fall to the ground. Start with the launching command."

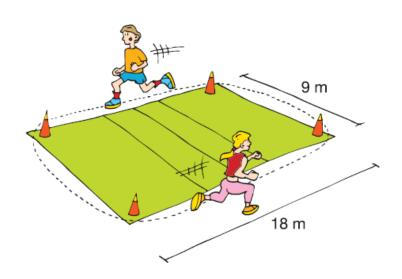
Assessment:

Count the sit-ups done in 40 seconds.

Test material:

Stopwatch, gym mat, mechanical counter

6 minutes endurance run:



Main goal:

Measuring the aerobic endurance performance capacity.

Test construction:

Place four cones at the corners of a volleyball field (50cm inwards); no more than 12 members per running-group.

Setting of the task:

The children should run as many laps as possible within 6 minutes.

Carrying out the test:

Tell the children to run at a steady speed. They must keep running, even if they are tired. All children start at the same time, but from different starting points. Starting points are at the corners of the field (3 children per corner). A test leader starts the run (Steady – Go) and ends it after 6 minutes. During the run, he calls the remaining time every minute.

Test instruction:

"Now you should run for six minutes. Please go to your starting points. I will participate in the run for the first two rounds. As long as I'm running with you,

no one is allowed to pass me. When I stop running, you keep on in your own pace. Don't start running too fast, you must be able to keep your pace for 6 minutes. I will count backwards the last 10 seconds 10, 9,8,7,.... With 1 you stop running but keep walking on the spot. The launching command is: Steady – Go!"

Assessment:

Measure the distance accurate to half rounds (= 27m), round up if necessary. The following mistakes may occur:

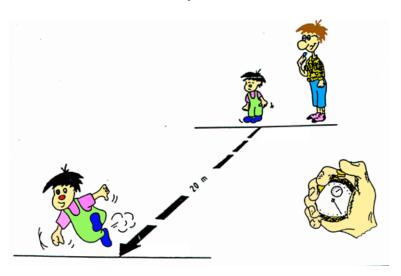
- children shorten the round by not passing the cones correctly
- children stay in groups, not keeping their individual lace

Test material:

Stopwatch, cones, chalk to mark the field if necessary; one person for max. 3 children to count the rounds

Please keep to the size of the field so that the results are comparable to others. We advise you to have an additional person to stop the time (without counting rounds). Please make sure that the children keep moving at the end of the run (cool down).

20-metre sprint:



Main goal:

Measuring acceleration, maximum running speed and speed endurance.

Test construction:

Mark a 20m long distance with a start and finish line. Take care that there is enough room to slow down after running the distance.

Carrying out the test:

The child is supposed to run as fast as possible, starting from an upright position with a foot behind the starting line. A test leader gives the child a signal to start running and starts the stopwatch when the rear food leaves the ground. Beforehand, he or she explains and demonstrates the sprint. Reliability is greatly improved if a **timing gate** is used.

Test instruction:

"Now you should run as fast as possible. Stand behind the line and start from an upright position when I give the launching command. Slow down <u>after</u> passing the finish line. The faster you run, the more points you get. You have got one attempt."

Assessment:

Stop the time and record it.

Test material:

tape to mark the distance, start and finish line; stopwatch

Sit and reach:



Main goal:

Measuring the flexibility of the hamstrings muscles and the lower back.

Test construction:

Fix a scale on the sit and reach box that shows 15cm upwards and downwards. The edge of the box has to be the point zero.

Carrying out the test:

The children remove their shoes and sit down on the floor. They stretch out their legs with knees straight and feet flat against the box. Now they lean forward at the hips, keep their knees straight and slide their hands up the scale as far as they can. For physiological reasons this task should not be trained, but can be used as a test item without reservations.

Test instruction:

"Please remove your shoes and sit down with your feet flat against the box. Keep your legs closed and your knees straight. Lean forward at your hips as far as possible, put your arms forward and try to keep the position for 2 seconds. It's helpful to exhale when leaning forward."

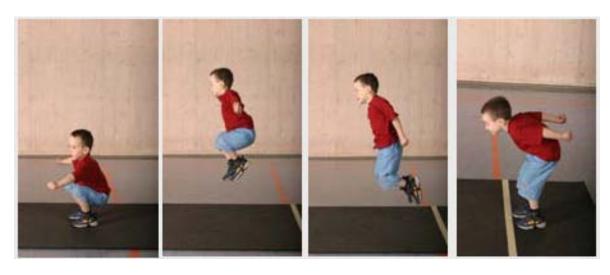
Assessment:

Note the highest value that the child reached with its fingertips and was able to keep for 2 seconds. Values below zero will be rated negatively. Each child has got one trial before the test starts.

Test material:

Sit and reach box with scale

Standing broad jump:



Main goal:

Measuring the explosive leg power.

Carrying out the test:

With a two foot take-off and landing, the child tries to jump as far as possible from a line marked on the ground. The landing area should be the same height as the take-off area. Two attempts are allowed. Before carrying out the test, show the children how to swing the arms and bend the knees to provide forward drive. Don't forget to warm up the muscles before the jump. The landing area has to be fixed to prevent slipping.

Test instruction:

"Now you should jump as far as possible. Stand behind the line. Now swing your arms and jump with both feet as far as possible. Try to stand still for a moment after landing. Don't step backwards, bend down or reach with your hand to the ground. Two attempts are allowed."

Assessment:

The measurement is taken from the take-off line to the nearest point of contact on the landing area (back of the heels). Record the best attempt. The following mistakes may occur:

- children may not jump with both feet
- the distance has to be measured precisely

Special advice:

To get an exact measurement and a valid attempt, the child has to keep standing for a moment after landing. If the child reaches back with a hand, that point of contact will be measured, rather than where the feet first touched the ground. If the child does a sidestep, the attempt is invalid. Tip: Fix a tape measure at the side and take a ruler / stick to draw a line from the point of contact to the tape measure to get exact results.

Test material:

Soft landing area, chalk or tape to mark the starting line, a tape measure, ruler or stick

2. Parents' Questionnaire

Dear parents,

Within a major European project promoting an active lifestyle for all young people, we have measured the physical fitness and motor development of your child. With this questionnaire we would now like to analyze the connection between the results of our fitness test and the children's lifestyle (including: physical activity, TV / Computer use, nutrition and sleeping habits). Our findings will be based upon the help and support you can give us.

All of the information will be treated as strictly confidential.

Questionnaire for behaviour, health and education:

Opening Questions						
			Mother	Father	Teacher, together with one parent	Other
Who is going to answer the questions?						
Is your child						
an only child?						
the youngest of your children?						
the oldest of your children?						
aged between your other children?						

Lifestyle – Physical Activity
Please consider an average week to answer the following questions.

How often does your child come to school, using the following options?	Always	Most of the time	Rarely	Never
My child goes by bus				
My child is brought by car				
My child goes by bike				
My child walks				
Is your child member of a sports club?				
Yes, namely:				
How often does your child do the following kinds of sports (for at least 20 minutes)?	5-7 times a week	3-4 times a week	1-2 times a week	rarely or never
Swimming				
Biking				
Jogging				
Play ball games				
Roller skating				
Skateboarding				
Play table tennis				
Horse riding				
Aerobics, Dancing				
Others, namely:				

	never, or				
	less than	1-2 days a	3-4 days a	5-6 days a	7 days a
	one day a	week	week	week	week
	week				
How often does your child		П			
play		ш	ш	Ш	Ш
outdoors (outside school)?					
If your child invites friends to he	ome, what do	Always	Most of	Rarely	Never
they do?		, ,	the time	,	
Watching TV					
Play computer games or with game	consoles				
Play inside (doing handicrafts, paint	ing)		П		
	o,				
Play outdoors					
Ride their bikes					
Roller skating					
others,					
namaku					
namely:					
What does now shill do if hold	a la marta		Most of		
What does your child do, if he/sl spend some time alone?	ie nas io	Always	the time	Rarely	Never
-					
Watching TV		Ш	Ш	Ш	Ш
Playing computer games or with gar	me consoles				
Reading					
Playing inside (doing handicrafts, pa	inting)				
Playing outdoors					
Riding a bike				П	

Roller skating, skateboarding			
others,			
namely:			
Lifestyle – TV / Cor	_		
Please consider an average week to answer the follow	ving questions.		
How long does your child watch TV/Video/DVD each day?	Mon-Fri	Sat-Sun	
less than half an hour a day			
between half an hour and one hour a day			
1 or 2 hours a day			
2 or 3 hours a day			
3 or more hours a day			
How long does your child play computer games/game console games each day?	Mon-Fri	Sat-Sun	
less than half an hour a day			
between half an hour and one hour a day			
1 or 2 hours a day			
2 or 3 hours a day			
3 or more hours a day			

Does your child have a PC and/or TV in his/h bedroom?	er			
Yes, a TV				
Yes, a PC				
Yes, a PC and a TV				
None of these				
Lifestyle – Nu	ıtrition			
Please consider an average week to answer the fo		estions.		
How often does your child have breakfast at home?				
never				
1-2 days a week				
3-4 days a week				
5-6 days a week				
7 days a week				
Which meals does your child eat on a regular day?	Always	Most of the time	Rarely	Never
Breakfast				
Second breakfast				
Lunch				
Snack for Teatime				
Dinner				

How often do you eat the following meals together with your child?	Always	Most of the time	Rarely	Never
Breakfast				
Lunch				
Dinner				
When do you eat your most extensive meal? in the morning				
at lunchtime				
in the evening				
What does your child eat in the meantime?	Always	Most of the time	Rarely	Never
Muesli bar				
Yogurt, Quark				
Sandwich				
Cheese or ham (without bread)				
Cake, Cookies				
Crisps, Peanuts				
Fruits, vegetables				
Ice cream, pudding				
Chocolate bar, bonbon				
Sweets				
Warm snacks (a slice of Pizza)				
others,				
namely:				

How often does your child drink refreshments with sugar (e.g. Cola, Fanta, Sprite), sweet milk and yogurt drinks and/or sweetened fruit juice?

never	Ш		
1-2 days a week			
3-4 days a week			
5-6 days a week			
7 days a week			
How many glasses of sweetened drinks does your child drink on an average day?			
less than one glass a day			
1 glass a day			
2 glasses a day			
3 glasses a day			
4 or more glasses a day			
Lifestyle – Sleeping			
Please consider an average week to answer the following	questions.		
When does your child go to bed?	Mon-Fri	Sat-Sun	
between 18.00 and 19.00			
between 19.01 and 20.00			
between 20.01 and 21.00			
between 21.01 and 22.00			
22.01 and later			

When does your child get up in the morning?	Mon-Fri	Sat-Sun
between 6.00 and 6.30		
between 6.31 and 7.00		
between 7.01 and 7.30		
between 7.31 and 8.00		
8.01 and later		
How often is your child awake after going to bed for more than half an hour before falling asleep?		
never or less than once a week		
once a week		
twice a week		
more than twice a week		
every day		
How often is your child awake during the night (without having to go to the toilet)?		
(hardly) never		
once a night		
more than once night,		
namely:		
How often does your child watch TV or use the PC before going to bed?		
never or less than once a week		
1-2 days a week		
3-4 days a week		
5-6 days a week		
every day		

How often does your child eat shortly before going to bed (e.g. snacks, sandwich, sweets)? never or less than once a week 1-2 days a week 3-4 days a week 5-6 days a week every day Lifestyle - Education How much do you agree or disagree Slightly Disagre Neutr Slightly Agre Disagre with each statement? e al Agree e e I limit the amount of time my child watches TV or videos during the week (Mon-Fri) I limit the amount of time my child watches TV or videos during the weekend (Sat/Sun) I limit the amount of time my child plays video games (like Game boy, Sega, Play station) or is on the computer during the week (Mon-Fri) I limit the amount of time my child plays video games (like Game boy, Sega, Play station) or is on the computer during the weekend (Sat/Sun) I offer sweets (candy, ice cream, cake) to my child as a reward for good behaviour. My child should always eat all the food on his/her plate. I have to be especially careful to make

sure my child eats enough.

If my child says "I'm not hungry," I try to get him/her to eat anyway.				
If I don't regulate or guide my child's eating, he/she would eat much less than he/she should.				
I limit the amount of soda my child drinks.				
I limit the number of snacks my child eats.				
Your child a	s an infa	nt		
Has your child been breastfed?				
Yes				
No				
How many months has your child been bre exclusively?	astfed			
number of months				
How many months has your child been bre and been given other food?	astfed			
number of months				
Your chi	ld today			
How often does someone else other than you after your child in the afternoon (e.g. school in the afternoon)				
family, friends)? never				
once a week				

2 days a week					
3 days a week					
4-5 days a week					
Further q	uestions				
Regarding weight, physical activities and nu habits of your child, please judge, whether t statements are true or false.		true	fal	lse	
Corpulent children are more likely to become ill.					
Regular activity and sports are important for chi	ldren.				
A high physical activity allows you to eat more, we becoming overweight.	without				
Children watching TV for 3 hours a day are more to become overweight.	likely				
Healthy nutrition is important for all children.					
Children having breakfast will more often become overweight than children not having breakfast.	ne				
A glass of apple-juice won't make children as overweight as a glass of Cola.					
Children getting little sleep are more likely to ge overweight.	t				
I have a positive effect on the behaviour of my child regarding the following aspects:	Disagre e	Slightly Disagre e	Neutr al	Slightly Agree	Agree
being physically active for at least 60 minutes per day					
not drinking more than one glass of sweetened drinks per day					

not watching more than 2 hours of television				
/ being on the computer per day	ш	Ш		ш
going to bed on time every day				
A hout the	navanta			
About the	parents			
Which section of the population would you of yourself to? (only one answer possible)	assign	Mother	Fathe	r
		Ш		
East European				
South European				
African				
Asian				
Other,				
namely:				
Personal data		Mother	Father	
height in cm (without shoes)				
height unknown				
weight in kg (without clothes)				
weight unknown				
Which is your highest educational qualification	tion?	Mother	Fathe	r

Other,			
namely:			
Which employment relationship are you in?	Mother	Father	
fulltime			
part time			
unemployed			
Other,			
namely:			
What is your marital status?	Mother	Father	
married			
living in a relationship			
divorced			
single			
other,			
namely:			

3. Local Monitoring of the implementation process

surname:				Sc	hool		Date of birth		h:	
first name	:						day	mont	h	year
group:										
sex		female	:	size (in d	:m):			weight (in kg)	:
		male		,				,		
□ trainers □ gymnastic shoes □ barefooted										
Sit-ups: (description & demonstration, 1 "free attempt" before counting) number:										
		ne shoulder bl vhen rolling u		ch the gr	ound wh	en ly	ying dov	wn and t	he elb	oows
□ feet leav	e the	ground	□ hyper	rkyphosis	s [] he	ad is no	ot in the	right p	osition
standing bi		jump: (descr	iption & d	lemonstr	ation, no			cm:	C	em:
□ one-legg	ed ju	ımp 🗆 unsa	afe / unba	alanced l	anding	☐ fe	eet do r	not land s	simulta	aneously
Sit and read attempt")	ch: (description &	demonstr	ration, no	"free			cm:		
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E. Selected self-evaluation reports of partners and third parties

E 1: Interim Reports

1.1 Interim report of the UK schools

HCSC Interim Report

UK School Profiles

Foxdell Junior School, Dallow Rd, Luton, LU1 1UP

Description: Urban, area of some deprivation, outer London

Working Group Yr 6 55 pupils Control Group Yr 4 50 pupils

Headteacher: Mrs Lynne McMulkin HCSC Lead Teacher: Neal Banner

Type of school: Local Authority Maintained, special school, community school

Pupil age range: 7 - 11

Gender: Mixed

Number of pupils: 258

Religious affiliation: Does not apply

Contact Details:

Telephone: (01582) 733764

Fax: (01582) 733764

E-mail: foxdell.junior.school.admin@luton.gov.uk

http://www.foxdelljunior.ik.org/p Home.ikml

St John's RC Primary School, Chepstow Road, Chorlton-cum-Hardy,

Manchester, Manchester, M21 9SN

Description Suburban, reasonably affluent, Greater Manchester

Working Group Yr 6 61 pupils Control Group Yr 5 53 pupils

Headteacher: Mr Dominic Mulcahy
HCSC Lead Teacher: Hannah Vecchione

Authority: Manchester Type: Voluntary aided Gender: Mixed Age range: 3-11

Number of students: 500 Religious affiliation: Roman Catholic

Contact Details:

Telephone: 0161 8811040 Fax: 0161 861 7463

Email: school@stjohnsrc.co.uk

https://sites.google.com/a/stjohnsrc.co.uk/build/

Carlton Central Junior School, Garden Avenue, Foxhill Road, Carlton,

Nottingham, Nottinghamshire NG4 1QT

Description Suburban, area of some deprivation, Nottingham City

Working Group Yr 6 48 pupils

Control Group Yr 5 40 pupils

Headteacher: Miss Julie Wardle HCSC Lead Teacher: Helen Mawer

Authority: Nottinghamshire

Type: Community
Gender: Mixed
Age range: 7-11

Number of students: 152 Religious affiliation: None

Contact Details: Telephone: 0115 9110402

Fax:

Email: office@carlton.notts.sch.uk http://www.centraljuniorschool.ik.org/

Country reports:

Number of schools: 3 Number of classes: 6

Number of students: 307

Number of Teachers (including Teaching assistants): 12

Number of Sports Clubs (including after-school clubs): 8 including: Hockey, Circuit training, Dance, Badminton, Rugby Union and cheerleading Number of coaches (8) and other institutions: Active Luton, (please also see

list in 4 below)

Members/institutions of the round table and a list of the round table meetings:

St John's 4th Oct 2010

Schools Laura Mitten, Head of Physical Education, Loreto High School and Anita Richardson, AST, Our Lady's RC Primary School

Sports Clubs Sale Sharks and Manchester All Stars Cheerleading Club

Further Partners (e.g. nutrition, medical service,) partner schools

Sue Walker, Mcr Community Health, Primary Care Trust

Christine Bland, PDM, School Sport Partnership,

Gill Parry, Manchester Strategic lead for PE Manchester LEA

Martin Wright Competition Manager

Teachers Dominic Mulcahy Head at St John's Maria Kirrane Director of Sport at John's

Foxdell To be confirmed

Carlton Central To be confirmed

Dates of the testing

All testing in the 3 UK schools took place in September 2010-12-20 Spreadsheets of results for St John's and Carlton Central attached; Foxdell results to be forwarded as soon as possible.

1.2. Interim Report of CZ schools

CZ Schools' Profiles

The presentation of the HCSC project and the Czech participation in it was limited to the promotion of its core objectives. The information was submitted in:

- a) the seminar of the PE and sport education teachers of the universities in Czech Republic, Poland and Slovakia in April 2010, (Rychtecký).
- b) At a seminar (22. 9. 2010) organized by the Ministry of Education and the National Public Health Institute (Rychtecký).
- c) At the Charles University, the Faculty of Physical Education and Sport (Rychtecký); in the Czech Association of Physical Education and Sport (Boháč) and in the Association of School Sports Clubs (Koukal).
- d) Students of Physical Education and Sport at the Faculty of Physical Education and Sport, who studying in the last year of the Master studies program.

This information was communicated orally; the electronic versions of these presentations are therefore not available.

Results of the fitness tests measurements and assessment of the questionnaire are still being processed. The actual results, obtained in the first measurement, in accordance with the objectives of the project (comparison of the changes of two measurements) cannot be used in this time in the scientific or methodological articles. These will be published after the second measurement of the project. In these days we prepared the schedule of the second measurements in January 2011.

I. Elementary school in City Prague 10



Names of school in Czech - Základní škola Hostýnská, 2100/2, 108 00 PRAHA 10

Elementary school Hostýnská 2100/2, 108 00 Prague 10;

tel.: 274770046, 274771035 fax:274772957 email: skola@hostynska.cz,

Headmaster: Mgr. Albert Hotový

Basic profile and characteristics of school

The school was put into operation in 1968. It is located in a quiet environment Malešice estate in Prague 10 Since 1993 is a legal entity.

The school has first and 2 degree in the last ten years it has averaged 500 children attending classes. It belongs to the larger schools in Prague 10. The school is equipped with all necessary professional classrooms, laboratories, special classrooms for physics, language arts education, computers with internet two gyms and other outdoor facilities.

The complex of two gyms was completed in cooperation with the Czech Association Sport for all CR (fitness center with a gym, a hall with warm-up hall, aerobic machines etc.).



The leadership of the elementary school stresses a healthy lifestyle, as an integral part of sport education of their students. Not only in physical education classes. The goal is to make the sport (on the recreational or performance level) as a natural part of their life. Besides of 2 gyms, from September 2000 the artificial turf pitch with facilities for tennis, basketball, volleyball and athletics are in disposal. In addition to physical and sport education the health physical education is taught as well.

At school in collaboration with the Association of School clubs or Czech Association Sport for all the schools sports clubs were established. Currently, children as well as the participants – children and adults from the surrounding regions can attend the next sports and physical activities: floorball, soccer, aerobics, rock and roll, KO-SHIN-DO and field hockey. To relaxation during the lessons children can table tennis on a table located in the hallway or

street, football, tennis to open a school playground. Kids can play sports at the school until 16:00 pm.

II. Elementary school in City Vrchlabí

Names of school in Czech:

Základní škola, náměstí Míru, Vrchlabí, Elementary School, Náměstí míru, Vrchlabí

tel.: 499 425 076

Headmaster: Mgr. Petr Jindřich, email: jindrich@zsvrchlabi.cz





Elementary school in Vrchlabí

In the HCSC project the two municipalities – Prague and Vrchlabí, two schools, five classes, 116 students, 8 teachers and coaches, 2 principals of schools are involved.

Beside of them the Charles University in Prague – Faculty of Physical Education and Sport; the Czech Sport Association and Association of School Sport clubs are involved as well.

Members and institutions of the round tables at Hostynska School in Prague 10

Persons	Role in project
Mrs. Eva Gladkovová	deputy mayor responsible for education in Prague 10
Mr. Albert Hotový	Headmaster of ES Hostýnská ; PE teacher at 3 lessons; nutrition programme
Mrs. Věra Lažánková	representative person of the Association of School Sport Clubs at Hostýnská school, adviser for 4-5 lessons
Mr. Jaroslav Koukal	representative person of the Association of School Sport Clubs; member of the measurement teams in both school
Mr. Pavel Tilinger	responsible for communication with schools, member of the measurement team; deputy of the head project at Faculty of Physical Education and Sport
Mr. Petr Česák	PE and SE teacher and coach for 4th lesson, member of the measurement team in both schools
Mr. Petr Bidelnica	PE and SE teacher and coach for 4th lesson, member of the measurement team
Mrs. Anna Sloupová	economics and administration of project, member of the measurement team in both schools
Mr. Jan Boháč	Moderator of RT, Secretary General of the Czech Sports Assoc.
Mr. Antonín	head of the project; member of the measurement team in both
Rychtecký	schools; HCSC National Project Co-ordinator of the Czech Republic

Members and institutions of the round tables at Elementary School in Vrchlabi

Persons	Role in project
Ms. Blanka Paulů	Deputy Mayor of Vrchlabí, responsible for youth and education
Mr. Petr Jindřich	Headmaster of Primary School Náměstí míru, Vrchlabí
Ms. Iveta Boháčová	Deputy-headmaster of Primary School Náměstí míru, Vrchlabí
Mr. Jan Martin	PE teacher at 3 lessons
Mrs. Marika Malá	Physical and sport activities coach and responsible teacher in the -
	nutrition programme
Mr. Tomáš	Physical and sport activities coach – representative of Sportclub
Kulhánek	Krkonoše Vrchlabí
Mr. Jaroslav Koukal	representative person of the Association of School Sport Clubs;
	member of the measurement teams in both school
Mr. Petr Česák	PE and SE teacher and coach for 4th lesson, member of the
	measurement team in both schools
Mrs. Anna Sloupová	economics and administration of project, member of the
	measurement team in both schools
Mr. Antonín	head of the project; member of the measurement team in both
Rychtecký	schools; HCSC National Project Co-ordinator of the Czech Republic
Mr. Jan Boháč	Moderator of RT, Secretary General of the Czech Sports Assoc.

The list of meetings and round tables at schools

The meetings and the	Elementary school	Elementary school Náměstí	
Round Tables in the	Hostýnska, Prague 10	Miru, Vrchľabí	
HCSC project			
Meeting	14. 8. August 2009 - participation in the HCSC project		
Meeting	2. 12. 2009 Content and organization of the project		
Meeting	22. 1. 2010 – Teaching nutrition issues		
HCSC Meeting in	26. 1. 2010		
Frankfurt			
Round table	23. 4. 2010	25. 3. 2010	
HCSC Meeting in Velen	6 – 7. 5. 2010		
Round table	11. 5. 2010	26. 5. 2010	
Round table	18. 6. 2010	16. 6. 2010	
Round table	8. 9 2010	15. 9. 2010	
Round table	3. 11. 2010	10.11.2010	
HCSC Meeting in	23. 11. 2010		
Prague			

The dates of the testing and number participating children of each school/class

Elementary schools	Classes	Dates of fitness testing in 2010	Number of tested children in groups		fitness children in groups questionnaires in grotesting in		•
2	5		Experimental	Control	Experimental	Control	
Hostýnska , Prague 10	5 th and 6 th	September 7th an 8 th	28	22	24	21	
Vrchlabi	5 th and 6 th	September 15 th and 16 th	36	30	30	24	

Further steps in the HCSC project:

- Assessment of the questionnaire tables and figures, statistical methods for evaluation of the differences between 1 and 2 measurements, and differences between the experimental control groups
 - Collection of date of the second measurements (January)
 - Finalization of accountancy of the project
 - Preparation of the final report

Written by Antonin Rychtecky

E 2: Final Reports

- 2.1 European Academy of Sport, Velen
- 1. The eads: tasks and functions within the HCSC-project
- 2. Locations and dates of the eads' activities from Jan. 1, 2010 until March 31, 2011
- 3. The eads within the network of the European Academies of Sport
 - 3.1. Function and meaning of the network within the HCSC-project
- Implementation of a border crossing network in the region Brandenburg and Lubuskje (Euregio Pommerania) and of a Polish network
- 5. Implementation of the border crossing network in the Euregio Trier/Bel/Lux
- 6. Services rendered by the eads to the German HCSC-cities Osnabrück and Darmstadt and the Dutch HCSC-city Arnhem
- 7. Preliminary works for a HCSC-sport event at schools and sport clubs
- 8. Conclusion: summarizing results and perspectives

1. The eads – tasks and functions within the HCSC Project

- a. The European Academy of Sport in Velen (eads) cooperates with a network of German regional partner academies from Trier and Potsdam and is their contact person for questions relating to the HCSC-Project (especially with regard to the setting-up of round tables in order to implement locally the movement oriented health programmes for children); in this connection the eads communicates between the regional partners and the back offices at Essen and Frankfurt.
- b. The eads supports the organization of the meetings of the regional partners.
- c. The German network partners conduct information events/ workshops in their own region as well as with the contiguous partners in the border area and are supported by the eads.
- d. The eads informs further European partner institutions (for example in Sweden and Poland) about the HCSC-project via its network partners.

- e. The eads retrieves the development progress with the regional partners in Germany and communicates the results to the WGI.
- f. The eads organized a meeting of the HCSC-Group at Velen, May 7 8, 2010
- g. The eads co-financed distinct HCSC-project activities with an extra budget of € 4,000 such as the meeting at Velen and the regional meetings of the network partners.

2. Locations and dates in the HCSC-project

The eads participated in the following events:

- 1. Jan. 12, 2010: Information on the HCSC-project by the Dutch partner NISB at Arnhem
- 2. March 9-10, 2010: Information of the network partners on the goals and measurements in the HCSC-project at Velen
- 3. May 7-8, 2010 Implementation of the international HCSC-meeting at Velen
- 4. July 6, 2010: Information of the WGI on the actual status of the network partners in the project
- 5. Sept. 22-23, 2010: Network meeting of the partner academy Potsdam with representatives from Poland at Frankfurt/Oder.
- Oct. 13-14, 2010: Implementation and organization of a meeting of all community moderators. On this occasion the HCSC partners from Darmstadt and Osnabruck were introduced substantially into the project.
- Oct. 28-29, 2010: Meeting with the partner academy Potsdam in order to further coordinate the practice with the municipalities of Poland at Drzonkow
- 8. Nov. 12, 2010: network meeting with the partner academy Trier with representatives of the municipalities of Trier and Luxembourg at Trier
- 9. Nov. 16-17, 2010: Summary and perspective of the activities in the HCSC-project with the network partners from Trier and Potsdam
- 10. Correspondence on the development of a cross-border project in the region of Brandenburg/Lubusjke (Euregio Pommerania)
- 11. Meeting with representatives of the communities Wittlich (Rhineland-Palatinate) and Diekirch (Luxembourg) for the development of a new cross-border community project of HCSC

12. March 8-10, 2011: Participation in the final conference of the project partners at Brussels

3. The eads within the network of the European Academies of Sport

The European Academy of Sport chairs the network of all European Academies of Sport.

This network consists of six academies (Bocholt/Velen, Hannover, Malente, Trier, Potsdam, Freiburg) which have access especially to regional and local developments in the course of their engagements for Europe and help to organize the respective events. Among them there are mutual events in the European Sport sector, network forums on European politic subjects, the editing of the journal "Eurosportpress", which is published several times a year as well as the internet presence www.eurosportakademien.de which informs on current developments.

3.1 Function and meaning of the network within the HCSC-project

The academies of the network seek for a cross-border regional cooperation in the sport sector. The academies are known for their internal network structures, which integrate on a cross-border level the state and district related organisations as well as the community related organisations. In order to achieve a regional extension of the HCSC-project and to develop it also euregional, the academies cooperate with the corresponding cooperation partners in the respective border region. There are for example own networks like the EuRegio SaarLorLux. An exemplary implementation of the HCSC-activities with two partners in a border region can lead to further extentions and might rise the interest of other Euregios for the development of HCSC-networks (e.g. Austria-Slovenia).

The likewise good inclusion of the Euregios in these regions can contribute furthermore to the use of financial sponsoring and therefore to a sustainable border-crossing support of the HCSC-measurements. First steps could be initiated in the course of the HCSC-project.

4. Implementation of a border crossing network in the region Brandenburg and Lubuskje and of a Polish network

Together with the academy of Potsdam and its partners in Lubusjke the eads discussed a border crossing cooperation in the border section Brandenburg-Lubuskje and recommended its implementation in the Euregio of Pommerania.

Partner cities are the German cities Frankfurt/ Oder and Schwedt and the Polish cities Poznan, Zielona Gora and Dlugoleka (twin community of Velen). All Partners were of the opinion that it would be useful to start with measurements of the HCSC-programme and to support each other. Both

sides want to encourage the implementation of a round table in their communities. In order to secure the border crossing cooperation also after the termination of the HCSC-project stage, the Polish partners will contact the academy of Potsdam and the newly founded European Academy of Sport WOSiR Drzonków on a euregional basis headed by the HCSC-Partner, the University of Poznan.

Furthermore, the Polish representatives plan to implement their own Polish network under the auspices of Poznan. Headed by the Academy of Potsdam, the German side intents to support the cooperation with the communities Schwedt and Frankfurt/Oder also in the future. The State Sport Federation of Brandenburg promised its' support as well. In addition the eads will secure further support of the German-Polish network upon completion of the project stage.

5. The implementation of a border crossing network at Trier

On the occasion of an information and communication meeting at Trier the eads succeeded in implementing a German-Luxembourgian-Belgium network. The communities of Trier, Wittlich and Diekirch signalized their willingness to participate locally in the implementation of the HCSC-programme. The contact person Theo Lamberts (Trier) will advance the implementation of a round table in Wittlich and seeks for cooperation with Luxembourg with the community of Diekirch.

Several school representatives promised to check to which extend acitivities of other school projects can be linked with the HCSC-programme. Due to the fact that already some initiatives in the field of training and further education of teachers as well as the use of measurement procedures have started, there might be a good possibility to combine them with the HCSC-programme. The representatives from Luxembourg suggested to involve also the interdepartmental working groups in the HCSC-programme. The representatives of the Germany communities of Belgium appreciate a border crossing project within the Saar-Lor-Lux-programme upon completion of the project stage of HCSC. Both the State Sport Federation of Rhineland-Palatinate and the network partner academy of Trier have promised to support the bringing in of an application with the Euregio upon completion of the HCSC-programme stage. Here as well the eads will support the process.

6. Services rendered by the eads to the cities of Darmstadt, Osnbrück and Arnhem

On the occasion of the conference at Velen on May 7-8, 2010 the eads presented the experiences made in the gkgk-project to representatives of Darmstadt, Osnabrück and Arnhem and led a mutual discussion with the participants. Materials for the implementation of the HCSC-programme as well as contacts to partners from other regions were submitted to the representatives. During the meeting of the community moderators of both

projects on Oct. 13-14, 2010 at Bocholt first impressions and experiences could be shared by the moderators from Osnabrück, Darmstadt and Arnhem and they got knowledge of important information for their local work.

7. Preliminary works for a HCSC-sport event at schools and sport clubs

In cooperation with the network partners of Potsdam and Trier preliminary border crossing meetings of schools and sport clubs of both networks are planned for 2011. These events should be focused on offers for the advancement of motoric movement abilities. Due to the fact that a border crossing communication between schools and sport clubs already exists, this new initiative can be linked to it perfectly.

8. Summary and conclusions

The eads could achieve the following results during the project period:

- A border crossing network HCSC for the regions Brandenburg/ Lubuskje and Trier/ Luxembourg/ Belgium is currently being prepared, relevant contacts and cooperation will be developed and coordinated by the network partners of Potsdam/ Drzonkow and Trier. The eads will provide further advices.
- There will be a definite cooperation between the Polish network and the cities and communities of Poznan, Zielona Gora and Dlugoleka. The University of Poznan will be the lead partner and the Academy of Drzonkow will provide organizing support. The partners of the border crossing cooperation in Trier will be the communities of Wittlich and Diekirch (Lux.). They will be supported by the State Sport Federation of Rhineland-Palatinate and the Academy of Trier.
- 3. It was not possible to implement the complete intervention pool of the HCSC-Project due to the short project period. But, this was also not granted in the official form. The border crossing activities and measurements sensitized for the subject and first steps for a cooperation were done. All partners expressly consented to continue the measurements after the finalization of the HCSC-project stage. For this purpose the local partners agreed to start further initiatives, such as an application for the continuation of the project with the Euregio. Support will be given by the local network partners. The European Academy of Sport as well will attend this process collaterally and give assistance to the application and the implementation of the follow-up measurements.

2.2 Round Table Network of the city of Darmstadt

Abschlussbericht zum EU-Projekt

"Healthy Children in Sound Communities" (HCSC) Teilprojekt Darmstadt Inhaltsverzeichnis

- 1. Vorbemerkungen
- 2. Vorlauf, Vorbereitung, Organisation
- 3. Heinrich-Hoffmann-schule
- 3.1. Profil
- 3.2. Projekt
- 3.3. Beteiligte vereine
- 3.4 Erste Erfahrungen
- 4. Schillerschule
- 4.1. Profil
- 4.2. Projekt
- 4.3. Beteiligte vereine
- 4.4 Erste Erfahrungen
- Motoriktest
- 5.1. Heinrich-Hoffmann-schule
- 5.2 Schillerschule
- 6. Runder Tisch
- 7. Öffentlichkeitsarbeit
- 8. Vorläufiges Fazit und Ausblick (stand 14.02.2011)
- 9. Perspektiven
- 9.1. Schulebene
- 9.2. Lokale Ebene
- 9.3. Regionale Ebene
- 9.4. Nationale Ebene
- 9.5. Europäische Ebene

1. Vorbemerkungen

Die Beteiligung der Wissenschaftsstadt Darmstadt am EU-Projekt Healthy Children in Sound Communities" (HCSC) ist eingebunden zu sehen in identifizierte Prioritäten aus Handlungsempfehlungen, die in der Sportentwicklungsstudie für Darmstadt (2007) formuliert und im laufenden Sportentwicklungsprozess bestätigt worden sind. Exemplarisch genannt werden an dieser Stelle:

- Institutionalisierung eines Netzwerkes "Sport und Gesundheit"
- Entwicklung und Verstärkung Vereinskooperationen mit "sportinternen" und "sportexternen" Partnern
- Angebotsverbesserung für einzelne Zielgruppen der Bevölkerung in Stadtteilen
- Kooperationsentwicklung zwischen Schulen und Vereinen
- Qualifizierung von Akteuren im Sport

Außerdem passt die Beteiligung am Projekt in die Schwerpunktsetzung des Netzwerkes "Gesundes Darmstadt" (Darmstadt ist Mitglied im Gesunde-Städte-Netzwerk in Deutschland), das für das Jahr 2010 das Thema "Sport und Gesundheit" festgelegt hatte.

Ein Beschluss des Magistrats der Wissenschaftsstadt Darmstadt (Anlage) liefert die offizielle Grundlage für die Projektbeteiligung und die Durchführung des Teilprojektes.

2. Vorlauf, Vorbereitung, Organisation

Nach dem ersten Informationsgespräch zum EU-Projekt HCSC konnte in Darmstadt aus mangelnden personellen und zeitlichen Ressourcen nicht unmittelbar mit den Projektvorbereitungen begonnen werden. Weiterhin verzögerte sich die Beteiligung wichtiger vorgesehener Partner (u. a. Sportkreis, staatliches Schulamt).

Infolge der Informationsverbreitung nach dem ersten runden Tisch an ausgewählte Darmstädter Schulen zeigte sich ein ausgesprochen großes Interesse bei nahezu allen angesprochenen Schul- oder Schulsportleitungen. Diese und erweiterte Informationen wurden kurz vor den hessischen Sommerferien geliefert. Vereinzelt wurde aber auch Skepsis hinsichtlich des geringen zeitlichen Vorlaufs geäußert.

Im August 2010, mit Beginn der konkreten Planungsphase lagen von zwei Schulen Zusagen vor – alle anderen 6 Schulen der ersten Wahl zogen ihre Beteiligung am Projekt zurück, in der Schillerschule war die Umsetzung nur in einer Schulklasse möglich. In einer neuen Welle wurden unmittelbar weitere Schulen angeschrieben und angesprochen, ohne dass daraus eine weitere Beteiligung resultierte.

So wurde entschieden, dass das Projekt in dieser Phase ausschließlich an der Schillerschule und an der Heinrich-Hoffmann-Schule durchgeführt wird.

Entgegen der ursprünglich nur vorgesehenen zwei Ersten Klassen in dieser Schule wurde das Projektangebot auf die beiden Zweiten Klassen erweitert. 3. Heinrich-Hoffmann-Schule

3.1. Profil

Die Heinrich-Hoffmann-Schule ist eine zweizügige Grundschule (acht Klassen), die Kinder mit 18 verschiedenen Nationalitäten besuchen. Mit Bewegungsbezügen bietet die Schule Sport-AG's mit Tennis, Fußball, Tischtennis, Kinderzirkus und Yoga an.

Bedingt durch die Innenstadtlage ist das Bewegungsangebot der Kinder im öffentlichen Raum sehr eingeschränkt. Durch das Einzugsgebiet der Schule führen zwei Hauptverkehrsstraßen. Parks oder Spielplätze, die attraktive Bewegungsangebote für Grundschulkinder bieten könnten, gibt es nicht in der für diese Altersgruppe erreichbaren Entfernung. Die meisten Spielplätze sind für Kinder im Vorschulalter konzipiert. Sportvereine und deren Anlagen sind auch nicht in Fußnähe. Kinder die in den Vereinen angemeldet werden, müssen daher von ihren Eltern dorthin begleitet (gefahren) werden.

Der Elternbeirat der Heinrich-Hoffmann-Schule hat sich in den letzten Jahren sehr dafür eingesetzt, den Schulhof bewegungsfreundlicher zu gestalten. Hierfür wurde ein Gesamtkonzept erstellt. Durch das Sammeln von Spenden und mit Hilfe mehrerer großer Arbeitseinsätze von Eltern wurde im Bereich des Schulhofes ein "Baumhaus" mit Seillandschaft errichtet, das sich bei allen Kindern großer Beliebtheit erfreut. In einer weiteren Aktion wurde eine Schaukelhängematte installiert. Ziel ist es, in der nächsten Aktion einen weiteren Abschnitt des Konzeptes zu realisieren.

Im Rahmen des AG-Angebotes versucht der Förderverein in Kooperation mit Vereinen Sportangebote am Nachmittag in der Schule anzubieten. Ziel ist es hierbei vor allem, eine Angebots- und/oder Partnerkontinuität sicherzustellen.

3.2. Projekt

An der Heinrich-Hoffmann-Schule sind die Klassen 1 und 2 am Projekt beteiligt. Die Klassen 1a/b haben im September mit dem Projekt begonnen und die Klassen 2a/b im Oktober nach den Herbstferien. Obwohl die Sporthalle (13,5m x 8m) der Schule sehr klein, schlecht ausgestattet und der kleine Sportplatz eher gar nicht mehr zu gebrauchen ist, haben Lehrerkollegium und vor allem die Schulleiterin der Heinrich-Hoffmann-Schule versucht, so viele Kinder wie möglich in das Projekt einzubinden. In der "Struwwelpost Nr.8" (Schüler- und Elternzeitung) wurde über das HCSC-Projekt berichtet. Ebenfalls wurde auf der schuleigenen Homepage darüber informiert.

Die Klassenlehrerinnen übernahmen den Sachkundeunterricht für die am Projekt beteiligten Kinder. Es wurden vorhandene Materialien zum Thema Gesundheit, Ernährung und Bewegung verwendet. Zusätzlich wurde mit Materialien der Bundeszentrale für gesundheitliche Aufklärung gearbeitet. Die Schule hat eine Ernährungskiste mit Büchern und Spielen zusammengestellt.

In den Sachkundestunden wurden zum Thema Gesundheit, Bewegung und Ernährung bislang folgende Inhalte behandelt:

- Was esse ich?
- Gesundes Frühstück
- Mein Körper
- Fit in den Tag
- Ernährungspyramide
- Vitamine und Mineralien
- Wie viel Zucker steckt in Lebensmitteln?
- Ernährung und Bewegung
- Unterwegs nach Tutmirgut
- Tut Kindern gut
- Umgang mit Medien
- Stressbewältigung

Im Rahmen der Projektweiterführung wurde am 11.02.2011 ein besonderer "Sport-, Bewegungs- und gesunde- Ernährungstag" unter dem Motto "Die vier Jahreszeiten-ein sportlicher Tag ins neue Jahr" durchgeführt. In einem Projektseminar wurden Studierende an der TU Darmstadt eingebunden. Sie hatten den Tag in Abstimmung mit der Kommunalmoderatorin und der Schulleitung theoretisch und inhaltlich vorbereitet und durchgeführt. An diesem Tag wurden alle Klassen der Heinrich-Hoffmann-Schule beteiligt! Am 31.03.11 ist ein Speedstacking- Lehrgang für das gesamte Lehrerkollegium, sowie für die im Projekt an der Heinrich-Hoffmann- Schule beteiligten Vereine fest terminiert.

3.3. Beteiligte Vereine

Es konnten drei Vereine zur Beteiligung am Projekt für die Heinrich-Hoffmann-Schule gewonnen werden:

- Budo-Do-Tameshi Darmstadt e. V. (Kickboxen)
- ASC Darmstadt e. V. (Leichtathletik)
- Sport- und Kulturverein Rot-Weiß Darmstadt e. V. (Turnen)

Von Seiten der Vereine wurden alters- und kindgerechte Konzepte in den Sportarten durchgeführt.

3.4. Erste Erfahrungen

Die Schulleiterin berichtete, dass die Kinder gerne am Projekt teilnehmen. Die Elternrückmeldungen sind sehr positiv und sie wünschen unbedingt eine Weiterführung des Projektes.

Offensichtliche Verhaltensveränderungen der Kinder sind durch die kurze Laufzeit des Projektes nicht zu erkennen. Die Schüler der ersten Klassen kannten -logischer- Weise die Lehrer vorher nicht. (Möglicherweise haben diese Kinder nun die Vorstellung, "dass Schule immer so ist", jeden Tag Sport?)

Die zweiten Klassen haben mit dem Projekt erst später (s. o.) begonnen.

Die beteiligten Sportlehrer/innen berichteten, dass es durch die <u>tägliche</u> Sportstunde auch einige Nachteile im Sportunterricht gäbe. Sie würden es zum Beispiel besser finden, wenn Doppelstunden abgehalten werden könnten. Die kleineren Kinder benötigen noch sehr viel Zeit, um sich umzuziehen, so dass sehr viel Zeit für den eigentlichen Sportunterricht verloren geht. Einen Geräteparcours könne in der kurzen Zeit ebenfalls nicht aufgebaut werden.

4. Schillerschule

4.1. Profil

Die Schillerschule ist eine vier-fünfzügige Grundschule, die Kinder aus 35 verschiedenen Nationalitäten besuchen. Die Schillerschule hat eine gut ausgestattete Sporthalle und einem kleinen Sportplatz mit einem kombinierten Fußball-Basketballfeld, mit einer 50-Meter-Laufstrecke und einer Weitsprunganlage. Die Schule hat in ihrem Stundenplan täglich zwei Bewegungspausen (insgesamt 35 Minuten) und einmal wöchentlich eine zusätzliche Bewegungsstunde (45 Minuten) zu den drei Sportstunden fest für alle Klassen in den Stundenplan integriert. An der Schillerschule gibt es drei Sportvereine, die bislang Sportaktivitäten in der Schule anbieten. Eine Kooperation "Schule und Verein" besteht seit 1995 und wird über den ASC Darmstadt abgedeckt. Die Sport- AG wird einmal wöchentlich für die 1. und 2. Klassen angeboten.

Seit 2004 gibt es in der Schule außerdem das Bewegungsangebot "Ballschule" in Zusammenarbeit mit einem weiteren Verein, der Turngesellschaft 1875 Darmstadt e. V.. Seit 2006 wird am Nachmittag auch Kickboxen des Vereins Bodo-Do-Tameshi Darmstadt angeboten. Ein weiteres Angebot besteht seit einigen Jahren dadurch, dass ein Lehrer vereinsungebunden Mädchenfußball am Nachmittag als Arbeitsgemeinschaft durchführt. Die Sportangebote werden von den Kindern sehr gut angenommen. Die meisten Kinder kommen zu Fuß zur Schule. Nur wenige Kinder müssen mit einem Schulbus oder mit dem Auto zur Schule gebracht werden. In wenigen Gehminuten ist ein großer Park erreichbar. Sportvereine bzw. deren Sportanlagen befinden sich nicht in Schulnähe.

4.2. Projekt

Aus der Schillerschule nimmt die Klasse 4d am Projekt teil. Die Klasse hat im September mit dem Projekt begonnen. Da die Schillerschule eine große Grundschule ist, die die Sportstunden am Vormittag in der Sporthalle vom "normalen" Stundenplan vollständig ausschöpft, konnte die im Projekt vorgesehene vierte und fünfte Sportstunde nicht in der eigenen Sporthalle abgehalten werden. Daher musste hier eine andere Lösung gefunden werden, indem die Projektpartnerschaft mit einem in der Nähe ansässigen Jugendzentrum, das wiederum über eine Mehrzweckhalle verfügt, erweitert wurde. Das Jugendzentrum stimmte der Nutzung für den Sportunterricht zu.

Zu den Problemen mit dieser Halle im Jugendzentrum folgen Ausführungen unter dem Punkt "Erste Erfahrungen".

In den Sachkundestunden wurden zum Thema Gesundheit, Bewegung und Ernährung bislang folgende Inhalte behandelt:

- Fitnesscheck
- Meine Ess- und Trinkgewohnheiten
- Gesunde Ernährung/ Ungesunde Ernährung
- Was mein Körper braucht
- Ernährungskreis und –Ernährungspyramide
- Nährstoffe und Nährwertangaben
- Lebensmittelkennzeichnungen
- Zusatzstoffe in Lebensmitteln
- Energie, Kalorien berechnen
- Warum müssen wir trinken?

•

Folgende Themen sind noch vorgesehen:

- Der Weg der Nahrung
- Aufbau des Körpers

In der Schillerschule fand im Rahmen des Projektes ein Speedstacking-Lehrgang statt. Die Lehrer/innen haben viele neue Anregungen für den Sportunterricht, für die bewegte Pause und für den allgemeinen Unterricht erhalten. Speedstacking kann sehr gut im Rahmen "Bewegtes Klassenzimmer" genutzt werden. Auf der Homepage der Schule wurde über das HCSC- Projekt informiert.

4.3. Beteiligte Vereine

Es konnten zwei Vereine zur Beteiligung am Projekt für die Schillerschule gewonnen werden:

- Budo-Do-Tameshi Darmstadt e. V. (Kickboxen)
- ASC Darmstadt e. V. (Leichtathletik)

Von Seiten der Vereine wurden auch hier alters- und kindgerechte Konzepte in den Sportarten durchgeführt.

4.4. Erste Erfahrungen

Der Klassenlehrer, er ist auch der Sportlehrer und Sachkundelehrer der Kinder berichtete, dass die Kinder sehr stolz sind, an diesem Projekt teilzunehmen und sie freuen sich sehr auf die tägliche Sportstunde. Auch die Eltern waren von Anfang an von der Grundidee angetan. Einzelne Eltern berichteten bereits, sie hätten den Eindruck ihre Kinder wären durch die regelmäßige Bewegung allgemein fitter geworden. Die Schulklasse muss

dreimal wöchentlich einen kleinen Weg zur Halle des Jugendzentrums zurücklegen. Damit reduziert sich die tatsächliche Bewegungszeit drastisch. Die Sportstunde in der schuleigenen Turnhalle gefällt den Kindern besser, weil die Auswahl an Geräten größer ist, die Umkleiden neu sind und im besonderen die Temperaturen angenehmer, da in der Halle des Jugendzentrums nur wenig bzw. oft gar nicht geheizt war.

So oft es geht – also bei trockenem Wetter – fand daher der erweiterte Unterricht des Klassenlehrers auf dem Sporthof statt. Die Halle des Jugendzentrums wurde nur bei äußerst schlechten Witterungsbedingungen genutzt.

Der tägliche Sport scheint den Kindern gut zu tun. Bewegung ist zum festen Bestandteil des Schulvormittags geworden und häufig Thema bei den Kindern. Ob es ihre Konzentrationsleistung erhöhen konnte, ist schwer festzustellen, insbesondere da der Sporthauptsächlich in Randstunden abgehalten wird. Über andere allgemeine Verbesserung lassen sich noch keine Aussagen machen.

Die Schillerschule berichtete, dass die Verzahnung mit dem Vereinssport nur wenig gelingt. Es ist wohl bislang noch kein Kind den Vereinen beigetreten (was im Projekt so unmittelbar auch nicht forciert wurde), spezielle Einheiten aus einzelnen Bereichen, insbesondere Kickboxen, bei dem eine Gürtelprüfung in Aussicht gestellt und am Stück unterrichtet wurde langweilte anfangs einige Kinder – das Bedürfnis zu spielen und Bewegungsformen in verschiedenen Situationen frei zu erproben, ist in der 4.Klasse noch immer stark ausgeprägt. Mittlerweile scheinen sich alle beteiligten Übungsleiter und die Klasse inhaltlich gut aufeinander eingestimmt zu haben.

Sehr guten Anklang findet das Thema Gesundheit, Bewegung und Ernährung und beansprucht seit geraumer Zeit den gesamten Sachunterricht. Das Interesse ist bei allen Kindern sehr groß, auch weil es lebensnah mit dem Thema Bewegung in Verbindung gebracht wird.

In den Sachkundestunden wurden bislang folgende Inhalte behandelt:

- Fitnesscheck
- Meine Ess- und Trinkgewohnheiten
- Gesunde Ernährung/ Ungesunde Ernährung
- Was mein Körper braucht
- Ernährungskreis und –Ernährungspyramide
- Nährstoffe und Nährwertangaben
- Lebensmittelkennzeichnungen
- Zusatzstoffe in Lebensmitteln
- Energie, Kalorien berechnen
- Warum müssen wir trinken
- Es sollen noch folgen:
- Der Weg der Nahrung
- Aufbau des Körpers

Motoriktest

5.1. Heinrich-Hoffmann-Schule

	sse Anzahl der Kinder	teilnehmende Kinder	1.Test	gestestete Kinder	2.Test	getestete Kinder		
1a	17	17	05.10.10	14	23.02.11	17		
1b	18	14	30.09.10	16	24.02.11	17		
2a	16	14	15.12.10	15	23.02.11	16		
2b	15	14	29.11.10	13	24.02.11	15		
5.2 Schillerschule								
4d	20	20	10.09.10	19	25.02.11	20		

Die Testergebnisse wurden an die Projektleitung in Essen weiterleitet, und die Ergebnisse wurden ebenfalls an die Klassenlehrer verteilt. Die Abschlusstesttermine für die Motoriktests konnten aufgrund der schulspezifischen Rahmenbedingungen zum Halbjahreswechsel nicht in der eigentlich vorgesehenen Zeit durchgeführt werden.

6. Runder Tisch

Am 15. Juli 2010 und am 16.November 2010 wurden jeweils "Runde Tische" durchgeführt. Der Teilnehmerkreis und die Ergebnisse der Beratungen wurden dokumentiert. Die Protokolle wurden allen Teilnehmern zugesandt. (Vergleiche Anlagen) Eine weitere Sitzung des "Runden Tisches" wurde in der Projektplanung als Reflektionsgespräch mit den Beteiligten nach dem "offiziellen Ende" der EU-Projektphase vorgesehen.

7. Öffentlichkeitsarbeit

Die Berichterstattung über das Projekt fand bislang in der schulinternen Öffentlichkeit (s. o.), in Informationen bei verschiedenen städtischen Gremien und in den Gremien und Strukturen des Landessportbundes Hessen statt. Ein im November 2010 vorbereiteter Presseartikel (Anlage) wurde aufgrund von Vorgaben, Zustimmungs- und Abstimmungsnotwendigkeiten bei der Wissenschaftsstadt Darmstadt bisher noch nicht veröffentlicht.

8. Vorläufiges Fazit und Ausblick (Stand 14.02.2011)

In erster Linie wohl wegen der kurzen Vorlaufphase konnten in Darmstadt nur zwei Schulen für das Projekt aktiviert werden. Der am häufigsten angegebene Grund nach zuerst zum Teil euphorisch geäußertem Interesse hierfür war bei vielen Schulen, dass für die vierten und fünften Sportstunden keine Hallenkapazitäten vorhanden sind, von der Projektkonzeption jedoch "Sport in (normierten oder zumindest vernünftigen)Sportstätten" gefordert waren. In Darmstadt (Hessen) werden die Grundschulen nicht als Ganztagsschulen geführt. Andere geeignete Räume in der Nähe der

ausgewählten, aber gerade auch von Einzugsbereich und der Bewohner "sport- und gesundheitsförderungsbedürftigen" Schulen gab es nicht, oder sie sind so weit weg, dass effektiv nur 15-20 Minuten zum Sporttreiben geblieben wären.

Sportstunden am Nachmittag anzubieten kam ebenfalls nicht in Frage, da sehr viele Kinder am Nachmittag in verschiedenen Betreuungseinrichtungen untergebracht sind und deshalb nicht zum Sport kommen können (Aufsichtspflicht). Es wurde auch in Erwägung gezogen, die verschiedenen Nachbetreuungseinrichtungen als weitere Projektpartner zu gewinnen. Da aber die Betreuungseinrichtungen verschiedene Tagesabläufe haben, erwies sich auch dieser Plan als nicht umsetzbar. Somit mussten auch an den beteiligten Schulen alle Sportstunden in den Vormittag gelegt werden. So nahmen zwar fast alle Kinder der beteiligten Klassen am Projekt teil, in der Stundenplangestaltung gab es allerdings erheblichen Aufwand, ein weiterer Grund, dass andere Schulen von einer Beteiligung Abstand nahmen.

Einige Kinder nehmen nachmittags bereits an Sportangeboten teil und wollten dann nicht auf diese verzichten.

Für die Auswahl der Schulen wurden zwar Kriterien und Reihenfolgen der Beteiligung im Vorfeld festgelegt, die beiden teilnehmenden Schulen gehörten tatsächlich auch zu den in der Priorität erstgenannten, dennoch sind hier klarere Kriterien, ein Ausschreibungs- und Beteiligungsmodus oder ein entsprechender Katalog wünschenswert.

Die Vereinsbeteiligung ist sowohl hinsichtlich der Sportarten wie auch durch (nicht oder nicht zu den vorgesehenen Zeiten) vorhandenes qualifiziertes Personal problematisch. Eine Hinführung der "nicht-sportorientierten Schülerinnen und Schüler" in die Vereinssportangebote oder in die Vereinssportanlagen war in der vorgegebenen Konzeption nicht möglich.

Dadurch dass sowohl auf den Ebenen des Sportkreises (einschließlich der Sportvereine), in den Schulen wie auch in der kommunalen Sportverwaltung Personalressourcen für keine eine sinnvolle und notwendiae Projektbetreuung oder zumindest Begleitung in ausreichendem Maße vorhanden sind, bestehen nur geringe Chancen auf nachhaltige Wirkungen und oder Multiplikationen. Unabhängig von diesen Einschränkungen und abweichend von den vorgegebenen Rahmenbedingungen Konzeptes wird von den Beteiligten überlegt, wie eine Intensivierung des Sport- und Bewegungsangebotes, die Thematisierung von gesunder Bewegung und Ernährung im Unterricht und auch die Verstärkung der Kooperation zwischen Sportvereinen und Grundschulen in Darmstadt gelingen kann.

Gerade die beiden beteiligten Schulen haben von Beginn an auf Nachhaltigkeit gesetzt, das heißt, sie haben unbedingt eine Fortsetzung gewünscht. Dieser Wunsch ist nach den vorliegenden und geäußerten Erfahrungen jetzt noch verstärkt worden. Durch vorhandene weitere Mittel, die im Rahmen des EU-Projektes akquiriert werden konnten (aber erst im Jahr 2011 zur Verfügung standen), ist es möglich, zumindest das komplette Schuljahr 2010/2011 mit dem Projektangebot in den beteiligten Schulklassen

abzudecken. Weiterhin sind Fortbildungen und Qualifizierungen für weitere "Kooperationen Grundschule – Verein in Darmstadt" geplant. Hierbei sollen der Landessportbund Hessen, die Sportjugend Hessen und auch das Staatliche Schulamt weiter und intensiver eingebunden werden.

Beide Schulen haben die Möglichkeit, sich bei Bedarf über das Zentrum für Essstörungen in Frankfurt beraten zu lassen.

Eigentlich nicht in der Projektkonzeption vorgesehene "Rahmenmaßnahmen" (Sportprojekttag, Speedstacking) haben großen Anklang und schon jetzt nachhaltige Resonanz gefunden.

9. Perspektiven

Nach der Abschlusskonferenz vom 08.-10. März 2011 zum EU-Projekt HCSC vom 8.-10. März 2011 ergeben sich für das in Darmstadt durchgeführte Teilprojekt verschiedene Perspektivebenen:

9.1. Schulebene

Die erste Perspektivebene ist direkt bei den Schulen angesiedelt. Sie kann weiter differenziert werden und stellt sich in den folgenden Varianten dar:

Projekt-Fortsetzung an den beteiligten Schulen

- bis zum Schuljahresende2010/2011
- über das Schuljahr hinaus
- in gleicher Form in den beteiligten Klassen
- mit weiteren Klassen
- in reduzierter Variante
- in veränderten Varianten
- (z. B. neue oder zusätzliche Kooperationspartner, organisatorische, räumliche, inhaltliche Veränderungen)

9.2. Lokale Ebene

Die zweite Perspektivebene bezieht sich auf den lokalen Raum, auf Darmstadt. Hier sind folgende Varianten denkbar:

- Projekt-Umsetzung an den bisher beteiligten Schulen über einen längeren Zeitraum
- Projekt-Umsetzung an weiteren Grundschulen in Darmstadt
- Projekt-Umsetzung an allen Grundschulen in Darmstadt
- Qualifizierung von Übungsleitungen für Vereinskooperationen mit Schulen
- Sport- und Bewegungsraumgestaltung an und um Schulen
- Schulleitungs- und Lehrerfortbildung aufgrund der Projektergebnisse
- Folge-Projekt für Vereine: "Partner und Patenschaft mit der Grundschule"

9.3. Regionale Ebene

Eingebunden in das regionale Netzwerk "Sport und Gesundheit", das außer Darmstadt auch den umgebenden Landkreis Darmstadt-Dieburg umfasst, wird die dritte Perspektivebene mit folgenden Varianten eröffnet:

- Projekt-Umsetzung an Grundschulen in Kommunen des Landkreises Darmstadt-Dieburg im Kontext des Landesintegrationsplans IN FORM
- Projekt-Entwicklung mit dem Landessportbund Hessen und der Sportjugend Hessen (und weiteren Partnern)
- Transfer in andere Kommunen und Landkreise
- Überprüfung der "Darmstädter Ergebnisse" auf Übertragbarkeit

Wie sichtbar wird, verstehen wir hierbei auch die Transfermöglichkeiten der Projekterkenntnisse in das Bundesland Hessen. Die bereits unter der lokalen Perspektive aufgeführten möglichen Konsequenzen einer Fortentwicklung oder Fortführung des Projektes sind zum Teil auch auf die regionale Ebene zu übertragen.

9.4. Nationale Ebene

Im nationalen Raum sehen wir die folgenden Entwicklungs- und Weiterführungsmöglichkeiten:

- Projekt-Reflektion mit der Deutschen Sportjugend (und Partnern)
- Erfahrungsaustausch der beteiligten deutschen Städte Darmstadt und Osnabrück
- Erfahrungsaustausch der beteiligten deutschen Städte Darmstadt und Osnabrück mit Städten aus dem GKGK-Projekt in NRW und den Landessportorganisationen

9.5. Europäische Ebene

Und schließlich ergeben sich auf der europäischen Ebene aus unserer Sicht die folgenden Perspektiven:

- Projekt-Fortsetzung und -weiterentwicklung nach Projektevaluation und Projektranking durch die EU
- Transfer und Erfahrungsaustausch auf binationalen Ebenen
- Transfer und Erfahrungsaustausch im Rahmen von Städteverschwisterungen in ebenfalls im EU-Projekt beteiligten Länder
- Transfer und Erfahrungsaustausch im Rahmen von Städteverschwisterungen der beteiligten deutschen Städte Darmstadt und Osnabrück

Februar 2011

Sylvia Hackenberg, Kommunalmoderatorin Darmstadt, Ralf-Rainer Klatt, Projektleiter Darmstadt

2.3 FIAF - FEDERAZIONE ITALIANA AEROBICA E FITNESS

Preparatory Action in the field of Sport Healthy Children in Sound Communities' Final Conference 01.01.2010 – 31.03.2011 Final Report

A. The Round Table:

The City of Rome granted its patronage to the HCSC project and the XVII Municipality of Rome, where the two schools are located, participated actively in the development of the project. The participants of the Round Table were:

- 1. Three experts from FIAF, Federazione Italiana Aerobica e Fitness, which was in charge of the implementation and coordination of all activities related to the HCSC project;
- One representative from the XVII Municipality of Rome;
- 3. Two representatives from the elementary school "Convitto Nazionale Vittorio Emanuele II", which participated with two third grade classes, for a total of 50 students, in the practical activities of the HCSC project;
- 4. One representative from the elementary school "Ermenegildo Pistelli", which participated with two third grade classes, for a total of 48 students, as "control group" of the HCSC project;
- Two physicians from Rome's the University La Sapienza, School of Specialization in Sports Medicine, Department of Physiology, who were engaged in the fitness evaluations of all students (both the activity and control groups) at the beginning and at the conclusion of the HCSC project;
- 6. One expert from Rome's University of Foro Italico, Faculty of Motor Sciences, which supplied the instructors to conduct the practical activities:
- 7. Three instructors, with Bachelor Degree from University of Foro Italico, who conducted the three types of practical extra-curricular activities, divided in two weekly hours of Physical Activities and one hour on health and nutrition education.

B.1 Children

Two groups of children participated in the HCSC project. One group of 50 students from two classes in the 3rd grade, from the elementary school "Convitto Nazionale Vittorio Emanuele II", participated in the practical activities of the project. Another group of 48 students from two classes in the 3rd grade, from the elementary school "Ermenegildo Pistelli", participated in the project as "control group" and only took the fitness test at the beginning

and end of the project. Their families participated in the completion of the Questionnaire for behavior, health and education.

B.2 Parents

Both schools choose to keep direct contact with the parents of the students. The schools informed the families about the project's aims and goals. The families were invited to have an active role and got involved in the completion of the Questionnaire for behavior, health and education. Indeed all the questionnaires have been returned by the families. At the end of the project the parents of the students from Convitto Nazionale asked to meet FIAF representatives to express their compliments for the good execution of the project.

B.3 Teachers/ coaches

Three teachers from both elementary schools participated in the HCSC project: two from the "Convitto Nazionale Vittorio Emanuele II" and one from the "Ermenegildo Pistelli". They actively participated in the RT meetings and in monitoring the execution of the practical parts of the project.

The Technical Director of FIAF was in charge of the further training of the three instructors who were engaged in the delivery of the PA activities and nutrition extra-curricular activities. All practical activities were performed under the direct supervision of FIAF's Technical Director.

B.4 School principle /head of sports clubs

The principals of both schools were the first contacts activated by FIAF asking to participate in the HCSC project. Both have been very cooperative during the whole project and the Vice Dean of Convitto Nazionale Vittorio Emanuele II invited and participated in the reception given during the visit that the German leaders of the project attended in Rome in November 2010. For security, responsibility and insurance reasons the Round Table decided that the practical activities of the HCSC project couldn't be performed on the premises of sports clubs. FIAF took the responsibility to organize and perform all extra-curricular activities within the school premises.

C. Municipal departments of health, education and sports
As previously explained, the XVII Municipality of the City of Rome was very
active during the execution of the project. A representative participated in the
Round Table meetings and the reception given by the Convitto Nazionale
during the visit of the German delegation. The President of FIAF was invited
to participate in a public meeting given by the XVII Municipality to illustrate
the HCSC project. The representatives from several school were invited and

many have shown interest to replicate the HCSC project in their schools.

2.4 University School of Physical Education In Poznań, Poland

Preparatory Action in the field of Sport Healthy Children in Sound Communities' Final Conference 01.01.2010 – 31.03.2011

Final Report

A. The Round Table:

During the course of the project we have organized four Round Table meetings and we have managed to gather delegates from: school (headmaster, teachers and a nurse), municipality (heads of Health and Education Departments from the City Council), university (members of few departments), and representatives of media.

During the meetings the most important issues were discussed and each of the cooperating partners proposed the best ways of enhancing the project at each particular stage. Firstly it concerned choosing the most appropriate school, distribution funds, division of duties and work allocation. After the end of the project there was an evaluation meeting concerning the most important aspects of the project – measurements outcomes, perspectives and potential future development, especially concerning obtaining new funds (this funds have been secured by the municipality Department of Education from the City Council). In the context of the future an issue of using the name of the project was raised. This has been later clarified during the meeting in Brussels.

During the Round table meetings crucial decisions were made which were than implemented in direct realization of the project objectives.

Meetings of the round tables were operative not too much useless discussion.

B.1 Children

Children were willing and open to new educational proposals. Project activities (1 nutrition class and 2 classes of physical activity) were interwoven into a pupils' daily timetable, which provided 100% attendance. Children had some initial problems with controlling their behaviors in the environment of a sport gym (this remark came from both sport coaches as well as primary school teachers dealing directly with the experimental classes). After a semester this behavior has changed and cases of misbehaving were rare. The was a visible difference in behavior and motor performance between 6/7 year olds and 8/9 year old pupils. The was though not much difference regarding the gender. According to parents answers in the questionnaires children were more vigorous, started to attend other classes more joyfully, and were excited about nutrition class. The information they gained in the nutrition class were conveyed home and very often a pressure on parents was made to prepare healthy home menu.

B. 2 Parents

Parents initially paid interest in the program, but the frequency during the lecture-meetings for parents was 50/50% ration in experimental groups. What was important is the pressure from the parents of the control groups on the headmaster to provide the same extended program of 1 nutrition and 2 PA lessons to the control groups in the next semester.

There were some initial problems with motor testing as some parents demanded presence of a nurse during the testing, which was quickly provided by the project team and head master of the school. Parents had some doubts their children could stand up to the tests. In the eyes of parents some test seemed to demanding. Later, after testing they did not have so much problems with this.

B.3 Teachers/ coaches

At first sport coach from a sport club included in the project had some problems – it was a new person in the school, a new person in the Physical education department in that school and it was difficult to fit into an already existing team of PE teachers. Also the access to the big sport gym was limited at first and some classes were organized in small classrooms, but this has changed due to the intervention from the project managers with headmaster of the school and experimental groups could use the big sport gym.

For the future development it was established that it is difficult to get a sport coach involved in such a project as because the classes are run in the morning and most youth sport coaches have regular jobs in schools in the morning and therefore they are not available.

On the other had parents did not want their children to have these 2 extracurricular PA lessons in a sport club – they argued they would not have time nor money to cater children there.

However, from our observation it has to be sport youth coach, rather than a regular PE teacher, or a primary school teacher. It seems sport coaches have more experience and also more sport skills.

A little low was the involvement of the primary school teachers – both in the project as well as in the workshops organized by the project team especially for this group of teachers.

B.4 School principle /head of sports clubs

Head master of the school was very cooperative and took the suggestions of the project team seriously. He had a good contact and authority among parents. He quickly realized the worth of the project and initiated fund raising for future development of the project, which resulted in the building of the net work – from September 2010 there will be at least two schools involved in the project in Poznan.

Sport club – they said they had little benefits from the project, perhaps if this would involve more schools and a sport coach from that club could have more classes (and be paid more) this could be beneficial for the club as because it would allow employing a new coach especially for the project.

C. Municipal departments of health, education and sports

Officers from the municipal department (due to the active role of our Moderator) got involved from the very begging. They supported the project on their web-sites and also a patronage of a city Mayor was obtained. At the last Round Table meeting (and as an outcome of a visit of the project coordinator in the City Council) funds for the further development were promised and allocated by the heads of Education department and Health and Social Affairs department.

City Council highly appreciated the project and except for the funds for developing the network they also sponsored purchase of sport equipment for the school.

D. Other partners of the round table

Project had quite a good publicity. It was reported in various media both regionally and nationally (like Newsweek magazine or national TVN television channel).