

## Essentials of the HCSC-project

1. The HCSC-project has been designed according the outcome of recommendations of our EU-Study „Young people`s lifestyles and sedentariness” (2004). The purpose and structure of the HCSC-project was a proofed and recommended by the EU-working group “Sport and Health” in Brussels (2006) and could be realized with an Euregio Interreg IV-grant (Nederland – Deutschland) in 2008. Currently, the programme of HCSC is implemented in 6 Dutch and 6 German municipalities across the border in the Dutch provinces of Gelderland and Noord Brabant and in Overijssel (city of Enschede). The German municipalities are located in the state of Northrhine- Westfalia (districts of Borken and Wesel). Further requests of implementation are received meanwhile by supporting stakeholders of the “back office” in order to spread the HCSC-project in other Dutch and German municipalities as well as in other provinces and German states (Lower Saxony).
2. The purpose of the HCSC-project is to achieve daily physical activities for children and youth for about 60 to 90 minutes in combination of curricular-, co-curricular, and extra-curricular activities inside and outside primary schools. The target of an active lifestyle in terms of 60 to 90 minutes physical activities per day is supplemented by regular instruction of callory intake according as balanced intake of food. Nutrition education is another essential part of curricular instruction and extra-curricular events at school (e.g. “healthy breakfast, school fruits, cooking events”).
3. The 60 to 90 minutes of daily physical activities will be achieved by the combination of different curricular, co-curricular and extra-curricular activities: 3 weekly hours of health-enhanced physical education (2 hrs in the PE class unit, 1 hr special instruction for gifted and non-gifted children e.g. with deficits in their complex motor development (lack of coordination or/and power); “walking bus” to school and back to home; and 2 sport unit per week by PA-units of local sport clubs which should not coincide with the days when PE is given at school. The two sport units of sport club offers should be given as health-enhanced PA according the BMI and motor development of the children. BMI and a complex motor test are conducted by experts (university based) in order to advice the PE teachers and sport club coaches according the current state of health and motor development of the participating classes of school children.
4. The target group of intervention are primary schoolchildren in the age of 6 to 10 years. Our Dutch-German intervention study is a longitudinal one of 4 years (age 6 to 10) with around 30 schools and 60 classes and approx. 1.500 participating children (only one cohort).
5. In order to implement the HCSC-project we set up a “round table” on community level in each Dutch and German municipality (“front office”) which is managed by a so called “community moderator” whose duty is to coordinate all demands of schools and sport clubs for implementation of the project in conjunction with the community administration offices for school, health, and sport affairs. Selected schools, partnerships with sport clubs and support by coordination of the responsible community offices are the target to achieve in this new EU-study we apply for with selected partners from abroad (e.g. you Michal).
6. At least in 6 another EU-countries we want to diffuse and implement the HCSC-approach at local level in some selected municipalities beside Germany and the Netherlands (e.g. Poznan in the case of Poland; Prague in the case of Czech Republic, Helsinki in the case of Finland etc. – Austria, UK, Italy).

7. What we expect from each academic partner in our common new EU application is to work with us together to implement the HCSC-approach with daily physical activities and a weekly nutrition programme at school, supported by three essential local partners (school, sport club, community) by setting up the “front office” as a round table. No more – no less. Further developments are possible by the local front office (different evaluation studies about the realization of the approach and children`s development of an active lifestyle).
8. Budget: we intend to apply for about 400.000 to 450.000 Euro which means by EU-regulation 20% has to be invested by the applicant (80.000/90.000 Euro). **ENGSO Youth (EU-lead applicant)**, the German Sport Youth (German sport partner, Frankfurt), the Willibald Gebhardt Research Institute (German academic partner, Essen) will together provide and guarantee by application this amount of money. However, we do expect to receive back at least 5.000 Euro after a successful application as a return of investment from each partner when each partner will receive for its diffusion and implementation of the HCSC-project at least 30.000 Euro. After an successful EU-application each partner will have another opportunity in his community, university, country, or/and stakeholder of the health system to receive another budget for HCSC –matters of research and development at home (e.g. Poznan).
9. We do not expect in a 12 to 15 months EU-implementation project (that is the time limit by EU regulation for the new project e.g . 1.1.2010 to 31.3.2011) any indepth research beside monitoring the implementation process, however, after this period the group of partners will have another chance by different EU-opportunities to progress with a comparative longitudinal research study in his/her municipality of intervention. Another EU-application in 2010/2011 is our purpose to realize with those partners who will join the team now.
10. So more detailed information about the HCSC-project we provided by some mails to you in the past three weeks. Further information of the Dutch/German Interreg IV-project are available on [www.gk-gk.eu](http://www.gk-gk.eu) ; sorry only in German and Dutch language yet.