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**Expert Survey on Physical Activity Programmes
and Physical Activity Promotion Strategies for
Older People**

National Report Belgium

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INTRODUCTION

The European Network for Action on Ageing and Physical Activity (EUNAAPA) is committed to improving the health, wellbeing and independence of older people throughout Europe by the promotion of evidence-based physical activity.

The first aim of EUNAAPA work package No. 5 (Identify Existing Programmes for Physical Activity and Physical Activity Promotion for Older People) was to identify and describe, with the help of national experts, **Belgian** examples of physical activity (PA) programmes and PA promotion strategies for older people which were deemed to be 'successful'. The second aim was critically to compare these programmes and strategies with evidence based guidelines identified by a systematic search of the scientific literature.

In May 2007, the EUNAAPA Partners in each participating country were asked to enlist the help of eleven physical activity experts in their country, all recognised authorities on PA for older people. Each expert was asked to:

- Complete a short questionnaire concerned principally with the availability in their country of national qualifications in the supervision or guidance of physical activity for adults in general and for older adults in particular.
- Identify a successful PA programme for older people in their country and assist its director to complete a second (longer) questionnaire, concerned primarily with the characteristics of the chosen PA programme.
- Identify a successful PA promotion strategy for older people in their country and assist its director to complete a third questionnaire, concerned primarily with the characteristics of the PA promotion strategy.

The resulting data have been submitted to the leader of work package 5 (University of Edinburgh) for incorporation into a cross-national report. The present document is a national report on the data collected by and from the **Belgian** experts.

▪ **THE EXPERTS**

○ **Methods**

▪ **Selection of Experts**

As requested by the leader of Work Package 5, eleven experts were selected with the help of the matrix below (Table 1). Partners were instructed that they should use the matrix to guide the selection of eleven experts – ideally one from each of the 11 boxes but not more than two from any one box. They were advised that the matrix should be used flexibly, bearing in mind that, for example, that several organisations could be located in more than one box. EUNAAPA Partners were also advised that, ideally, all of their selected experts should be knowledgeable both in the field of PA Programmes and in the field of PA Promotion Strategies. If this was not possible, it was particularly important that the Partners should ensure that both fields were adequately represented in the group of 11 Experts as a whole.

A part of the selected Belgian experts were known personally to the Belgian partner; Furthermore, the internet was searched to find organisations or federation that offer programmes or promotion strategies for older adults. Contacted experts were also asked if they knew anybody who would fit in the profile of a physical activity expert. All the selected experts were first contacted by telephone. The purpose of the project was explained, also what their contribution would be, and their support was requested.

▪ **Distribution and return of Experts' questionnaires**

All the Belgian experts who had agreed to participate were sent a copy of the questionnaires by ordinary mail, and also electronically if the expert asked for it. The experts received a package with the three questionnaires, accompanied by an explanatory letter which was translated in Dutch. Each questionnaire was put in a folder of a different colour, to facilitate the task of the PA expert.

The PA experts were encouraged to complete and return the PA experts questionnaire as soon as possible, before the deadline given to them. The PA experts were given about four weeks to fill in their questionnaire. After sending the questionnaires the PA Experts were contacted by phone, if this was not possible an email was send. The 20th of august was given as ultimate deadline to return the questionnaire; otherwise it would not be possible to include them in final analysis and in the national and cross-national reports.

○ **Results**

▪ **Selection of Experts**

Twenty three potential experts were selected and twenty one agreed to participate in the project. The primary matrix fields were covered by the selection of those experts, of course with more than one expert representing one box. Four Belgian experts could be identified with more than one field in the selection. The sport sector and education sector were on national or regional level were overlapping concerning the PA Experts.

Belgium selected more than eleven PA Experts to make sure that at least eleven questionnaires would return before the given deadline. From experience, it was obvious that even although somebody agrees to participate, there is still the chance for drop out. (see appendix 1 for PA Experts)

▪ **Return of Experts' questionnaires**

Because of summer holidays, some PA experts were out of the office during the period they were supposed to fill in the questionnaire. The deadline for returning the questionnaire was adapted to their possibilities. By the 20th of august thirteen questionnaires had returned. Several reminders by telephone or email were needed to make sure that at least one PA Expert out of each box of the matrix had returned his or her questionnaire.

▪ **Experts' educational background**

The Belgian experts mostly have an educational background of exercise or sport science. One expert did not have a degree, but did follow staff training courses organized by the S-sport federation. There was one expert with an economical background and one with a background of political and social sciences. For the other health professions there was one physiotherapist and one gerontologist. There were no experts who had a background of medicine.

▪ **Experts' areas of practice**

Ten experts considered themselves expert in the area of physical activity programmes and ten in the area of physical activity campaigns.

Most experts are active at regional level (which is at the level of a province), only two at the national and one at the local level. All experts but one, are working with community-dwelling older adults, just one with only institutional-dwelling older adults, two with both. The sector where the experts are working is equally divided, seven work for a non governmental organisation and six for the government. A majority of the Belgian experts have a professional expertise in physical activity instruction, supervision and guidance. Half of the experts have professional expertise in physical activity facility management and health promotion. Each time 4 experts have professional expertise in the area of health related exercise instruction and education. In the other areas of professional expertise only a few experts are active and consider themselves as expert in that area.

	sport sector		health sector and/or social services sector		education sector (including training and professional development)	
	government	other	government	other	government	other
National or Regional	Ministry of Sport (or equivalent)	NGO specialising in the delivery of recreational or competitive physical activity for older people	Ministry of Health or Ministry (or department) with particular responsibility for older people	NGO specialising in the delivery of health-related exercise for older people or sickness funds or health insurance or NGO addressing age-related issues	Department specialising in the training of those who deliver recreational, competitive or health-related physical activity for older people	NGO specialising in the training of those who deliver recreational, competitive or health-related physical activity for older people 6
	1	2	3	4	5	Professional association for those specialising in old age healthcare or social care 7
	government	other	government	other		
City or local neighbourhood	Municipal department for sport, recreation and leisure services	Sport or dance organisation with special interest in older people or Other organisation providing physical activity opportunities for older people	Municipal department responsible for healthcare services for older people or Municipal department responsible for social care services for older people	Local branch of a sickness fund or health insurance or Commercial provider of health-related exercise or Local branch of an NGO addressing age-related issues/providing social care for older people 11		
	8	9	10	11		

Table 1. Matrix used to guide the selection of national Experts for WP5

	A	B	C	D	E	F	G	H	I	J	K	L	M
Primary matrix field	1 5	1 5	3	11	4	2 7	9	4	8	10	2 6	2	4

Table 2. Primary matrix fields of the national Experts, as perceived by the national partners when selecting the Experts.

PA Expert														
	A	B	C	D	E	F	G	H	I	J	K	L	M	Total
Medicine														0
Other Health Profession			x					x						2
Exercise/ Sport Science	x	x		x		x			x		x	x	x	8
Other					x		x			x				3
Missing data														0
Total														13

Table 3 - Expert Questionnaire Question 9 (XQ9) . Educational backgrounds of national Experts for WP5

Expert	A	B	C	D	E	F	G	H	I	J	K	L	M
FIELD													
Physical activity programmes	x	x		x		x	x		x	x	x	x	x
Physical activity (promotion) strategies	x	x	x		x	x	x	x		x		x	x
ORGANISATIONAL LEVEL													
National								x				x	
Regional	x	x	x	x	x	x	x		x		x	x	x
City, town or local neighbourhood										x			
CLIENT GROUP													
Community-dwelling older adults	x	x	x	x	x	x	x	x		x	x	x	x
Institution-dwelling older adults								x				x	x
SECTOR													
Government	x	x	x	x					x	x			
Non government organisation					x	x	x	x			x	x	x
PROFESSIONAL EXPERTISE													

Health care			x									x
Health promotion	x	x	x		x			x				x
Sport/ recreation/ physical activity facility management	x	x							x		x	x
Sport/recreation/ physical activity instruction/ supervision/guidance	x	x		x		x	x				x	x
Health-related exercise facility management												x
Health-related exercise instruction/ supervision/guidance			x								x	x
Education	x					x						x
Research			x									x
Social services, social care or social welfare							x			x		x
Socio-cultural organisation				x				x				x

Table 4 (XQ10). The national Experts' areas of practice

▪ NATIONAL QUALIFICATIONS IN THE SUPERVISION/GUIDANCE OF PHYSICAL ACTIVITY

○ **Methods**

The questionnaire completed by the 13 national Experts also asked about the availability in Belgium of national qualifications in the supervision or guidance of physical activity for adults in general and for older adults in particular. It asked whether such qualifications were optional or compulsory, and requested detailed information about assessment, validation and revalidation of the higher level, older-person-specific qualification. Finally, it asked about the existence in their country of a professional register of qualified instructors (*i.e.* a regulatory body that holds a current record of those qualified to guide or supervise physical activity and of their level of specialist qualification).

○ **Results**

▪ **Basic level qualification**

All experts but one say that there is a basic level qualification required to supervise physical activity, one expert does not know. The basic level qualification, however, does not seem to be implemented very properly. Seven experts say that it is only implemented sometimes. Just two experts say that it is implemented properly; two others say it is not. One does not know.

Eight experts do not know what the prevalence is of the basic level qualification among instructors guiding physical activities by older participants. Three experts claim it is about 25%, one says it is 75%.

▪ **Higher level qualification**

Eight experts say that an older person specific higher level qualification is required to supervise physical activities for that population. Four experts claim it is not required, one does not know. Only one expert says that the implementation of this higher level requirement happens properly, some say it is implemented sometimes. Four experts say it is not implemented properly. Three experts claim that about 25% of the instructors guiding physical activities by older participants have a higher level qualification; one says it is about 50%. The other experts do not know what the prevalence is. The majority of the experts do think it is important that there is a proper implementation of the higher level qualification.

▪ **Assessment, validation and revalidation**

Seven experts say that the higher level qualification is verified externally. The experts say that the assessment for the older person specific higher level qualification involves verification of current CPR certification, summative assessment of knowledge, practical teaching competence with participants of any age, including older participants.

According to the experts the retention of the older person specific higher level qualification does not depend on anything.

▪ **Professional register**

The majority of the experts do not know if there is a professional register of qualified instructors. Five say that there is, they mention the database of the Flemish School for Trainers (VOTAS) as well as the Flemish bureau for sport guidance (VLABUS). From those five experts, three say that the entry level qualification is required for membership of the professional register, but a higher level qualification to supervise physical activities by older people is not needed according to them.

	Basic level qualification	
	Required	Implemented
Yes	12	2
No	1	2
Sometimes		7
Don't know		1
Not applicable		1
Missing Data		
Total	13	13

Table 5 (XQ11 & 13). PA Experts' responses concerning the availability in Belgium of a **basic level** qualification in supervising or guiding physical activity or exercise by adults in general.

	Higher level qualification			
	Required	Implemented	Important	External verification
Yes	8	1	8	7
No	4	4	1	0
Don't know	1	1	0	2
Sometimes	/	3	/	/
Not applicable	0	4	4	4
Total	13	13	13	13

Table 6 (XQ 14 & 16-18). PA Experts' responses concerning the availability in Belgium of a **higher level** qualification in supervising or guiding physical activity or exercise by older adults.

	Entry level	Higher level
0%		
25%	3	3
50%		1
75%	1	
100%		
Don't know	8	5
Not applicable	1	4
Missing data		
Total	13	13

Table 7 (XQ21 & 22). PA Experts' estimates of the prevalence of the basic entry level qualification and the higher level (older-person-specific) qualification among instructors guiding or supervising physical activity by older participants

	A	B	C	D	Not applicable	Don't know
Yes	7	8	6	8	4	1
No	1	0	2	0		
Total	8	8	8	8		

A = Verification of current cardiopulmonary resuscitation (CPR) certification

B = Summative assessment of knowledge

C = Practical teaching competence assessed with participants of any age

D = Practical teaching competence assessed with older participants

Table 8 (XQ19). PA Experts' responses concerning the components of the assessment for the higher level (older person specific) qualification

	A	B	C	D	E	F	G	Not applicable
Yes	0	0	0	0	0	1	8	4
No	13	13	13	13	13	12	5	
Total	13	13	13	13	13	13	13	

A = Payment of fee

B = Evidence of current CPR certification

C = Evidence of continuing professional development (CPD)

D = A test of knowledge

E = A practical test of teaching competence

F = Other

G = Nothing

Table 9 (XQ20). PA Experts' responses concerning the requirements for retention of the higher level (older person specific) qualification

Professional register			
	Exists	Membership requires	
		Entry level*	Higher level**
Yes	5	3	0
No	1	1	4
Don't know	7	1	0
Not applicable		8	9
Missing data	/	/	/
Total	13	13	13

Table 10 (XQ23 & 25-26). PA Experts' responses concerning the existence in Belgium of a professional register of PA instructors and their qualifications and concerning its membership requirements for registration to supervise PA by adults in general (a basic, entry level qualification*) and by older adults in particular (a higher level qualification**)

Fixed remuneration	
YES	4
NO	4
Don't know	5
Total	13

Table EXTRA (XQ27). PA Experts' responses concerning a fixed remuneration for instructors in Belgium.

▪ **‘SUCCESSFUL’ PA PROGRAMMES**

○ **Methods**

▪ **Selection of programmes (including definitions)**

Each national Expert was asked to identify a successful PA programme for older people in their country and assist its director to complete a questionnaire concerned primarily with the characteristics of the chosen PA programme. The national Experts were instructed that their choice should be guided by the following definitions.

Physical activity (or PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure *e.g.* running, walking, swimming, lifting or carrying a heavy weight.

PA programme – A schedule of selected physical activities in which individuals can choose to engage. *e.g.* An overall programme of activities and PA opportunities for older people OR the components of such a programme, such as a programme of old time dancing classes, supervised resistance training, supervised, seated exercise classes, hill walking groups or aqua classes etc.

A successful PA programme – A PA programme is ‘successful’ if a PA expert in that country considers it to be successful. This judgment may be based on some or all of a wide range of possible effects of the programme. These might include, for example, demonstrable improvements in physical fitness or quality of life, growing membership, client loyalty, etc.

To be eligible for consideration a successful PA programme must have been running for at least 6 months and if it has ceased, this must have occurred no more than 2 years previously.

▪ **Distribution and return of programme questionnaires**

When a PA Expert agreed to participate he/she was sent an exploratory letter of invitation translated in Dutch and paper copies of the other two questionnaires for distribution to the directors of their chosen PA programme and PA promotion strategy. When an invitation to participate was declined because the programme already had been chosen by another PA Expert, the PA Expert was asked to identify another successful programme. PA Experts were allowed to nominate their own programme if it was not possible to find another programme that would participate.

The PA experts were encouraged to give their PA programme director on-going support. The programme directors were also contacted by the Belgian partner to make sure that everything was clear, and to ensure them that they could contact her if there were any questions. The PA programme directors were given the same deadlines as their PA expert.

- **Results**

- **Selection of programmes**

Two PA experts selected a PA programme that had already been chosen by another PA Expert. These two experts were not able to identify another successful programme. Two PA Experts selected their own programme; they did not find any other option. In total the thirteen PA Experts were able to nominate eleven successful PA programmes. (see appendix 2 for PA programmes)

- **Return of programme questionnaires**

Some PA Experts collected all the questionnaires and returned them to the Belgian partner. Some PA programme directors, who could not fill in the questionnaire before the first deadline, sent the questionnaire back their selves to the Belgian partner. All questionnaires returned before the final deadline of 20th of august.

- **Programme directors' educational backgrounds**

Almost all the programme directors have an exercise or sport science background. Among the eleven programme directors, there is one jurist, one social worker, one who followed staff training courses to supervise older adults, and one who has experience working with older adults. There were no programme directors with a medicine or other health profession background.

- **Catchment areas of programmes**
(see table 12)

Seven programme directors classify their programme as a regional one, two as a national one. Just one programme is more limited to a city or town, and one programme focuses on a local neighbourhood.

- **Ages of programmes**
(see table 13)

There are two relatively new programmes that exist less than a year. Five programmes already have been running more than ten years. The other programmes are situated between the one and ten years of existence.

- **Components of overall programmes**
(see table 14-16)

In most overall programmes a community based fitness programme is included as well as home based exercise programme. Several overall programmes focus on community based senior chair based programmes. A third also includes fall prevention programmes. The more specific programmes are less in included as for example programmes for the elite competitor, the medical condition-specific programmes or the GP referral programmes.

Most overall programmes offer land-based group activities, indoors as well as outdoors. Some also have individual programmes, and some offer water activities.

Sport facilities seem to be the place that most programmes use, followed by a community centre. Probably depending on what programme they offer, some

programmes take place in day resources centres, in the participant's private dwelling or sheltered housing. Two programmes also mentioned a kind of mobile test centre, like a camper van.

▪ **Characteristics of programmes' clients**
(see table 17-19 and fig. 1)

All programmes are intended for older adults ranging from 55 to 65. Most programmes do try to reach adults starting from 45 or 50 years of age. Quiet some programmes include people until 80 years of age or even more. As the programmes almost cover all ages, the average age of the participants is around 65-70 years of age. No programme is exclusive for institution-dwelling older adults. The half of the programmes is only for community-dwelling older adults. The other half combines the two groups, either the two groups together or separately.

Most overall programmes are intended for older adults who can still walk independently. Half of the overall programmes are also intended for older adults with less function mobility. The activities of four overall programmes are intended for all participants no matter what there level of functional mobility is.

A lot of women participate in the activities, in some programmes the proportion is fifty-fifty, other programmes have a majority of women, and in one programme only women participate.

▪ **Characteristics of programmes' classes**

One programme offers individual classes, but most programme offer group sessions, group size varying from 11 to 25 participants per group. Two programmes offer groups sessions until 50 people per group.

In half of the programmes there is one instructor per 11-25 participants. In two programmes there is one instructor per 2-10 participants. There is one programme that offers individual sessions, and one programme that has one instructor for a group between 26 and 50 participants.

Some overall programmes are annual sporting days for older adults, they are only organized once a year, so this could give a little misinterpretation of the following results. In half the programmes individuals can participate three to four times a week, for some programmes this is even more, from five to seven times a week. Two programmes offer two sessions a week.

Four programme directors indicated that it is usual for the individual to participate in the overall programme once a week. For the other programmes individuals participate from 2 till 4 times per week in the overall programme.

The programme directors say that almost 75% of the current participants has attended the overall programme for at least one year. However, five program directors do not know the proportion of participants that attended for at least one year.

▪ **Objectives, outcomes, monitoring and feedback**
(see tables 24-27)

One of the most important overall aims of the programmes mentioned by the programme directors is health promotion followed by opportunities to socialise. Improved physical function is also an aim for some programmes. No programme seems to have as main goal to improve competitive performance or prevent diseases. One programme has as most important aim to promote regular sport participation.

In most programmes the satisfaction of the participants is not formally measured. Only in three programmes there is a formal measurement of participants' satisfaction. In half of the programmes the participants are formally questioned about their aims of being involved in the programme. All programmes that have that survey also adjust their programme according to the participant's aims. Only three programme directors answered 'yes' to the question if objective outcomes are being measured. One program measures balance, joint ROM, mood/depression and also motor coordination. The other two programmes measure aerobic fitness and body composition

- **Pre-participation assessment**
(see tables 28-33)

Only two programmes (Tai Chi and Nordic Walking) require a health check from the participant before entering the programme. The Nordic walking programme requires an assessment by a doctor, in the Tai Chi programme the participants are assessed by an exercise instructor. One programme uses a health screening tool for the eligibility of potential participants. This tool is a personal consultation with the teacher of the class, so not internationally recognized. Questions about dizziness and hearing are included in the screening tool. If a potential problem is identified by the screening tool, the participants do not have to undertake anything. The teacher pays special attention to them during the sessions.

- **Programme content**
(see tables 34-39)

Half of the programmes aim to improve endurance, coordination/balance, strength and joint range of motion. Some programmes also focus on body composition. Less emphasis is put on explosive power and bone density. Speed is also mentioned as physical fitness component that is aimed to improve.

The modalities being offered in the programme depend a lot on the kind of programme. For example a sporting day for older adults can offer a wide variety of different activities, so the participants can choose what sport or physical activity they want to be initiated in. For a dance programme for example it is logical that they don't offer any aquatics or ski modalities. Half of the programmes selected offer a programme of multiple physical activities, the other half or more specialised in one specific activity which they offer on a weekly basis.

In almost half of the programmes progression of the participants is always a part in the overall programme. For four programmes there is no progression in intensity, resistance, frequency and/or duration of exercise.

For most programmes the warming up takes the same amount of time as the cooling down. A programme with a warming up of about 10 minutes will end the session with a cooling down of 10 minutes. Some shorter sessions do have a relative longer warm up and cooling down compared with the time spend on the workout component.

Four programmes do not cater for the special needs of older people with chronic medical conditions. If a programme does take in consideration the special needs of this population, they are not put in another group but they are included in the mainstream older person's group. Tai Chi programme is the only programme that offers adapted exercise in disability related groups.

- **Instructors' qualifications and training**
(see tables 40-44)

For the majority of the programmes, it is required for the instructors to have at least a basic entry level qualification. Only a few programmes are working with instructors with a higher level qualification. Some programme directors do mention that it is not required but strongly recommended to have higher level ('old age specific') qualification when working with older people. One programme works with a CD/DVD and the director says it is not needed to have a qualification as everything is explained clearly on the video. Most instructors for the programmes don't have to be a member of a professional register. There seems to be no consensus between the programmes in the proportion of instructors guiding older participant with a basic or higher qualification level. In the most programmes where instructors with basic level qualification are working, there are no instructors with higher level qualification and visa versa. There is only two programmes that work with 100% instructors with a higher level qualification.

In most programmes there seems to be no in-service training, as more than half of the directors answered on this question 'not applicable'. Those who did answer, the hours of in-service training varies from 3 to 15 hours per year. In most programmes unpaid volunteers contribute in different kind of ways. The programme that is being run in the city of Ghent seems to rely on unpaid volunteers for a lot of tasks. Volunteers contribute mostly in the task of instruction.

- **Client safety**
(see table 45-46)

Only four programmes have specific protocols that have to be followed in emergency situation. In three of them the staff is trained in those emergence protocol once a year. Half of the programmes have specific protocols or procedures that have to be followed in respect of equipment use, storage and maintenance. The same three programmes as above offer their staff a training in equipment, storage and maintenance once a year.

- **Finance, transport and refreshments**
(see tables 47-50)

The total cost of providing this programme varies a lot from programme to programme. For some programmes it is not more than 2€, for some it is more than 10€, and for some it is in between those two. For no participant, the programme there are enrolled in is completely free. Half of the programmes demand 50% or more of the total cost of each participant. There is only one programme that offers transport towards and from the activity and that is the "Sporting Day" for older people. From certain towns they go all together by bus towards the location. In four programmes there are refreshments offered to the participants. In three of them the participants have to pay full price for a refreshment, in the other programme the refreshments are for free.

▪ **Publicity, marketing and promotion**
(see table 51-52)

Almost all programmes use multiple methods to publicise. They all have a website, and also the word of mouth is an important manner to promote their programme. For three programmes these are the only ways of publicising or promoting their programme. Advertising in newspapers and magazines also seems to be a popular way of promoting. Advertising or features on TV and radio are not used very often as publicity. Two programmes use almost all methods, except for TV and radio, trying to reach as many participants for their programme. There is one programme that uses mailings and that has got its own magazine in which they promote their activities.

Five programme directors say that they found it useful that the programme has capitalised on national or regional campaigns in order to improve recruitment or motivation. For four programmes this was not a successful experience. Examples that are given as being successful are: local and regional sporting days for older people, cycling happening, the silver fleet (national walking day), travelling around the country with a camper van.

Five programme directors say that it has been found useful to build partnerships with local healthcare professional or organisation, five claim it has not been useful. Examples of partnerships given are: physiotherapy, doctor, independent sickness fund, neighbourhood communities, clubhouses for older people, public centre of social wellbeing, BOEBS-project (fall prevention) , regional sports service.

	A	B	D	F	G	H	I	J	K	L	M	Total
Medicine												0
Other Health Profession												0
Exercise/ Sport Science	x	x		x		x	x		x	x		7
Other			x		x			x			x	4
Missing data												2
Total												11

Table 11 - Programme Questionnaire Question 4 (ProgQ4). Educational backgrounds of PA Programme Directors selected by Belgian national Experts

	Number
National	2
Regional	7
Limited to a city/town	1
Limited to a local neighbourhood	1
Total	11

Table 12 (ProgQ9). PA Programme Directors' responses concerning the geographical classification of their programme

	Number
Less than 1 year	2
1 to 5 years	3
6 to 10 years	1
More than 10 years	5
Total	11

Table 13 (ProgQ10). PA Programme Directors' responses concerning the length of time their programme has existed

	Number
Masters (elite competitor) programme	2
Community based senior fitness programmes (groups)	9
Community based senior chair-based programmes	5
Home based exercise programmes (individual)	7
Exercise referral / General Practitioner referral programmes	2
Falls Prevention Programmes	4
Medical condition-specific programmes	2
Cardiac rehabilitation	2
Pulmonary rehabilitation	1
Arthritis programmes	1
Other medical condition-specific programmes	2
Other programmes	2

Table 14 (ProgQ11). PA Programme Directors' responses concerning which component programmes are included in their overall programmes

	Number
Group activity	10
Individual activity	5
Indoors	9
Outdoors	8
Water-based	3
Land-based	11

Table 15 (ProgQ12). PA Programme Directors' responses concerning the description of their overall programmes

	Number
Sport / physical recreation facility	8
Community centre	4
Day resources centre	3
Participant's private dwelling	2
Sheltered housing, assisted living facility, care home or nursing home	1
Other	3

Table 16 (ProgQ13). Programme Directors' responses concerning the types of facilities used by their overall programmes.

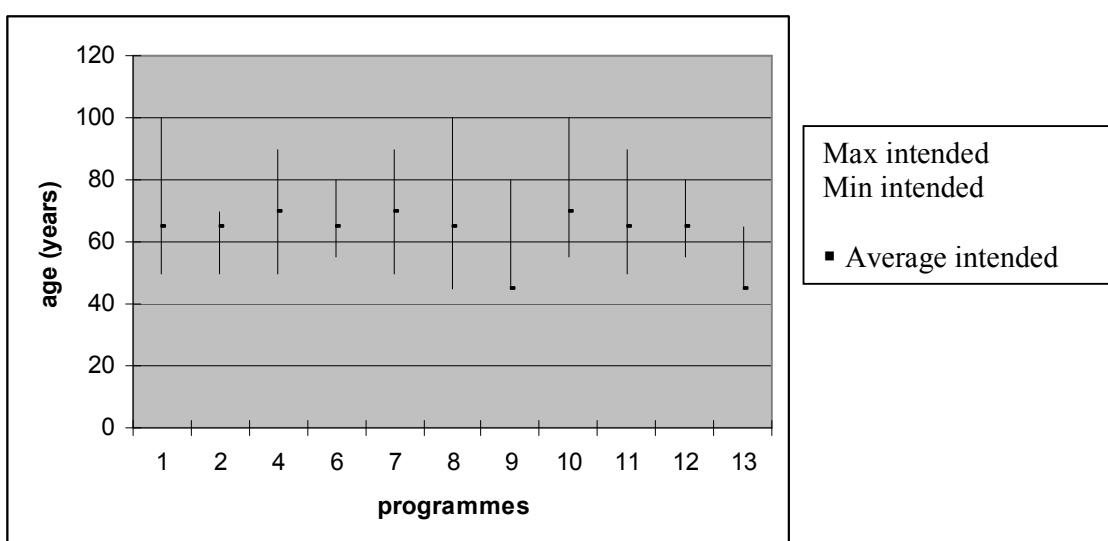


Figure 1 (ProgQ14-15). PA Programme Directors' responses concerning the age groups for whom their overall programme is intended and the average age of participant actually attending a typical session of the programme

	Number
Community- dwelling older adults	5
Institution – dwelling older adults	0
Both, together (in the same group)	3
Both separately (in different groups)	3
Total	11

Table 17 (ProgQ16). PA Programme Directors' responses concerning the 'category' of participant (by type of dwelling) for whom their overall programme is intended.

	Number
Frequently walks vigorously or runs	7
Walking outdoors with no walking aids and no assistance or supervision by another person	11
Walks outdoors with a walking aid but no assistance or supervision by another person	5
Walks outdoors only with assistance or supervision by another person	5
Never walks outdoors	5

Table 18 (ProgQ17). PA Programme Directors' responses concerning the 'category' of participant (by level of functional mobility) for whom their overall programme is intended.

	Number
0%	
25%	
50%	4
75%	4
100%	1
Don't know	2
Total	11

Table 19 (ProgQ18). PA Programme Directors' estimates of the proportion of participants in their overall programme that are women

	Number
1	1
2 – 5	1
6 – 10	
11 – 15	3
16 – 20	3
21 – 25	4
26 – 50	2
51+	
Don't know	

Table 20 (ProgQ19). PA Programme Directors' estimates of 'group' sizes used in their overall programmes

	Number
1 : 1	1
1 : 2 - 10	2
1 : 11 - 25	6
1 : 26 - 50	1
1 : 51+	0
Don't know	1
Total	13

Table 21 (ProgQ20). PA Programme Directors' estimates of the ratio of instructors to participants in a typical session of their programme

	Maximum	Usual
<1	1	1
1	1	4
2	2	3
3 – 4	5	2
5 – 7	2	0
8+	0	0
Don't know	0	1
Total	11	11

Table 22 (ProgQ21-22). PA Programme Directors' estimates of the maximum possible frequency and the usual frequency with which individuals participate in their overall programme.

	Number
0%	1
25%	0
50%	1
75%	4
100%	0
Don't know	5
Total	11

Table 23 (ProgQ23). PA Programme Directors' estimates of the proportion of current participants that have attended their overall programme for at least a year

	Number
Health promotion	9
Improved competitive performance	
Disease prevention	
Improved physical function	3
Improved mood	1
Opportunities to socialise	5
Improved self esteem / confidence	1
Other	2
Don't know	

Table 24 (ProgQ24). PA Programme Directors' responses concerning the two most important overall aims of their programme, from the point of view of its sponsoring organisation.

	Number
Not at all	8
1 – 2	1
3 – 6	2
More than 6	
Don't know	
Total	11

Table 25 (ProgQ25). PA Programme Directors' estimates of the frequency (times per year) with which the satisfaction of participants in their programme is formally measured

	survey of aims	prog. adjusted for aims	outcomes measured
Yes	5	5	3
No	6		8
Don't know			
Total	11	11	11

Table 26 (ProgQ26-28). PA Programme Directors' responses concerning whether (A) participants are formally surveyed for the aims of their involvement in the programme, (B) programmes are adjusted according to participants' aims, and (C) objective outcome measures are recorded for participants at regular intervals

	Number
Strength or explosive power	
Maximal oxygen uptake (directly measured)	
Sub maximal test of aerobic fitness	2
Balance	1
Joint range of motion	1
Body composition	2
Bone density	
Mood / depression	1
Social support	
Other	1
Not applicable	

Table 27 (ProgQ29). PA Programme Directors' responses concerning which objective measures are recorded at regular intervals

	Number
Yes	2
No	9
Don't know	
Total	11

Table 28 (ProgQ30). PA Programme Directors' responses concerning whether eligibility for entry to their programme requires the potential participant to have a health check

	Number
Completion of a health screening tool	
Assessment by a doctor	1
Assessment by a doctor who is a sports medicine specialist or by the programme doctor	
Assessment by some other healthcare professional	
Assessment by an exercise instructor	1
Other	
Not Applicable	9
Total	11

Table 29 (ProgQ31). PA Programme Directors' responses concerning the form of health check required for a potential participant to be eligible for entry to their programme

	Number
Yes	1
No	10
Don't know	
Total	11

Table 30 (ProgQ32). PA Programme Directors' responses concerning whether eligibility for entry to their programme requires completion of a health screening tool by the potential participant.

	Internationally recognised	Adapted for the prog.
Yes		
No	1	
Not applicable	10	11
Total	11	11

Table 31 (ProgQ33 & 35). PA Programme Directors' responses concerning whether their health screening tool is internationally recognised and whether it had been adapted for their programme

	Dizziness	Eyesight	Hearing	Don't know	Not applicable
Yes	1		1		10
No		0			
Total	1	1	1		10

Table 32 (ProgQ36). PA Programme Directors' responses concerning the questions included in the health screening tool used by their programme

	Number
The applicant need only sign a liability waiver	
Applicant must obtain 'approval' from any healthcare professional	
Applicant must obtain 'approval' from their doctor	
Applicant must obtain 'approval' from a doctor who is a sports medicine specialist or from the programme doctor	
It is not possible for the applicant to be permitted to enter the programme	
Other	1
Don't know	
Not applicable	10
Total	11

Table 33 (ProgQ37). PA Programme Directors' responses concerning what is done so that an applicant can be permitted to enter a programme after a potential problem has been identified by the health screening tool

	Number
Strength	5
Explosive power	1
Endurance (Q38)	7
Coordination – Balance (Q38)	7
Joint range of motion	6
Body composition	4
Bone density	2
Other	4

Table 34 (ProgQ38 & 40). PA Programme Directors' responses concerning the component(s) or aspect(s) of physical fitness which their PA Programme aims to improve.

TABLE 35 (ProgQ39)

	Number
Aquatics	
Swimming	5
Aqua exercises	5
Cycling	
On Road/ Paths	5
Off Road/ Track/ Hills	1
Group Sports/ Ball Games	
Badminton	5
Billiard Sports	1
Boules	3
Bowling	1
Golf	2
Minigolf	1
Short tennis	1
Tennis	3
Recreational Movement	
Dance	5
Movement to exercise	5
Exercise to music	5
Derived from Pilates	1
Derived from Tai Chi	4
Derived from Qigong	1
Derived from Yoga	3
Running	
Indoor running (not on treadmill)	3
Outdoor running/ Track	2
Orienteering	2
Skiing	
Cross Country Skiing	1
Downhill (Alpine Skiing)	0
Ski Touring	0
Walking	
Indoor Walking (not on treadmill)	1
Outdoor Walking on path/ track	3
Outdoor Walking groups	3
Rambling or Hill Walking	0
Trekking	0
Nordic Walking	5
Machine based equipment	
Circuits	2

Treadmill	1
Cycle	4
Rowing	1
Stepper	2
Cross – trainer	3
Cable machines/ fixed resistance	2
Dumbbells / Free weights	2
Physioballs (Swiss balls/ exercise balls) for balance	1
Resistance balls/ bands/ tubes	3
Balance disks/ wobbleboards	1
Other	2
Competitive sport	
Adapted exercise	
Back pain prevention	2
Osteoporosis prevention	3
Fall prevention	3
Pelvic Floor exercise	1
Chair-based exercise	1
Cardio Rehab	2
Pulmonary rehab	3
Other	0

Table 35 (ProgQ39). PA Programme Directors’ responses concerning the modalities of physical activity offered in their programme.

	Number
Never	4
For the first few weeks only	
For the first few months only	
Always	5
Don’t know	2
Total	11

Table 36 (ProgQ41). PA Programme Directors’ responses concerning the extent to which ‘progression’ of participants is part of their overall programme.

(‘Progression’ defined as a systematic increase in the intensity or resistance, the frequency and/or duration of exercise.)

	Warm up	Cool down
0 minutes	1	1
1 – 5 minutes	3	3
6 – 10 minutes	2	3
11 – 15 minutes	1	1
16 – 20 minutes	1	
Don't know	3	3
Total	11	11

Table 37 (ProgQ42-43). PA Programme Directors' estimates of the length of a usual warm up at the beginning of a session in this programme and of the length of a usual cool down (or 'wind down' or 'warm down') at the end of a session

	Number
0 minutes	
10 minutes	
20 minutes	3
30 minutes	
40 minutes	2
50 minutes	
60 minutes	2
More than 60 minutes	1
Don't know	3
Total	11

Table 38 (ProgQ44). PA Programme Directors' estimates of the length of a usual workout component of a session in this programme

	Number
This is not possible	4
Adapted exercise, with participants in disease-related groups	
Adapted exercise, with participants in frailty-related or disability-related groups	1
Adapted exercise, with participants included in the mainstream older person's group(s)	4
Don't know	2
Total	11

Table 39 (ProgQ 45). PA Programme Directors' responses concerning how, within this programme, they cater for the exercise needs of older people with chronic medical conditions.

	Number
A basic (entry level) qualification	4
A higher level (old age specific) qualification	3
Other	4
Don't know	1

Table 40 (ProgQ46). PA Programme Directors' responses concerning minimum level of qualification required for instructors delivering this programme to older participants

	Entry level qualification	Higher level qualification
0%	2	3
25%	1	1
50%	1	2
75%	2	1
100%	3	2
Don't know	2	2
Total	11	11

Table 41 (ProgQ48 & ProgQ49). PA Programme Directors' estimates of the proportion of instructors guiding/ supervising older participants, in this programme, that have the entry level qualification or the higher level qualification.

	Number
Yes	2
No	8
Don't know	1
Total	11

Table 42 (ProgQ.47). PA Programme Directors' responses concerning whether instructors for this programme have to be a member of a professional register

	Number
0	
1	
3	1
5	
10	1
15	1
20	
30	
More than 30	
Don't know	1
Not applicable	7
Total	11

Table 43 (ProgQ51). PA Programme Directors' estimates of the number of hours in-service training provided each year for the instructors in this programme

	Number
Not at all	
Instruction	5
Instructor's assistant	1
'Buddying' a participant	2
Peer mentoring participants	1
Administration	2
Transport	1
Refreshments	1
Other	
Don't know	
Not applicable	3

Table 44 (ProgQ54). PA Programme Directors' responses concerning ways that unpaid volunteers contribute to this programme.

	Emergency protocols	Equipment protocols
Yes	4	6
No	6	4
Don't know	1	1
Total	11	11

Table 45 (ProgQ55 and 57). PA Programme Directors' responses concerning whether this programme has specific protocols to be followed in emergency situations or in respect of the use, storage and maintenance of equipment

	Emergency protocols	Equipment protocols
3 monthly		
6 monthly		
Annually	3	3
Never		
Don't know		
Not applicable	8	8
Total	11	11

Table 46 (ProgQ56 and 58). PA Programme Directors' responses concerning the frequency of staff training in the protocols to be followed in emergency situations or in respect of the use, storage and maintenance of equipment

	Number
Up to € 2	3
More than € 2, up to € 5	2
More than € 5, up to € 10	1
More than € 10	3
Don't know	2
Total	11

Table 47 (ProgQ59). PA Programme Directors' estimates of the total cost (per participant per session) of providing their programme (excluding transport and refreshments but including the cost of the room, lighting, heating, maintenance, instructor's fee, administration)

	Number
0%	
5%	
10%	1
25%	1
50%	1
75%	2
100%	3
Don't know	3
Total	11

Table 48 (ProgQ 60). PA Programme Directors' estimates of the proportion of cost paid by each participant in their programme

	Transport	Refreshments
Yes, to everyone	1	4
Yes, selectively	*	1**
No	10	6
Don't know		
Total	11	11

*some participants, some sessions

**some sessions

Table 49 (ProgQ61 and 63). PA Programme Directors' responses concerning whether transport and refreshments are provided for participants in their programme

	Transport	Refreshments
0%		1
5%		
10%		
25%		
50%		
75%		
100%		3
Don't know	1	1
Not Applicable	10	6
Total	11	11

Table 50 (ProgQ62 and 64). PA Programme Directors' estimates of the proportion of the cost of transport and of refreshments that is paid by each participant in their programme.

	Number	%
Advertising in local newspapers	6	7,06%
Advertising in national/ regional newspapers	3	3,53%
Advertising in elder-oriented magazines	5	5,88%
Advertising through elder-oriented organisations	5	5,88%
Features in local newspapers	3	3,53%
Features in national/ regional newspapers	1	1,18%
Features in elder-oriented magazines	3	3,53%
Advertising on local radio	2	2,36%
Advertising on national/ regional radio	2	2,36%
Advertising on local TV	1	1,18%
Advertising on national/ regional TV	1	1,18%
Features on local radio	0	0,00%
Features on national/ regional TV	1	1,18%
Features on local TV	0	0,00%
Features on national/ regional TV	1	1,18%
Neighbourhood leafleting	4	4,71%
Sports hall leafleting	5	5,88%
Health premises leafleting	4	4,71%
Leafleting in community centres for older people	6	7,06%
Talks to local groups	4	4,71%
Word of mouth	9	10,59%
Websites	10	11,76%
Open days	3	3,53%
Bring a friend	3	3,53%
Discounts	1	1,18%
Multiple session bookings	1	1,18%
Other	1	1,18%

Table 51 (ProgQ65). PA Programme Directors' responses concerning the methods which have been used to publicise, market or promote their programme.

	(1)	(2)
Yes	5	5
No	4	5
Have not tried	1	1
Don't know	1	0
Total	11	11

Table 52 (ProgQ66 and 67). PA Programme Directors' responses concerning whether their programme had found it useful (1) to capitalise on national or regional campaigns related to aspects of ageing and health in order to improve recruitment of new participants and/or motivation of existing participants, and/or (2) to build partnerships with local healthcare professionals or organisations.

▪ **‘SUCCESSFUL PA PROMOTION STRATEGIES**

○ **Methods**

▪ **Selection of programmes (including definitions)**

Each national Expert was asked to identify a successful PA promotion strategy for older people in their country and assist its director to complete a questionnaire concerned primarily with the characteristics of the chosen PA promotion strategy. The national Experts were instructed that their choice should be guided by the following definitions.

Physical activity (or PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure *e.g.* running, walking, swimming, lifting or carrying a heavy weight.

PA promotion strategy – An intervention, device or plan which it is intended will increase the PA of a community *e.g.* Improved street lighting or an educational TV advertising campaign.

A successful PA promotion strategy – A PA promotion strategy is ‘successful’ if a PA expert in that country considers it to be successful. This judgment may be based on some or all of a wide range of possible effects of the strategy. These might include, for example, demonstrable improvements in swimming pool use, in self-reported physical activity, increasing bicycle sales *etc.*.

To be eligible for consideration a successful PA promotion strategy must have been running for at least 6 months and if it had ceased, this must have occurred no more than 2 years previously.

▪ **Distribution and return of promotion strategy questionnaires**

When a PA Expert agreed to participate he/she was sent an exploratory letter of invitation translated in Dutch and paper copies of the other two questionnaires for distribution to the directors of their chosen PA programme and PA promotion strategy. When an invitation to participate was declined because the prevention strategy already had been chosen by another PA Expert, the PA Expert was asked to identify another successful promotion strategy. PA Experts were allowed to nominate their own promotion strategy if it was not possible to find another promotion strategy that would participate.

The PA experts were encouraged to give their PA promotion strategy director on-going support. The promotion strategy directors were also contacted by the Belgian partner to make sure that everything was clear, and to ensure them that they could contact her if there were any questions. The PA promotion strategy directors were given the same deadlines as their PA expert.

- **Results**

- **Selection of promotion strategies**

One PA expert selected a PA programme that had already been chosen by another PA Expert. This expert was not able to identify another successful programme. Two PA Experts selected their own promotion strategy; they did not find any other option. In total the thirteen PA Experts were able to nominate twelve successful PA promotion strategies. (See appendix 3 for PA promotion strategies)

- **Return of promotion strategy questionnaires**

Some PA Experts collected all the questionnaires and returned them to the Belgian partner. Some PA promotion strategy directors, who could not fill in the questionnaire before the first deadline, sent the questionnaire back their selves to the Belgian partner. All questionnaires returned before the final deadline of 20th of august.

- **Promotion strategy directors' educational backgrounds**
(see table 53)

Six directors of the PA promotion strategies have an exercise or sport science background. Two have got a sports management background. A background of classical philology, gerontology, education, law was also present under the directors of the PA promotion strategies.

- **Prevailing national context**
(see table 54)

Half of the directors claim that there is no law concerning promotion of physical activity. Three other directors mentioned the “sports-for-all” policy, and the decree of subsidisation of city/town and regional councils. Almost none of the directors know if there is a law or other regulation for promotion of physical activity especially for older people. Two directors claim there is no law or regulation. Three directors say there are national level recommendations for promotion of PA especially for older people, especially fall prevention is one of the priorities. The other directors say there are no national recommendations.

- **Description of promotion strategies**
(see table 55-62)

Six organisations that developed a promotion strategy are situated in the governmental sector; half of them on regional level (province) and half on local level. One organisation is situated in both regional and local level. Seven organisations are non governmental, three of them are a community organisation. The directors also mention the sports sector, sickness fund and expert centre for health promotion. One organisation is active as well in the governmental sector as in the non governmental. The sector in which an organisation that delivers the promotion strategy is situated is the same as above. Here again the sports sector, sickness fund are mentioned as well as the local health networks, senior consultation committee and the Red Cross.

Most promotion strategies aim to deliver at regional level, less are limited to a town or city. Three promotion strategies are focussed on national level, from which two also aim to deliver at regional level. There is only one promotion strategy that also wants to deliver at the local neighbourhood, next to the city or town.

It seems that the promotion strategies try to encourage physical activity in all kinds of settings, especially centre-based and outdoors. The focus seems to be set on group activities, even though independent exercise is also being promoted by several strategies.

Social institutions and welfare organisation are taking part in half of the promotion strategies. In several strategies community centres and primary health care are also taking part. Several promotion strategy directors mention the sports services and senior services that help in the promotion strategies. One promotion strategy is done by the director herself, with no help from anywhere.

Four promotion strategies used a theoretical basis to deliver their promotion strategy. One promotion strategy is based on certain scientific findings. One promotion strategy is based on the protection motivation theory. The other two are based on multiple theories. The BOEBS-project (fall prevention) used the ASE-Model, the trans-theoretical model and also a social-ecological and a community-based model to deliver their promotion strategy. The OZ-fit information sessions use the health belief model and the theory of planned behaviour.

Seven promotion strategy programmes have already been running more than ten years, have of those promotion strategies run continually. Three promotion strategies are relatively new, and have been running less than a year, they also run continually. Three strategies work with periodically promotion.

▪ **Characteristics of strategies' target populations** (see table 63-65 and fig. 2)

Eight of the twelve promotion strategies seem not to be intended for a specific age. They try to reach the whole range from 55 until 100 years of age, so the whole senior generation. Only a few promotion strategies are intended for a more limited age range, with minimum age between 45 and 55 years of age and maximum between 65 and 80 years of age.

The majority of the promotion strategies try to target all older adults, as could be seen in the intended age range. Half of the promotion strategies are intended for just one category of participants, or the general population, or all older adults. Less promotion strategies have 'special' groups as their target population, like the institution-dwelling older adults, older adults with chronic conditions or ethnic minority. One promotion strategy (fall prevention) is doing a pilot study now with institution-dwelling older adults. Most promotion strategies do not consider or cater for cultural differences. One promotion strategy wants to cater for all specific aspects, another one only for different language and a third one for difference in education and income level.

All promotion strategies aim to include people who can walk outdoors both vigorously or normal pace. Still a majority aims to include people who can walk outdoor with some kind of form of aid. Half of the promotion strategies try to include people who walk outdoors with supervision or those who never walk outdoors. The promotion strategies that aim to include people with less functional mobility also include those with still a good functional mobility.

- **Design of promotion strategies**
(see tables 66-72)

All promotion strategies but one use multiple aspects to encourage behaviour change in relation to physical activity. One promotion strategy only tries to improve the knowledge of their targeted population. No promotion strategy tries to improve time management skills to encourage behaviour change. Improving knowledge and motivation and reducing misconception about ageing are used mostly to encourage people, followed by improving access and skills.

Not a single promotion strategy screens the target population for their readiness for behaviour change prior to implementing the promotion strategy. Eight promotion strategy directors say that their promotion strategy is designed to surmount barriers to physical activity. Especially the barriers of lack of motivation/energy, misconceptions about ageing, lack of skill and the environmental barriers like weather conditions were addressed. The promotion strategies that are designed to surmount barriers, don't address barriers as much concerning specific health conditions.

The information approach is the most popular approach being used by the physical activity promotion strategies, especially the community wide campaigns and group-based health education with the focus on information provision are used. Some directors mention that a lot of flyers are distributed in the local area; the website is also mentioned as an information approach and of course the word of mouth. Environmental and policy approaches are also being used in the physical activity promotion strategies. The enhanced access to physical activity and the outreach activities are mostly used in the promotion strategies. The use of behavioural and social approaches is always in combination with the information and environmental approaches, there is no promotion strategy that only uses behavioural and social methods. Health professionals' social support and the individually-adapted behaviour changed are used the most in this kind of approach.

The message being used in the promotion strategy is mostly a positive one, they give general messages and advice and also specific advice. General and specific warnings are not used that often. The promotion strategies that do use the warnings, do this in combination with advice.

There seems to be a lot of different ways to convey the message to the public according to the promotion strategy directors' answers. Through mailing, electronically and ordinary, they try to convey a lot of people, but also through health care professionals. Advertisements in magazines or articles in their own magazine are used to spread the word. The local authorities, flyers and the word of mouth are also used to convey the target population. All promotion strategies use multiple ways to get their message to the public, there is only one promotion strategy that actually is a lecture and only uses this lecture.

- **Evaluation and sustainability of effect of promotion strategies**
(see tables 73-78)

To the question of what proportion of the target population has been reached by the promotion strategy overall since it has been running, only three promotion strategy directors were able to give an answer. Two said around 25% and the other one around 50%.

The approaches, which are being used in the promotion of physical activity, are also considered as effective. The directors say that the approaches used in their programmes are effective. The behavioural and social approaches are not considered as effective as the other ones. One program has done an extensive process evaluation to see which strategies are most effective. Some directors again mention the website, word of mouth and flyers as effective ways.

Eight directors say that since their promotion has been implemented it has not been evaluated, only two promotion strategies have been evaluated. The evaluation included the aspects of behaviour change and population reached, one also mentioned behaviour determinants.

Half of the directors say that there is a specific plan to maintain the behaviour change. Different tools are used to maintain this behaviour change. Depending in what sector the organization of the promotion strategy is working and depending on the activity different tools are used. The dancing promotion strategy for examples offers annually thematic dance shows. After certain promotion days, people can be referred to a sports club in the neighbourhood.

▪ **Finance** (see table 79-80)

Only five promotion strategy directors gave an answer to the question of what the total cost is of running this promotion strategy. Three of them spend between 500€ and 1000€ for running their promotion strategy. The “Senior Sportief” promotion strategy, is organized in Flanders on different location on different days. The participants get the chance to taste from a variety of sport and physical activities. The total cost for running this is between 20 000€ and 25 000€. The OZ-fit project tests people for their physical condition, they have to do a submaximal cycling test. They receive together with the results of the tests a programme to be physically active and also nutrition advice. The cost of this physical activity promotion strategy is between 25 000€ and 50 000€.

The money to fund the promotion strategies comes mainly from the leisure sport budget from the national government as well as from the local government. Depending in what sector the organisation is working, the can also receive money from the health budget. Lottery or charity seem not to be a source of funding. The OZ-fit project collects money from the contributions from the members of their sickness fund. The ‘Dans je Fit’ project does not have any external funding, the director pays everything herself. One project receives funding from the health budget, social care and sport budget from the city, but the city is also the one that organizes the promotion strategy.

PA Promotion Strategy Directors													
	A	B	C	D	E	F	G	H	I	J	K	L	Total
Medicine													0
Other Health Profession							X		X				2
Exercise/ Sport Science	X	X			X				X	X	X		6
Other			X	X		X		X		X		X	6
Missing data													

Table 53 - Promotion Strategy Questionnaire Question 4 (PSQ4). Educational backgrounds of the Directors of the PA Promotion strategies selected by *Belgian* national Experts.

	(1)	(2)	(3)
Yes	3	0	3
No	6	2	7
Don't know	3	10	2
Total	12	12	12

Table 54 (PSQ 8-10). PA Promotion Strategy Directors' responses concerning whether (1) there is a law or other regulations, in Belgium, for promotion of physical activity, (2) there is a law or other regulations, in Belgium, for the promotion of physical activity especially for older people, and (3) there are any national level recommendations, in Belgium, for promotion of physical activity especially for older people

	Developed	Delivered
Government	6	6
National	0	0
Regional	4	3
Local	3	3
Non Governmental	7	7
Commercial	1	1
Welfare/community organisation	3	4
Research organisation	1	1
Other	3	3

Table 55 (PSQ11 and 12). PA Promotion Strategy Directors' responses concerning which sectors to which belong the organisations that developed, and delivered, their promotion strategy.

	Number
National	3
Regional	8
Limited to a city/ town	4
Limited to a local neighbourhood	1

Table 56 (PSQ14). PA Programme Directors' responses concerning the levels at which their promotion strategies aimed to deliver.

	Number
Centre based	6
Home based	4
Outdoors	7
Other	6
Group exercise	12
Independent exercise	8
Other	0

Table 57 (PSQ15) PA Promotion Strategy Directors' responses concerning the settings in which they considered their promotion strategy encouraged physical activity

	Number
Social institutions	5
Primary health care	3
Community centres	4
Welfare organisations	6
Work place	1
Other	8
Don't know	0

Table 58 (PSQ16). PA Promotion Strategy Directors' responses concerning the settings/ organisations which they consider are taking part in their promotion strategy

	Number
None	6
Health Belief Model	1
Protection Motivation Theory	1
Theory of Reasoned Action	0
Theory of Planned Behaviour	1
ASE* – Model	1
Transtheoretical Model	1
Other	2
Don't know	2

* Attitude, Social influence and self-Efficacy

Table 59 (PSQ17-18). PA Promotion Strategy Directors' responses concerning the theoretical basis(es) which they consider was/were used to develop and/or deliver their promotion strategy.

	Number
Less than 1 year	3
1 to 5 years	1
6 to 10 years	1
More than 10 years	7
Don't know	0
Total	12

Table 60 (PSQ19). PA Promotion Strategy Directors' estimates of the time for which their promotion strategy has run

	Number
Once only	0
Periodically	3
Continually	7
Other	1
Don't know	1
Total	12

Table 61 (PSQ20). PA Promotion Strategy Directors' responses concerning the time pattern of the running of their strategy

	Number
Medical Practitioners	1
Nurses	2
Physiotherapists	1
Occupational therapists	1
Physiotherapy/ OT Assistants	0
Other Allied Health Care Professionals	1
Exercise/ dance instructors	5
Sports coaches	6
Community/Social Workers	4
Volunteers	4
Other	6
None	3
Don't know	1

Table 62 (PSQ26). PA Promotion Strategy Directors' responses concerning the intermediaries used to reach the intended population. □

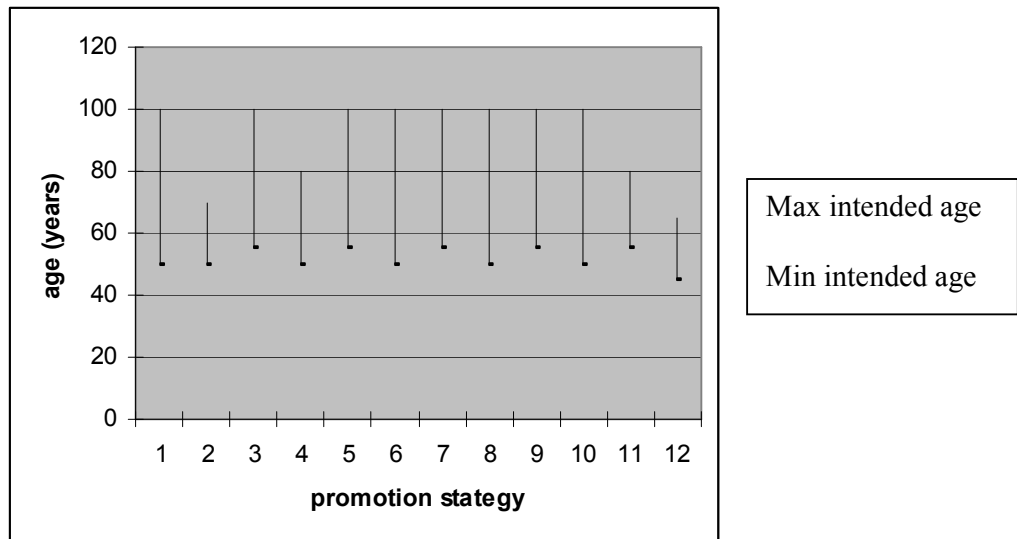


Figure 2 (PSQ21). PA Promotion Strategy Directors' estimates of the upper and lower age limits of those for whom their strategy is intended

	Number
General population (including older adults)	4
All older adults	9
Community – dwelling older adults	5
Institution – dwelling older adults	3
Older adults with chronic conditions	2
Ethnic minority older adults	2
Other	1

Table 63 (PSQ22). PA Promotion Strategy Directors' responses concerning the 'category' of participants targeted by their promotion strategy

	Number
None	9
Different language	2
Different cultural perceptions	1
Different education levels	2
Different income levels	2
Other	1
Don't know	0

Table 64 (PSQ23 and 24). PA Promotion Strategy Directors' responses when asked which specific cultural differences were catered for in their promotion strategy

	Number
Frequently walks vigorously or runs	11
Walks outdoors with no walking aids and no assistance or supervision by another person	12
Walks outdoors with a walking aid but no assistance or supervision by another person	8
Walks outdoors only with assistance or supervision by another person	6
Never walks outdoors	5

Table 65 (PSQ25). PA Promotion Strategy Directors' responses concerning the 'category' of individual (by level of functional mobility) their promotion strategy aimed to include.

	Number
Improved knowledge	9
Improved access	7
improved safety	4
improved time management skills	0
Improved motivation	9
Fear reduction	5
Improved skill	7
Reduction in misconceptions about ageing	8
Don't know	1

Table 66 (PSQ 28). Promotion Strategy Directors' responses concerning approaches used in their strategy to encourage behaviour change in relation to physical activity

	Number
Yes	0
No	11
Don't know	1
Total	12

Table 67 (PSQ 29). PA Promotion Strategy Directors' responses concerning whether the target population was screened for their readiness for behaviour change prior to implementing the promotion strategy

	Number
Yes	8
No	2
Don't know	2
Total	12

Table 68 (PSQ 30). PA Promotion Strategy Directors' responses concerning whether their promotion strategy was designed to surmount barriers to physical activity.

	Number
Perceived poor health	3
Symptoms associated with chronic conditions	3
Fear of injury	4
Acute exacerbation of chronic conditions	0
Lack of skill	5
Lack of time	4
Lack of energy / motivation	7
Environmental barriers	5
Misconceptions about ageing	6
Other	1
Don't know	0
Not applicable	3

Table 69 (PSQ31). PA Promotion Strategy Directors' responses concerning which particular barriers to physical activity was their promotion strategy designed to surmount.

	Number
INFORMATION APPROACHES	
Community wide campaigns	7
Group-based health education focused on information provision	7
Mass media campaigns	2
Point of decision prompts	0
Other	3
BEHAVIOURAL AND SOCIAL APPROACHES	
Individually-adapted behaviour change	4
Education with TV/video/DVD	0
Family-based social support	3
Health Professionals social support	5
Non-family social support	3
Other	0

ENVIRONMENTAL AND POLICY APPROACHES	
Enhanced access to physical activity	7
Outreach activities	5
Transportation policy	2
Infrastructure changes to promote non-motorised transit	2
Urban planning approaches	1
Other	0
Don't know	0

Table 70 (PSQ32). PA Promotion Strategy Directors' responses concerning which approaches were used by their physical activity promotion strategy.

	Number
General message	10
General advice	7
General warning	3
Specific advice	8
Specific warning	2
Other	1
Don't know	0

Table 71 (PSQ 34). PA Promotion Strategy Directors' responses concerning the nature of the message(s) used in their promotion strategy

	Number
Media	1
Post	6
Internet / e-mail	8
Intermediates, healthcare professionals	5
Models / opinion	1
Events (e.g. Falls Awareness Day)	3
Other	8
Don't know	0

Table 72 (PSQ 35). PA Promotion Directors' responses concerning how the message(s) used in their promotion strategy was/were conveyed to the target population.

	Number
0%	
25%	2
50%	1
75%	
100%	
Don't know	9
Total	12

Table 73 (PSQ27). PA Promotion Strategy Directors' estimates of the proportion of the target population that has been reached by their promotion strategy since it has been running.

	Number
INFORMATION APPROACHES	
Community wide campaigns	7
Group-based health education focused on information provision	6
Mass media campaigns	1
Point of decision prompts	0
Other	2
BEHAVIOURAL AND SOCIAL APPROACHES	
Individually-adapted behaviour change	4
Education with TV/video/DVD	0
Family-based social support	1
Health professionals social support	3
Non-family social support	3
Other	0

ENVIRONMENTAL AND POLICY APPROACHES	
Enhanced access to physical activity	6
Outreach activities	5
Transportation policy	2
Infrastructure changes to promote non-motorised transit	2
Urban planning approaches	1
Other	1
Don't know	0

Table 74 (PSQ33). PA Promotion Strategy Directors' responses concerning which approaches they had found effective in achieving the aims of their physical activity promotion strategy.

	Number
Yes	2
No	8
Don't know	2
Total	12

Table 75 (PSQ36). PA Promotion Strategy Directors' responses concerning whether their promotion strategy had been evaluated since it was implemented

	Number
Behaviour change	1
Population reached	2
Cost effectiveness (e.g. total costs)	0
Other	1
Don't know	0
Not applicable	9

Table 76 (PSQ 37). PA Promotion Strategy Directors' responses concerning which aspects of their promotion strategy had been evaluated since it was implemented

	Number
Yes	6
No	4
Don't know	2
Total	12

Table 77 (PSQ38). PA Promotion Strategy Directors' responses concerning whether their promotion strategy included a specific plan or device to maintain the behaviour change achieved

	Number
Printed material posted	0
Telephone	1
Positive reinforcement / feedback rewards	2
Financial incentives	0
Social support	1
Buddy groups	1
Opportunities to socialise	1
Promotion days	2
Other	3
Don't know	0
Not applicable	5

Table 78 (PSQ39). PA Promotion Strategy Directors' responses concerning the tools used in their promotion strategy to maintain behaviour change

Median	800
Least	0
Most	50000
N	6
Don't know	6

Table 79 (PSQ40). The median and range of the PA Promotion Strategy Directors' estimates of the total cost (per year) of developing and running their promotion strategy.

	Number
NATIONAL / REGIONAL GOVERNMENT	
Health budget	3
Social care budget	0
Leisure / sport budget	7
Other	1
CITY / LOCAL GOVERNMENT	
Health budget	1
Social care budget	2
Leisure / sport budget	5
Other	0
OTHER SOURCES	
Lottery	0
Charity	0
Other	4

Table 80 (PSQ41). PA Promotion Strategy Directors' responses concerning the source of the funding to run their promotion strategy

▪ **SYSTEMATIC SEARCH FOR EVIDENCE BASED GUIDELINES**

○ **Objective**

The objective was to conduct a logical, repeatable and thorough search for evidence-based, professional guidelines for the promotion and/or provision of safe and effective physical activity (PA) by older people.

The guidelines identified by the search are to be used to create a readily accessible inventory of existing evidence based guidelines. This resource is to be included in the cross-national and national reports on WP5. It will permit a critical comparison of the successful PA programmes and PA promotion strategies (identified by the WP5 Experts) with current evidence-based guidelines.

○ **Methods**

Definitions

Physical activity (PA) – Any bodily movement that is produced by the contraction of skeletal muscle and that substantially increases energy expenditure *e.g.* running, walking, swimming, lifting or carrying a heavy weight.

PA promotion strategy – An intervention, device or plan which it is intended will increase the PA of a community.
e.g. Improved street lighting or an educational TV advertising campaign.

Older person - In this systematic search the older person was defined as being 60 years and over, in good health or suffering from a medical condition.

Criteria for inclusion in inventory of guidelines

The publications to be included in the inventory were those which we considered to be guidelines, position stands, consensus statements, standards or recommendations from a credible source, that addressed exercise and/ or physical activity for older people and which satisfied all five of the following criteria.

- composed by a process involving a consensus of experts, and
- published under the auspices of government departments, international health organisations, age-related NGOs, or learned societies, and
- with sufficient information about the evidence on which they are based to allow the individual recommendations to be graded according to the strength of that evidence (see ‘Key to evidence statements and grades of recommendation’, as published in the most recent SIGN guideline, viz. SIGN Guideline No. 98, July 2007), and
- published from 1990 onwards, and

- addresses the delivery and/or promotion of physical activity for the older person (including old age specific sub-sections of guidelines for the role of physical activity for adults of all ages in health and/or disease).

Search to identify candidate publications for inclusion in the inventory of guidelines

The search protocol took account of the fact that the guidelines which we sought might have been published in scientific journals, websites, or as free-standing publications.

We searched the following electronic databases:

Ovid Medline (1950 to June Wk 4 2007)
 CINAHL (1982 to June Wk 5 2007)
 EMBASE (1996 to 2007 Wk 26)
 SPORTDiscus (1830 to May 2007)
 AARP Ageline (1978 to June 2007)
 Cochrane Review Library

Searches included no language restrictions and were limited to older adults.

The following two search strategies were used for Ovid Medline and adapted for the other databases.

Search 1 – Provision of physical activity for older people

- 1 exp exercise/
- 2 (exercise\$ or physical activity or exercise prescription).mp
- 3 1 or 2
- 4 exp aged/ or exp "aged, 80 and over"/
- 5 (aged or elderly or senior\$ or older adult or older person\$ or older people).mp
- 6 4 or 5
- 7 guideline.pt
- 8 practice guideline.pt
- 9 exp guidelines/
- 10 exp health planning guidelines/
- 11 7 or 8 or 9 or 10
- 12 exp consensus/
- 13 (guideline\$ or consensus or position stand or standard\$ or recommendations\$).ti
- 14 11 or 12 or 13
- 15 3 and 6 and 14

Search 2 – Promotion of physical activity for older people

- 1 exp exercise/
- 2 (exercise\$ or physical activity).mp
- 3 1 or 2
- 4 exp health promotion/

- 5 (health promotion\$ or promotion strategy or promotion strategies
or health behaviour\$ or campaign\$).mp
- 6 4 or 5
- 7 exp aged/ or exp "aged, 80 and over"/
- 8 (aged or elderly or senior\$ or older person\$ or older people or
older adult\$).mp
- 9 7 or 8
- 10 guideline.pt
- 11 practice guideline.pt
- 12 exp guidelines/ (61574)
- 13 exp health planning guidelines/
- 14 exp consensus/
- 15 (guideline\$ or consensus or position stand or recommendation\$
or standard\$).ti
- 16 10 or 11 or 12 or 13 or 14 or 15
- 17 3 and 6 and 9 and 16

The following websites were chosen on our judgement and searched for relevant guidelines, position stands, consensus statements, standards or recommendations. Search terms were adapted from the two Ovid Medline searches outlined above.

WHO (World Health Organisation)
 NIH (National Institute of Health)
 NIA (National Institute of Ageing)
 CDC (Centre for Disease Control)
 ACSM (American College of Sports Medicine)
 AHA (American Heart Association)
 NICE (National Institute for Health and Clinical Excellence)

Scrutiny to select publications for inclusion in the inventory of guidelines

Two reviewers (FS, AY) independently scanned the titles of candidate publications identified by the searches to identify potentially relevant publications for more detailed review. Searches of bibliographies and texts were also conducted to identify additional relevant publications. Non-concordance of reviewers was resolved by discussion. The abstract was obtained for each title selected.

The abstracts were then independently studied by the two reviewers, to identify publications for full review. Non-concordance was resolved by discussion. From the full text, the reviewers independently identified the publications which met all five criteria for inclusion in the inventory. Once again, non-concordance was resolved by discussion.

○ **Results**

Approximately 5120 titles were considered. Of these, over 650 abstracts were reviewed and, from them, 325 full publications were reviewed. Fifty-five publications met all 5 criteria for inclusion in the inventory, where they have been listed under the following subheadings: habitual physical activity and PA promotion, resistance training, exercise referral, cardiovascular conditions, exercise testing and screening,

hypertension, stroke, hypercholesterolemia, diabetes, obesity, osteoporosis, falls, osteoarthritis and chronic pain

▪ **CONCORDANCE OF PROGRAMMES WITH GUIDELINES**

○ **Discussion**

Searching the literature on physical activity programmes and older adults, four components always returned i.e. aerobic activities, muscle-strengthening activities, flexibility and balance. Four aspects that should be present in each physical activity programme for older adults. Recommendations for each of these activities can be found in tables 81, 82 and 83.

Aerobic activity				
	Frequency	Intensity	Duration	mode
Health related benefits	Most days of the week	Low-moderate <ul style="list-style-type: none"> ▪ Start with 2-3 MET's ▪ Borg scale RPE 12-13 ▪ 40-50% of HRR ▪ 64-70% Hmax 	30 minutes continuously or in bouts of 3x10 or 2x15	Rhythmic, continuous exercise involving the use of large muscle groups such as walking, cycling, aquatic exercise
Fitness related benefits	Minimum 3 times per week	Moderate to high <ul style="list-style-type: none"> ▪ 60-80% of HRR ▪ 77-90% of Hmax 	20 minutes	Brisk walking, jogging, cycling

Table 81: Overview of guidelines for aerobic physical activities

The guidelines and recommendations for aerobic activities were compared with the programmes questioned in Belgium. Most programmes do offer activities in which large muscle groups are active. Aerobic activities seem to take an important place in the offer of activities. These aerobic activities are mostly done in groups which are beneficial for the reinforcement of exercise adherence. All programmes offer sessions that last longer than 30 minutes, so every person after a session will have been active for at least 30 minutes continuously or intermittent. People can participate in most programmes twice or more per week. Half of the individuals participate between two and four times a week in the overall programme. People who are in an initial

conditioning stage will need a more extended warming-up and cooling-down and low-intensity muscular fitness exercises. Exercise adherence may decrease if the program is initiated too aggressively. All programmes start with a warming-up, this can vary from 5 to 10 minutes, and two programmes have a warming-up of about 15 minutes. They also all end with a cooling-down, what exactly is done during the cool-down period is not clear from the questions asked. What the exact intensity is during the sessions is not clear either, but half of the programme directors claim that there is a systematic increase in the intensity.

In conclusion, the duration and the mode and the intensity assumed as well correspond quite good with the guidelines and recommendations mainly given by ACSM and AHA. The frequency is less than is recommended, but of course people can be active without going to organized sessions or they can go to different programmes, which can not be derived from the questionnaire.

Muscle-Strengthening Activity		
Frequency	Number of exercises	Sets & repetitions
2 to 3 times per week	8-10 exercises involving the major muscle groups	2-3 sets of 8-15 repetitions (more frail adults) (RPE 12-13)

Table 82: Overview of guidelines for muscle-strengthening activities

Older adults will benefit from performing activities that maintain or increase muscular strength and endurance for a minimum of two days. Because sarcopenia and muscle weakness are a universal characteristics of advancing age, strategies for preserving or increasing muscle mass in the older adult should be implemented. Resistance training has the potential to deter the untoward effects of frailty by improving functional mobility and preventing falls and fractures. Muscle-strengthening activities include a progressive weight training programme, weight bearing callisthenics and similar resistance exercises that use the major muscle groups.

Half of the programmes have muscle-strengthening activities included in their programmes. No specifications of what those activities are, are given. It is not possible to make a conclusion about the concordance of the programmes with these specific recommendations.

Flexibility	Balance
Every major joint Two days each week for at least 10min Yoga and tai chi movements	Dynamic movements that perturb the centre of gravity Mostly integrated in overall programme

Table 83: Guidelines concerning flexibility and balance

An adequate range of motion in all body joints is important to maintaining an acceptable level of musculoskeletal function, balance and agility in older adults. The lack of flexibility in combination with a lack of muscle strength results in a reduced functional mobility. Exercises should be prescribed for every joint, according ACSM. It is critical that a sound stretching program is being included as part of each exercise session for older adults. Most programmes questioned include the physical fitness components of flexibility and balance in their sessions. Most programmes do not

focus exclusively on these two components. Some programmes like Tai Chi and the fall prevention have flexibility and balance as their main goals. The flexibility or joint range of motion activities mentioned by the programme directors are mostly the stretching exercises done at the end of the session. A broad-based exercise program that includes balance training, resistance exercised, cardiovascular exercises and weight transfer should be seen as a multifaceted intervention to reduce the risk of falling. So if programmes offer sessions that include various components of physical fitness, ending with stretching exercises for all the major joints, they will be beneficial for flexibility and balance improvements.

▪ **CONCORDANCE OF PROMOTION STRATEGIES WITH GUIDELINES**

○ **Discussion**

As with younger adults, promotion of physical activity in older adults relies upon both individual and community approaches. In the community, environment elements such as street layout, location of recreation facilities, safety and the transport system can either encourage or discourage physical activity. More personal barriers why somebody is not physically active are lack of energy and motivation, misconceptions about ageing, lack of time and fear of injury. Addressing these barriers is important to engaging people in physical activity. Most promotion strategy directors do recognize these barriers, and their promotion strategies are among other things developed to surmount these barriers. An evidence-based review reveals that the following community strategies were found effective: community-wide campaign, point-of-decision prompts, physical education programmes in schools, social support programmes, individually adapted behaviour change programmes and enhanced access to places for physical activity. Looking at the answers of the promotion strategy directors, quiet some of these strategies can be found in the Belgian promotion strategies. Community-wide campaigns and group-based information provision are the ones mostly used and found effective. Promotion strategy designers think it is crucial that people are being provided with the right information, and that by changing their thinking, their action can also be changed. Another approach that is considered as important is the enhanced access to physical activity; this can be seen structural as well as organisational. Opportunities for physical activity need to be created close to where people live, if there is a sports infrastructure in the neighbourhood, the easier physical activities can be organized. Also individually-adapted behavioural change is being used as a strategy. If a person is not yet ready to be physically active, it is not useful to force him; exercise adherence will not be optimal in this case. In the life of older adults, the social component also plays an import, that why promoting group-activities seem to be more of a success than individual sessions.

▪ **CONCLUSIONS & RECOMMENDATIONS**

In Belgium there are quite some possibilities for older adults to be active. But still a lot of the older adults are living a sedentary life. It is a challenge for local and regional governments to help creating physical activity programmes and strategies that can reach each individual, not only those who already are active. The “sports for all policy” is a good initiative of the Flanders government to provide physical activities and sports for everybody. An important aspect in this policy is to provide the Flanders region of enough infrastructures, so physical activity can be offered to a big proportion of the population. Of course programme directors have to know what lives among the population they want to reach with their programmes, so they can adapt their programme if possibly to their needs and demands. In overall programmes four components of physical fitness should be present: aerobic fitness, muscle-strengthening activities, flexibility and balance. Older adults will benefit from this kind of exercises in their activities of daily living as well.

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We also would like to say thank you to Lynn Matton for all her hard work, because of her we had such a good response. We wish her the best of luck in her further career.

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Fit en Fel

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Olivia Verelst: Sports promoter

Sportdienst Antwerpen
t.a.v. Olivia Verelst
Boomgaardstraat 22/1
B-2600 Berchem
Olivia.verelst@sportdienst.provant.be

○ **Name of programme X**

Buurtsport Nieuw Gent

City of Gent: www.gent.be

Caroline Antonowicz: assisent director, head of department
senior services city of Ghent

Seniorenhuis
Begijnhofdries 33
B-9000 Gent
Caroline.antonowicz@gent.be

○ **Name of programme XI**

Nordic Walking Programme

S-sport vzw: www.s-sport.be

Jan Moortgat: sport technical assistent

Jan Moortgat
Sint-Jansstraat 32
B-1000 Brussel
Jan.moortgat@socmut.be

○ **Name of programme XII**

Gym je fit

Okra-sport: www.okrasport.be

Ingrid Peeters: sports technical coordinator

Okra-sport
t.a.v. Ingrid Peeters
Haachtsesteenweg 579
B-1031 Brussel
Ingrid.peeters@okrasport.be

- **Name of programme XIII**
OZ-fit
Onafhankelijk ziekenfonds: www.oz-fit.be
Ellen Moermans: manager economy services

OZ-fit
t.a.v. Ellen Moermans
Boomsesteenweg 5
B-2610 Wilrijk
Ellen.moermans@oz.be

▪ **APPENDIX THREE - IDENTIFICATION DETAILS OF
'SUCCESSFUL' PA PROMOTION STRATEGIES**

- **Name of promotion strategy I**
Senioren sportdag Limburg
Bloso: www.bloso.be
Tom Willems: Regional inspector sports and outdoor
recreation

Tom Willems
Gouv. Verwilghensingel 13
B-3500 Hasselt
Tom.willems@bloso.be

- **Name of promotion strategy II**
50+ Sportclub
City of Tienen: www.tienen.be
Michel Roskin: sport functionary of the city of Tienen

Michel Roskin
Reizigerstraat 81
B-3300 Tienen
Michel.roskin@tienen.be

- **Name of promotion strategy III**

- **Name of promotion strategy IV**
Fit en Fel; Senioretics
 Seniorencentrum Brussel: www.seniorencentrum-brussel.be
 Frank Lemahieu: responsible publications

 Seniorencentrum
 t.a.v.Frank Lemahieu
 Leopoldstraat 25
 B-1000 Brussel
publicaties@seniorencentrum-brussel.be

- **Name of promotion strategy V**
 BOEBS: community based intervention to prevent falling among the elderly
 Vlaams Instituut voor Gezondheidspromotie: www.vig.be
 Mia Van Laeken: staff member injury prevention

 Vlaams Instituut voor Gezondheidspromotie
 G. Schildknechtstraat 9
 B-1020 Brussel
Mia.vanlaeken@vig.be

- **Name of promotion strategy VI**
 Allround Promotion FROS
 FROS: www.fros.be
 Anne-Marie Clerinx: coordination regional secretary

 Fros Vlaams Brabant
 Sint-Maartenstraat 55/3
 B-3000 Leuven
vlaamsbrabant@fros.be

- **Name of promotion strategy VII**
“Dans je fit”
 Dance club Dans je fit: www.dansjefit.bravehost.com
 Monique Demoor: director and teacht dance club

 Monique Demoor
 Dr Demoorstraat 18
 B-9300 Aalst

Demoor.monique@skynet.be

- **Name of promotion strategy VIII**
Allround promotion OOK
Vlaamse Ouderraad OOK: www.vlaams.ook.be
Mie Moerenhout: director

Mie Moerenhout
Koningstraat 136
B-1000 Brussel
Mie.moerenhout@vlaamse-ouderenraad.be

- **Name of promotion strategy IX**
Senior Sportief
Bloso: www.bloso.be
Ken Nys: Regional inspector sports and outdoor recreation

Bloso Insectiedienst
Vorselaarsebaan 60
B-2200 Herentals
Ken.neys@bloso.be

- **Name of promotion strategy X**
Health and Sports service city of Ghent
City of Ghent: www.gent.be
Caroline Antonowicz: assistant-director

Seniorenhuis
Begijnhofdries 33
B-9000 Gent
Caroline.antonowicz@gent.be

- **Name of promotion strategy XI**
Allround promotion through associations of the elderly
S-sport: www.s-sport.be
David De vlieger: administrative coordinator

S-Sport
t.a.v. David De Vlieger
Sint-Jansstraat 32
B-1000 Brussel
David.devlieger@socmut.be

- **Name of promotion strategy XII**
Meer bewegen, beter leven (lecture)
Okrasport: www.okrasport.be
Ingrid Peeters: sports technical coordinator

Okrasport
t.a.v. Ingrid Peeters
Haachtsesteenweg 579
B-1031 Brussel
ingridpeeters@okrasport.be

- **Name of promotion strategy XIII**
OZ-fit: info sessions related to physical activity and health
Onafhankelijk Ziekenfonds: www.oz-fit.be
Ellen Moermans: manager economy services

Ellen Moermans
Boomsesteenweg 5
B-2610 Wilrijk
Ellen.moermans@oz.be