Version of 27 November 2007

EUNAAPA – Work Package 5

Expert Survey on Physical Activity Programmes and Physical Activity Promotion Strategies forOlder People

National Report Poland

*Izabela Sakowska***
Pawel Gorynski
*Anita Gebska-Kuczerowska**

Department of Medical Statistics
National Institute of Hygiene

*Department of Health Promotion**
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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, Polish 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 present document is a national report on the data collected by and from the Polish Experts. The present report is not representative for whole Poland due to not random selection of subjects. The resulting data have not been submitted to the leader of the work package 5 (University of Edinburgh) because of significant delay in collecting questionnaires filled by experts. The last questionnaires were accepted and included into the database on 21st November 2007. The delay was caused by a long chain of institutions we involved in collecting data; the details are described in the next section.

- **THE EXPERTS**
  - **Methods**
    - **Selection of Experts**

It was planned to select eleven Experts 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.

Since it was obvious for the Polish Partner that it may cause difficulties to find Experts who work particularly in the field of PA Health Promotion for elderly people we decided to extend our efforts and try to contact potential participants using a number of different means.

Six experts were identified using the sampling strategy and were personally known to the Polish Collaboration Partner. Beside that, since potential good practices in Poland could be unknown to the Collaborating Partner, we decided to cooperate with the Ministry of Health which supported EUNAAPA project by contacting supervised Regional Governmental Authorities and Regional Public Health Centers. The contacted institutions were supposed to identify experts in charge of PA Promotion in their regions. The inviting letters were sent by Deputy Ministry of Health. Of the total number of 16 regions (32 institutions contacted) 3 Regional Public Health Centers (Slaskie, Lubelskie and Warminsko-Mazurskie) and 2 Regional Governmental Authorities (Lubelskie, Swietokrzyskie) answered that they do not provide this kind of programmes in their regions; however some elements of kinezotherapy are included into medical care programmes, supported by the health care system. From the remaining institutions 3 contacted its local partners and identified programmes of which one had already been included by an Expert chosen by the Polish Collaborating Partner (Mazowieckie). After deadline on 21st November we decided to include 3 newly received questionnaires, which took our interest from district Kujawsko-pomorskie and 2 from experts district Opolskie.

Information about the project was also given on a conference (on 18.06.2007 - about 30 participants) organized by in Ministry of Health

The Expert questionnaires were distributed for voluntary participation; however, no answers were received.

We also contacted the Polish Gerontology Association which represents Medical Doctors who specialize or are interested in Geriatrics. The Vice- President of the Association of Mazovian District (employee of a Medical Academy) asked Experts from 9 Medical Universities in Poland to participate in the project; however we received no answers.

Six of nine Experts selected were known personally to the Polish Collaborating Partner. Selected Experts were contacted by the Collaborating Partner by telephone and questionnaires were send by post, e-mail or delivered personally.

The remaining 3 Experts identified by the institution chain were unknown to the Polish Collaborating Partner and due to the very late answer were not contacted personally.

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

Each of the Experts received, according to their preference, an electronic or/and bound, paper copy accompanied by an explanatory letter. Also there were included a template of a further explanatory letter and electronic and paper copies of the other two questionnaires for distribution, in due course, to the directors of their chosen PA programme and PA promotion strategy. The distribution of questionnaires started in June 2007. PA experts were encouraged to complete and return the PA Expert questionnaires as soon as possible before 10th August but due to a long chain of involved subjects and holiday period we started receiving answers no sooner than in late September and the last answers were received in the second half of November.

Defaulters were reminded by e-mail and by telephone; however it was also impossible to identify some of the defaulters since they were unknown to the Polish Collaborating Partner.

We decided to enclose as many questionnaires as possible and pay special attention to the Experts and Programmes unknown to the Polish Collaboration Partner since it could potentially provide interesting and unknown good practices so the last data were included on 21st November.

- **Results**
  - **Selection of Experts**

Finally 9 experts filled in the questionnaires. The Collaborating Partner judged that experts represented the following boxes according to the matrix used to select national Experts for WP5 (Table 1): 3, 5 (2

experts), 8, 9, 10 (3 experts) and 11 (Table 2). However three of them could be identified with more than one field in the selection matrix and represented also boxes no: 6, 7 and 10 (table 2 extension). Taking that into account 3 boxes have not been represented (1, 2, 4).

On the basis of the results we come to the conclusion that physical activity is the point of interest of local authorities and municipalities rather than national or regional authorities.

In the "city or local neighborhood" part of all boxes were represented whereas in the "national or regional" part nearly half of the boxes did not have any representative expert.

- **Return of Experts' questionnaires**

We received 6 of the PA Expert questionnaires by 5th November and the remaining three were collected by the Ministry of Health and delivered to the Polish Collaborating Partner by 21st November. There were missing questions in one of the electronically filled questionnaires, however it was send early enough to contact the Expert and ask him to fill the questionnaire again.

- **Experts' educational background**

Four of the experts had a sport science background and they prevailed in the group. Physicians and other health professionals were both represented by 2 experts. One of the physicians obtained additional specialization in management of health care. One expert graduated as Master of Biology (other health profession) and one was a teacher (other) (Table 3).

- **Experts' areas of practice**

Experts' most often indicated areas of practice were as follows: PA programmes organized on regional or local community level addressed to community-dwelling older adults, provided by a non-governmental organization with the stress laid on health promotion and health care.

Poorly represented were national or governmental programmes or programmes addressed to institution-dwelling older adults.

The area of "sport/recreation/physical activity facility management" was not represented at all.

There might have been a misunderstanding concerning differences between PA promotion strategy and PA programme derived from language difference or lack of clear definitions; which resulted in number of received questionnaires of PA programmes (2) and PA promotion strategy (10). On the district level the PA strategies are equal by meaning to PA programmes, there is possible explanation of the questionnaires number.

Concerning “social services, social care and social welfare” in Poland these institutions physical activity promotion is rather an additional task so there are fewer experts working in the field and only one was identified in the project.

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

▪

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

	PA Expert										
	A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**
Primary matrix field	3	5	9	8	10	11	10	5	10		
additional matrix field		7	6			10					

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**	**Total**
Medicine	x					x						2
Other Health Profession					x			x				2
Exercise/ Sport Science		x	x	x				x				4
Other	x								x			2
Missing data							x					1
Total	2	1	1	1	1	1	1	2	1			

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
FIELD											
Physical activity programmes	x	x	x	x		x		x			
Physical activity (promotion) strategies	x		x		x			x	x		
ORGANISATIONAL LEVEL											
National	x	x									
Regional	x					x	x	x	x		
City, town or local neighbourhood	x			x	x			x			
CLIENT GROUP											
Community-dwelling older adults	x	x	x	x	x	x		x	x		
Institution-dwelling older adults					x	x		x			
SECTOR											
Government					x			x			
Non government organisation	x		x	x				x	x		
PROFESSIONAL EXPERTISE											
Health care	x				x	x	x	x			
Health promotion	x		x		x	x	x	x			
Educational sector											
Sport/ recreation/ physical activity facility management											
Sport/recreation/ physical activity instruction/ supervision/guidance			x	x			x	x			
Health–related exercise facility management							x				
Health–related exercise instruction/ supervision/guidance						x	x				

Education		x		x							
Research		x	x						x		
Social services, social care or social welfare									x		
Socio–cultural organisation		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 national Experts also asked about the availability in their countries 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**

The basic qualification level required in Poland to supervise physical activity for adults is "instructor of recreation". In some specific areas "physiotherapist" may also play the role. According to most of the Experts it is available and compulsory to work in the field (Table 5).

    - **Higher level qualification**

The higher level qualifications can be either specialization in physiotherapy of elderly people or other similar (rehabilitation or physical activity) studies end up with a master's degree.

Nearly all Experts indicated that the higher level qualifications are both required and important but there were no consistency concerning external verification of it (Table 6). We conclude that the system of external verification is not properly efficient and more effort should be made to ensure that instructors and supervisors of PA programmes for elderly people obtained adequate qualifications.

None of the Experts was able to indicate the prevalence of the basic and higher level qualifications among instructors guiding and supervising physical activity by older participants (Table 7). There is not unified curriculum in education programs for PA instructors (especially for elderly people) and unified criteria of supervising existing programmes. However the elements of PA programmes are incorporated into many graduate and postgraduate education curricula.

.

    - **Assessment, validation and revalidation**

The assessment for the older person specific higher level qualification involve all areas specified in the questionnaire, however, Experts indicated "practical teaching competence assessed with

participants of any age" as the most important (7 answers). It was followed by 2 other competences indicated equally 6 answers each: "summative assessment of knowledge" and "practical teaching competence assessed with older participants" (Table 8) so we conclude that practical competences are most important for Polish Experts.

The most important to retain the qualification was "evidence of current CPR certification" (3 answers) followed by "a practical test of teaching competence" (2 answers) (Table 9).

- **Professional register**

The answers concerning existence of a professional register of PA instructors are not consistent. Three of the Experts answered that such a register exists, two that it does not exist the remaining 4 experts either did not know anything about it or did not give any answer (Table 10). We conclude that it was imposed by different background of the Experts. Those whose background was sport science indicated that there is a register of recreation instructors in the Ministry of Sport and Tourism; whereas those with medical background could not indicate any register. This is due to the fact that health professions such as physiotherapist have not been regulated so far and the legislation acts are currently being prepared.

	Basic level qualification	
	Available	Required
Yes	6	7
No	1	
Don't know	1	
Not applicable		1
Missing Data	1	1
Total	9	9

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

	Higher level qualification			
	Available	Required	Important	External verification
Yes	6	6	7	2
No	2	1		2
Don't know				2
Not applicable		1	1	2
Missing Data	1	1	1	1
Total	9	9	9	9

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

	Entry level	Higher level
0%		1
25%		
50%		
75%		
100%		
Don't know	8	6
Not applicable		1
Missing data	1	1
Total	9	9

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	5	6	7	6	2	
No	2	1		1		
Total	7	7	7	7		

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	Not applicable
Yes		3	1	2	2		2
No	6	3	5	4	4	6	
Total	6	6	6	6	6	6	

A = Payment of fee
B = Evidence of current CPR certification
C = Evidence of continuing professional development (CPD)
D = A practical test of teaching competence
E = Other
F = 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	3	3	2
No	2		1
Don't know	3		2
Not applicable		5	4
Missing data	1	1	
Total	9	9	9

Table 10 (XQ23 & 25-26). PA Experts' responses concerning the existence in Poland 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**)

- **'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**

In June 2007 each of the Polish Experts were sent a template of a explanatory letter of invitation and paper copies of the other two questionnaires for distribution, in due course, to the directors of their chosen PA programme and PA promotion strategy. When an invitation was declined, because the programme did not agree to participate or because the programme had already been chosen by another PA Expert, then the PA Expert identified another successful PA Programme and send

another invitation letter. PA Experts were not permitted to select their own PA Programme.

The PA Experts were encouraged to give their PA Programme Director on-going support and to ensure that the questionnaire was returned to the WP5 coordinator by 10th August, 2007. However, we did not have contact with most of the respondents and could not influence them.

- **Results**
  - **Selection of programmes**

Due to some kind of misunderstanding (programs vs strategy in policy) the Polish Collaborating Partner received from respondents only 2 filled PA programme questionnaires whereas there were 10 PA promotion strategy questionnaires. Since there are too few PA programmes running in Poland we have to resign of inclusion criteria and to allow Experts to fill questionnaires for programmes they were involved in.

Both PA programme questionnaire were returned on the 5th November and were chosen and supported by Experts personally known to the Polish Collaborating Partner.

Since there are too few programmes to make any deep analysis we decided to include tables but not describe the programmes in details.

Both identified programmes run in the capital so they cannot be treated as representation of general trend in Poland.

The first programme was provided by the Academy of Physical Education in Warsaw and the other by a NGO; however since we noticed the answers were the same in both questionnaires we concluded that it might be only one run programme in cooperation between the two subjects. Our phone call confirmed this suspicion.

	PA Programme Director											
	A	B	C	D	E	F	G	H	I	J	K	Total
Medicine												
Other Health Profession												
Exercise/ Sport Science	1	1										
Other		1										
Missing												

data												
Total												

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

	Number
National	
Regional	
Limited to a city/town	1
Limited to a local neighbourhood	1
Missing data	
Total	2

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

	Number
Less than 1 year	2
1 to 5 years	
6 to 10 years	
More than 10 years	
Missing data	
Total	2

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

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

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

	Number
Group activity	2
Individual activity	2
Indoors	2
Outdoors	2
Water-based	
Land-based	2

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

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

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

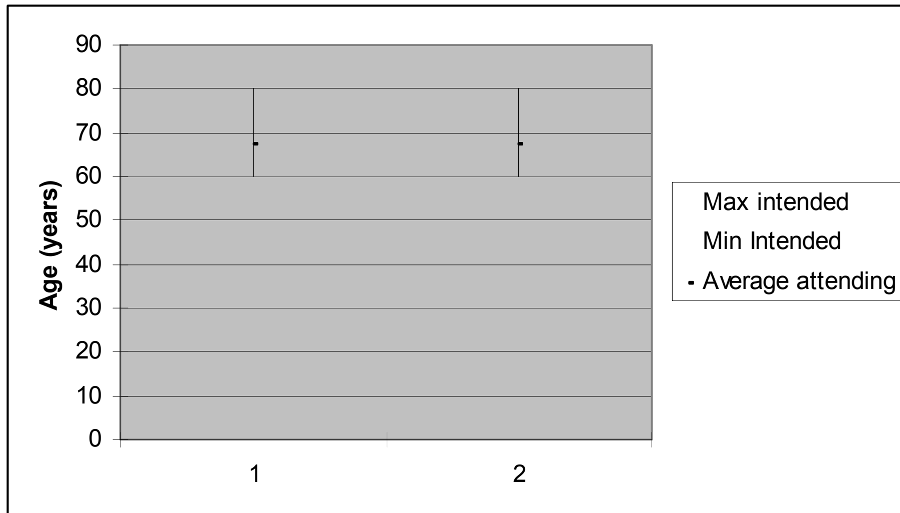

Figure 1 (ProgQ14-15). PA Programme Directors' responses concerning the age groups for whom their overall programme is intended and the average age of participant actually attending a typical session of the programme

	Number
Community- dwelling older adults	
Institution – dwelling older adults	
Both, together (in the same group)	
Both separately (in different groups)	2
Total	2

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	
Walking outdoors with no walking aids and no assistance or supervision by another person	2
Walks outdoors with a walking aid but no assistance or supervision by another person	2
Walks outdoors only with assistance or supervision by another person	
Never walks outdoors	

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%	
75%	2
100%	
Don't know	
Total	2

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

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

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

	Number
1 : 1	
1 : 2 - 10	
1 : 11 - 25	2
1 : 26 - 50	
1 : 51+	
Don’t know	
Total	2

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	2	
2		
3 – 4		2
5 – 7		
8+		
Don't know		
Total	2	2

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%	
25%	
50%	
75%	2
100%	
Don't know	
Total	2

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	2
Improved competitive performance	
Disease prevention	
Improved physical function	2
Improved mood	
Opportunities to socialise	
Improved self esteem / confidence	
Other	
Don't know	
Total	4

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	
1 – 2	
3 – 6	2
More than 6	
Don't know	
Total	2

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	2	2	2
No			
Don't know			
Total	2	2	2

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	
Balance	2
Joint range of motion	
Body composition	2
Bone density	
Mood / depression	2
Social support	2
Other	2
Not applicable	

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

	Number
Yes	2
No	
Don't know	
Total	2

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	2
Assessment by a doctor who is a sports medicine specialist or by the programme doctor	
Assessment by some other healthcare professional	
Other	
Total	2

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	
No	2
Don't know	
Total	2

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	2	2
Not applicable		
Total	2	2

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					
No					
Total					

Table 32 (ProgQ36). Missing data - 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	2
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	
Don't know	
Not applicable	
Total	2

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

	As in response to	**Number**
Strength	ProgQ40	2
Explosive power	ProgQ40	
Endurance	ProgQ38	
Coordination – Balance	ProgQ38	2
Joint range of motion	ProgQ40	
Body composition	ProgQ40	2
Bone density	ProgQ40	
Other	ProgQ40	

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

TABLE 35 (continued)

Machine based equipment	
Circuits	
Treadmill	
Cycle	
Rowing	
Stepper	
Cross – trainer	
Cable machines/ fixed resistance	
Dumbells / Free weights	
Physioballs (Swiss balls/ exercise balls) for balance	
Resistance balls/ bands/ tubes	
Balance disks/ wobbleboards	
Other	
Competitive sport	
Adapted exercise	
Back pain prevention	2
Osteoporosis prevention	
Falls prevention	2
Pelvis Floor exercise	
Chair-based exercise	
Pulmonary rehab	
Other	

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

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

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 – 5 minutes		
6 – 10 minutes		
11 – 15 minutes	2	2
16 – 20 minutes		
Don't know		
Total	2	2

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	
30 minutes	
40 minutes	2
50 minutes	
60 minutes	
More than 60 minutes	
Don't know	
Total	2

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	
Adapted exercise, with participants in disease–related groups	
Adapted exercise, with participants in frailty–related or disability–related groups	
Adapted exercise, with participants included in the mainstream older person's group(s)	2
Don't know	
Total	2

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	
A higher level (old age specific) qualification	2
Other	
Don't know	

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	2
25%		
50%		
75%		
100%		
Don't know		
Total	2	2

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	
Don't know	
Total	2

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	
5	
10	
15	
20	
30	
More than 30	
Don't know	
Not applicable	
Total	

Missing data

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	
Instructor's assistant	2
'Buddying' a participant	
Peer mentoring participants	
Administration	
Transport	
Refreshments	
Other	
Don't know	
Not applicable	

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

	Emergency protocols	Equipment protocols
Yes		
No	2	2
Don't know		
Total	2	2

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		
Never		
Don't know		
Not applicable		
Total		

No data

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	
More than € 2, up to € 5	
More than € 5, up to € 10	
More than € 10	2
Don’t know	
Total	2

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%	2
10%	
25%	
50%	
75%	
100%	
Don’t know	
Total	2

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		
Yes, selectively	2*	2**
No		
Don't know		
Total	2	2

*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%	2	2
5%		
10%		
25%		
50%		
75%		
100%		
Don't know		
Total	2	2

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		
Advertising in national/ regional newspapers		
Advertising in elder-oriented magazines	2	
Advertising through elder-oriented organisations	2	
Features in local newspapers		
Features in national/ regional newspapers		
Features in elder-oriented magazines		
Advertising on local radio		
Advertising on national/ regional radio		
Advertising on local TV		
Advertising on national/ regional TV		
Features on local radio		
Features on national/ regional TV		
Features on local TV		
Features on national/ regional TV		
Neighbourhood leafleting	2	
Sports hall leafleting	2	
Health premises leafleting	2	
Leafleting in community centres for older people	2	
Talks to local groups	2	
Word of mouth	2	
Websites	2	
Open days	2	
Bring a friend	2	
Discounts		
Multiple session bookings		
Other		

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

	(1)	(2)
Yes	2	
No		2
Have not tried		
Don't know		
Total	2	2

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**

In June 2007, each of the Polish Experts was sent a template of a explanatory letter of invitation and paper copies of the other two questionnaires for distribution, in due course, to the directors of their chosen PA programme and PA promotion strategy. If an invitation was declined, because the promotion strategy did not agree to participate or because the promotion strategy had already been chosen by another PA Expert, then the PA Expert was to identify another successful PA promotion strategy and send another invitation letter.There are too few PA promotion strategies addressed only to elderly people and running in Poland. We had to accept the inclusion criteria with some modification

and allow Experts to fill questionnaires for promotion strategies they were involved in.

The PA Experts were encouraged to give on-going support to the director of their chosen PA promotion strategy and to ensure that the questionnaire was returned to the WP5 coordinator by 10th August, 2007.

However, we did not have contact with most of the respondents and could not influence on directly.

- **Results**
  - **Selection of promotion strategies**

Till the 5th November we have received 8 filled PA promotion strategy questionnaires and 21st November we received 2 more which we decided to include since they were send by regional Experts not known personally to the Polish Collaborating Partner and could possibly represent interesting unknown regional good practices.

  - **Return of promotion strategy questionnaires**

We received 8 of the PA Expert questionnaires by 5th November and the remaining 5 were collected by the Ministry of Health and delivered to the Polish Collaborating Partner by 21st November.

Unfortunately only 2 questionnaires could be included in the database, the remaining 3 had every second page missing and there was no time to contact the directors and ask them to fill the questionnaires again.

One of the Experts identified 2 successful PA promotion strategies, since it was on a very early stage on the research and we had very little data we agreed to include both identified strategies.

  - **Promotion strategy directors' educational backgrounds**

Exercise sport science (4 answers) and medicine (3 answers) were the most often represented educational backgrounds of PA promotion strategy directors' (Table 53). Only one director indicated two areas of background (medicine and other heath profession) but did not specify it. In one cast the data was missing and the remaining 2 indicated "physical culture" and "teacher" as their background.

  - **Prevailing national context**

According to PA strategy directors there is general law for promotion of physical activity but there is lack of regulations concerning specific group of age (elderly people).

Concerning national level recommendations for promotion of physical activity especially for older people 4 of 5 directors who

answered “yes” indicated the National Health Programme, the remaining one indicated the Programme of elderly people physical recreation adopted by the Physical Culture Promotion Association (Program rekreacji ruchowej osób starszych - Towarzystwa Krzewienia Kultury Fizycznej Zarząd Główny – Warszawa) (Table 54).

- **Description of promotion strategies**

The promotion strategy programmes were most often developed and delivered by community organization on local level (Table 55).

The equal number of responses indicating national level of organizations in Table 55 was corresponding to the National Health Programme, implemented by the intersectoral ministerial team, and the Programme of elderly people physical recreation which provide basis to develop various local health promotion strategies.

The strategies were aimed at local city / town or neighbourhood levels (Table 56) and were based on delivering information in places where elderly people meet together e.g. Universities of third age or local Senior clubs (Table 57). Larger recreation outdoor events were also used to reach potential participants of different age including elderly people. Promotion strategy programmes were most often trying to reach groups of people so that they could encourage each other to participate (Table 57). Social institutions and community centres were most often chosen to take part in the campaigns (Table 58). The PA promotion strategies were most often based on Health Belief Model (Table 59) and lasted for relatively short periods 1 to 5 years (Table 60). Equal numbers of answers were given to “periodical” and “continual” in case of time pattern of the running the strategy, which indicates that strategies are usually repeated to encourage potential participants from the same group and to sustain the effect of campaign (Table 61). The target population was reached through health care providers (medical practitioners – 6, physiotherapists – 6 and nurses – 3) or by community or social worker (6 answers) (Table 62).

- **Characteristics of strategies’ target populations**

The strategies are usually directed to people over 50 but there is inconsistence about the maximum age of participants, three of 10 PA promotion strategies estimate the maximum age of participants as the maximum of the scale (Figure 2), 75 years estimate was also given in three questionnaires and 90 years in two questionnaires. The strategies were usually targeted on general population or selectively all older adults (Table 63). No specific culture differences were taken under consideration since Polish population is rather homogeneous (Table 64), only one PA promotion strategy took under consideration different

income levels. The level of functional mobility of individuals had no influence on their response to the campaigns (Table 65).

- **Design of promotion strategies**

Promotion strategy directors indicated “improved knowledge”, “improved access” and “improved skills” as the most often used approaches (9 answers each) (Table 66). Half of the strategies had the target population screened for their readiness for behaviour change prior to the implementation of the promotion strategy, whereas the other half not (Table 67).

Seven of 10 promotion strategies were designed to surmount barriers to physical activity (Table 68). The most often indicated barriers were:
- lack of skills (7 answers),
- perceived poor health (6 answers),
- lack of energy / motivation (6 answers) and
- misconceptions about ageing (6 answers) (Table 69).

These barriers are mostly concerned of psychological issues but are very difficult to detect directly.

The strategies most often approach potential participants enhancing access to physical activity (8 answers), less often used means are:
- group based health education focused on information provision (5 answers),
- community wide campaigns,
- mass media campaigns and
- non-family social support (4 answers each) (Table 70).

General messages and advice are used in the firs row (7 answers each) and are follower by specific advice (6 answers) (Table 71).

The target groups were most often reached by providing information in places where elderly people meet together e.g.: in clubs, during events prepared by NGOs etc. (Table 72).

- **Evaluation and sustainability of effect of promotion strategies**

The percentage of target population reached is usually difficult to estimate; 5 of 10 directors were unable to answer the question (Table 73).

The most often used approaches e.g. “enhancing access to physical activity” and “group-based education focused on information provision” were found effective by the directors of PA promotion strategies (Table 74).

Seven of 10 PA promotion strategies have been evaluated during it course or after cessation (Table 75). The evaluation process took under consideration the following aspects: “population reached” (5 answers; it

is hard to explain why taking it under evaluation promotion strategy directors cannot estimate percentage of population reached), “behavior change” (4 answers) and physical activity improvement e.g. strength, endurance or health impact (3 answers – “other”) (Table 76).

The strategies usually had a component targeted on maintaining the behavioural change (6 answers) (Table 77) which were based on “positive reinforcement / feedback rewards” and “promotion days” (5 answers each), also using “posted printed materials” and different kind of meetings (“other”) (Table 78).

- **Finance**

The total cost per year of developing and running a PA promotion strategy campaigns were estimated in 4 cases only. It varied from 500 € to 20 000 € per year, however with a shift to higher values (over 10 000 €) (Table 79). The financial sources were equally provided by the national and local governmental sources (usually sport / leisure budget of regional and local self-governments) other additional sources like social or health care budgets or fees paid by participants themselves were less often used (Table 80).

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

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

	(1)	(2)	(3)
Yes	5	2	5
No	1	3	1
Don't know	3	4	3
Total	9	9	9

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

	Developed	Delivered
Government		
National	3	3
Regional	1	1
Local	3	3
Non Governmental	2	2
Commercial		
Welfare/community organisation	3	3
Research organisation	1	1
Other	1	

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	4
Regional	3
Limited to a city/ town	5
Limited to a local neighbourhood	5

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

	Number
Centre based	7
Home based	4
Outdoors	5
Other	6
Group exercise	9
Independent exercise	3
Other	1

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

	Number
Social institutions	6
Primary health care	1
Community centres	3
Welfare organisations	2
Work place	2
Other	3
Don't know	

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

	Number
None	2
Health Belief Model	6
Protection Motivation Theory	4
Theory of Reasoned Action	3
Theory of Planned Behaviour	1
ASE* – Model	4
Transtheoretical Model	1
Other	1
Don’t know	

* 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	1
1 to 5 years	6
6 to 10 years	2
More than 10 years	
Don’t know	1
Total	10

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

	Number
Once only	1
Periodically	4
Continually	4
Other	
Don’t know	1
Total	10

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

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

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

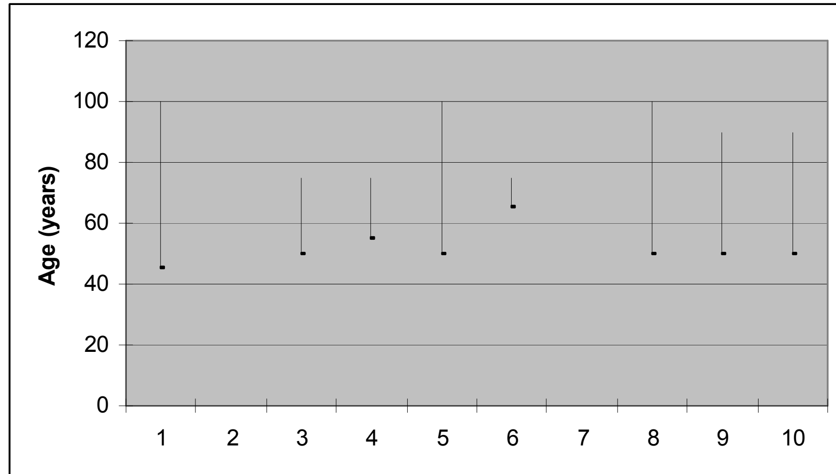

Figure 2 (PSQ21). PA Promotion Strategy Directors' estimates of the upper and lower age limits of those for whom their strategy is intended

	Number
General population (including older adults)	8
All older adults	5
Community – dwelling older adults	1
Institution – dwelling older adults	2
Older adults with chronic conditions	2
Ethnic minority older adults	
Other	4

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

	Number
None	8
Different language	
Different cultural perceptions	
Different education levels	
Different income levels	1
Other	
Don't know	

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	4
Walks outdoors with no walking aids and no assistance or supervision by another person	3
Walks outdoors with a walking aid but no assistance or supervision by another person	4
Walks outdoors only with assistance or supervision by another person	3
Never walks outdoors	2

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	9
improved safety	3
improved time management skills	3
Improved motivation	6
Fear reduction	1
Improved skill	9
Reduction in misconceptions about ageing	6
Don't know	

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	5
No	5
Don't know	
Total	10

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	7
No	2
Don’t know	
Total	9

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	6
Symptoms associated with chronic conditions	1
Fear of injury	3
Acute exacerbation of chronic conditions	2
Lack of skill	7
Lack of time	3
Lack of energy / motivation	6
Environmental barriers	3
Misconceptions about ageing	6
Other	1
Don’t know	
Not applicable	
Total	38

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	4
Group-based health education focused on information provision	5
Mass media campaigns	4
Point of decision prompts	3
Other	1
BEHAVIOURAL AND SOCIAL APPROACHES	
Individually-adapted behaviour change	2
Education with TV/video/DVD	2
Family-based social support	2
Non–family social support	4
Other	2
ENVIRONMENTAL AND POLICY APPROACHES	
Enhanced access to physical activity	8
Outreach activities	2
Transportation policy	1
Infrastructure changes to promote non–motorised transit	3
Urban planning approaches	3
Other	1
Don't know	

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

	Number
General message	7
General advice	7
General warning	3
Specific advice	6
Specific warning	2
Other	4
Don't know	
Total	29

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

	Number
Media	4
Post	
Internet / e-mail	3
Intermediates, healthcare professionals	4
Models / opinion	3
Events (e.g. Falls Awareness Day)	2
Other	6
Don't know	

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%	3
50%	1
75%	1
100%	
Don't know	5
Total	10

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

	Number
INFORMATION APPROACHES	
Community wide campaigns	5
Group-based health education focused on information provision	6
Mass media campaigns	4
Point of decision prompts	3
Other	1
BEHAVIOURAL AND SOCIAL APPROACHES	
Individually-adapted behaviour change	2
Education with TV/video/DVD	2
Family-based social support	2
Non–family social support	3
Other	1
ENVIRONMENTAL AND POLICY APPROACHES	
Enhanced access to physical activity	8
Outreach activities	1
Transportation policy	2
Infrastructure changes to promote non–motorised transit	3
Urban planning approaches	4
Other	1
Don't know	

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	7
No	2
Don't know	1
Total	10

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

	Number
Behaviour change	4
Population reached	5
Cost effectiveness (e.g. total costs)	2
Other	3
Don't know	
Not applicable	

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	2
Don't know	1
Total	9

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	4
Telephone	1
Positive reinforcement / feedback rewards	5
Financial incentives	
Social support	1
Buddy groups	1
Opportunities to socialise	1
Promotion days	5
Other	4
Don't know	1
Not applicable	

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

Median	12500
Least	500
Most	20000
N	4

***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	1
Social care budget	
Leisure / sport budget	4
Other	2
CITY / LOCAL GOVERNMENT	
Health budget	1
Social care budget	2
Leisure / sport budget	4
Other	
OTHER SOURCES	
Lottery	
Charity	1
Other	2

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**
  - **Methods**
  - **Results**

- **CONCORDANCE OF PROGRAMMES WITH GUIDELINES**
  - **Discussion**

Since we identified only one PA programme it is difficult to draw conclusions on the national tendency. The one we have reached is very well consistent with international guidelines.

Qualifications

Out of 9 Polish Experts 7 indicated that the higher level qualifications are both required and important but there were no consistency concerning external verification of it. We conclude that the system of external verification is not properly efficient and more effort should be made to ensure that instructors and supervisors of PA programmes for elderly people obtained adequate qualifications. In the identified PA Programme all staff who supervise the PA sessions have appropriate education and experience in working with elderly individuals which stays in consistence with the international guidelines.

Pre-participation assessment

Each new participant undergoes medical examination, which is obligatory, and on this basis an individually tailored exercise programme is prepared.

Aims

Prime aim of health training is to build-up health and to prevent early ageing by observing the following rules:

– Maintenance and perfection of a good work capacity and exercise tolerance in everyday life;
– Maintenance of optimum body mass;
– Maintenance of satisfactory muscle strength in order to stabilise joints, especially the vertebral ones;
– Improvement or maintenance of non-specific immunity to contagious diseases;

– Maintenance of good affection by augmenting input of positive psycho-emotional stimuli associated with physical exercise and inducing perception of a satisfactory (and, possibly, improving) body fitness.
– Prevention or attenuation of civilisation diseases, especially of ischaemic heart disease and metabolic diseases by improving cardiovascular fitness, inducing hygienic habits and reducing the intensity of stresses.

Programme content

The programme covers two aspects: education and information about beneficial aspects of PA for elderly people as well as exercise activities. The educational aspect seems very important in Poland since one of the reports shows that over 50% of respondents declared the need of motor activities, but in case of people aged 60 – 64 or over 80 years, the percentages were 7 and 0.6, respectively[14].

The programme offers various forms of activities, which include individual preferences and is adapted to the needs of aged people taking into account chronic diseases the participants suffer from.

The programme lasts 6 months and consists of three stages:

Stage I – Introductory (qualification for the programme and supplying information); lasts 2 – 4 weeks. Consists of persuading aged people to undertake motor activities, in close collaboration with a physician (geriatrician or sport physician), psychologist, and dietician. Four educational sessions are to be conducted, covering the following issues:

1. The importance, from the medical point of view, of motor activity in everyday life of aged people. The lecture is delivered by a physician (preferably geriatrician). Participants are informed about disquieting symptoms which may appear while exercising, and steps that should be taken in such event;
2. Psycho-emotional aspects of mobilising aged people. The lecture is delivered by a psychologist;
3. Rational nutrition as an essential element of healthy life style. The lecture is delivered by a dietician;
4. Schedule of the Programme. Participants are given full information about the programme – organisation, timetable, rules of participation, instructions for self-control and self-assessment. They also fill questionnaire covering their life style, preferred forms of activity, expected benefits from participation in the programme, etc. That stage mobilises participants to undertake regular exercising, and enables the instructor assessing participants with respect to their

biological and psycho-social characteristics, their interests and expected benefits, and, in effect, to possibly modify the programme. Physicians qualify subjects to take part in Stage II.

Stage II – Practical course (regular exercises and activities); lasts 22 weeks. This is the core of the programme, which consists of regular participation in health-oriented gym sessions. The sessions take place in a properly equipped hall twice weekly, one hour each time. Additionally, subjects participate, at least once every week, in a walk lasting 20 – 60 min, adjusted to participants' fitness and weather. Instructors encourage that form of activity throughout the first month of the course, and classify participants into groups according to such criteria as individual capacity, place of residence, etc. That stage consists of three phases:

1. Adaptive (initial), lasting 2 – 4 weeks, depending on abilities and capacity of participants;
2. Compensatory (adjusting), lasting the following 4 weeks;
3. Training (main course), lasting 14 – 16 weeks; all three phases combined last 44 weeks.

In every week of Stage II one new exercise is introduced, to be practised by participants at home. Instructors discuss those exercises during classes, and participants are given printed materials (descriptions or diagrams). In that way, when concluding Stage II, participants have a set of 22 gym exercises.

Stage III – Concluding (schooling, tourism, preventive rest), consisting of a two-week stay at a convalescent home, aimed at making participants familiar with diverse forms of right health behaviours which improve life quality. This stage includes:

1. Making use of specific conditions (climatic, therapeutic, etc.);
2. Nutrition, based on menus designed by the Institute of Food and Nutrition;
3. Kinesitherapy, i.e. morning exercising for 15 – 20 min, continuation of hygienic gym every other day, water or dance exercises on other days (in the afternoons), outdoor activities like hiking, cycling, team games (in the mornings – from 11 to 13);
4. Health-oriented education, which includes lectures and seminars on non-conventional procedures, like aromatherapy, music therapy, relaxation, ergotherapy, psychotherapy, herb therapy, dietary therapy, health nutrition, etc. (6 afternoon sessions);
5. Individual discussions with the Programme instructors aimed at individually adjusting sets of exercises to be practised at home,

establishing other forms of motor activities when bach at home (in the evenings);
6. Free organising of evenings.

Medical examinations, exercise tests, fitness tests, etc., are performed on the first and last days of stay. Every participant receives certificate of having completed the course, a badge with Programme logo, and information about further group activities according to individual preferences.

The programme offers gymnastic and walks sessions which meet international criteria of PA suitable for aged people. Both types of sessions are based on precisely described protocol and contain following parts:

- General preparation (at least 15 min), which includes blood pressure measurements and informal talk on psychophysical feelings of participants. The latter have time to relax, to recover from possible fatigue, and for social relations;
- Warm-up (10 min),
- Main course (15 – 20 min)
- Relaxation (5 – 10 min).

The intensity of the session depends on individual's capacity and can be modified according to participant's needs.

Client safety

Before taking part in the programme of physical activity all participants are examined by a physician (GP). According to the medical information participants are assigned to the adequate groups. During the programme medical examination is repeated if necessary and medical assistant is also available.

The participants exercise according to their physical capacity and stop exercising if they feel tired or any other discomfort.

In case of emergency a telephone is within an easy reach and an ambulance can be called.

All supervisors are trained in providing first aid. Trainings are prepared according to internal educational programme and are repeated regularly.

- **CONCORDANCE OF PROMOTION STRATEGIES WITH GUIDELINES**
  - **Discussion**

Reaching target population

The PA strategies are usually developed to reach specific population so the information is distributed in places where elderly people are easily reached e.g. social institutions, community centers or senior clubs.

The week point of Polish strategies is lack of knowledge on what percentage of target population is finally reached and convinced to take up PA.

Design of PA promotion strategy
The PA promotion strategies are mainly developed on the basis of "health belief model" since it occurs that the most important barrier for elderly people who did not take up any kind of PA previously is their perception of health and prejudice towards PA.
Nearly all promotion strategy actions are provided either continually or are repeated.

Evaluation and sustainability of effect of PA strategy
It is difficult to assess how many participants continue to exercise after finishing the organized programmes. There is lack of evidence on this issue which makes an information gap which should be filled in the future.

▪ CONCLUSIONS & RECOMMENDATIONS

We conclude that Polish PA Programmes and Promotion strategies are generally well consistent with the international guidelines. Although there is some deficiency in national policy concerning PA of elderly people the local communities managed to develop well organized programmes and gradually reach the target populations.
The development of new programmes for elderly people has increased during last years in Poland.
The further good practice exchange is necessary since there are very good examples of programmes and strategies e.g. the programme running in Warsaw carried on by the Institute of Sport and Recreation.

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- **ACKNOWLEDGMENTS**

- **APPENDIX ONE - IDENTIFICATION DETAILS OF NATIONAL PA EXPERTS**
  - **Name of Expert I**
    Piotr Latawiec, MD, Konsultant Wojewódzki ds.. Zdrowia publicznego, ul. Św. Marcina 1, 35-330 Rzeszów; piotr.latawiec@post.harvard.edu
  - **Name of Expert II**
    Ewa Kozdroń; PhD; Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie, ul. Marymoncka 34, 00-968 Warszawa; ewa.kodron@awf.edu.pl
  - **Name of Expert III**
    Ewa Kozdroń, Marta Gaworska, Anna Kozdroń; PhD, MSc, MSc; European 50+ Physical Activity Promotion Association, ul. Millera 14 m. 24, 01-496 Warszawa; espar@onet.eu
  - **Name of Expert IV**
    Małgorzata Kamińska; PhD; Towarzystwo Krzewienia Kultury Fizycznej "Chomiczówka", ul. P. Nerudy 1, 01-926 Warszawa; tkkfchomiczowka@o2.pl
  - **Name of Expert V**
    Wojciech Kiebzak; Grażyna Mierzwa; MD, health promotion specialist; Świętokrzyskie Centrum Monitorowania Ochrony Zdrowia w Kielcach; Al. IX Wieków Kielc 3; 25-516 Kielce; medic7@scmoz.gov.pl
  - **Name of Expert VI**
    Derejczyk; Płoska; MD, geriatrics specialist; MSc of rehabilitation; Szpital geriatryczny im JP II, ul. Morawa 31; 40-353 Katowice; jarek@derejczyk.com
  - **Name of Expert VII**

-; Departament Polityki Zdrowotnej, Urząd Marszałkowski woj.. Kuj-pom, Plac Teatralny2; 87-100 Toruń; m.leznicka@kujawsko-pomorskie.pl

- **Name of Expert VIII**
  Małgorzata Proszkowiec; Dawid Bczkowicz; physioterapists; Politechnika Opolska; Zakład opiekuńczo-leczniczy, Politechnika Opolska; ul. Prószkowska 76; 45-758 Opole; malgosproszkowiec@poczta.fm, d.baczkowicz@op.opole.pl
- **Name of Expert IX**
  Bożeł; MSc; Dom dziennego pobutu Magda-Maria Miejskiego ośrodka Pomocy Rodzinie, ul. Barlickiego 1-3; 45-083 Opole; -

APPENDIX TWO - IDENTIFICATION DETAILS OF 'SUCCESSFUL' PA PROGRAMMES

- **Name of programme I**
  Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie; www.awf.edu.pl
  Ewa Kozdroń; PhD;
  Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie, ul. Marymoncka 34, 00-968 Warszawa; ewa.kozdron@awf.edu.pl
- **Name of programme II**
  European 50+ Physical Activity Promotion Association; www.espar50.org
  Kozdroń Ewa; Gaworska Marta; Kozdroń Anna; President; vice-president, vice-president;
  European 50+ Physical Activity Promotion Association, ul. R. Millera 14/24; 01-496 Warszawa; espar@onet.eu

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

- **Name of promotion strategy I**
  Fundacja Aktywni, www.aktywni.pl;
  Anna Majerkiewicz-Lenart; MSc;
  Fundacja Aktywni, ul. Lesna 17, 05-420 Józefów, Poland; anna.majerkiewicz@aktywni.info
- **Name of promotion strategy II**
  Rzeszowskie Stowarzyszenie Ruch dla Zdrowia; www.ruchdlazdrowia.org
  Piotr Latawiec; MD;

ul. Św. Marcina , 35-330 Rzeszów;
piotr.latawiec@post.harvard.edu

- **Name of promotion strategy III**
  Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie; www.awf.edu.pl
  Ewa Kozdroń; PhD;
  Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie ul. Marymoncka 34 Warszawa;
  ewa.kozdron@awf.edu.pl
- **Name of promotion strategy IV**
  European 50+ Physical Activity Promotion Association (EPAPA 50+); www.espar50.org
  Ewa Kozdroń, Marta Gaworska, Anna Kozdroń; PhD, MSc, MSc;
  ul. Millera 14 m. 24, 01-496 Warszawa; espar@onet.eu
- **Name of promotion strategy V**
  Uniwersytet Trzeciego Wieku; www.utw.stargard.pl
  Witold Mateńko; MSc;
  ul. Piłsudskiego 105, Stargard Szczeciński;
  utw@utw.stargard.pl
- **Name of promotion strategy VI**
  Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie; www.awf.edu.pl
  Rafał Rowiński; PhD;
  ul. Marymoncka 34, 00-968 Warszawa;
  rafal.rowinski@awf.edu.pl
- **Name of promotion strategy VII**
  Szspital Geriaryczny im Jana Pawła II; www.szpital-geriatria.pl
  Derejczyk Jarosław; MD;
  Szspital Geriaryczny im Jana Pawła II; ul. Morawa 31; 40-353 Katowice; jarek@derejczyk.com
- **Name of promotion strategy VIII**
  - ;
  Mieczysław Ziemnicki;
  ul. Chęcińska 4/220; 25-020 Kielce;
  ewafilipecka@interia.pl
- **Name of promotion strategy IX**
  Collegium Medicum Uniwersytet Mikołaja Kopernika w Toruniu;www.cm.umk.pl
  Gabriel Chęsy; PhD;
  ul. Kleim 2/4; 85-796 Bydgoszcz;
  gabrielchesy@poczta.onet.pl

- **Name of promotion strategy X**
  Miejski Ośrodek Pomocy Rodzinie, Dom Dziennego Pobytu "Złota Jesień";
  Teresa Rozmarynowska; MSc;
  Miejski Ośrodek Pomocy Rodzinie, Dom Dziennego Pobytu "Złota Jesień"; ul. Hubala 4; 45-267 Opole
- **Name of promotion strategy XI**
  Name and home page of organisation
  Name and job title of strategy director
  Postal and e-mail addresses of strategy director

- **APPENDIX FOUR – CITATION DETAILS OF EVIDENCE BASED GUIDELINES**
  - **Sub headings**
    - **Sub sub headings**