

EUNAAPA – Work Package 5

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

**National Report - United Kingdom  
27 May 2008**

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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 stage 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, examples of physical activity (PA) programmes and PA promotion strategies for older people which were deemed to be 'successful'. The second stage was to use systematic search methodology to compile an inventory of evidence-based, professional guidelines for the provision and/or promotion of safe and effective physical activity by older people. The third stage was critically to compare the PA programmes and PA promotion strategies with the evidence-based best-practice guidelines and to formulate appropriate recommendations.

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 (AY, 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 UK 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, 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.

All of the UK Experts selected were known personally to the UK Collaborating Partner (SD-Y). Selected Experts were contacted by the Collaborating Partner by telephone. Where necessary, e-mail or an answering service was used to arrange a mutually convenient appointment for the telephone conversation. The purpose of the project was explained to the potential Expert by the Collaborating Partner and their support was requested.

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

On 5/6 June 2007, each of the 11 UK Experts who had agreed to participate was sent an electronic and a bound, paper copy of the PA Expert Questionnaire, accompanied by an explanatory letter. Also included were 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.

PA experts were encouraged to complete and return the PA Expert questionnaires as soon as possible before 10 August. Defaulters were reminded in mid-July (e-mail), mid August (e-mail), late August (telephone) and early September (e-mail). The last reminder included a warning that if questionnaires were not returned by 20 September, it might not be possible for their data to be included in the final analysis and in the national and cross-national reports.

- **Results**

- **Selection of Experts**

Eleven potential Experts were selected and ten agreed to participate. The eleventh Expert was finishing their post and referred the task to their superior, who agreed to participate instead. This meant that eleven PA Experts had agreed to participate. One PA Expert terminated their involvement in the project prior to the deadline. A colleague of the Expert agreed to participate at late notice.

When selecting the Experts, the WP5 Leader and the Collaborating Partner judged that the eleven PA Experts represented all of the primary matrix fields, with the exception of box 5 (Table 1) and with 2 Experts representing box 3 (Table 1)

Most of the UK Experts, however, could justifiably be identified with more than one field in the selection matrix.

- **Return of Experts' questionnaires**

By 18 July 2007, four of the eleven PA Expert questionnaires had been returned. By 30 August, despite several reminders (see above), the 7 defaulters had still to return their Experts' questionnaires. On the deadline of the 20<sup>th</sup> September, nine questionnaires had been returned and due to an Expert having to terminate their involvement in the project and hand over to a colleague the deadline was extended to the 6<sup>th</sup> November. By which time, all eleven PA Expert Questionnaires had been returned.

- **Experts' educational backgrounds**

The questionnaires returned by PA Experts showed that, both individually and collectively, they had a variety of educational backgrounds (Table 3). Four of the eleven Experts reported a combination of two professional backgrounds. None had an educational background in medicine but five had an educational background in an other health profession. Six had an educational background in exercise/sport science, and 4 in some other area.

- **Experts' areas of practice**

The UK PA Experts' self reported area of practice showed good coverage of both PA Programmes and PA Promotion Strategies (Table 4). The majority practised at a national organisational level. Most of the UK Experts saw community-dwelling older adults as their client group but three also included institution-dwelling older adults in their remit. The UK Experts tended to identify more with the non government organisation sector than the government sector. Their professional

expertise was predominantly in the areas of health promotion, sport/recreation/physical activity instruction/supervision/guidance, health-related exercise instruction/supervision/guidance and education. Only one Expert professed professional expertise in research, only one in social services/care/welfare, and none in health-related exercise facility management.

	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
	<b>government</b>	<b>other</b>	<b>government</b>	<b>other</b>		
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

	PA Expert										
	A	B	C	D	E	F	G	H	I	J	K
<b>Primary matrix field</b>	5	3	4	10	6	11	2	1	3	8	9

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

	PA Expert											
	A	B	C	D	E	F	G	H	I	J	K	Total
<b>Medicine</b>												
<b>Other Health Profession</b>		×	×	×		×					×	5
<b>Exercise/ Sport Science</b>	×	×						×	×	×	×	6
<b>Other</b>					×		×	×		×		4
<b>Missing data</b>												
<b>Total</b>	1	2	1	1	1	1	1	2	1	2	2	15

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

<b>Expert</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
<b>FIELD</b>											
Physical activity programmes	x	x		x	x	x		x	x	x	x
Physical activity (promotion) strategies	x	x	x	x		x		x		x	
<b>ORGANISATIONAL LEVEL</b>											
National	x	x	x	x	x		x	x	x		
Regional		x				x					
City, town or local neighbourhood										x	
<b>CLIENT GROUP</b>											
Community-dwelling older adults	x	x	x	x	x	x		x		x	
Institution-dwelling older adults		x	x							x	
<b>SECTOR</b>											
Government		x		x					x	x	
Non government organisation	x	x	x	x	x	x	x	x			
<b>PROFESSIONAL EXPERTISE</b>											
Health care		x				x					
Health promotion	x	x		x		x		x	x	x	x
Sport/ recreation/ physical activity facility management		x					x			x	
Sport/recreation/ physical activity instruction/ supervision/guidance	x	x			x			x	x	x	
Health-related exercise facility management											
Health-related exercise instruction/ supervision/guidance	x	x			x	x				x	
Education	x				x			x		x	x



- **NATIONAL QUALIFICATIONS IN THE SUPERVISION/GUIDANCE OF PHYSICAL ACTIVITY**

- **Methods**

The questionnaire completed by the 11 UK national Experts also asked about the availability in the UK 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 the UK 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**

Eight of the eleven UK Experts knew that a basic level qualification was available for the supervision of physical activity by adults in general but only two considered that it was enforced as an absolute requirement (Table 5). Most of the Experts were unable to offer an estimate of the prevalence of the basic, entry level qualification among instructors guiding or supervising physical activity by older participants (Table 7).

- **Higher level qualification**

Five of the eleven UK Experts believed that an older person specific, higher level qualification was available to those supervising physical activity/exercise for older people (Table 6). Only one Expert felt that it was enforced as an absolute requirement but seven indicated that it was important that such a qualification should be enforced (Table 6). Most of the Experts were unable to offer an estimate of the prevalence of a higher level, older person specific qualification among instructors guiding or supervising physical activity by older participants (Table 7). Most responded with ‘don’t know.’ The two Experts who offered an estimate both indicated that only a minority held the higher level qualification (Table 7).

- **Assessment, validation and revalidation**

Five of the eleven UK Experts knew that the higher level qualification should be externally verified (Table 6). Three of these Experts had also reported that the higher level qualification was available. These three Experts also commented on the components that are included in the assessment for the higher level qualification. Unfortunately due to poor wording of the questions, the other nine Experts commented ‘yes’ or ‘no’

to ‘what does the assessment for the older person specific higher level qualification involve?’ when they should have responded with ‘not applicable’, having not confirmed that it was available (Table 8).

The PA Experts were also asked about the requirements for retention of an older person specific higher level qualification (Table 9). Affirmative responses to the five positive options offered, viz. payment of fee, evidence of CPR certification, evidence of continuing professional development, test of knowledge or a practical test of teaching competence, were infrequent.

▪ **Professional register**

All UK Experts were aware of the existence of a professional register of PA instructors (Table 10). In most cases, Experts believed that an entry level qualification was necessary for membership to this register. However, only four of the eleven felt that the register required a higher level qualification for membership as a supervisor of PA by older adults.

Three of the four Experts who believed that a higher level qualification was required for membership as a supervisor of PA by older people, had also said yes to an entry level qualification being required.

	Basic level qualification	
	Available	Enforced
<b>Yes</b>	8	2
<b>No</b>	3	1
<b>Don't know</b>	0	2
<b>Missing data</b>	0	0
<b>Total</b>	11	5

*Table 5 - Expert Questionnaire Questions 11 & 13 (XQ11 & 13).* PA Experts' responses concerning the availability in the UK of a basic level qualification in supervising or guiding physical activity or exercise by adults in general.

	Higher level qualification			
	Available	Enforced	Important	External verification
<b>Yes</b>	5	1	7	5
<b>No</b>	4	6	0	1
<b>Don't know</b>	2	0	1	2
<b>Missing data</b>	0	0	1	1
<b>Total</b>	11	7	9	9

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

	<b>Entry level</b>	<b>Higher level</b>
<b>0%</b>	0	1
<b>25%</b>	1	1
<b>50%</b>	0	0
<b>75%</b>	0	0
<b>100%</b>	1	0
<b>Don't know</b>	6	7
<b>Not applicable</b>	2	2
<b>Missing data</b>	1	0
<b>Total</b>	11	11

**Table 7 (XQ21 & 22).** UK 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

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>Not applicable</b>	<b>Don't know</b>
<b>Yes</b>	3	4	3	4		
<b>No</b>	6	5	5	5		
<b>Total</b>	9	9	8	9		

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).** UK PA Experts' responses concerning the components of the assessment for the higher level (older person specific) qualification

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>Not applicable</b>
<b>Yes</b>	2	1	3	2	2	4	1	3

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).** UK PA Experts' responses concerning the requirements for retention of the higher level (older person specific) qualification

	<b>Professional register</b>		
	<b>Exists</b>	<b>Membership requires</b>	
		<b>Entry level*</b>	<b>Higher level**</b>
<b>Yes</b>	11	7	4
<b>No</b>	0	0	3
<b>Don't know</b>	0	2	3
<b>Not applicable</b>		2	1
<b>Missing data</b>	0	0	0
<b>Total</b>	11	11	11

**Table 10 (XQ23 & 25-26).** PA Experts' responses concerning the existence in the UK 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 UK national Expert was asked to identify a successful PA programme for older people in the UK and assist its director to complete a questionnaire concerned primarily with the characteristics of the chosen PA programme. The UK 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**

On 5/6 June 2007, each of the 11 UK Experts was sent a template of an explanatory letter of invitation 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. If 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 was to identify 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 10<sup>th</sup> August, 2007. Defaulters were reminded in mid-July (e-mail), mid August (e-mail), late August (telephone) and early September (e-mail). The last reminder included a warning that if questionnaires were not returned by 20 September, it might not be possible for their data to be included in the final analysis and in the national and cross-national reports. Due to one PA Expert having to terminate their involvement in the project after this date, and a colleague of theirs having to take over, the deadline was extended to the 6<sup>th</sup> November.

- **Results**

- **Selection of programmes**

The eleven UK PA Experts each nominated one UK PA Programme Director to complete the PA Programme questionnaire. Unfortunately one PA Expert had to terminate their involvement in the project prior to the 20<sup>th</sup> September deadline. This Expert handed the task over to a colleague who then nominated a successful PA Programme.

- **Return of programme questionnaires**

By 18 July 2007, two of the eleven UK PA Programme questionnaires had been returned. By 30 August, despite several reminders (see above), eight defaulters had still to return their PA Programme questionnaires. On the deadline of the 20<sup>th</sup> September, eight questionnaires had been returned. A decision was made to extend the deadline to the 6<sup>th</sup> November, due to a PA Expert terminating their involvement in the project and handing the project to a colleague to complete. The extended deadline allowed this new Expert to nominate a successful PA Programme and for the PA Programme Director involved to complete and return the PA Programme questionnaire. If a PA Programme Director had not returned their questionnaire, their PA Expert was contacted via email and telephone, and was asked to contact their nominated PA Programme Director and encourage the immediate return of the PA Programme Questionnaire. One PA Programme Director was also contacted directly by the Work Package 5 team but did not return their questionnaire, resulting in only ten UK PA Programme questionnaires being considered for this report. (The tenth PA Programme Questionnaire was returned on 6<sup>th</sup> November 2007.)

- **Programme directors' educational backgrounds**

The ten UK PA Programme Directors reported 13 educational backgrounds, of which 6 were classified as 'other'(table 11). This included qualifications in subjects from communications to community development. An educational background in Exercise/ Sports Science was also popular. None had an educational background in medicine. One PA Programme Director reported a combination of three professional backgrounds and was the only one to have an educational background in an 'other health profession.'

- **Catchment areas of programmes**

The UK PA Programme Directors' classification of their programme showed an even spread across National, Regional and areas limited to a city/town (Table 12). One PA Director classified their PA Programme as being limited to a local neighbourhood area.

- **Ages of programmes**

The UK PA Programme Directors' reports of how long their programme has existed showed that most programmes were quite well established (Table 13). Four programmes had run for more than ten years.

- **Components of overall programmes**

All ten UK PA Programme Directors reported that multiple programmes were included in their overall programme. The most prevalent programme included was community based senior fitness programmes (groups) (Table 14). Community based senior chair-based programmes, exercise referral/ General Practitioner referral programmes, falls prevention and cardiac rehabilitation were also mentioned frequently. One might not expect many programmes to cater for the elite, older competitor but even they recorded 3 mentions.

The UK PA Programme Directors' description of their overall programmes showed that programmes tended to be group activities rather than individual activities (Table 15). Programmes are often held indoors but outdoor activities are not unusual. Responses showed more land-based programmes than water-based programmes. There were no particular combinations of group activities, individual activities, indoor facilities, outdoor facilities, land based or water based activities that were found to be more popular.

The UK PA Programme Directors reported that the types of facilities used by their overall programmes tended to be sport/physical recreation facilities and community centres (Table 16). Day resources centres,

participant's private dwellings, sheltered housing, assisted living facilities, care homes or nursing homes and other facilities were also reported to be used.

▪ **Characteristics of programmes' clients**

The seven UK PA Programme Directors who gave valid responses all reported that their programme was intended for people aged between 45/50 and 90/100 (Figure 1). They also reported that the average age of participants actually attending a typical session of the programme lay between 60 and 75 (Figure 1).

Three of seven UK PA Programme Directors reported that the category of participant (by type of dwelling) for whom their overall programme was intended was community-dwelling older adults. There were no reports of programmes intended solely for institution-dwelling older adults.

Two Directors reported that the category of participant for whom their overall programme was intended was both community-dwelling and institution-dwelling older adults together (in the same group) and another two directors reported that it was for both community-dwelling and institution-dwelling older adults separately (in different groups) (Table 17).

All ten UK PA Programme Directors reported that the 'category' of participant (by level of functional mobility) for whom their overall programme was intended included those able to walk outdoors with no walking aids and no assistance or supervision by another person, and those able to walk outdoors with a walking aid but no assistance or supervision by another person (Table 18). Six of the ten Directors also reported that participants who walk outdoors only with assistance and/or supervision by another person and those who never walk outdoors were also catered for by some programmes. The category of participant for whom overall programmes were least commonly intended was those older people who frequently walk vigorously or run.

Eight of nine PA Programme Directors estimated that 75% of the participants in their programme were women (Table 19). (For comparison, 56% of 75-year-olds in the UK are women<sup>1</sup>.)

▪ **Characteristics of programmes' classes**

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<sup>1</sup> (Office for National Statistics, 2006 <http://www.statistics.gov.uk/statbase/product.asp?vlnk=10923>.)

UK PA Programme Directors estimated that the ‘group’ sizes most commonly used in their overall programme were evenly distributed from 6-10 up to 26-50 (Table 20).

All but one of the UK PA Programme Directors estimated that the ratio of instructors to participants in a typical session of their programme was 1:11-25 or 1:2-10 (Table 21). The one other PA Programme Director reported that the ratio of instructors to participants in a typical session of their programme was 1:1.

The maximum possible frequency of attendance ranged from only once a week (2 of 9 programmes) to at least 8 times per week (also 2 of 9 programmes) (Table 22). In 6 of 9 programmes participants could attend at least 5 times a week but the usual frequency of attendance was reported more commonly to be once or twice a week (Table 22).

Eight of 8 PA Programme Directors estimated that at least 50% of their current participants had attended their programme for at least a year (Table 23).

▪ **Objectives, outcomes, monitoring and feedback**

The two most important overall aims of the UK PA Programmes, from the point of view of their sponsoring organisations, covered a wide range of aspects of health and wellbeing but did not include improved mood or improved competitive performance (Table 24).

Five of the ten UK PA Programme Directors estimated that the satisfaction of participants in their programme was formally measured three to six times per year (Table 25). Another two Directors reported that participant satisfaction was formally measured once to twice a year.

Nine of the ten UK PA Programme Directors reported that participants were formally surveyed for their aims of being involved in the overall programme (Table 26). These Directors also reported that their programmes were adjusted according to participants’ aims (Table 26). Six of these nine Directors reported that objective outcome measures were recorded for participants at regular intervals (Table 26).

Of the objective measures that PA Programme Directors reported as being recorded at regular intervals, mood/depression was reported the most (Table 27). (This is a striking contrast with the Directors’ reported perception of low priority given to mood elevation by the sponsoring organisations (Table 24).) Balance, social support, joint range of motion

and body composition were also reported. Submaximal tests of aerobic fitness and strength or explosive power were the least reported, and maximal oxygen uptake (directly measured) was not reported to be measured at regular intervals by any of the six Directors.

▪ **Pre-participation assessment**

Nine of the ten UK PA Programme Directors reported that eligibility for entry to their programme requires the potential participant to have a health check (Table 28). Five reported that the form of health check required was completion of a health screening tool (Table 29). One reported that assessment by an exercise instructor was the required form of health check. The others did not respond.

Seven out of ten UK PA Programme Directors reported that eligibility for entry to their programme required completion of a health screening tool by the potential participant (Table 30). In 6 of the 7 cases, the tool was the PAR-Q or had been adapted from it. The other three Directors reported that completion of a health screening tool was not required.

Four of the seven UK PA Programme Directors who require completion of a health screening tool by potential participants reported that their health screening tool was internationally recognised, while two said that it was not (Table 31). Five Directors reported that their health screening tool had been adapted for their programme. Four of these Directors had previously reported that the health screening tool was required for eligibility to enter their programme (Table 30).

Seven of the 10 UK PA Programme Directors reported that the health screening tool they use included questions regarding dizziness. (One of these Directors had reported that a health screening tool was not required for eligibility to their programme.) Only one of the Directors reported that their health screening tool also included questions regarding eyesight and hearing, and another that they included questions regarding hearing (Table 32).

If the health screening tool identifies the presence of a potential problem, then 5 of 9 UK PA Programme Directors reported that an applicant must obtain 'approval' from their doctor in order to be permitted to enter their programme (Table 33). (Curiously, 2 of these 5 directors said that their programmes did not use a health screening tool (Table 30). Of a further 3 Directors, one reported that the applicant need only sign a liability waiver, another that an applicant must obtain 'approval' from any healthcare professional and another reported that an 'other' requirement

(chosen according to the nature of the potential problem) is needed before the applicant is permitted to enter the programme. Note that none of the Programme Directors would simply exclude a potential participant whose health screening tool identified a possible health problem.

▪ **Programme content**

All programmes were reported to target more than one aspect of fitness. The aspect(s) of physical fitness most commonly addressed by the UK PA Programmes are coordination-balance and joint range of motion, closely followed by strength, endurance and bone density (Table 34). Explosive power was reported only once as an aim for improvement, despite its acknowledged functional importance in old age.

The modalities of physical activity reported by UK PA Programme Directors to be offered in their programmes were very varied (Table 35). Dance and movement were reported the most. Exercise to music, outdoor walking groups and falls prevention groups were also highly reported. Resistance training modalities and endurance testing modalities were both well represented (Table 35).

Eight of the 10 UK PA Programme Directors reported always progressing participants as part of their overall programme (Table 36). (This was defined as a systematic increase in the intensity or resistance, the frequency and/or duration of exercise.) The other 2 Directors reported that progression occurred for the first few months only.

The UK PA Programme Directors estimated that the most common length of a usual warm up at the beginning of a session in their programme was eleven to fifteen minutes but estimates varied from 1-5 mins. to 11-15 mins.(Table 37).

The picture was the same for the most common length of a usual cool down (or 'wind down' or 'warm down') at the end of a session (Table 37).

One programme had no warm up and no cool down.

Estimates of the length of a usual workout component of a session varied from 10 minutes to more than 1 hour. For 7 of the 10 programmes, the estimate was  $\geq 30$  mins.

Six of seven UK PA Programme Directors report that their programme caters for the exercise needs of older people with chronic medical

conditions by providing adapted exercise, with participants included in the mainstream older person's group(s) (Table 39). The seventh Director reported using adapted exercise, with participants in disease-related groups. It is important to note that no director reported that it was impossible to cater for the exercise needs of older people with chronic medical conditions.

▪ **Instructors' qualifications and training**

The UK PA Programme Directors were asked to report the minimum level of qualification required for instructors delivering their programme to older participants. Three Directors reported that a basic (entry level) qualification was required, four Directors reported that a higher level (old age specific) qualification was required and three Directors reported that some other qualification was required (Table 40).

Seven of ten UK PA Programme Directors estimated that 100% of instructors guiding/supervising older participants, in their programme, have an entry level qualification (Table 41). One Director reported that no instructors guiding/supervising older participants in their programme had an entry level qualification.

Four of seven Directors estimated that 100% of instructors guiding/supervising older participants, in their programme, have a higher level qualification (Table 41) and one Director reported that 75% of their instructors have a higher level qualification. On the other hand, two Directors estimated that none of the instructors guiding/supervising older people in their programme had a higher level qualification and 3 Directors did not reply to this question.

Four of the ten UK PA Programme Directors reported that instructors delivering their programme to older participants have to be a member of a professional register (Table 42). The other six Directors reported that instructors in their programme do not have to be a member of a professional register.

Seven of ten UK PA Programme Directors reported that their programme provided ongoing in-service training for their instructors (Table 43). Rather surprisingly, two Directors did not know if ongoing in-service training was provided. Four of the seven UK PA Programme Directors that provide ongoing in-service training estimated that more than thirty hours took place per year (Table 43). Two of the remaining three Directors reported that twenty hours took place per year.

Programme Directors were each asked to give three examples of topics recently covered in in-service training for their instructors. Topics reported included (in no particular order):-

- Equipment maintenance
- Heart failure
- Exercise referral
- First aid
- Nutrition
- Falls prevention
- Walk leader training
- Chair-based exercise training
- Thematic dance work
- Cross-generational work
- Diabetes
- Risk assessment
- Mental health awareness
- Disability
- Stroke awareness
- Nordic walking
- Session planning

All but one of the UK PA Programme Directors reported that unpaid volunteers contribute to their programme. Unpaid volunteers were commonly reported to contribute by providing refreshments or transport, or by undertaking administrative tasks (Table 44). Unpaid volunteers were also commonly reported to fulfil roles which were more specifically exercise-related, such as ‘buddying’ or peer-mentoring other participants. Even more specifically exercise-related contributions were also common, such as acting as an instructor’s assistant or even giving instruction. Unfortunately, the questionnaire did not pursue this issue any further. As a result we are unable to answer the important questions which it raises concerning, for example, the training given to volunteers before they are permitted to deliver instruction.

#### ▪ **Client safety**

Although all ten UK PA Programme Directors reported that their programme had specific protocols to be followed in emergency situations (Table 45), only six reported that they train all their staff in emergency protocols at least annually (Table 46).

Six of the ten Directors reported that their programme had specific protocols and/or procedures to be followed in respect of equipment use, storage or maintenance (Table 45). Of these, only four reported training all their staff in these protocols at least annually (Table 46).

#### ▪ **Finance, transport and refreshments**

The UK PA Programme Directors estimated 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 and administration) to be most likely

between 2 and 10 euros (Table 47). None reported a cost greater than 10 euros per participant per session. The proportion of this cost paid by each participant varied considerably. Three Directors reported 0% of the cost was paid by each participant, two Directors estimated 25%, one Director estimated 50%, and three Directors estimated 100%. One Director reported that they did not know (Table 48).

Of the ten UK PA Programme Directors, two reported that transport was provided to everyone and five that it was provided selectively (Table 49). Four of five UK PA Programme Directors estimated the proportion of the cost of transport paid by each participant in their programme as approximately 5% or less (Table 50). In contrast, the other Director estimated that the entire cost of transport in their programme was paid by participants.

Refreshments were reported to be offered to everyone by six Directors, selectively by three Directors and not at all by one Director. Five of nine UK PA Programme Directors estimated that the proportion of the cost of refreshments that was paid by each participant in their programme was approximately 5% or less. In contrast, the other two Directors estimated that the participants in their programme paid 100% of the cost of refreshments.

#### ▪ **Publicity, marketing and promotion**

The UK PA Programme Directors reported that a wide range of methods was used to publicise, market or promote their programmes (Table 51). The method most commonly reported (all 10 Directors) was word of mouth. Other methods frequently reported were features in local newspapers, targeted leafleting, talks to local groups, open days and websites. All Programme Directors reported using several methods. Indeed, individual Directors reported using 8 to 22 (median 15) of the 27 options offered in the questionnaire.

Nine of the ten UK PA Programme Directors reported that they had found it useful to capitalise on national or regional campaigns related to aspects of ageing and health in order to improve recruitment of new participants and/or maintain motivation of existing participants. Numerous examples were reported, several more than once:-

- International Day for Older Persons
- Diabetes Awareness
- Walk for Life
- 30 a day... any way
- National Walking Day
- Cancer Research events
- British Heart Foundation Happy Hearts
- Get Active in the Community
- Falls Awareness

- Osteoporosis Week
- Men's health Week
- Walking your Way to Health
- Healthy Living Week
- Age Concern Week

All ten UK PA Programme Directors reported that they had found it useful to build partnerships with local healthcare professionals or organisations. Again, numerous examples were offered, ranging from health promotion agencies to local acute hospitals, and from individual primary care practices to geographically defined community interdisciplinary healthcare providers. Several reported forming partnerships with healthcare organisations in order to pursue joint funding.

	PA Programme Director											Total
	A	B	C	D	E	F	G	H	I	J		
Medicine												
Other Health Profession							x					1
Exercise/Sport Science	x	x		x		x						4
Other			x		x	x	x	x	x			6
Missing data												
<b>Total</b>		1	1	1	1	1	3	1	1	1	0	

***Table 11 - Programme Questionnaire Question 4 (ProgQ4).***  
 Educational backgrounds of 10 PA Programme Directors selected by the United Kingdom national Experts

	<b>Number</b>
<b>National</b>	3
<b>Regional</b>	3
<b>Limited to a city/town</b>	3
<b>Limited to a local neighbourhood</b>	1
<b>Missing data</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>Less than 1 year</b>	0
<b>1 to 5 years</b>	5
<b>6 to 10 years</b>	1
<b>More than 10 years</b>	4
<b>Missing data</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>Masters (elite competitor) programme</b>	3
<b>Community based senior fitness programmes (groups)</b>	9
<b>Community based senior chair-based programmes</b>	7
<b>Home based exercise programmes (individual)</b>	5
<b>Exercise referral / General Practitioner referral programmes</b>	6
<b>Falls Prevention Programmes</b>	6
<b>Medical condition-specific programmes</b>	5
<b>Cardiac rehabilitation</b>	7
<b>Pulmonary rehabilitation</b>	4
<b>Arthritis programmes</b>	3
<b>Other medical condition-specific programmes</b>	5
<b>Other programmes</b>	2

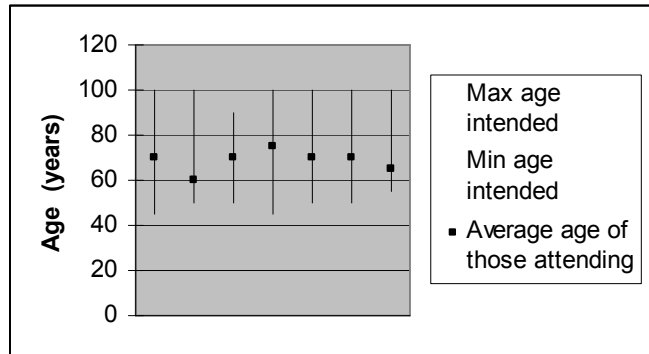
*Table 14 (ProgQ11)*. UK PA Programme Directors' responses concerning which component programmes are included in their overall programmes

	<b>Number</b>
<b>Group activity</b>	8
<b>Individual activity</b>	4
<b>Indoors</b>	9
<b>Outdoors</b>	6
<b>Water-based</b>	4
<b>Land-based</b>	9

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

	<b>Number</b>
<b>Sport / physical recreation facility</b>	9
<b>Community centre</b>	9
<b>Day resources centre</b>	4
<b>Participant's private dwelling</b>	3
<b>Sheltered housing, assisted living facility, care home or nursing home</b>	4
<b>Other</b>	2

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



**Figure 1 (ProgQ14-15).** UK 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

	<b>Number</b>
<b>Community - dwelling older adults</b>	3
<b>Institution - dwelling older adults</b>	0
<b>Both, together (in the same group)</b>	2
<b>Both separately (in different groups)</b>	2
<b>Total</b>	7

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

	<b>Number</b>
<b>Frequently walks vigorously or runs</b>	4
<b>Walking outdoors with no walking aids and no assistance or supervision by another person</b>	10
<b>Walks outdoors with a walking aid but no assistance or supervision by another person</b>	10
<b>Walks outdoors only with assistance or supervision by another person</b>	6
<b>Never walks outdoors</b>	6

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

	<b>Number</b>
<b>0%</b>	0
<b>25%</b>	0
<b>50%</b>	0
<b>75%</b>	8
<b>100%</b>	0
<b>Don't know</b>	1
<b>Total</b>	9

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

	<b>Number</b>
<b>1</b>	2
<b>2 – 5</b>	4
<b>6 – 10</b>	6
<b>11 – 15</b>	5
<b>16 – 20</b>	7
<b>21 – 25</b>	5
<b>26 – 50</b>	6
<b>51+</b>	1
<b>Don't know</b>	1

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

	<b>Number</b>
<b>1 : 1</b>	1
<b>1 : 2 – 10</b>	4
<b>1 : 11 – 25</b>	5
<b>1 : 26 – 50</b>	0
<b>1 : 51+</b>	0
<b>Don't know</b>	0
<b>Total</b>	9

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

	<b>Maximum</b>	<b>Usual</b>
<b>&lt;1</b>	0	0
<b>1</b>	2	3
<b>2</b>	0	4
<b>3 – 4</b>	1	2
<b>5 – 7</b>	4	0
<b>8+</b>	2	0
<b>Don't know</b>	1	1
<b>Total</b>	10	10

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

	<b>Number</b>
<b>0%</b>	0
<b>25%</b>	0
<b>50%</b>	2
<b>75%</b>	5
<b>100%</b>	1
<b>Don't know</b>	2
<b>Total</b>	10

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

	<b>Number</b>
<b>Health promotion</b>	3
<b>Improved competitive performance</b>	0
<b>Disease prevention</b>	2
<b>Improved physical function</b>	4
<b>Improved mood</b>	0
<b>Opportunities to socialise</b>	3
<b>Improved self esteem / confidence</b>	4
<b>Other</b>	3
<b>Don't know</b>	0
<b>Total</b>	19

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

	<b>Number</b>
<b>Not at all</b>	1
<b>1 – 2</b>	2
<b>3 – 6</b>	5
<b>More than 6</b>	0
<b>Don't know</b>	2
<b>Total</b>	10

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

	<b>survey of aims</b>	<b>prog. adjusted for aims</b>	<b>outcomes measured</b>
<b>Yes</b>	9	9	6
<b>No</b>	1	0	4
<b>Don't know</b>	0	0	0
<b>Total</b>	10	9	10

**Table 26 (ProgQ26-28).** UK 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

	<b>Number</b>
<b>Strength or explosive power</b>	1
<b>Maximal oxygen uptake (directly measured)</b>	0
<b>Sub maximal test of aerobic fitness</b>	2
<b>Balance</b>	4
<b>Joint range of motion</b>	3
<b>Body composition</b>	3
<b>Bone density</b>	0
<b>Mood / depression</b>	6
<b>Social support</b>	4
<b>Other</b>	4
<b>Not applicable</b>	1

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

	<b>Number</b>
<b>Yes</b>	9
<b>No</b>	1
<b>Don't know</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>Completion of a health screening tool</b>	5
<b>Assessment by a doctor</b>	0
<b>Assessment by a doctor who is a sports medicine specialist or by the programme doctor</b>	0
<b>Assessment by some other healthcare professional</b>	0
<b>Assessment by an exercise instructor</b>	1
<b>Other</b>	0
<b>Total</b>	6

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

	<b>Number</b>
<b>Yes</b>	7
<b>No</b>	3
<b>Don't know</b>	0
<b>Total</b>	10

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

	<b>Internationally recognised</b>	<b>Adapted for the prog.</b>
<b>Yes</b>	4	5
<b>No</b>	2	3
<b>Not applicable</b>	4	2
<b>Total</b>	10	10

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

	<b>Dizziness</b>	<b>Eyesight</b>	<b>Hearing</b>	<b>Don't know</b>	<b>Not applicable</b>
<b>Yes</b>	7	1	2	0	1
<b>No</b>	0	7	6		
<b>Total</b>	7	8	8	0	1

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

	<b>Number</b>
<b>The applicant need only sign a liability waiver</b>	1
<b>Applicant must obtain 'approval' from any healthcare professional</b>	1
<b>Applicant must obtain 'approval' from their doctor</b>	5
<b>Applicant must obtain 'approval' from a doctor who is a sports medicine specialist or from the programme doctor</b>	0
<b>It is not possible for the applicant to be permitted to enter the programme</b>	0
<b>Other</b>	1
<b>Don't know</b>	0
<b>Not applicable</b>	1
<b>Total</b>	9

**Table 33 (ProgQ37).** UK 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

	<b>As in response to ....</b>	<b>Number</b>
<b>Strength</b>	ProgQ40	7
<b>Explosive power</b>	ProgQ40	1
<b>Endurance</b>	ProgQ38	7
<b>Coordination – Balance</b>	ProgQ38	9
<b>Joint range of motion</b>	ProgQ40	8
<b>Body composition</b>	ProgQ40	4
<b>Bone density</b>	ProgQ40	7
<b>Other</b>	ProgQ40	3

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

NB There is substantial, inadvertent overlap of questions ProgQ38 and ProgQ40. For the sake of consistency, it was decided that the responses to these two questions should be combined into Table 34 (q.v.).

**TABLE 35 (ProgQ39)**

<b>Number</b>	
<b>Aquatics</b>	
Swimming	5
Aqua exercises	4
<b>Cycling</b>	
On Road/ Paths	3
Off Road/ Track/ Hills	1
<b>Group Sports/ Ball Games</b>	
Badminton	4
Billiard Sports	1
Boules	1
Bowling	4
Golf	2
Minigolf	1
Short tennis	3
Tennis	4
<b>Recreational Movement</b>	
Dance	8
Movement	8
Exercise to music	7
Derived from Pilates	5
Derived from Tai Chi	6
Derived from Qigong	2
Derived from Yoga	5
<b>Running</b>	
Indoor running (not on treadmill)	2
Outdoor running/ Track	2
Orienteering	0
<b>Skiing</b>	
Cross Country Skiing	1
Downhill (Alpine Skiing)	1
Ski Touring	1
<b>Walking</b>	
Indoor Walking (not on treadmill)	1
Outdoor Walking on path/ track	6
Outdoor Walking groups	7
Rambling or Hill Walking	2
Trekking	0
Nordic Walking	1

**TABLE 35 (continued)**

<b>Machine based equipment</b>	
Circuits	1
Treadmill	5
Cycle	5
Rowing	5
Stepper	5
Cross – trainer	5
Cable machines/ fixed resistance	4
Dumbbells / Free weights	5
Physioballs (Swiss balls/ exercise balls) for balance	4
Resistance balls/ bands/ tubes	5
Balance disks/ wobbleboards	4
Other	1
<b>Competitive sport</b>	1
<b>Adapted exercise</b>	
Back pain prevention	4
Osteoporosis prevention	3
Falls prevention	7
Pelvis Floor exercise	4
Chair-based exercise	6
Cardiac rehab	6
Pulmonary rehab	3
Other	2

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

	<b>Number</b>
<b>Never</b>	0
<b>For the first few weeks only</b>	0
<b>For the first few months only</b>	2
<b>Always</b>	8
<b>Don't know</b>	0
<b>Total</b>	10

**Table 36 (ProgQ41).** UK 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.)

	<b>Warm up</b>	<b>Cool down</b>
<b>0 minutes</b>	1	1
<b>1 – 5 minutes</b>	2	2
<b>6 – 10 minutes</b>	2	4
<b>11 – 15 minutes</b>	4	2
<b>16 – 20 minutes</b>	0	0
<b>Don't know</b>	1	1
<b>Total</b>	10	10

*Table 37 (ProgQ42-43).* UK 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

	<b>Number</b>
<b>0 minutes</b>	0
<b>10 minutes</b>	1
<b>20 minutes</b>	2
<b>30 minutes</b>	3
<b>40 minutes</b>	2
<b>50 minutes</b>	1
<b>60 minutes</b>	0
<b>More than 60 minutes</b>	1
<b>Don't know</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>This is not possible</b>	0
<b>Adapted exercise, with participants in disease-related groups</b>	1
<b>Adapted exercise, with participants in frailty-related or disability-related groups</b>	0
<b>Adapted exercise, with participants included in the mainstream older person's group(s)</b>	6
<b>Don't know</b>	0
<b>Total</b>	7

**Table 39 (ProgQ45).** UK PA Programme Directors' responses concerning how, within this programme, they cater for the exercise needs of older people with chronic medical conditions.

	<b>Number</b>
<b>A basic (entry level) qualification</b>	3
<b>A higher level (old age specific) qualification</b>	4
<b>Other</b>	3
<b>Don't know</b>	0

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

	<b>Entry level qualification</b>	<b>Higher level qualification</b>
<b>0%</b>	1	2
<b>25%</b>	0	0
<b>50%</b>	0	0
<b>75%</b>	0	1
<b>100%</b>	7	4
<b>Don't know</b>	2	0
<b>Total</b>	10	7

**Table 41 (ProgQ48 & ProgQ49).** UK 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.

	<b>Number</b>
<b>Yes</b>	4
<b>No</b>	6
<b>Don't know</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>0</b>	1
<b>1</b>	0
<b>3</b>	0
<b>5</b>	1
<b>10</b>	0
<b>15</b>	0
<b>20</b>	2
<b>30</b>	0
<b>More than 30</b>	4
<b>Don't know</b>	2
<b>Not applicable</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>Not at all</b>	1
<b>Instruction</b>	6
<b>Instructor's assistant</b>	4
<b>'Buddying' a participant</b>	7
<b>Peer mentoring participants</b>	6
<b>Administration</b>	6
<b>Transport</b>	4
<b>Refreshments</b>	6
<b>Other</b>	0
<b>Don't know</b>	0
<b>Not applicable</b>	0

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

	<b>Emergency protocols</b>	<b>Equipment protocols</b>
<b>Yes</b>	10	6
<b>No</b>	0	4
<b>Don't know</b>	0	0
<b>Total</b>	10	10

*Table 45 (ProgQ55 and 57).* UK 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

	<b>Emergency protocols</b>	<b>Equipment protocols</b>
<b>3 monthly</b>	0	0
<b>6 monthly</b>	0	0
<b>Annually</b>	6	4
<b>Never</b>	0	0
<b>Don't know</b>	0	0
<b>Not applicable</b>	0	1
<b>Total</b>	6	5

*Table 46 (ProgQ56 and 58).* UK 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

	<b>Number</b>
<b>Up to € 2</b>	1
<b>More than € 2, up to € 5</b>	3
<b>More than € 5, up to € 10</b>	4
<b>More than € 10</b>	0
<b>Don't know</b>	2
<b>Total</b>	10

**Table 47 (ProgQ59).** UK 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)

	<b>Number</b>
<b>0%</b>	3
<b>5%</b>	0
<b>10%</b>	0
<b>25%</b>	2
<b>50%</b>	1
<b>75%</b>	0
<b>100%</b>	3
<b>Don't know</b>	1
<b>Total</b>	10

**Table 48 (ProgQ 60).** UK PA Programme Directors' estimates of the proportion of the cost (defined as in caption to Table 47) paid by each participant in their programme

	<b>Transport</b>	<b>Refreshments</b>
<b>Yes, to everyone</b>	2	6
<b>Yes, selectively</b>	*5	**3
<b>No</b>	3	1
<b>Don't know</b>	0	0
<b>Total</b>	10	10

\*some participants, some sessions

\*\*some sessions

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

	<b>Transport</b>	<b>Refreshments</b>
<b>0%</b>	2	3
<b>5%</b>	2	2
<b>10%</b>	0	0
<b>25%</b>	0	0
<b>50%</b>	0	0
<b>75%</b>	0	0
<b>100%</b>	1	2
<b>Don't know</b>	2	2
<b>Total</b>	7	9

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

	<b>Number</b>	<b>%</b>
<b>Advertising in local newspapers</b>	6	60
<b>Advertising in national/ regional newspapers</b>	2	20
<b>Advertising in elder-oriented magazines</b>	4	40
<b>Advertising through elder-oriented organisations</b>	5	50
<b>Features in local newspapers</b>	8	80
<b>Features in national/ regional newspapers</b>	4	40
<b>Features in elder-oriented magazines</b>	4	40
<b>Advertising on local radio</b>	6	60
<b>Advertising on national/ regional radio</b>	2	20
<b>Advertising on local TV</b>	0	0
<b>Advertising on national/ regional TV</b>	0	0
<b>Features on local radio</b>	6	60
<b>Features on national/ regional TV</b>	3	30
<b>Features on local TV</b>	4	40
<b>Features on national/ regional TV</b>	3	30
<b>Neighbourhood leafleting</b>	8	80
<b>Sports hall leafleting</b>	7	70
<b>Health premises leafleting</b>	8	80
<b>Leafleting in community centres for older people</b>	8	80
<b>Talks to local groups</b>	8	80
<b>Word of mouth</b>	10	100
<b>Websites</b>	7	70
<b>Open days</b>	8	80
<b>Bring a friend</b>	6	60
<b>Discounts</b>	2	20
<b>Multiple session bookings</b>	2	20
<b>Other</b>	2	20

*Table 51 (ProgQ65).* Number (and percentage) of UK PA Programme Directors reporting methods which have been used to publicise, market or promote their programme.

	<b>(1)</b>	<b>(2)</b>
<b>Yes</b>	9	10
<b>No</b>	0	0
<b>Have not tried</b>	1	0
<b>Don't know</b>	0	0
<b>Total</b>	10	10

*Table 52 (ProgQ66 and 67).* UK 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 promotion strategies (including definitions)**

Each UK national Expert was asked to identify a successful PA promotion strategy for older people in the UK 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**

On 5/6 June 2007, each of the 11 UK Experts was sent a template of an explanatory letter of invitation 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. If a promotion strategy invitation was declined, or if 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. PA Experts were not permitted to select their own PA promotion strategy.

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 10<sup>th</sup> August, 2007.

- **Results**

- **Selection of promotion strategies**

The eleven UK PA Experts nominated eleven PA Promotion Strategies and asked the Directors each to complete the PA Promotion Strategy questionnaire. Unfortunately one PA Expert had to terminate their involvement in the project. This Expert handed the task over to a colleague who then nominated a different successful PA Promotion Strategy.

- **Return of promotion strategy questionnaires**

By 18 July 2007, two of the eleven PA Promotion Strategy questionnaires had been returned. Defaulters were reminded in mid-July (e-mail), mid August (e-mail), late August (telephone) and early September (e-mail). The last reminder included a warning that if questionnaires were not returned by 20 September, it might not be possible for their data to be included in the final analysis and in the national and cross-national reports.

On 20<sup>th</sup> September 2007, only nine of the PA Promotion Strategy questionnaires had been returned. A decision was made to extend the deadline to 6<sup>th</sup> November. The PA Experts who had nominated the two PA Promotion Strategies whose directors had not returned their questionnaires were contacted by email and telephone. They were asked to contact their nominated PA Promotion Strategy Directors and to encourage the immediate return of the questionnaire.

On 6<sup>th</sup> November 2007, the tenth PA Promotion Strategy Questionnaire was returned. Despite the numerous reminders, including personal contact by the Work Package 5 coordinator and by the collaborating partner, one Promotion Strategy Director still had not returned their questionnaire. As a result, only ten PA Promotion Strategy questionnaires have been considered for this report.

- **Promotion strategy directors' educational backgrounds**

Seven of the ten UK PA Promotion Strategy Directors reported that they have educational backgrounds that were classified as 'other' (Table 53). This included qualifications from policy/communications to general administration. The other three Directors had an educational background

in Exercise/ Sports Science. No Director had an educational background in medicine or an other health profession and none reported having more than one educational background.

▪ **Prevailing national context**

Eight of the ten UK PA Promotion Strategy Directors reported that they were unaware of any legal or regulatory compulsion, in the UK, to promote physical activity (Table 54). The other two Directors reported that such compulsion did exist. Nine of the ten UK PA Promotion Strategy Directors reported that they were unaware of any legal or regulatory compulsion to promote physical activity especially for older people in the UK (Table 54). The tenth Director reported that they did not know if such compulsion existed.

Eight of the ten UK PA Promotion Strategy Directors reported that there are National level recommendations for promotion of physical activity, especially for older people. The ninth Director reported that they thought there were no National level recommendations and the tenth Director reported that they did not know.

▪ **Description of promotion strategies**

The UK PA Promotion Strategy Directors located the development and delivery of their promotion strategies more or less equally in governmental and non-governmental sectors (Table 55). Commercial organisations were notable for their rarity.

The responses also provide indirect evidence for collaboration between different governmental levels and between different non-governmental organisations (Table 55).

From the UK PA Promotion Strategy Directors' reports, it appears that there are health promotion strategies aiming to deliver at National and Regional levels, as well as levels limited to a city/ town and limited to a local neighbourhood (Table 56). The level limited to a city/ town was reported the most. Overall, the strategies aimed to deliver at an average of two levels each.

UK PA Promotion Strategy Directors reported that their promotion strategies encourage physical activity across a number of settings (Table 57). Centre based and outdoor settings were reported more than home based and other settings. Group exercise and independent exercise were both reported highly. The three Directors who reported that their promotion strategy encouraged physical activity in a home based setting

also reported that their promotion strategy encouraged physical activity outdoors as well as group and independent exercise.

UK PA Promotion Strategy Directors reported that the settings/ organisations taking part in their promotion strategies were varied and multiple (averaging 3 each) (Table 58). Social institutions, primary health care, community centres and workplace settings/ organisations were reported by Directors to take part. Welfare organisations and other settings/organisations were reported to a lesser extent.

Five of ten UK PA Promotion Strategy Directors reported that at least one theoretical basis was used to develop and/or deliver their promotion strategy (table 59). Of the theories or models offered in the questionnaire, respondents reported using the Health Belief Model, Protection Motivation Theory, and the Transtheoretical Model (Table 59). Respondents also volunteered that they drew on theories and experience in travel behaviour change, and on principles of social marketing.

Nine of the ten UK PA Promotion Strategy Directors reported on how long their promotion strategy has run (Table 60). Seven had run for at least a year but only one had run for more than 5 years.

Six of the ten UK PA Promotion Strategy Directors reported that their promotion strategy was run continually (Table 61).

The UK PA Promotion Strategy Directors reported that they use multiple intermediaries (an average of 6-7 categories each) to reach the intended population (Table 62). The intermediary reported the most by Directors was volunteers, closely followed by medical practitioners, exercise/dance instructors and community/social workers. Nurses, Physiotherapists, Occupational therapists, Physiotherapy/OT Assistants, Other Allied Health Care Professionals, Sports Coaches, and other intermediaries were all reported as being used to reach the intended population.

#### ▪ **Characteristics of strategies' target populations**

Nine UK PA Promotion Strategy Directors gave valid responses for the age of those for whom their promotion strategy was intended (Figure 2). Five of the strategies were aimed at a very wide age range (45 to 100) (Figure 2). Two of the other four Directors reported that their promotion strategy had a narrow age band, one being from 50 to 65 years of age and the other being from 60 to 80 years of age (Figure 2).

Seven of the ten UK PA Promotion Strategy Directors reported that their promotion strategies targeted more than one ‘category’ of participants. The other three Directors reported that their promotion strategy targeted only one ‘category’ of participant. All categories were reported, these being general population (including older adults), all older adults, community-dwelling older adults, institution-dwelling older adults, older adults with chronic conditions, ethnic minority older adults and other categories (Table 63). However, the category that was most often reported (by seven out of ten Directors) was all older adults.

Seven out of ten UK PA Promotion Strategy Directors reported that they considered and catered for cultural differences in their promotion strategies (Table 64). All seven reported that they did this in more than one way. Eight directors (i.e. seven plus one who had denied considering cultural differences) reported that they considered and catered for different income levels. Seven Directors reported that they considered different cultural perceptions, six that they considered different education levels and five that they considered different languages.

The UK PA Promotion Strategy Directors were asked what levels of functional mobility would characterise the individuals the promotion strategies aimed to include. All ten reported that they aim to include participants who walk outdoors with no walking aids and no assistance or supervision by another person (Table 65). Progressively smaller numbers of directors reported aiming to include people nearer the upper and lower ends of the spectrum of functional mobility. Nevertheless, 5 directors reported aiming to include people who never walk outdoors and 4 reported aiming to include people who are already frequently and vigorously active.

Only three out of ten UK PA Promotion Strategy Directors reported that the target population was screened for their readiness for behaviour change prior to implementing this promotion strategy (Table 67). Six directors reported that no such screening took place and one did not know.

#### ▪ **Design of promotion strategies**

All ten of the UK PA Promotion Strategy Directors reported that they used multiple approaches to encourage behaviour change in relation to physical activity (Table 66). All reported using improved knowledge and improved motivation. Improved access was also reported by most Directors.

All ten of the UK PA Promotion Strategy Directors reported that their promotion strategy was designed to surmount barriers to physical activity (Table 68). The barriers addressed were multiple, averaging 5-6 barriers addressed per strategy. The barrier most often reported as being addressed was lack of energy/motivation but all nine barriers suggested by the questionnaire were confirmed by at least two promotion strategy directors (Table 69).

The approaches used by these ten PA Promotion Strategies appear to be varied and multiple (Table 70). The most frequently reported information approaches were community wide campaigns and mass media campaigns. The most frequently reported behavioural and social approaches were individually-adapted behaviour change and Health Professionals' social support. The most frequently reported environmental and policy approaches enhanced access to physical activity and outreach activities.

Nine of the ten Directors reported that their promotion strategy used a general message (Table 71). In addition, Directors frequently reported using both general and specific advice but only a few reported using general or specific warnings (Table 71).

The Directors reported that the messages of each promotion strategy were conveyed to the target population through multiple routes (Table 72).

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

Surprisingly six out of ten UK PA Promotion Strategy Directors did not know what proportion of the target population had been reached by their promotion strategy since it had been running (Table 73). Three Directors reported that their promotion strategy had reached 50% of the target population and one Director reported that their promotion strategy had reached 25% of the target population.

The ten UK PA Promotion Strategy Directors were asked which approaches they had found effective in achieving the aims of their promotion strategies (Table 74). The information approaches most frequently reported to be effective were community wide campaigns and group-based health education focused on information provision. The behavioural and social approach most frequently reported as effective was individually-adapted behaviour change. The environmental and policy approach most often reported as effective was enhanced access to physical activity.

Eight of nine UK PA Promotion Strategies were reported to have been evaluated since being implemented (Table 75). Of these eight promotion strategies, six were evaluated in respect of behaviour change, five in respect of the population reached, two in respect of cost, and seven in respect of ‘other’ aspects (Table 76). The breadth of aspects evaluated is further emphasised by some of the ‘other’ aspects volunteered by the respondents, viz.:-

- Activity levels
- Demographic aspects of usage
- Campaign recognition among target audiences
- Interactions with other policy objectives (e.g. climate change emissions)
- Contribution to building social capital
- Perceived barriers and opportunities

Six of the ten UK PA Promotion Strategy Directors reported that their promotion strategy included a specific plan or device to maintain the behaviour change achieved (Table 77). All these Directors, and a seventh director, reported the use of opportunities to socialise as a tool to maintain behaviour change (Table 78). The use of Buddy groups, positive reinforcement/feedback rewards and promotion days were also quite frequently reported, while the use of financial incentives was not.

#### ▪ **Finance**

The cost of running the UK promotion strategies varied widely (Table 79). The minimum cost reported was two thousand euros per annum compared with a maximum of four million euros per annum. The median total cost per annum was sixty six thousand euros.

Six of the ten UK PA Promotion Strategies are funded by more than one source (Table 80). Overall sources of funding are well spread across the National/regional and city/local government sectors, as well as across health and leisure budgets. However, our data do not tell us whether the amounts of funding are equally well spread.

	PA Promotion Strategy Directors											Total
	A	B	C	D	E	F	G	H	I	J		
<b>Medicine</b>												
<b>Other Health Profession</b>												
<b>Exercise/ Sport Science</b>	x									x	x	3
<b>Other</b>		x	x	x	x	x	x	x	x			7
<b>Missing data</b>												
<b>Total</b>	1	1	1	1	1	1	1	1	1	1	1	10

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

	(1)	(2)	(3)
<b>Yes</b>	2	0	8
<b>No</b>	8	9	1
<b>Don't know</b>	0	1	1
<b>Total</b>	10	10	10

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

	<b>Developed</b>	<b>Delivered</b>
<b>Government</b>	<b>4</b>	<b>5</b>
<b>National</b>	3	2
<b>Regional</b>	1	3
<b>Local</b>	4	6
<b>Non Governmental</b>	<b>3</b>	<b>4</b>
<b>Commercial</b>	0	1
<b>Welfare/community organisation</b>	2	4
<b>Research organisation</b>	0	1
<b>Other</b>	3	4

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

	<b>Number</b>
<b>National</b>	4
<b>Regional</b>	4
<b>Limited to a city/ town</b>	7
<b>Limited to a local neighbourhood</b>	4

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

	<b>Number</b>
<b>Centre based</b>	9
<b>Home based</b>	3
<b>Outdoors</b>	7
<b>Other</b>	1
<b>Group exercise</b>	8
<b>Independent exercise</b>	6
<b>Other</b>	2

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

	<b>Number</b>
<b>Social institutions</b>	6
<b>Primary health care</b>	7
<b>Community centres</b>	7
<b>Welfare organisations</b>	3
<b>Work place</b>	6
<b>Other</b>	3
<b>Don't know</b>	0

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

	<b>Number</b>
<b>None</b>	3
<b>Health Belief Model</b>	1
<b>Protection Motivation Theory</b>	1
<b>Theory of Reasoned Action</b>	0
<b>Theory of Planned Behaviour</b>	0
<b>ASE* – Model</b>	0
<b>Transtheoretical Model</b>	2
<b>Other</b>	4
<b>Don't know</b>	0
<b>No response</b>	2

\* Attitude, Social influence and self-Efficacy

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

	<b>Number</b>
<b>Less than 1 year</b>	2
<b>1 to 5 years</b>	6
<b>6 to 10 years</b>	0
<b>More than 10 years</b>	1
<b>Don't know</b>	0
<b>Total</b>	9

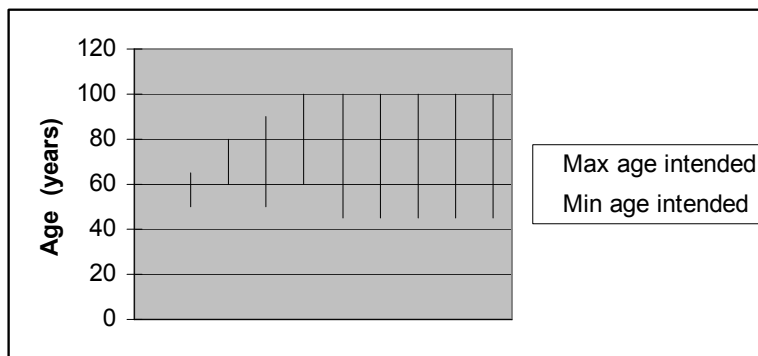
*Table 60 (PSQ19).* UK PA Promotion Strategy Directors' estimates of the time for which their promotion strategy has run

	<b>Number</b>
<b>Once only</b>	0
<b>Periodically</b>	2
<b>Continually</b>	6
<b>Other</b>	2
<b>Don't know</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>Medical Practitioners</b>	7
<b>Nurses</b>	5
<b>Physiotherapists</b>	6
<b>Occupational therapists</b>	5
<b>Physiotherapy/ OT Assistants</b>	5
<b>Other Allied Health Care Professionals</b>	6
<b>Exercise/ dance instructors</b>	7
<b>Sports coaches</b>	5
<b>Community/Social Workers</b>	7
<b>Volunteers</b>	8
<b>Other</b>	5
<b>None</b>	0
<b>Don't know</b>	0

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



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

	<b>Number</b>
<b>General population (including older adults)</b>	6
<b>All older adults</b>	7
<b>Community – dwelling older adults</b>	4
<b>Institution – dwelling older adults</b>	2
<b>Older adults with chronic conditions</b>	5
<b>Ethnic minority older adults</b>	5
<b>Other</b>	3

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

	<b>Number</b>
<b>None</b>	2
<b>Different language</b>	5
<b>Different cultural perceptions</b>	7
<b>Different education levels</b>	6
<b>Different income levels</b>	8
<b>Other</b>	2
<b>Don't know</b>	1

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

	<b>Number</b>
<b>Frequently walks vigorously or runs</b>	4
<b>Walks outdoors with no walking aids and no assistance or supervision by another person</b>	10
<b>Walks outdoors with a walking aid but no assistance or supervision by another person</b>	8
<b>Walks outdoors only with assistance or supervision by another person</b>	6
<b>Never walks outdoors</b>	5

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

	<b>Number</b>
<b>Improved knowledge</b>	10
<b>Improved access</b>	8
<b>improved safety</b>	4
<b>improved time management skills</b>	1
<b>Improved motivation</b>	10
<b>Fear reduction</b>	6
<b>Improved skill</b>	6
<b>Reduction in misconceptions about ageing</b>	5
<b>Don't know</b>	0

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

	<b>Number</b>
<b>Yes</b>	3
<b>No</b>	6
<b>Don't know</b>	1
<b>Total</b>	10

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

	<b>Number</b>
<b>Yes</b>	10
<b>No</b>	0
<b>Don't know</b>	0
<b>Total</b>	10

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

	<b>Number</b>
<b>Perceived poor health</b>	6
<b>Symptoms associated with chronic conditions</b>	4
<b>Fear of injury</b>	6
<b>Acute exacerbation of chronic conditions</b>	2
<b>Lack of skill</b>	6
<b>Lack of time</b>	6
<b>Lack of energy / motivation</b>	7
<b>Environmental barriers</b>	6
<b>Misconceptions about ageing</b>	5
<b>Other</b>	3
<b>Don't know</b>	1
<b>Not applicable</b>	0
<b>Total</b>	52

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

	Number
<b>INFORMATION APPROACHES</b>	
Community wide campaigns	7
Group-based health education focused on information provision	6
Mass media campaigns	7
Point of decision prompts	3
Other	2
<b>BEHAVIOURAL AND SOCIAL APPROACHES</b>	
Individually-adapted behaviour change	6
Education with TV/video/DVD	2
Family-based social support	2
Health professionals social support	5
Non-family social support	4
Other	2
<b>ENVIRONMENTAL AND POLICY APPROACHES</b>	
Enhanced access to physical activity	8
Outreach activities	6
Transportation policy	3
Infrastructure changes to promote non-motorised transit	4
Urban planning approaches	3
Other	1
<b>Don't know</b>	1

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

	<b>Number</b>
<b>General message</b>	9
<b>General advice</b>	8
<b>General warning</b>	2
<b>Specific advice</b>	7
<b>Specific warning</b>	3
<b>Other</b>	2
<b>Don't know</b>	1
<b>Total</b>	32

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

	<b>Number</b>
<b>Media</b>	8
<b>Post</b>	7
<b>Internet / e-mail</b>	7
<b>Intermediaries, healthcare professionals</b>	8
<b>Models / opinion</b>	6
<b>Events (e.g. Falls Awareness Day)</b>	8
<b>Other</b>	3
<b>Don't know</b>	1

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

	<b>Number</b>
<b>0%</b>	0
<b>25%</b>	1
<b>50%</b>	3
<b>75%</b>	0
<b>100%</b>	0
<b>Don't know</b>	6
<b>Total</b>	10

*Table 73 (PSQ27).* UK 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
<b>INFORMATION APPROACHES</b>	
Community wide campaigns	6
Group-based health education focused on information provision	5
Mass media campaigns	4
Point of decision prompts	2
Other	0
<b>BEHAVIOURAL AND SOCIAL APPROACHES</b>	
Individually-adapted behaviour change	4
Education with TV/video/DVD	1
Family-based social support	1
Health Professionals social support	3
Non-family social support	3
Other	0
<b>ENVIRONMENTAL AND POLICY APPROACHES</b>	
Enhanced access to physical activity	6
Outreach activities	3
Transportation policy	2
Infrastructure changes to promote non-motorised transit	2
Urban planning approaches	0
Other	0
<b>Don't know</b>	2

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

	<b>Number</b>
<b>Yes</b>	8
<b>No</b>	0
<b>Don't know</b>	1
<b>Total</b>	9

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

	<b>Number</b>
<b>Behaviour change</b>	6
<b>Population reached</b>	5
<b>Cost effectiveness (e.g. total costs)</b>	2
<b>Other</b>	7
<b>Don't know</b>	1
<b>Not applicable</b>	0

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

	<b>Number</b>
<b>Yes</b>	6
<b>No</b>	3
<b>Don't know</b>	1
<b>Total</b>	10

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

	<b>Number</b>
<b>Printed material posted</b>	3
<b>Telephone</b>	4
<b>Positive reinforcement / feedback rewards</b>	5
<b>Financial incentives</b>	2
<b>Social support</b>	4
<b>Buddy groups</b>	6
<b>Opportunities to socialise</b>	7
<b>Promotion days</b>	5
<b>Other</b>	2
<b>Don't know</b>	0
<b>Not applicable</b>	1

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

<b>Median</b>	66,000
<b>Least</b>	2,000
<b>Most</b>	4,000,000
<b>N</b>	8

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

	<b>Number</b>
<b>NATIONAL / REGIONAL GOVERNMENT</b>	
Health budget	3
Social care budget	1
Leisure / sport budget	3
Other	2
<b>CITY / LOCAL GOVERNMENT</b>	
Health budget	3
Social care budget	1
Leisure / sport budget	4
Other	1
<b>OTHER SOURCES</b>	
Lottery	3
Charity	2
Other	2

**Table 80 (PSQ41).** UK 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 constituted a readily accessible inventory of existing evidence based guidelines. It permits a critical comparison of the successful PA programmes and PA promotion strategies (identified by the WP5 Experts) with current evidence-based, best-practice 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 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 Institutes 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-seven 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. (See Appendix 4.)

## ▪ **CONCORDANCE OF QUALIFICATIONS WITH GUIDELINES**

### ○ **Discussion & Recommendations**

This section discusses the extent to which the UK PA Experts' responses concerning qualifications in the supervision/guidance of PA are consistent with the advice of the inventory of evidence-based best-practice guidelines (Appendix 4). The guidelines are identified by a number in parentheses, relating to the numbering in Appendix 4.

Recommendations are offered in response to instances of incomplete concordance between current practice and the inventory of evidence-based best-practice guidelines.

Issues concerning qualifications are discussed briefly below and are discussed further in 'CONCORDANCE OF PROGRAMMES WITH GUIDELINES' (subsection 'Instructors' qualifications and training').

#### ▪ **Basic level qualification**

Most of the UK Experts knew that a basic level qualification was available for the supervision of physical activity by adults in general but very few considered that it was enforced as an absolute requirement (Table 5). Most of the Experts were unable to offer an estimate of the prevalence of the basic, entry level qualification among instructors guiding or supervising physical activity by older participants (Table 7).

Taken together, these responses suggest that the UK's basic level qualification is less effective than it could be, thereby undermining the status of the higher level qualifications. This is particularly unfortunate, given the emphasis placed on "appropriate" qualifications by the NHS National Quality Assurance Framework (NQAF).(12)

#### ▪ **Higher level qualification**

Around half of the UK Experts believed that an older person specific, higher level qualification was available to those supervising physical activity/exercise for older people (Table 6). Only one Expert felt that it was enforced as an absolute requirement but more than half indicated that it was important that such a qualification should be enforced (Table 6). Moreover, most of the Experts were unable to offer an estimate of the prevalence of a higher level, older person specific qualification among instructors guiding or supervising physical activity by older participants (Table 7). Most responded with 'don't know.'

The advice from the inventory of evidence-based, best-practice guidelines is that the older the participant and the more complex their medical, social and emotional characteristics, the more complex is the process of tailoring an individualised exercise programme, and the more important is evidence that the Exercise Professional's competencies include the necessary high level of knowledge, experience and skill.(12, 16) Thus, the situation in the UK, as judged from our Experts' responses, is only partially consistent with the guidelines.

***Recommendations:***

***Enforcement of higher level qualifications for those supervising physical activity by older people.***

***The attitudes, knowledge and competencies required to obtain such, higher level, qualifications must reflect the number, severity and complexity of the comorbidities and disabilities of the intended participants.***

▪ **Assessment, validation and revalidation**

Around half of the UK Experts knew that the higher level qualification is externally verified (Table 6). Taking an optimistic view, this could be said to imply that about half of the experts are aware of the need for robust quality assurance and academic rigour, as stressed in the evidence-based guidelines.(12, 16)

***Recommendation:***

***Quality assurance of assessment standards must be ongoing, impartial and external, conducted by a recognised, academically regulated validating body.***

▪ **Professional register**

All UK Experts were aware of the existence of the Register of Exercise Professionals of the United Kingdom (REPs) ([www.exerciseregister.org](http://www.exerciseregister.org)). In most cases, Experts believed that an entry level qualification was necessary for enrolment to this register. However, fewer than half felt that the register demanded a higher level qualification for enrolment as a supervisor of PA by older adults.

Whilst the high level of awareness of REPs is encouraging, greater clarity is required before it can be said effectively to provide the necessary check

on qualifications and continuing professional development recommended by NQAF.(12)

***Recommendations:***

***A professional register to be responsible for the scrutiny of the qualifications and of the continuing professional development of its members.***

***Membership (in good standing) of a professional register to be essential for professional indemnity and employment.***

***Enhanced awareness of the professional register and its functions among potential participants, referrers and employers.***

## ▪ **CONCORDANCE OF PROGRAMMES WITH GUIDELINES**

### ○ **Discussion & Recommendations**

This section discusses the extent to which the UK PA Programme Directors' responses concerning their programmes are consistent with the advice of the inventory of evidence-based best-practice guidelines (Appendix 4). The guidelines are identified by a number in parentheses, relating to the numbering in Appendix 4.

Recommendations are offered in response to instances of incomplete concordance between current practice and the inventory of evidence-based, best-practice guidelines.

### ▪ **Catchment areas of programmes**

The UK PA Programme Directors' classification of their programmes showed an even spread across National, Regional and Limited to a City/Town (Table 12). No evidence as to which classification level PA Programmes are best delivered was found within the inventory of evidence-based, best-practice guidelines.

### ▪ **Ages of programmes**

Most of the UK PA Programmes surveyed were quite well established (Table 13). In some cases, PA Programmes had run for more than ten years. It could be assumed that these PA Programmes are well established for a reason, such as providing a service that is needed, is of good quality and has regular ongoing attendance. No evidence relating to how long a PA Programme should run or even how relevant this information is to a PA Programme was found in the inventory of evidence-based, best-practice guidelines.

### ▪ **Components of overall programmes**

All of the UK PA Programme Directors reported that multiple programmes were included in their overall programme (Table 14). The programme included most often was community based senior fitness programmes (groups). Community based senior chair-based programmes, exercise referral / General Practitioner referral programmes, falls prevention and cardiac rehabilitation were also mentioned frequently. There were even programmes catering for the elite, older competitor. No evidence explicitly regarding multiple programmes being included in overall programmes was found in the inventory of evidence-based, best-practice guidelines.

However, it is evident from the inventory of evidence-based, best-practice guidelines that the heterogeneity of older adults means widely differing needs and requirements. Older adults are recommended to include aerobic, resistance, flexibility and coordination/balance components in their physical activity weekly plan. (2) Further, those older adults with chronic conditions (e.g. cardiovascular disease, diabetes, arthritis, or osteoporosis) all have different requirements, which cannot be catered for by just one programme. For these reasons it could be argued that multiple programmes within an overall programme are important for older adults.

The UK PA Programme Directors' description of their overall programmes showed that programmes tended to be group activities rather than individual activities (Table 15). From the inventory of evidence-based, best-practice guidelines, it appears that the choice between individual or group exercises is very much dependent on the purpose of the PA Programme and the clinical condition of the participant. For example, The American Geriatrics Society (AGS) recommends that sedentary healthy older adults with chronic pain should be referred to group exercise programmes delivering moderate intensity physical activity. (57) However, individual home-based physical activity of low intensity is recommended for individuals with severe osteoporosis who are frail, severely kyphotic, have balance difficulties and/or pain. (48) Similarly, individually tailored exercise is important in falls reduction programmes (47,54)

The UK PA Programmes surveyed are often held indoors but outdoor activities are also available (Table 15). Evidence as to whether indoors or outdoors activities are more effective was not found within the inventory of evidence-based, best-practice guidelines.

### *Facilities*

The types of facilities used by the UK PA Programme Directors for their overall programmes tended to be sport/physical recreation facilities and community centres (Table 16). WHO, however, reminds us that physical activity interventions can also be effective in other settings, such as schools, workplaces and healthcare premises. (7)

No further evidence to suggest that one facility is better than another for the purpose of delivering PA Programmes to older people was found within the evidence-based guideline inventory. Nevertheless, inventory guidelines do recommend that PA Programmes with high risk coronary patients or which are delivering vigorous-intensity physical activity,

should have immediate access to a hospital emergency department. (25) It is also recommended that all facilities and settings used to deliver physical activity are able to handle an emergency situation (3). (This is discussed further below, in the section entitled ‘Instructors’ qualifications and training’ and the sub-section ‘in-service training.’)

### ▪ **Characteristics of programmes’ clients**

#### *Age*

Most of the UK PA Programme Directors reported that their programme was intended for people aged between 45/50 and 90/100 (Figure 1). We were unable to find anything in the inventory concerning the preferred age structure of membership of successful programmes. At first sight, one suspects that a wide age range is not a good thing. On the other hand, perhaps grouping participants by their levels of self-care ability or functional mobility is more relevant than grouping them by age.

#### *Residence*

There were a few reports of programmes intended solely for community-dwelling older adults and no reports of programmes intended solely for institution-dwelling older adults. However, two PA Programme Directors reported that their programme was intended for both community dwelling and institution dwelling older adults both in the same group and two PA Programme Directors reported that their programme was intended for both community and institution dwelling older adults, separately in different groups (Table 17). No evidence was found in the inventory of evidence-based, best-practice guidelines as to whether successful programmes are most likely to be safe and effective if they include community-dwelling older adults only, institution-dwelling older adults only, both in the same group or in different groups.

#### *Functional mobility*

All of the UK PA Programme Directors reported that the ‘category’ of participant (by level of functional mobility) for whom their overall programme was intended included those able to walk outdoors with or without walking aids and without assistance or supervision by another person (Table 18). Around half of the Directors also reported that participants who walk outdoors only with assistance and or supervision by another person and those who never walk outdoors were also catered for. The category of participant for whom overall programmes were least commonly intended was those older people who frequently walk vigorously or run. No evidence was found in the inventory of evidence-based, best-practice guidelines as to the value (or otherwise) of categorising participants according to their level of functional mobility.

## ▪ Characteristics of programmes' classes

### *Group size*

UK PA Programme Directors estimated that the groups used in their overall programme vary considerably in size and commonly comprise 16-20 or participants or more (Table 20). No recommendation as to the 'best' size of groups for PA Programmes was found within the inventory of evidence-based, best-practice guidelines.

### *Instructor:participant ratio*

Almost all of the UK PA Programme Directors estimated that the ratio of instructors to participants in a typical session of their programme was 1:2-10 or 1:11-25 (Table 21). No evidence within the guidelines inventory was found regarding the best ratio of instructors to healthy participants in successful PA Programmes. In phase 3 cardiac rehabilitation, the Scottish Intercollegiate Guidelines Network recommends that the ratio of trained staff to participants should be 1 staff to no more than 10 patients (25). More recently, Northern Ireland's Clinical Resource Efficiency Support Team has been more cautious, recommending 1 staff to no more than 5 patients.(20) Small group sizes allow for a greater degree of individual tailoring, supervision, assessment and reassessment, all of fundamental importance when working with older participants.

### *Frequency*

In more than half of the surveyed UK programmes, it was possible for participants to attend at least 5 times a week but the usual frequency of attendance was reported more commonly to be once or twice a week (Table 22). The American College of Sports Medicine (ACSM) and the American Heart Association (AHA) recommend that older adults "should perform moderate-intensity endurance physical activity for a minimum of thirty minutes, 5 days a week or vigorous-intensity endurance physical activity for a minimum of 20 minutes on 3 days each week." (2, 42) It would seem that more than half of the PA Programmes surveyed should be complimented for ensuring that older adults can achieve the recommended frequency of physical activity entirely within the programme, if they so choose.

### *Participant loyalty*

It is regular, ongoing physical activity that provides health benefits (2, 25, 57) It is a good sign that over half the participants in the UK PA Programmes surveyed have attended for at least a year (Table 23). Sometimes, however, a change of circumstances means that it is more

appropriate for a participant to change to a different programme. When this happens, it is recommended that exercise professionals, health professionals and participants are aware of other physical activity options and support groups available, and discuss them with the participant, e.g. on completion of a PA Programme or if they decide to pursue individual exercise. (12)

***Recommendation:***

***Participant loyalty should not inhibit informed discussion of the possibility of changing to another programme for greater benefit.***

▪ **Objectives, outcomes, monitoring and feedback**

There seems to be a discrepancy between the overall aims of organisations sponsoring PA Programmes (as perceived by the programme directors) and the outcome measures reported to be recorded at regular intervals (Table 24 and Table 27) . Sponsoring organisations of the UK PA Programmes surveyed were considered to be rather unconcerned with the beneficial effect physical activity has on mood and depression in older people. However, when it comes to regular objective measures, mood and depression were reported as being recorded the most. It could be argued that it does not matter if the sponsoring organization and the Programme Director have different aims. However, it may matter a lot if a sponsoring organisation is evaluating whether its aims are being achieved and the objective measures do not reflect their aims.

***Recommendations:***

***Recognition that the aims of sponsoring organisations may not be exactly the same as the aims of the participants.***

***Ensure that evaluation measures take account of the aims of all interested parties.***

There is evidence to suggest that physical activity can decrease symptoms of depression and anxiety, and improve mood in older people, especially if the programme includes aerobic and resistance training. (6) This is despite the fact that there may be no evident gains in fitness. (6) The importance that older adults themselves attach to the mood-enhancing properties of exercise was not surveyed nor is this documented in the inventory of evidence-based, best-practice guidelines. This could be

because the systematic search conducted did not include key words specific enough to this subject.

Half of the PA Programme Directors reported that participant satisfaction was measured at least 3 times per year (Table 25). This is considered important as one of the inventory guidelines says that programmes that provide support and feedback are associated with improved physical activity behaviours. (8)

***Recommendation:***

***Encourage the practice of measuring participant satisfaction several times a year.***

Almost all the UK PA Programme Directors formally surveyed participants for the aims of their involvement in the overall programme (Table 26). The Directors also reported that their programmes were adjusted according to participants' aims (Table 26). It is important that participants are involved, with their exercise professional, in the process of developing and maintaining an exercise programme. (12) Ongoing follow-up, initially after 5-6 weeks and then after 10-12 weeks is recommended. (12) Progress can be monitored, new targets formulated and any continuing or new barriers to physical activity discussed. (12, 35) The UK PA Programmes surveyed are meeting guideline recommendations by recording participant aims and adapting their programmes accordingly. The ACSM and AHA also recommend that "older adults should be encouraged to self-monitor their physical activity on a regular basis and to re-evaluate plans as their abilities improve or as their health status changes." (2) It would be helpful to know whether UK participants display this high degree of self-direction. Unfortunately, this was not addressed in our questionnaire.

***Recommendation:***

***Maximise client involvement in an ongoing cycle of monitoring, evaluation and goal readjustment.***

▪ **Pre-participation assessment**

*Health check*

Almost all of the UK PA Programme Directors reported that a health check was required before a potential participant would be eligible to enter their programme (Table 28). At least half reported that this health check was the completion of a health screening tool (Table 29).

AHA/ACSM recommend pre-participation screening of prospective exercisers, primarily to identify those at increased risk of an adverse cardiac event. (16) They also advise that pre-participation screening should be effective, simple, easy to perform and unlikely to inhibit participation in exercise programmes. (16) Two simple questionnaires are suggested as examples which meet these criteria (the Revised Physical Activity Readiness Questionnaire and the AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire), preferably interpreted by qualified staff who can limit the number of unnecessary referrals for pre-participation medical evaluation, avoiding both undue expense and unnecessary barriers to participation. (16) The health screening tool most commonly reported by the UK PA Programme Directors was the PAR-Q or an adapted version of it.

#### *Dizziness*

Most UK PA Programme Directors reported that ‘their’ health screening tool included questions regarding dizziness (Table 32). This is consistent with the fact that questions regarding dizziness are included in the Revised PA Readiness Questionnaire (PAR-Q) and in the AHA/ACSM Health Fitness Facility Participation Screening Questionnaire. (16)

#### *Vision and hearing*

Very few of the Directors reported that questions regarding eyesight and hearing were included in ‘their’ health screening tool (Table 32).

Questions regarding eyesight are mentioned in the inventory of evidence-based, best-practice guidelines only in the context of a falls evaluation (53, 54) but not as part of the standard, older person’s preparticipation health check. Furthermore, nowhere in the inventory of guidelines is there any mention of questions regarding hearing.

We are of the opinion that these gaps in the guidelines (and the corresponding gaps in practice) are a cause for concern, even if the evidence base would be only at the level of ‘expert consensus’. Bearing in mind that the PA programmes surveyed tended to be group-based, commonly with at least 16-20 participants (Table 20), any undetected impairment of vision or hearing represents an important, avoidable risk.

#### ***Recommendations:***

***Pre-participation assessment always to include the use of one of the recommended health screening tools. (Revised PAR-Q or AHA/ACSM Health/Fitness Facility Pre-Participation Screening Questionnaire.)***

***The health screening tool should be strengthened by the addition of a simple question concerning visual impairment and another concerning impaired hearing.***

*Acting on the health check findings*

Our PA Programme Directors would not exclude a potential participant whose health screening identified a possible health problem (Table 33). Their statements of the appropriate action to take if a potential problem is identified varied between obtaining approval from a doctor and merely signing a liability waiver (table 33). The AHA and ACSM recommend that following a health appraisal questionnaire, any participant identified to have a potential problem should be referred for medical evaluation. (16) In 2004, the ACSM's 'Best Practice Statement' indicated that the need to consult a doctor prior to commencing a PA programme depends on the older person's health status and on the level of physical activity being considered.(3) In addition, the decision of what constitutes a referable 'problem' depends on the knowledge and training of the person interpreting the health appraisal.(16)

ACSM recommended that asymptomatic older adults commencing a low intensity PA programme do not require a medical evaluation or an exercise test.(3) However, by implication, the potential participant is still recommended to have some kind of health screening assessment so as to establish whether they are, in fact, asymptomatic.

Since 2001, the American Heart Association has also stated that an apparently healthy, older person commencing a low-to-moderate intensity PA programme may not require an exercise test.(30) On the other hand, the AHA still appears to recommend that all adults, should have a medical evaluation (including a "focused" physical examination), before commencing a PA Programme. (30)

***Recommendation:***

***Decisions concerning the action to be taken on the findings of the pre-participation health screening tool should be governed by a protocol which takes account of the health status of the potential participant, their customary level of physical activity, the level of physical activity being considered, and the knowledge and training of the staff member concerned.***

*Communication and record keeping*

The effectiveness of the health check depends on the adequacy of communication and record keeping. Communication, both written and verbal, between PA programme staff, the medical practitioner and the potential participant is crucial. (3, 12, 16) This should occur before, during and after the individual's participation in a PA Programme, and also in the event of any clinical changes.(3,12)

All information should be recorded in the individual's records. Health/fitness facilities should record and store confidentially all information regarding health appraisal questionnaires and any other screening. (12,16)

*Enabling not excluding*

None of the PA Programme Directors reported that they would exclude a participant whose health screening revealed a possible health problem (Table 33). The purpose of health screening is to enable potential participants to be involved in physical activity rather than to exclude them. Adequate assessment, adaptation and tailoring of physical activity programmes results in very few older adults denied access to safe and effective physical activity.

Potential participants with a chronic condition are recommended to seek advice from their medical practitioner and exercise professional as to the form of physical activity appropriate for them and the recommended intensity/duration. (3) For example, potential participants with type 2 diabetes are recommended to have a medical evaluation so as to identify any associated conditions such as hypertension, peripheral neuropathy, autonomic neuropathy, retinopathy or macular oedema. (37) These conditions may heighten their risk of cardiovascular disease, contraindicate certain modes of physical activity and/or increase the risk of injury. (37). Those with existing complications are recommended to have a medical evaluation before commencing suitable physical activity.(40)

***Recommendation:***

***Encourage extensive use of inventory document (12) ('Exercise Referral Systems: a National Quality Assurance Framework') as a suitable system to guide high quality communication and collaboration among the potential participant, the exercise professional and the healthcare team.***

- **Programme content**

### *Target aspects of physical fitness*

The aspect(s) of physical fitness most commonly addressed by the PA Programmes in the UK are coordination-balance and joint range of motion, closely followed by strength, endurance and bone density (Table 34). This represents an adequate degree of concordance with the ACSM and AHA recommendation that older adults should include aerobic (endurance), resistance, flexibility and balance/ coordination exercises into their overall physical activity weekly routine (2). The specific exercise prescriptions for these aspects of physical fitness for older adults were not surveyed in the PA Programmes Questionnaire and therefore are not discussed here. However, they are available in the inventory of evidence-based, best-practice guidelines and can be consulted there. (e.g. endurance 2, 10; resistance 2, 4, 6, 24, 11, 13, 15, 24; flexibility 2, 13; balance/coordination 51, 53, 54)

Only one PA Programme Director reported explosive power as an aim for improvement (Table 34), despite its acknowledged functional importance in old age. (2, 11, 15)

### ***Recommendation:***

***Commission research to identify exercises which improve explosive muscle power without risk of soft tissue injury, loss of balance or rhabdomyolysis.***

Coordination and balance were highly reported as aims for improvement within the surveyed UK PA Programmes. They are important for all older adults, especially for those who have a history of multiple falls. (51, 53, 54)

Bone density was reported as being addressed by the UK PA Programmes surveyed. The ACSM recommends that even the frailest elderly people need to maintain a level of weight-bearing to preserve skeletal integrity (44, 48, 50, 55), remembering to avoid loading the spine in rotation or flexion (48, 51)

### *Modalities of physical activity*

The modalities of physical activity reported by UK PA Programme Directors to be offered in their programmes were varied. Dance and movement were reported the most (Table 35). However, balance exercises (as opposed to balance activities, such as dance) are recommended because the evidence (either way) is so much less for balance activities.

Exercise to music, outdoor walking groups and falls prevention groups were also highly reported.

#### *Warm up, workout and cool down*

The UK PA Programme Directors estimated that the most common length of a usual warm up at the beginning of a session and cool down at the end of the session were both 11-15 minutes but their estimates varied from 1-5 minutes to 11-15 minutes (Table 37). This is in accordance with guideline recommendations, which are equally varied, over the same range (20, 25, 30, 41, 55)

Most of the PA Programmes estimated the length of a usual workout component to be  $\geq 30$  minutes (Table 38). According to the inventory guidelines, in a cardiac rehabilitation session, the workout component is recommended to be 20-30 minutes (20, 25). For obesity, the workout phase to prevent obesity is recommended to be 45-60 minutes and to prevent the regaining of weight the workout session is recommended to be 60-90 minutes (42).

#### *Progression*

Nearly all the UK PA Programme Directors reported always progressing programme participants, in terms of a systematic increase in intensity, resistance, frequency and/or duration of exercise (Table 36). It is recommended that all physical activity programmes begin gradually, taking into account individual disabilities and diseases. (43) ) “Moderate-intensity PA has a better risk-to-benefit ratio and should be the goal for older adults.” (3) So as to minimise musculoskeletal injury and optimise adherence, physical activity programmes are encouraged to commence at a low to moderate-intensity, frequency and duration level and then, over many weeks or months, progress duration, frequency and intensity as able. (43)

Inventory guideline advice from the ACSM and AHA recommends that previously sedentary older adults should have a ‘stepwise’ approach to increasing their physical activity levels. Initially they should start with multiple bouts of physical activity of ten minutes or more in duration, and slowly progress to longer continuous exercise sessions (2)

Vigorous-intensity physical activity should be prescribed only to older adults who have adequately progressed to this level, with appropriate fitness levels, experience, knowledge, motivation and adherence. (2, 30)

### *Participants with chronic medical conditions*

UK PA Programme Directors reported catering for the exercise needs of older people with chronic medical conditions by providing adapted exercise, with participants included in the mainstream older person's group(s) (Table 39). In no instance did Directors report that it was impossible to cater for the exercise needs of older people with chronic medical conditions.

“Modification of the components of the exercise prescription should be considered for elderly patients particularly those  $\geq 75$  years of age and those with significant co-morbidities that limit mobility.”(15) This is an important consideration as chronic conditions increase the risk of exercise related injury and adverse events, creating a barrier to adherence to physical activity.(2) In some cases, the physical activity needs to be individually tailored to the participant's preferences and needs, so they can participate in regular physical activity and avoid sedentary behaviour.(2, 57)

#### ▪ **Instructors' qualifications and training**

The issues discussed below have already been discussed (more briefly) and recommendations offered in 'CONCORDANCE OF QUALIFICATIONS WITH GUIDELINES'.

### *Instructors' qualifications*

The UK PA Programme Directors were asked to report the minimum level of qualification required for instructors delivering their programme to older participants (Table 40). All indicated that some form of qualification was required but fewer than half indicated that this was a higher-level, old age specific qualification.

Most of the PA Programme Directors estimated that 100% of instructors guiding/supervising older participants, in their programme, have an entry level qualification (Table 41). Fewer than half the Directors estimated that 100% of instructors guiding/supervising older participants, in their programme, have a higher level (old age specific) qualification (Table 41).

There is little in the way of explicit guidance in the inventory of evidence-based, best-practice guidelines. The NHS National Quality Assurance Framework (12) recommends that even healthy older people should be guided by an 'Advanced Instructor', with skills, knowledge and qualifications beyond those of the more basic, generic 'Instructor'.

The International Curriculum Guidelines for Preparing Physical Activity Instructors of Older Adults, endorsed by the International Society for Aging and Physical Activity and by WHO (Ecclestone and Jones, 2004)<sup>2</sup>, offers a way forward. It acts as a basis for the training of physical activity instructors of older adults, acknowledging the fact that it will need to be modified between and even within countries. Although this document did not satisfy all our criteria for inclusion in the inventory of evidence-based, best-practice guidelines, it is nevertheless a landmark of international consensus on best practice in the training of exercise professionals.

Ecclestone and Jones (2004) argue strongly that well recognised qualifications for the guiding/supervising of older adults need to be provided and enforced by the industry as a whole. They stress the fact that older people have PA needs and risks that are different from, and more varied than, those of younger adults.

***Recommendation:***

***Encourage use of the International Curriculum Guidelines (Ecclestone & Jones, 2004) as a template for the development and review of the curricular requirements for qualifications for those guiding exercise by older people.***

*Professional register*

Governance by a strong professional organisation should include responsibility for ensuring quality assurance of qualifications, possession of appropriate professional indemnity, participation in appropriate continuing professional development, maintenance of ethical standards etc.. (12) In the UK, these issues are the responsibility of the Register of Exercise Professionals (REPs) ([www.exerciseregister.org](http://www.exerciseregister.org)).

It was disappointing to find that fewer than half of the UK PA Programme Directors reported that the instructors delivering their programme to older participants had to be a member of a professional register (Table 42).

***Recommendation:***

***Further efforts within the UK to require employers to insist that exercise instructors are members of an appropriate professional register.***

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<sup>2</sup> Ecclestone NA & Jones CJ. *Journal of Aging and Physical Activity* 12(4) 467-479 2004.

### *In-service training*

Most of the UK PA Programme Directors reported that their programme provided ongoing in-service training for their instructors (Table 43). Around half of these Directors estimated that they provided more than thirty hours of in-service training per year but two directors did not know if on-going, in-service training was provided. It is recommended that all exercise professionals undertake continuing professional development, which may include for example completion of accredited courses, reading, peer evaluation and/or self-evaluation. (12) Staff training in CPR, first aid, emergency response plans, equipment, equipment storage and maintenance is also a requirement. (16)

For a taste of the range of topics covered in the in-service training for the staff of the surveyed programmes, please refer to the 'Results' text pertaining to Table 43. These topics compare favourably with the modules in the International Curriculum Guidelines (Ecclestone and Jones, 2004).

### ***Recommendation:***

***Ensure a uniformly high level of continuing professional development by exercise professionals.***

### *Volunteers*

Almost all of the UK PA Programme Directors reported that unpaid volunteers contribute to their programme (Table 44). Commonly these contributions included providing refreshments or transport, or undertaking administrative tasks. Nevertheless, they were also commonly reported to fulfil roles which were more specifically exercise-related, such as 'buddying' or peer-mentoring other participants and in some circumstances even acting as an instructor's assistant or giving instruction. The training provided to these volunteers before they deliver instruction is unknown, as the questionnaire did not explore this issue. Further investigation is warranted, with a view to a clearer delineation of responsibilities and training needs and improved protection of all parties.

### ***Recommendation:***

***Develop a clear statement of the boundaries, responsibilities and training needs of volunteers contributing to PA programmes.***

- **Client safety**

### *Emergencies*

The UK PA Programme Directors all reported having emergency protocols in place (Table 45) but only six reported that staff were trained at least annually in these protocols (Table 46). (In fact, none reported staff training more often than annually.) The inventory guidelines recommend that all facilities/settings that offer physical activity, be prepared to handle an emergency situation (3). “All health/fitness facilities must have written emergency policies and procedures that are reviewed and practised regularly.” (16) The AHA/ACSM recommend that all staff supervising PA Programmes be trained in CPR, first aid and emergency response plans (16). The Scottish Intercollegiate Guidelines Network recommends that all staff delivering group PA programmes to participants with low and moderate coronary risk should have basic CPR training and defibrillator training. (25)

It is essential that all staff are not only aware of the emergency protocol, but have also had experience in implementing the protocol effectively. (16) When an incident occurs, staff will need to react quickly and this will only be possible if they have sound knowledge and experience of the emergency protocol. (16) “Emergency drills should be practised once every 3 months or more often with changes in staff. Retraining and rehearsals are especially important.” (16)

The UK PA Programmes surveyed do meet the requirement to have emergency protocols but they fall short of the requirement to train their staff in emergency protocols and procedures at least every 3 months.

### ***Recommendation:***

***Increase the prevailing frequency of retraining and practical rehearsals of emergency protocols and procedures for all staff.***

### *Equipment*

Only around half of the PA Programme Directors reported having specific protocols and/or procedures to be followed in respect of equipment use, storage and maintenance (Table 45). Even fewer reported training their staff in these protocols (Table 46).

It is essential that staff have training and experience in the use of equipment, its storage and maintenance (16). It is recommended that a first aid kit be available at all times, and that at least one phone remains in a specific location known to all staff, with instructions as to how to

proceed in an emergency (3, 16). Appropriate resuscitation equipment must be available and all equipment must be maintained on a regular basis (20).

***Recommendation:***

***Increase the prevailing frequency of retraining in the use, storage and maintenance of all equipment.***

▪ **Finance, transport and refreshments**

*Finance*

The UK PA Programme Directors estimated 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 and administration) to be most likely between 2 and 10 euros (Table 47). The proportion of this cost paid by each participant varied considerably (table 48). The inventory of evidence-based, best-practice guidelines provided no evidence regarding finance and PA Programmes for older adults. This may be because the search strategy used in the systematic review did not include key words specific to finance and cost effectiveness.

*Transport*

Over half the surveyed UK PA Programmes offered transport but most of these offered it only selectively (Table 49). Accessibility is a key barrier to older people taking part in physical activity, along with safety issues related to road traffic and weather (6, 7). It could be argued that transport deserves greater consideration, especially for the promotion of PA Programmes for older seniors and for increasing attendance.

Almost all of the UK PA Programme Directors that offered transport, albeit selectively, estimated the proportion of the cost of transport paid by each participant in their programme as approximately 5% or less (Table 50). No evidence regarding the cost of transport for PA Programmes for older adults was found in the inventory of evidence-based, best-practice guidelines. For example, it would be helpful to know what percentage contribution from participants to the cost of transport strikes the best compromise between reducing the 'travel' barrier and increasing the 'expense' barrier.

***Recommendation:***

***The more frail the participants, the greater the importance of ensuring an adequate financial budget for transport of participants.***

### *Refreshments*

Most of the PA Programme Directors reported offering refreshments to PA Programme participants, although in three cases this was offered only selectively (Table 49). Half of the PA Programme Directors reported that the participant paid approximately 5% or less of the proportion of the cost of refreshments (Table 50). No explicit evidence regarding the supply or cost of refreshments for PA Programmes for older adults was found in the inventory of evidence-based, best-practice guidelines. Nevertheless, indirect support for its importance is given by the AHA's reminder that exercise programming should take account of the importance of socialisation. (15)

### ***Recommendation:***

***PA Programme Directors should allow adequate time for effective socialisation by participants, with all that this means for the availability of facilities and staff for other duties.***

#### **▪ Publicity, marketing and promotion**

The UK PA Programme Directors all reported that word of mouth was the most commonly used method to publicise, market or promote their programmes (Table 51). All Programme Directors reported using several methods, such as features in local newspapers and targeted leafleting. Supporting evidence regarding the most effective method of publicising, marketing and promoting a PA Programme for older people was not found within the inventory of evidence-based, best-practice guidelines.

All but one of the PA Programme Directors reported that they had found it useful to capitalise on national and regional campaigns relating to aspects of ageing and health in order to improve recruitment of new participants and/or maintain motivation of existing participants. Similarly, all PA Programme Directors had found it useful to build partnerships with local healthcare professionals or organizations. The World Health Organization would agree, stating that it is "Important to enter into partnerships with community agencies, voluntary organizations, religions organizations, and sports clubs etc to promote active living for older people." (7)

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

This section discusses the extent to which the UK PA Promotion Strategy Directors' responses concerning their promotion strategies are consistent with the advice of the inventory of evidence-based best-practice guidelines (Appendix 4). The guidelines are identified by a number in parentheses, relating to the numbering in Appendix 4.

The inventory of evidence-based, best-practice guidelines yielded by the systematic search of the literature provided much less evidence-based guidance for Physical Activity Promotion Strategies than for Physical Activity Programmes. This may mean that the systematic search was too narrow or it may reflect the smaller evidence base for PA promotion strategies than for PA programmes.

Whatever the cause, the result was that it was frequently impossible to comment on whether current UK promotion strategies (as represented by the responses to the promotion strategy questionnaire) were in accord with evidence-based guidelines. A few examples are given below.

Recommendations have been offered not only in response to instances of incomplete concordance between current practice and the inventory of evidence-based, best-practice guidelines. They have been offered also in response to instances where (a) an inventory publication explicitly identified a gap in the evidence base, (b) our reading of an inventory item suggested a gap in the evidence base, or (c) we suspected incomplete concordance between current practice and evidence-based guidance but have been unable to demonstrate this from the questionnaire data..

- **Prevailing national context**

Most UK PA Promotion Strategy Directors were unaware of any legal or regulatory compulsion, in the UK, to promote physical activity. They were also unaware of any legal or regulatory compulsion to promote physical activity especially for older people in the UK (Table 54). The inventory of evidence-based guidelines provided no guidance on whether legal or regulatory compulsion would influence the effectiveness of a PA promotion strategy.

Conversely, nearly all the UK PA Promotion Strategy Directors reported that there are national level recommendations for promotion of physical activity, especially for older people (Table 54). Once again, however, the inventory of evidence-based guidelines gave no guidance on the value (or otherwise) of such recommendations for an effective PA promotion strategy. Indeed, an ‘Evidence Briefing’ from the Health Development Agency (8) drew attention to the absence of review-level evidence of the effectiveness of population-based approaches to promoting physical activity.

***Recommendation:***

***Commission research to identify the strategies which are most effective at engaging older adults in increasing their participation in health-related physical activity. Such research to have a special emphasis on the UK setting, people aged 75+, and outcomes free of self-report.***

▪ **Description of promotion strategies**

The surveyed UK Promotion Strategies were developed and delivered by both government and non-government sectors (Table 55). There appears to be indirect evidence for collaboration between different governmental levels and between different non-governmental organisations (Table 55). It appears that there are PA promotion strategies aiming to deliver at National and Regional levels, as well as levels limited to a city/ town or limited to a local neighbourhood (Table 56). Overall, the strategies aimed to deliver at an average of two levels each. The inventory of evidence-based guidelines gave no indication of favouring any particular ‘level’ of intervention for a PA promotion strategy to be effective. However, the surveyed PA Promotion Strategies appear to be in keeping with the World Health Organization’s view that “promoting physical activity requires the involvement and cooperation of all levels of government (national, regional and local) with clear roles and commitments for each level.” (7)

UK PA Promotion Strategy Directors reported that their promotion strategies encourage physical activity across a number of settings (Table 57). Centre based and outdoor settings were reported more than home based and other settings. Group exercise and independent exercise were both reported highly. The NHS Health Development Agency reports that “Many different combinations of interventions have been shown to be associated with changes in physical activity. Successful interventions have included group-based and/or home-based exercise sessions, and have commonly incorporated behavioural and/or cognitive approaches.

No single approach or combination of approaches has emerged as consistently more effective than the others.” (8).

Half of the UK PA Promotion Strategy Directors reported that at least one theoretical basis was used to develop and/or deliver their promotion strategy (Table 59). Of the theories or models offered in the questionnaire, respondents reported using the Health Belief Model, Protection Motivation Theory, and the Transtheoretical Model. These approaches are consistent with the recommendations in our inventory of evidence-based, best-practice guidelines (2,3,8,14,26). (For further comment on strategies to induce behaviour change, see below.)

Promotion Strategy directors reported using multiple intermediaries (especially healthcare professionals) (Table 62) in order to reach the intended population. The intermediary reported the most by Directors was volunteers, closely followed by medical practitioners, exercise/dance instructors and community/social workers. This is in keeping with the emphasis that WHO has put on the importance of forging effective partnerships and of enlisting the cooperation of the healthcare sector (7).

▪ **Characteristics of strategies’ target populations**

In most cases the UK PA Promotion Strategies surveyed were intended for a wide age range (45 to 100 years of age). However, a few were intended for a narrower age group range (50 to 65 years of age or 60 to 80 years of age). No recommendations regarding age span and the effectiveness of promotion strategies for physical activity were found in the inventory of evidence-based, best-practice guidelines.

Inventory items stress the importance of making a special effort to enable increased physical activity by disadvantaged subgroups of older people, defined, for example, by nature of domicile, level of functional mobility, or cultural differences (e.g. 7,9,15). On the other hand, the inventory items offer little help on how best to achieve this, apart from the sound advice to design interventions with input from the target population (9). The responses to the questionnaire suggest that our ‘successful’ Promotion Strategies are not neglecting potentially disadvantaged subgroups of older people (Tables 63-65).

A surprising gap in the reported UK practice was that very few UK PA Promotion Strategy Directors reported that the target population was screened for its readiness for behaviour change prior to implementing this promotion strategy (Table 67). This would seem short-sighted.

***Recommendation:***

***Consider screening the target population for its members' readiness for behaviour change, thus enabling the selection of interventions appropriate to the prevailing stage of readiness for change.***

▪ **Design of promotion strategies**

*Behaviour change*

Multiple approaches are used in the UK to encourage behaviour change. It was reported that increasing knowledge, motivation and access are all commonly used in the UK as strategies to improve physical activity participation (Tables 66 & 68-70). This is consistent with the warning from the inventory of evidence-based, best-practice guidelines that long-term behaviour changes are dependent on identifying, understanding and addressing barriers preventing older adults from becoming physically active. (3) It is also consistent with the suggestion that strategies to encourage behaviour change include reducing costs, providing transport and increasing support, especially for older adults. (12) WHO stressed the importance of having a range of intervention strategies, as no one approach was consistently and significantly superior.(7)

The ACSM recommends that individual and community approaches with an evidence, theory and research base are required for behaviour change.(2) Moreover, in 2003 ACSM had already endorsed an AHA Scientific Statement (14) which, in turn, had cited the conclusions of an evidence-based review by the US Task Force in Community Preventive Services<sup>3</sup>, viz. that effective community strategies included (a) large scale, intense, highly visible, community-wide campaigns, (b) point of decision prompts to use stairs, (c) social support programmes (such as buddy systems and walking groups), (d) individually adapted behaviour change programmes, and (e) enhanced access to places for PA.

***Recommendations:***

***Encourage the use of inventory document (14) (AHA scientific statement: 'Exercise and physical activity in the prevention and treatment of atherosclerotic cardiovascular disease') as a checklist of characteristics for inclusion when planning an effective community strategy.***

***Consider the possibility that an annual, nation-wide 'Fitness for All Seniors' Day could be designed readily to have many of the***

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<sup>3</sup> Increasing physical activity: a report on recommendations of the Task Force on Community Preventive Services, *MMWR Recomm Rep* October 26, 2001. 50 (RR-18) 1-14.

*characteristics recommended in inventory document (14) (AHA scientific statement: ‘Exercise and physical activity in the prevention and treatment of atherosclerotic cardiovascular disease’).*

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

*Target populations*

Around half the UK PA Promotion Strategy Directors did not know the proportion of the target population that had been reached by their promotion strategy overall since it had been running.

*Information approaches*

The information approaches most frequently reported to be effective were community wide campaigns and group-based health education focused on information provision (Table 74). This is in keeping with the recommendation of the Task Force on Community Preventative Services that large-scale, highly visible, community-wide campaigns are effective. (Cited by (14))

*Behavioural and social approaches*

The behavioural and social approach most frequently reported as effective was individually-adapted behaviour change. (Table 74). This finding is also supported by the evidence-based review completed by The Task Force on Community Preventative Services. (Cited by (14))

*Environmental and policy approaches*

The environmental and policy approach most often reported as effective was enhanced access to physical activity. This is also in agreement with the evidence-based review completed by the Task Force on Community Preventative Services. (Cited by (14))

*Evaluation*

Most of the UK PA Promotion Strategy Directors reported that their promotion strategy had been evaluated. Aspects evaluated included behaviour change, population reached and/or cost. No recommendations regarding evaluation of promotion strategies were found in the inventory of evidence-based, best-practice guidelines, except insofar as a degree of evaluation is essential in order to apply many of the techniques required for maintaining behaviour change (see below). This would appear to be an important gap in the best-practice guidelines.

*Maintaining behaviour change*

About half of the UK Physical Activity Promotion Strategies were reported to include a specific plan to maintain the increased level of physical activity achieved (Table 77). Devices used included opportunities to socialise, buddy groups, positive reinforcement/feedback rewards and promotion days. The ACSM advises that these factors influence the likelihood of individuals to sustain a new PA behaviour (3) and the Task Force on Community Preventative Services also recommends social support programmes, such as buddy systems and walking groups as effective community strategies (Cited by (14)).

***Recommendation:***

***Increase the quality and quantity of the evaluation of the effectiveness of PA promotion strategies, recognising that this may require the development of new interdisciplinary partnerships e.g. with marketing science.***

## ▪ **ACKNOWLEDGMENTS**

We are grateful to the PA Experts, PA Programme Directors and PA Promotion Strategy Directors for the time and trouble which they took to complete the questionnaires.

We gratefully acknowledge also the contribution made by our EUNAAPA colleagues to the development of the questionnaires, and by Barry Cronin (Central YMCA), Trish Tenn (Camden Active Health Team), Fiona Wernham (Edinburgh Leisure) and Anita Jefferies (Edinburgh Leisure) to the piloting of early versions of the questionnaires.

We particularly thank Bob Laventure (British Heart Foundation – National Centre for Physical Activity and Health) for support and advice throughout .

EUNAAPA has been supported by a grant from the European Commission (DG SANCO) Public Health Programme 2003-2008.

▪ **APPENDIX ONE - IDENTIFICATION DETAILS OF UK NATIONAL PA EXPERTS**  
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- **APPENDIX TWO - IDENTIFICATION DETAILS OF ‘SUCCESSFUL’ UK PA PROGRAMMES**  
 (In no particular order)
  - **Ageing Well Programme**  
 Edinburgh Leisure  
[www.edinburghleisure.co.uk](http://www.edinburghleisure.co.uk)  
 Hannah Macrae/ Anita Jeffries  
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  - **Practice Activity and Leisure Scheme (PALS)**  
 Kirklees, Council in partnership with Kirklees Primary Care Trust  
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  - **Walking the Way to Health**  
 Natural England  
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 John Dower House, Crescent Place, Cheltenham, GL50 3RA  
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  - **Healthy Living Programme**  
 Central YMCA Club  
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  - **Actively Ageing Well**  
 Age Concern Northern Ireland and the Health Improvement Agency for Northern Ireland

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[www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)

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○ **Extend**

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○ **GO50**

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○ **Ageing Well in Wales**

Age Concern Cymru

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○ **Young@Heart**

Nottinghamshire Rural Community Council

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- **West of Cornwall Leap Project**  
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- **APPENDIX THREE - IDENTIFICATION DETAILS OF  
'SUCCESSFUL' UK PA PROMOTION STRATEGIES  
(In no particular order)**
  - **Lets make Scotland more active, city for all ages,  
Edinburgh Leisure Development Plan for Sport**  
NHS Health Scotland  
[www.healthscotland.com](http://www.healthscotland.com)  
[www.edinburghleisure.co.uk](http://www.edinburghleisure.co.uk)  
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  - **The United Kingdom national Cycle Networks**  
Sustrans  
[www.sustrans.org.uk](http://www.sustrans.org.uk)  
Philip Insall  
Director, Active Travel  
2 Cathedral Square, Bristol, BS1 5DD  
[Philip.insall@sustrans.org.uk](mailto:Philip.insall@sustrans.org.uk)
  - **Central YMCA Activity for Health**  
Central YMCA  
[www.centralymca.org.uk](http://www.centralymca.org.uk)  
Mark Harrod  
Executive Director, Health and Community

112 Great Russell St, London, WC1B 3NQ  
[m.harrod@centralymca.org.uk](mailto:m.harrod@centralymca.org.uk)

- **Actively Ageing Well**  
Age Concern Northern Ireland and the Health Promotion Agency  
[www.ageconcernni.org](http://www.ageconcernni.org)  
[www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)  
Alan Herron  
Director of Community Services, Age Concern  
3 Lower Crescent, Belfast, BT7 1NR  
[aherron@ageconcernni.org](mailto:aherron@ageconcernni.org)  
&  
Linda Barclay  
Director of Programme Development  
Health Promotion Agency  
18 Ormeau Avenue, Belfast, Bt2 8HS  
[l.barclay@hpani.org.uk](mailto:l.barclay@hpani.org.uk)
  
- **Everyday Swim-Open Days**  
British Swimming  
[www.britishswimming.org](http://www.britishswimming.org)  
[www.everydayswim.org](http://www.everydayswim.org)  
Kate Seargent  
Swimming Activity Manager  
ASA, 2<sup>nd</sup> Floor, Hampton House, St Michaels Hill, Cotham,  
Bristol, BS6 6AU  
[Kate.seargent@swimming.org](mailto:Kate.seargent@swimming.org)
  
- **Active for life in Kirklees**  
Kirklees Culture and Leisure Services  
[www.kirklees.gov.uk](http://www.kirklees.gov.uk)  
Helen Heaton  
Marketing Manager for Kirklees and Leisure Services  
The Stadium Business and Leisure Complex, Stadium Way,  
HD1 6PG  
[Helen.heaton@kirklees.gov.uk](mailto:Helen.heaton@kirklees.gov.uk)
  
- **Free Swimming 60+**  
Sports Council for Wales  
[www.sportscouncilforwales.org](http://www.sportscouncilforwales.org)  
Lowri Bunn  
National Free Swimming Coordinator

Sports Council for Wales, Sophia Gardens, Cardiff, CF11  
[Lowri.bunn@scw.co.uk](mailto:Lowri.bunn@scw.co.uk)

- **The Peoples Movement**  
Sheffield City Council  
[www.thepeoplesmovement.co.uk](http://www.thepeoplesmovement.co.uk)  
Paul Billington  
Head of Sport and Physical Activity  
Sheffield City Council, 2-10 Carbrook hall Road, Sheffield,  
S92DB  
[Paul.billington@sheffield.gov.uk](mailto:Paul.billington@sheffield.gov.uk)
  
- **Get Moving Nottingham**  
Health Promotion Specialist Service  
[www.getmovingnottingham.nhs.uk](http://www.getmovingnottingham.nhs.uk)  
Paul Dodsley  
Health Promotion Specialist Physical Activity  
Linden House, 261 Beechdale Road, Notts Aspley,  
NG8 3EY  
[Paul.dodsley@nottinghamcity.pct.nhs.uk](mailto:Paul.dodsley@nottinghamcity.pct.nhs.uk)

## **APPENDIX FOUR - INVENTORY OF EVIDENCE-BASED BEST-PRACTICE GUIDELINES**

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### **Exercise Referral**

12. Craig A, Dinan S, Smith A, Taylor A and Webborn N. NHS: Exercise referral systems: A national quality assurance framework. Department of Health. HMSO; 2001.

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## **Falls**

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for the prevention of falls in older persons. *J Amer Geriat Soc.* 2001;49:664-672.

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### **Chronic pain**

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- **APPENDIX FIVE – THE QUESTIONNAIRES**
  - **PA expert questionnaire**
  - **PA programme questionnaire**
  - **PA promotion strategy questionnaire**



**EUNAAPA**

**WORK PACKAGE 5**

**(WP5)**

**PHYSICAL ACTIVITY**

**EXPERT**

**QUESTIONNAIRE**



Dear Physical Activity Expert,

EUNAAPA (European Network for Action on Ageing and Physical Activity) is a Europe-wide project funded by a grant from the European Commission. Its objective is to improve the health, wellbeing and independence of older people throughout Europe by the promotion of evidence-based physical activity (PA).

EUNAAPA invites you to participate in Work Package 5 of the project, identifying and evaluating existing physical activity programmes and physical activity promotion strategies for older people throughout Europe. The objective is to compile a collection of successful PA programmes and a collection of successful PA promotion strategies, each with a critical analysis of the extent to which the chosen programmes and strategies conform to current best practice guidelines.

As you are a recognised authority on PA for older people, EUNAAPA would value your collaboration. Your roles would be:

- to complete a short questionnaire,
- to identify a successful PA programme in your country and assist its director to complete a second (longer) questionnaire, and
- to identify a successful PA promotion strategy in your country and assist its director to complete a third questionnaire.

Unless you request otherwise, your contribution will be acknowledged by name in the national and international reports which will be released in the public domain in 2008.

The EUNAAPA Partners hope that you share our belief in the importance of this project and that we can count on your involvement.

Yours sincerely

Archie Young  
Leader of EUNAAPA Work Package 5  
&  
Professor of Geriatric Medicine,  
University of Edinburgh



## **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.

**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 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 ceased, this must have occurred no longer than 2 years ago.**

**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, high inclusivity, etc.

To be eligible for consideration a successful PA Promotion Strategy must have been **running for at least 6 months** and **if ceased, this must have occurred no longer than 2 years ago.**



**INSTRUCTIONS**

Please give details below of:

1. **One** example of a **physical activity programme** for older people in your country which you consider to be particularly “successful”.

**AND**

2. **One** example of a **physical activity promotion strategy** for older people in your country which you consider to be particularly “successful”.

**IMPORTANT:**

- You cannot select your own PA Programme or PA Promotion Strategy.
- A PA Programme and PA Promotion Strategy can be selected only if it has been running for at least 6 months and if ceased that this occurred no longer than 2 years ago.
- If a director of a PA Programme or PA Promotion Strategy has already been approached by another PA Expert in your country, then you will need to select another PA Programme or PA Promotion Strategy to avoid duplication.

1. Physical Activity Programme:.....

.....

Program Directors Name:.....

.....

2. Physical Activity Promotion Strategy:.....

.....

Promotion Strategy Directors Name: .....

.....



## **INSTRUCTIONS - CONTINUED**

**Step 1:** Once you have selected one successful physical activity programme and one successful physical activity promotion strategy please contact the relevant directors and send them an invitation letter. If the director agrees to participate, then send them the appropriate questionnaire. Once they have received the questionnaire they will have 2 weeks to complete and return the questionnaire to you.

**Step 2:** You are required to fill in the questionnaire that follows these instructions. If you need to consult with you colleagues in order to complete the questionnaire then please do so.

**IMPORTANT:** Before returning the questionnaire to your EUNAAPA Partner, please take a photocopy of the questionnaire. You can return the questionnaire either electronically or via the post, as long as it is addressed to a named individual.

**Step 3:** Please contact the PA Programme Director and PA Promotion Strategy Director at the end of week 1 so as to give any assistance that is required. Directors need to be reminded that the questionnaire is due at the end of the next week.

**Step 4:** Please call again at the end of week 2 to offer any further assistance and remind directors to return the questionnaire. Please request that directors take a copy of the questionnaire before sending it to you either electronically or via the stamped addressed envelope.

**Step 5:** Once you have received the completed questionnaires, please review them for any blanks and possible errors. You will need to contact the director if this is the case and make appropriate amendments to the questionnaire.

**Step 6:**

**IMPORTANT:** Before returning the questionnaires to your EUNAAPA Partner, please take a photocopy of the questionnaires. Please return both the Physical Activity Programme and Physical Activity Promotion Strategy Questionnaire to your EUNAAPA Partner, either electronically or via the post. It must be addressed to a named individual.



## **PHYSICAL ACTIVITY EXPERT QUESTIONNAIRE**

### **Country**

1	country	
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### **Physical Activity Expert's personal details**

2	name	
3	job title	
4	organisation	
5	e-mail address	
6	postal address	
7	work telephone number (with international code)	
8	homepage of organisation	www.



9	<p>What is your educational background?</p> <p>(Please tick as many as apply)</p>	<p><b>Education</b></p> <p><input type="checkbox"/> Medicine</p> <p><input type="checkbox"/> Other Health Professions</p> <p><input type="checkbox"/> Exercise/ Sport Science</p> <p><input type="checkbox"/> Other</p> <p>Please state.....</p> <p>.....</p>
10	<p>For which areas are you answering as an expert?</p> <p>(Please mark <u>at least</u> one box for each subgroup.)</p> <p>◆ Government means working in a ministry or municipal office.</p>	<p><b>Field</b></p> <p><input type="checkbox"/> Physical activity programmes</p> <p><input type="checkbox"/> Physical activity (promotion) campaigns</p> <p><b>Organisational level</b></p> <p><input type="checkbox"/> National</p> <p><input type="checkbox"/> Regional</p> <p><input type="checkbox"/> City, town or local neighbourhood</p> <p><b>Client group</b></p> <p><input type="checkbox"/> Community-dwelling older adults</p> <p><input type="checkbox"/> Institution-dwelling older adults</p> <p><b>Sector</b></p> <p><input type="checkbox"/> Government ◆</p> <p><input type="checkbox"/> Non Government Organisation</p> <p><b>Professional Expertise</b></p> <p><input type="checkbox"/> Health care</p> <p><input type="checkbox"/> Health promotion</p> <p><input type="checkbox"/> Sport/recreation/physical activity facility management</p> <p><input type="checkbox"/> Sport/recreation/physical activity instruction/supervision/guidance</p> <p><input type="checkbox"/> Health-related exercise facility management</p> <p><input type="checkbox"/> Health-related exercise instruction/supervision/guidance</p> <p><input type="checkbox"/> Education</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Social services, social care or social welfare</p> <p><input type="checkbox"/> Socio-cultural organisation</p>



## National Qualification Requirements

11	In your country, is there a basic level qualification available to those supervising/guiding physical activity/exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
12	What is the name of the basic level qualification? *	<input type="checkbox"/> Not applicable
13	Is this basic level requirement implemented properly in your country? i.e. one can only supervise/guide physical activity/exercise if they have this qualification.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
14	In your country, is an older person specific higher level qualification available to those supervising/guiding physical activity/exercise for older people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
15	If yes, what is the name of the higher level qualification for supervising/guiding older people? *	<input type="checkbox"/> Not applicable
16	Is this higher level requirement implemented properly in your country? i.e. one can only supervise/guide physical activity/exercise for older people if have qualification.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
17	Do you think it is necessary that this higher level qualification is implemented properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
18	Is the higher level qualification externally validated/ verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable

\* Please give name in your native language and in English if possible.



19	<p>What does the assessment for the older person specific higher level qualification involve?</p>	<p>Verification of current cardiopulmonary resuscitation certification?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Summative assessment of knowledge?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Practical teaching competence <u>assessed with participants of any age?</u>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Practical teaching competence <u>assessed with older participants?</u>  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable  <input type="checkbox"/> Don't know</p>
----	---	--

20	<p>On what does retention of the older person specific higher level qualification depend?  (Please tick as many boxes as apply.)</p>	<p><input type="checkbox"/> Not applicable  <input type="checkbox"/> Nothing  <input type="checkbox"/> Payment of a fee  <input type="checkbox"/> Evidence of current cardiopulmonary resuscitation certification  <input type="checkbox"/> Evidence of continuing professional development (CPD)  <input type="checkbox"/> A test of knowledge  <input type="checkbox"/> A practical test of teaching competence  <input type="checkbox"/> Other (Specify)  .....  .....</p>
----	--	---



21	In your country, approximately what proportion of instructors guiding/ supervising older participants have the entry level qualification?	<input type="checkbox"/> 0% <input type="checkbox"/> Don't know <input type="checkbox"/> 25% <input type="checkbox"/> Not applicable <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
22	In your country, approximately what proportion of instructors guiding/ supervising older participants have the higher level qualification?	<input type="checkbox"/> 0% <input type="checkbox"/> Don't know <input type="checkbox"/> 25% <input type="checkbox"/> Not applicable <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
23	Does your country have a professional register of qualified instructors (i.e. a regulatory body that holds a current record/ registration of those qualified to supervise/ guide physical activity)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
24	If yes, what is the name of the register? *	<input type="checkbox"/> Not applicable   
25	Is the entry level qualification required for membership of the professional register?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know
26	Does the professional register require a higher level qualification to supervise/guide physical activity/exercise by older people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Don't know
27	Is there a fixed remuneration for instructors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

\* Please give name in your native language and in English if possible.





**EUNAAPA**

**WORK PACKAGE 5  
(WP5)**

**PHYSICAL ACTIVITY  
PROGRAMME  
QUESTIONNAIRE**



Dear Director

EUNAAPA (European Network for Action on Ageing and Physical Activity) is a Europe-wide project funded by a grant from the European Commission. Its objective is to improve the health, wellbeing and independence of older people throughout Europe by improving the promotion and provision of evidence-based physical activity (PA).

EUNAAPA invites you to participate in Work Package 5 of the project. This Work Package will identify and evaluate existing physical activity programmes and physical activity promotion strategies for older people throughout Europe. The objective is to compile a collection of successful PA Programmes and a collection of successful PA Promotion Strategies.

Your physical activity programme for older people has been identified as successful and EUNAAPA would greatly value your contribution. Your role would be:

- to complete a questionnaire

Unless you request otherwise, your contribution will be acknowledged by name in the national and international reports which will be in the public domain in 2008.

If you have already been invited to participate in this project then please accept only your first invitation.

The EUNAAPA Partners hope that you share our belief in the importance of this project and that we can count on your involvement and expertise.

Yours sincerely

Archie Young  
Leader of EUNAAPA Work Package 5  
&  
Professor of Geriatric Medicine,  
University of Edinburgh



## **INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE**

This questionnaire is designed to gather information about your **overall programme** for the older person. It is not intended that you focus on one aspect (i.e. falls prevention) but rather give information about the breadth and depth of the programmes and instructors.

### **Schedule**

- After receiving the questionnaire, the Physical Activity Expert that identified your Programme will telephone you at the end of **week 1**. This is to ensure that everything is in order and to give any support at a local level.
- The Physical Activity Expert will call again **towards the end of Week 2** to discuss any questions you may have so that you can return the questionnaire.
- It is intended that you return the questionnaire to the Physical Activity Expert by the end of week 2.

**IMPORTANT:** Please keep a photocopy of the questionnaire before returning the original questionnaire either electronically or via the post. The questionnaire must be addressed to a named individual.



## **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 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 ceased, this must have occurred no longer than 2 years ago.**



### Name of Physical Activity Programme

1	Name of Programme *	
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### Physical Activity Program Director Personal Details

2	name	
3	job title	
4	Education	<input type="checkbox"/> Medicine <input type="checkbox"/> Other Health Professions <input type="checkbox"/> Exercise/ Sport Science <input type="checkbox"/> Other (please specify) .....
5	e-mail address	
6	postal address	
7	homepage of organisation	www.

\* Please give name in your native language and in English if possible.



## Programme description

8	What is the name of the organisation which delivers the programme? *	
9	Is the programme classified as?	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Limited to a city/town <input type="checkbox"/> Limited to a local neighbourhood
10	How long has the programme existed?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> More than 10 years

\* Please give name in your native language and in English if possible.



<p>11</p>	<p>Which of the following programmes are included in the overall programme? (Please tick as many as apply)</p> <p>◇ GP also known as physician, primary care practitioner. A 'referral' is when a health professional sends a patient to a specific programme chosen for its therapeutic effect.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Masters (elite competitor) programme</li> <li><input type="checkbox"/> Community based senior fitness programmes (groups)</li> <li><input type="checkbox"/> Community based senior chair based programmes</li> <li><input type="checkbox"/> Home based exercise programmes (individual)</li> <li><input type="checkbox"/> Exercise referral / General Practitioner (GP) referral programmes ◇</li> <li><input type="checkbox"/> Falls Prevention programmes</li> <li><input type="checkbox"/> Medical condition-specific programmes             <ul style="list-style-type: none"> <li><input type="checkbox"/> cardiac rehabilitation</li> <li><input type="checkbox"/> pulmonary rehabilitation</li> <li><input type="checkbox"/> arthritis programmes</li> <li><input type="checkbox"/> other (please specify)</li> <li>.....</li> <li>.....</li> </ul> </li> <li><input type="checkbox"/> Other (please specify)</li> <li>.....</li> <li>.....</li> <li>.....</li> <li>.....</li> </ul>
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12	<p>Which of the following best describe the overall programme? (Choose at least one box in each subgroup.)</p>	<input type="checkbox"/> Group activity <input type="checkbox"/> Individual activity  <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors  <input type="checkbox"/> Water-based <input type="checkbox"/> Land-based
13	<p>Which facilities does the programme use? (Please tick as many boxes as apply)</p> <p>◆ Also known as Elder-specific Day Centre, Day Care Centre, Resource Centre.</p>	<input type="checkbox"/> Sport/ physical recreation facility <input type="checkbox"/> Community centre (e.g. church hall, school hall, or village hall) <input type="checkbox"/> Day resources centre ◆ <input type="checkbox"/> Participant's private dwelling <input type="checkbox"/> Sheltered housing, assisted living facility, care home or nursing home <input type="checkbox"/> Other (please specify) .....

## Participants

		Age	Minimum Maximum
14	<p>For what age group is this overall programme intended? (Tick the boxes that most closely represent the intended lower and upper age limits.)</p>	45	<input type="checkbox"/> <input type="checkbox"/>
		50	<input type="checkbox"/> <input type="checkbox"/>
		55	<input type="checkbox"/> <input type="checkbox"/>
		60	<input type="checkbox"/> <input type="checkbox"/>
		65	<input type="checkbox"/> <input type="checkbox"/>
		70	<input type="checkbox"/> <input type="checkbox"/>
		75	<input type="checkbox"/> <input type="checkbox"/>
		80	<input type="checkbox"/> <input type="checkbox"/>
		90	<input type="checkbox"/> <input type="checkbox"/>
		100	<input type="checkbox"/> <input type="checkbox"/>



15	<p>What is the average age of participants attending this overall programme? (Indicate the average age of participants actually attending a typical session of this programme.)</p>	<table border="1"> <thead> <tr> <th>Age</th> <th>Average</th> </tr> </thead> <tbody> <tr><td>45</td><td><input type="checkbox"/></td></tr> <tr><td>50</td><td><input type="checkbox"/></td></tr> <tr><td>55</td><td><input type="checkbox"/></td></tr> <tr><td>60</td><td><input type="checkbox"/></td></tr> <tr><td>65</td><td><input type="checkbox"/></td></tr> <tr><td>70</td><td><input type="checkbox"/></td></tr> <tr><td>75</td><td><input type="checkbox"/></td></tr> <tr><td>80</td><td><input type="checkbox"/></td></tr> <tr><td>90</td><td><input type="checkbox"/></td></tr> <tr><td>100</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Age	Average	45	<input type="checkbox"/>	50	<input type="checkbox"/>	55	<input type="checkbox"/>	60	<input type="checkbox"/>	65	<input type="checkbox"/>	70	<input type="checkbox"/>	75	<input type="checkbox"/>	80	<input type="checkbox"/>	90	<input type="checkbox"/>	100	<input type="checkbox"/>
Age	Average																							
45	<input type="checkbox"/>																							
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55	<input type="checkbox"/>																							
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70	<input type="checkbox"/>																							
75	<input type="checkbox"/>																							
80	<input type="checkbox"/>																							
90	<input type="checkbox"/>																							
100	<input type="checkbox"/>																							
16	<p>For what 'category' of participant is this overall programme intended?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Community-dwelling older adults</li> <li><input type="checkbox"/> Institution-dwelling older adults</li> <li><input type="checkbox"/> Both, together (in the same group)</li> <li><input type="checkbox"/> Both, separately (in different groups)</li> </ul>																						
17	<p>For participants with what level of functional mobility is this overall programme intended? (Tick as many as apply)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Frequently walks vigorously or runs</li> <li><input type="checkbox"/> Walks outdoors with no walking aids and no assistance or supervision by another person</li> <li><input type="checkbox"/> Walks outdoors with a walking aid (e.g. stick, cane or walking frame) but no assistance or supervision by another person</li> <li><input type="checkbox"/> Walks outdoors only with assistance or supervision by another person</li> <li><input type="checkbox"/> Never walks outdoors</li> </ul>																						



18	What proportion of the participants in this overall programme are women?	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Don't know																												
19	What 'group' sizes are used in this overall programme? (Tick all that apply.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51+ <input type="checkbox"/> Don't know																												
20	In a typical session of this overall programme what is the ratio of instructors to participants?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">instructors</td> <td style="text-align: center;">:</td> <td style="text-align: center;">participants</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">:</td> <td style="text-align: center;">1</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">:</td> <td style="text-align: center;">2-10</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">:</td> <td style="text-align: center;">11-25</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">:</td> <td style="text-align: center;">26-50</td> </tr> <tr> <td><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">:</td> <td style="text-align: center;">51+</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Don't know</td> </tr> </table>		instructors	:	participants	<input type="checkbox"/>	1	:	1	<input type="checkbox"/>	1	:	2-10	<input type="checkbox"/>	1	:	11-25	<input type="checkbox"/>	1	:	26-50	<input type="checkbox"/>	1	:	51+	<input type="checkbox"/>	Don't know		
	instructors	:	participants																											
<input type="checkbox"/>	1	:	1																											
<input type="checkbox"/>	1	:	2-10																											
<input type="checkbox"/>	1	:	11-25																											
<input type="checkbox"/>	1	:	26-50																											
<input type="checkbox"/>	1	:	51+																											
<input type="checkbox"/>	Don't know																													
21	What is the greatest number of times per week that it is possible for an individual to participate in this overall programme?	<input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8+ <input type="checkbox"/> Don't know																												
22	How many times per week is it usual for an individual to participate in this overall programme?	<input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-7 <input type="checkbox"/> 8+ <input type="checkbox"/> Don't know																												
23	What proportion of current participants has attended this overall programme for at least one year?	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Don't know																												



## Aims and objectives

24	<p>What are the 2 most important overall aim(s) of the overall programme, from the point of view of the sponsoring organisation? (Tick 2 boxes)</p>	<input type="checkbox"/> Health promotion <input type="checkbox"/> Improved competitive performance <input type="checkbox"/> Disease prevention <input type="checkbox"/> Improved physical function <input type="checkbox"/> Improved mood <input type="checkbox"/> Opportunities to socialise <input type="checkbox"/> Improved self esteem / confidence <input type="checkbox"/> Other (please specify) ..... ..... ..... <input type="checkbox"/> Don't know
25	<p>How many times per year is participant satisfaction formally measured?</p>	<input type="checkbox"/> Not at all <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-6 <input type="checkbox"/> More than 6 <input type="checkbox"/> Don't know
26	<p>Are participants formally surveyed as to what their aims of being involved in the overall program are?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
27	<p>If you answered yes to the above question, do you adjust the programme according to the participants' aims?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable



28	Do you record objective outcome measures for participants at regular intervals (e.g. physiological, psychological measures – see question 29 )?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
29	If you answered yes to recording objective outcome measurements, then what are these measures (Tick as many boxes as apply.)	<input type="checkbox"/> Strength or explosive power <input type="checkbox"/> Maximal oxygen uptake (directly measured) <input type="checkbox"/> A sub maximal test of aerobic fitness <input type="checkbox"/> Balance <input type="checkbox"/> Joint range of motion <input type="checkbox"/> Body composition <input type="checkbox"/> Bone density <input type="checkbox"/> Mood/ depression <input type="checkbox"/> Social support <input type="checkbox"/> Other (please specify) ..... ..... ..... ..... <input type="checkbox"/> Not applicable



## Pre –Participation Assessment

30	Does eligibility for entry to this programme require the potential participant to have a health check?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
31	If yes, then what form does the health check take?	<input type="checkbox"/> Completion of a health screening tool <input type="checkbox"/> Assessment by a doctor <input type="checkbox"/> Assessment by a doctor who is a sports medicine specialist or by the programme doctor <input type="checkbox"/> Assessment by some other healthcare professional <input type="checkbox"/> Assessment by an exercise instructor <input type="checkbox"/> Other (please specify) ..... ..... ..... .....
32	Does eligibility for entry to this programme require completion of a health screening tool by the potential participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
33	Is this health screening tool internationally recognised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
34	What is the name of the health screening tool? *	
35	Has this screening tool been adapted for this programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable



36	<p>Does this health screening tool include questions regarding:</p> <p>Dizziness ♠</p> <p>Eyesight</p> <p>Hearing</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not applicable</p>
37	<p>If the health screening tool identifies the presence of a potential problem, what must be done before the applicant is permitted to enter the programme?</p> <p>(Tick one box only)</p>	<p><input type="checkbox"/> The applicant need only sign a liability waiver</p> <p><input type="checkbox"/> Applicant must obtain 'approval' from any healthcare professional</p> <p><input type="checkbox"/> Applicant must obtain 'approval' from their doctor</p> <p><input type="checkbox"/> Applicant must obtain 'approval' from a doctor who is a sports medicine specialist or from the programme doctor</p> <p><input type="checkbox"/> It is not possible for the applicant to be permitted to enter the programme</p> <p><input type="checkbox"/> Other (please specify)</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Not applicable</p>

\* Please give name in your native language and in English if possible.

♠ Unsteadiness, poor balance, giddiness.



## Programme Design

38	Which component(s) of physical fitness does this PA Programme aim to improve? (Tick as many as apply.)	<input type="checkbox"/> Endurance <input type="checkbox"/> Strength <input type="checkbox"/> Coordination - Balance <input type="checkbox"/> Flexibility - Mobility <input type="checkbox"/> Other (please specify)..... .....	
39	Which modalities of physical activity are offered in this programme? (Tick as many as apply.)	Aquatics	<input type="checkbox"/> Swimming <input type="checkbox"/> Aqua exercise
		Cycling	<input type="checkbox"/> On Road/ Paths <input type="checkbox"/> Off Road/ Track/Hills
		Group Sports/ Ball Games	<input type="checkbox"/> Badminton <input type="checkbox"/> Billiard Sports <input type="checkbox"/> Boules <input type="checkbox"/> Bowling <input type="checkbox"/> Golf <input type="checkbox"/> Minigolf <input type="checkbox"/> Short tennis <input type="checkbox"/> Tennis
		Recreational Movement	<input type="checkbox"/> Dance <input type="checkbox"/> Movement <input type="checkbox"/> Exercise to music <input type="checkbox"/> Derived from Pilates <input type="checkbox"/> Derived from Tai Chi <input type="checkbox"/> Derived from Qigong <input type="checkbox"/> Derived from Yoga
		Running	<input type="checkbox"/> Indoor running (not on treadmill) <input type="checkbox"/> Outdoor running/ Track <input type="checkbox"/> Orienteering



		Skiing	<input type="checkbox"/> Cross Country Skiing <input type="checkbox"/> Downhill (Alpine) Skiing <input type="checkbox"/> Ski Touring
		Walking	<input type="checkbox"/> Indoor Walking (not on treadmill) <input type="checkbox"/> Outdoor Walking on path/track <input type="checkbox"/> Outdoor Walking Groups <input type="checkbox"/> Rambling or Hill Walking <input type="checkbox"/> Trekking <input type="checkbox"/> Nordic Walking

	<p><b>Question 39 Continued</b></p> <p>Which modalities of physical activity are offered in this programme?</p> <p>(Tick as many as apply.)</p>	<p>Machine based equipment (aerobic endurance training/ strength/ balance/ co-ordination training)</p>	<input type="checkbox"/> Circuits <input type="checkbox"/> Treadmill <input type="checkbox"/> Cycle <input type="checkbox"/> Rowing <input type="checkbox"/> Stepper <input type="checkbox"/> Cross - trainer <input type="checkbox"/> Cable machines/ Fixed resistance <input type="checkbox"/> Dumbbells/ Free weights <input type="checkbox"/> Physioballs (Swiss balls/ exercise balls) for balance <input type="checkbox"/> Resistance balls/ bands/tubes <input type="checkbox"/> Balance disks/ Wobbleboards <input type="checkbox"/> Other (please specify) .....
--	---	--	---



		Competitive Sport	Which type of sport? ..... .....
		Adapted Exercise	<input type="checkbox"/> Back pain prevention <input type="checkbox"/> Osteoporosis prevention <input type="checkbox"/> Fall prevention <input type="checkbox"/> Pelvic floor exercise <input type="checkbox"/> Chair-based exercise <input type="checkbox"/> Cardio rehab <input type="checkbox"/> Pulmonary rehab <input type="checkbox"/> Other (please specify) ..... .....

40	<p>Which aspect(s) of fitness is/are targeted in this programme?</p> <p>(Tick as many as apply.)</p>	<input type="checkbox"/> Strength <input type="checkbox"/> Explosive power <input type="checkbox"/> Maximal oxygen uptake <input type="checkbox"/> Balance <input type="checkbox"/> Joint range of motion <input type="checkbox"/> Body composition <input type="checkbox"/> Bone density <input type="checkbox"/> Other (specify) ..... ..... .....
41	<p>'Progression' can be defined as a systematic increase in the intensity or resistance, the frequency and/or the duration of exercise.</p> <p>Is progression of participant's part of your overall programme?</p> <p>(Tick one only.)</p>	<input type="checkbox"/> Never <input type="checkbox"/> For the first few weeks only <input type="checkbox"/> For the first few months only <input type="checkbox"/> Always <input type="checkbox"/> Don't know



42	<p>How long is the usual warm up at the beginning of a session in this programme?</p> <p>(Tick one only.)</p>	<input type="checkbox"/> 0 minutes <input type="checkbox"/> Don't know <input type="checkbox"/> 1 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes <input type="checkbox"/> 16 – 20 minutes
43	<p>How long is the usual cool down (wind down, warm down) at the end of a session in this programme?</p> <p>(Tick one only.)</p>	<input type="checkbox"/> 0 minutes <input type="checkbox"/> 1 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes <input type="checkbox"/> 16 - 20 minutes <input type="checkbox"/> Don't know
44	<p>How long is the usual workout component of a session in this programme?</p> <p>(Tick one only.)</p>	<input type="checkbox"/> 0 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 40 minutes <input type="checkbox"/> 50 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> More than 1 hour <input type="checkbox"/> Don't know
45	<p>Within this programme, how do you cater for the exercise needs of older people with chronic medical conditions (e.g. osteoporosis, ischaemic heart disease, arthritis, Parkinson's disease, stroke)?</p> <p>(Tick one only.)</p>	<input type="checkbox"/> This is not possible <input type="checkbox"/> Adapted exercise, with participants in disease-related groups <input type="checkbox"/> Adapted exercise, with participants in frailty-related or disability – related groups <input type="checkbox"/> Adapted exercise, with participants included in the mainstream older person's group(s) <input type="checkbox"/> Don't know



## Instructors' qualifications & training

46	<p>What is the minimum level of qualification required for instructors delivering this programme to older participants?</p> <p>(Tick as many as apply.)</p>	<input type="checkbox"/> A higher level ('old age specific') qualification <input type="checkbox"/> A basic ('entry level') qualification <input type="checkbox"/> Other (please specify) ..... ..... <input type="checkbox"/> Don't know
47	<p>Do the instructors for this programme have to be a member of a professional register?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
48	<p>In your programme, approximately what proportion of instructors guiding/ supervising older participants have the entry level qualification?</p>	<input type="checkbox"/> 0% <input type="checkbox"/> Don't know <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
49	<p>In your programme, approximately what proportion of instructors guiding/ supervising older participants have the higher level qualification?</p>	<input type="checkbox"/> 0% <input type="checkbox"/> Don't know <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
50	<p>Does this programme provide ongoing in-service training for the instructors?          (e.g. Exercise adaptations for medical conditions, Communication with Older People, Causes of Falls in Old Age.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know



51	How many hours per year of in-service training takes place?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> More than 30 <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
52	Give 3 examples of topics recently covered in in-service training for this programme's instructors	1..... ..... 2..... ..... 3..... .....
53	Do unpaid volunteers contribute to this programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
54	In what ways do unpaid volunteers contribute to the programme?  (Tick as many as apply.)	<input type="checkbox"/> Not at all <input type="checkbox"/> Instruction <input type="checkbox"/> Instructor's assistant <input type="checkbox"/> 'Buddying' a participant <input type="checkbox"/> Peer mentoring participants <input type="checkbox"/> Administration <input type="checkbox"/> Transport <input type="checkbox"/> Refreshments <input type="checkbox"/> Other (please specify) ..... ..... <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable



## Client Safety

55	Does this programme have specific protocols to be followed in emergency situations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
56	<p>If yes, are all staff trained in emergency protocols?</p> <p>If yes, how often?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 3 monthly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Annually <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
57	Does this programme have specific protocols and/or procedures to be followed in respect of equipment use, storage or maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
58	<p>If yes, then are all staff trained in equipment, storage, maintenance protocols?</p> <p>If yes, how often are they trained?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> 3 monthly <input type="checkbox"/> 6 monthly <input type="checkbox"/> Annually <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable



## Finance

59	What is the total cost of providing this programme (per participant, per attendance), excluding transport and refreshments but including the cost of the room, lighting, heating, maintenance, instructor's fee, administration?	<input type="checkbox"/> Up to €2 <input type="checkbox"/> More than €2, up to €5 <input type="checkbox"/> More than €5, up to €10 <input type="checkbox"/> More than €10 <input type="checkbox"/> Don't know
60	What proportion of this cost is paid by each participant?	<input type="checkbox"/> 0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Don't know
61	Is transport provided?	<input type="checkbox"/> Yes, to everyone <input type="checkbox"/> Yes, selectively (some participants, some sessions) <input type="checkbox"/> No <input type="checkbox"/> Don't know
62	If yes, what proportion of the cost of transport is paid by each participant?	<input type="checkbox"/> 0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Don't know
63	Are refreshments offered?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> at some sessions <input type="checkbox"/> Don't know
64	If yes, what proportion of the cost of refreshments is paid by each participant?	<input type="checkbox"/> 0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Don't know



## Publicity, marketing and promotion

65	<p>Which of these methods have been used to publicise, market or promote this programme? (Tick as many 'Yes' boxes as apply.)</p>	<p><b>Yes</b></p> <p><input type="checkbox"/> Advertising in local newspapers</p> <p><input type="checkbox"/> Advertising in national/regional newspapers</p> <p><input type="checkbox"/> Advertising in elder-oriented magazines</p> <p><input type="checkbox"/> Advertising through elder-oriented organisations</p> <p><input type="checkbox"/> Features in local newspapers</p> <p><input type="checkbox"/> Features in national/regional newspapers</p> <p><input type="checkbox"/> Features in elder-oriented magazines</p> <p><input type="checkbox"/> Advertising on local radio</p> <p><input type="checkbox"/> Advertising on national/regional radio</p> <p><input type="checkbox"/> Advertising on local TV</p> <p><input type="checkbox"/> Advertising on national/regional TV</p> <p><input type="checkbox"/> Features on local radio</p> <p><input type="checkbox"/> Features on national/regional radio</p> <p><input type="checkbox"/> Features on local TV</p> <p><input type="checkbox"/> Features on national/regional TV</p> <p><input type="checkbox"/> Neighbourhood leafleting</p> <p><input type="checkbox"/> Sports hall leafleting</p> <p><input type="checkbox"/> Health premises leafleting</p> <p><input type="checkbox"/> Leafleting in community centres for older people</p> <p><input type="checkbox"/> Talks to local groups</p> <p><input type="checkbox"/> Word of mouth</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Open days</p> <p><input type="checkbox"/> Bring a friend</p> <p><input type="checkbox"/> Discounts</p> <p><input type="checkbox"/> Multiple session bookings</p> <p><input type="checkbox"/> Other (please specify)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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66	<p>Has this programme found it useful 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 (e.g. Happy Hearts Day, Falls Awareness Day, the European Year of Older People, Osteoporosis Week, Walk for Life etc.)?</p> <p>If 'yes', give up to 3 successful examples.</p>	<p><input type="checkbox"/>Yes    <input type="checkbox"/>No    <input type="checkbox"/>Have not tried  <input type="checkbox"/> Don't know</p> <p>1.....  .....  2.....  .....  3.....  .....</p>
67	<p>Has this programme found it useful to build partnerships with local healthcare professionals or organisations?</p> <p>If 'yes', give up to 3 successful examples.</p>	<p><input type="checkbox"/>Yes    <input type="checkbox"/>No    <input type="checkbox"/>Have not tried  <input type="checkbox"/> Don't know</p> <p>1.....  .....  2.....  .....  3.....  .....</p>





**EUNAAPA**

**WORK PACKAGE 5**

**(WP5)**

**PHYSICAL ACTIVITY  
PROMOTION  
STRATEGY**

**QUESTIONNAIRE**



Dear Director,

EUNAAPA (European Network for Action on Ageing and Physical Activity) is a Europe-wide project funded by a grant from the European Commission. Its objective is to improve the health, wellbeing and independence of older people throughout Europe by improving the promotion and provision of evidence-based physical activity (PA).

EUNAAPA invites you to participate in Work Package 5 of the project. This Work Package will identify and evaluate existing physical activity programmes and physical activity promotion strategies for older people throughout Europe. The objective is to compile a collection of successful PA Programmes and a collection of successful PA Promotion Strategies.

Your physical activity promotion strategy for older people has been identified as successful and EUNAAPA would greatly value your contribution. Your role would be:

- to complete a questionnaire

Unless you request otherwise, your contribution will be acknowledged by name in the national and international reports which will be in the public domain in 2008.

If you have already been invited to participate in this project then please accept only your first invitation.

The EUNAAPA Partners hope that you share our belief in the importance of this project and that we can count on your involvement and expertise.

Yours sincerely

Archie Young  
Leader of EUNAAPA Work Package 5  
&  
Professor of Geriatric Medicine,  
University of Edinburgh



## **INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE**

### **Schedule**

- The Physical Activity Expert who identified your Promotion Strategy will telephone you **one week** after sending you this questionnaire. This is to ensure that everything is in order and to give any support at a local level.
- The Physical Activity Expert will call again **towards the end of Week 2** to discuss any questions you may have so that you can complete the questionnaire.
- It is intended that you return the questionnaire to the Physical Activity Expert by the end of week 2.

**IMPORTANT:** Please keep a photocopy of the questionnaire before returning the original questionnaire either electronically or via the post. The questionnaire must be addressed to a named individual.



## **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 ceased, this must have occurred no longer than 2 years ago.**



**Name of Physical Activity Promotion Strategy**

1	Name of Promotion Strategy *	
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**Physical Activity Promotion Strategy Director Personal Details**

2	name	
3	job title	
4	Education	<input type="checkbox"/> Medicine <input type="checkbox"/> Other Health Professions <input type="checkbox"/> Exercise/ Sport Science <input type="checkbox"/> Other .....
5	e-mail address	
6	postal address	
7	homepage of organisation	www.

\* Please give name in your native language and in English if possible.



**Laws, regulations, national level recommendations**

<b>Law or regulation</b>		
8	In your country, is there a law or other regulations for promotion of physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  <input type="checkbox"/> If Yes, give the name of the law or the regulation ..... ..... ..... <input type="checkbox"/> Don't know
9	In your country, is there a law or other regulations for promotion of physical activity especially for older people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  <input type="checkbox"/> If Yes, give the name of the law or the regulation ..... ..... ..... <input type="checkbox"/> Don't know
<b>Recommendation</b>		
10	In your country, are there any national level recommendations for promotion of physical activity, especially for older people?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  <input type="checkbox"/> If Yes, give the name of the recommendation ..... ..... ..... <input type="checkbox"/> Don't know



## Promotion Strategy Description

11	<p>In which sector is the organisation that developed the promotion strategy?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> Governmental <ul style="list-style-type: none"> <li><input type="checkbox"/> National</li> <li><input type="checkbox"/> Regional</li> <li><input type="checkbox"/> Local</li> </ul> <input type="checkbox"/> Non Governmental <ul style="list-style-type: none"> <li><input type="checkbox"/> Commercial</li> <li><input type="checkbox"/> Welfare/community organisation</li> <li><input type="checkbox"/> Research organisation</li> <li><input type="checkbox"/> Other (please specify)</li> </ul> <p>.....</p> <p>.....</p>
12	<p>In which sector is the organisation that delivers the promotion strategy?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> Governmental <ul style="list-style-type: none"> <li><input type="checkbox"/> National</li> <li><input type="checkbox"/> Regional</li> <li><input type="checkbox"/> Local</li> </ul> <input type="checkbox"/> Non Governmental <ul style="list-style-type: none"> <li><input type="checkbox"/> Commercial</li> <li><input type="checkbox"/> Welfare/community organisation</li> <li><input type="checkbox"/> Research organisation</li> <li><input type="checkbox"/> Other (please specify)</li> </ul> <p>.....</p> <p>.....</p>
13	<p>What is the name of the organisation(s) that delivers the promotion strategy? *</p>	<p>.....</p> <p>.....</p> <p>.....</p>
14	<p>At what level does the promotion strategy aim to deliver?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Limited to a city/town <input type="checkbox"/> Limited to a local neighbourhood

\* Please give name in your native language and in English if possible.



15	<p>In which settings does this promotion strategy encourage physical activity?</p> <p>(Please tick at least one in each subgroup)</p>	<input type="checkbox"/> Centre based <input type="checkbox"/> Home based <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (please specify)..... ..... <input type="checkbox"/> Group exercise <input type="checkbox"/> Independent exercise <input type="checkbox"/> Other (please specify)..... .....
16	<p>Which settings/ organisations are taking part in this promotion strategy?</p> <p>(Please tick as many as apply.)</p>	<input type="checkbox"/> Social institutions <input type="checkbox"/> Primary health care <input type="checkbox"/> Community centres <input type="checkbox"/> Welfare organisations <input type="checkbox"/> Work place <input type="checkbox"/> Other (please specify) ..... ..... <input type="checkbox"/> Don't know
17	<p>Was any theoretical basis used to develop and/or deliver this promotion strategy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
18	<p>If yes, which theory or model was used?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> Health Belief Model <input type="checkbox"/> Protection Motivation Theory <input type="checkbox"/> Theory of Reasoned Action <input type="checkbox"/> Theory of Planned Behavior <input type="checkbox"/> ASE-Model (Attitude, Social Influence and Self-Efficacy) <input type="checkbox"/> Transtheoretical Model <input type="checkbox"/> Other (specify) ..... .....



19	How long has the promotion strategy run?	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 6 to 10 years <input type="checkbox"/> More than 10 years <input type="checkbox"/> Don't know
20	Does the promotion strategy run continually, periodically or once only?	<input type="checkbox"/> Once only <input type="checkbox"/> Periodically <input type="checkbox"/> Continually <input type="checkbox"/> Other (please specify) ..... ..... <input type="checkbox"/> Don't know

### Target population

		Age	Minimum Maximum
21	For what age is this promotion strategy intended?  (Tick the boxes that most closely represent the intended lower and upper age limits.)	45 50 55 60 65 70 75 80 90 100	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Comments ..... ..... .....



22	<p>What 'category' of participants is this promotion strategy targeting?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> General population (including older adults) <input type="checkbox"/> All older adults <input type="checkbox"/> Community-dwelling older adults <input type="checkbox"/> Institution-dwelling older adults <input type="checkbox"/> Older adults with chronic conditions <input type="checkbox"/> Ethnic minority older adults <input type="checkbox"/> Other (please specify) ..... ..... .....
23	<p>Does this promotion strategy consider and cater for cultural differences e.g. language, education, income?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
24	<p>If yes, which specific aspects does it cater for?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> Different language <input type="checkbox"/> Different cultural perceptions <input type="checkbox"/> Different education levels <input type="checkbox"/> Different income levels <input type="checkbox"/> Other (please specify) ..... ..... <input type="checkbox"/> Don't know



25	<p>What level of functional mobility does this promotional strategy aim to include?</p> <p>(Please tick as many as apply)</p>	<input type="checkbox"/> Frequently walks vigorously or runs <input type="checkbox"/> General population Walks outdoors with no walking aids and no assistance or supervision by another person <input type="checkbox"/> Walks outdoors with a walking aid (e.g. stick, cane or walking frame) but no assistance or supervision by another person <input type="checkbox"/> Walks outdoors only with assistance or supervision by another person <input type="checkbox"/> Never walks outdoors
26	<p>What intermediaries, if any, are used to reach the intended population?</p> <p>(Please tick as many as apply.)</p>	<input type="checkbox"/> Medical Practitioners <input type="checkbox"/> Nurses <input type="checkbox"/> Physiotherapists <input type="checkbox"/> Occupational Therapists (OT) <input type="checkbox"/> Physiotherapy/ OT Assistants <input type="checkbox"/> Other Allied Health Care Professionals <input type="checkbox"/> Exercise/ dance instructors <input type="checkbox"/> Sports Coaches <input type="checkbox"/> Community/ Social Workers <input type="checkbox"/> Volunteers <input type="checkbox"/> Other, specify ..... ..... <input type="checkbox"/> None <input type="checkbox"/> Don't know
27	<p>What proportion of the target population has been reached by your promotion strategy overall since it has been running?</p>	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100% <input type="checkbox"/> Don't know



## Promotion Strategy Design

28	<p>In this promotion strategy, which of the following are used to encourage behaviour change in relation to physical activity? (Please tick as many as apply)</p>	<input type="checkbox"/> Improved knowledge <input type="checkbox"/> Improved access <input type="checkbox"/> Improved safety <input type="checkbox"/> Improved time management skills <input type="checkbox"/> Improved motivation <input type="checkbox"/> Fear reduction <input type="checkbox"/> Improved skill <input type="checkbox"/> Reduction in misconceptions about ageing <input type="checkbox"/> Don't know
29	<p>Was the target population screened for their readiness for behaviour change prior to implementing this promotion strategy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
30	<p>Was this promotion strategy designed to surmount barriers to physical activity?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
31	<p>If yes, which particular barriers did it address?</p>	<input type="checkbox"/> Perceived poor health <input type="checkbox"/> Symptoms associated with chronic conditions <input type="checkbox"/> Fear of injury <input type="checkbox"/> Acute exacerbation of chronic conditions <input type="checkbox"/> Lack of skill <input type="checkbox"/> Lack of time <input type="checkbox"/> Lack of energy/motivation <input type="checkbox"/> Environmental barriers (e.g. weather, extreme temperatures, uneven ground) <input type="checkbox"/> Misconceptions about ageing <input type="checkbox"/> Other (please specify) ..... <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable



32	<p><u>Which approaches</u> does this physical activity promotion strategy <u>use</u>?</p> <p>(Please tick as many as apply.)</p>	<ul style="list-style-type: none"> <li>• Information approaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> community wide campaigns</li> <li><input type="checkbox"/> group-based health education focused on information provision</li> <li><input type="checkbox"/> mass media campaigns</li> <li><input type="checkbox"/> point of decision prompts</li> <li><input type="checkbox"/> other (please specify)</li> <li>.....</li> <li>.....</li> </ul> </li>   <li>• Behavioural and social approaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> individually-adapted behaviour change</li> <li><input type="checkbox"/> education with TV/video/DVD</li> <li><input type="checkbox"/> family-based social support</li> <li><input type="checkbox"/> health professionals social support</li> <li><input type="checkbox"/> non-family social support (e.g. friends)</li> <li><input type="checkbox"/> other (please specify)</li> <li>.....</li> <li>.....</li> </ul> </li>   <li>• Environmental and policy approaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> Enhanced access to physical activity (excluding outreach activities)</li> <li><input type="checkbox"/> outreach activities</li> <li><input type="checkbox"/> transportation policy</li> <li><input type="checkbox"/> infrastructure changes to promote non-motorised transit e.g. cycle paths</li> <li><input type="checkbox"/> urban planning approaches – zoning and land use</li> <li><input type="checkbox"/> other (please specify)</li> <li>.....</li> <li>.....</li> </ul> </li>   <li><input type="checkbox"/> Don't know</li> </ul>
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33	<p>Which approaches did you find effective in achieving the aims of your promotion strategy?</p> <p>(Please tick as many as apply.)</p>	<ul style="list-style-type: none"> <li>• Information approaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> community wide campaigns</li> <li><input type="checkbox"/> group-based health education focused on information provision</li> <li><input type="checkbox"/> mass media campaigns</li> <li><input type="checkbox"/> point of decision prompts</li> <li><input type="checkbox"/> other (please specify)</li> <li>.....</li> <li>.....</li> </ul> </li>   <li>• Behavioural and social approaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> individually-adapted behaviour change</li> <li><input type="checkbox"/> education with TV/video/DVD</li> <li><input type="checkbox"/> family-based social support</li> <li><input type="checkbox"/> health professionals social support</li> <li><input type="checkbox"/> non-family social support (e.g. friends)</li> <li><input type="checkbox"/> other (please specify)</li> <li>.....</li> <li>.....</li> </ul> </li>   <li>• Environmental and policy approaches             <ul style="list-style-type: none"> <li><input type="checkbox"/> Enhanced access to physical activity (excluding outreach activities)</li> <li><input type="checkbox"/> outreach activities</li> <li><input type="checkbox"/> transportation policy</li> <li><input type="checkbox"/> infrastructure changes to promote non-motorised transit e.g. cycle paths</li> <li><input type="checkbox"/> urban planning approaches – zoning and land use</li> <li><input type="checkbox"/> other (please specify)</li> </ul> </li>   <li><input type="checkbox"/> Don't know</li> </ul>
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<p>34</p>	<p>What message is being used in this promotion strategy? (Please tick as many as apply.)</p>	<p><input type="checkbox"/> General message (e.g. Exercise/PA is good for you, is fun)</p> <p><input type="checkbox"/> General Advice (e.g. If you exercise, you.....)</p> <p><input type="checkbox"/> General Warning (e.g. If you don't exercise....)</p> <p><input type="checkbox"/> Specific advice (e.g. If you exercise 5 times a week for 30 minutes a Day at moderate intensity, then....)</p> <p><input type="checkbox"/> Specific warning (e.g. If you don't exercise enough, your risk of getting CHD increases.....)</p> <p><input type="checkbox"/> Other (please specify) ..... ..... ..... .....</p> <p><input type="checkbox"/> Don't know</p>
<p>35</p>	<p>In what way was the message conveyed to the target population? (Please tick as many as apply.)</p>	<p><input type="checkbox"/> Media (TV, radio, papers, films)</p> <p><input type="checkbox"/> Post</p> <p><input type="checkbox"/> Internet / e-mail</p> <p><input type="checkbox"/> Intermediates, health care professionals</p> <p><input type="checkbox"/> Models/opinion</p> <p><input type="checkbox"/> Events e.g. Year of the Older Person, Falls Awareness Day</p> <p><input type="checkbox"/> Other (please specify)..... .....</p> <p><input type="checkbox"/> Don't know</p>



36	Having been implemented has this promotion strategy been evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
37	If yes, which aspects of this promotion strategy are evaluated?  (Please tick as many as apply)	<input type="checkbox"/> Behaviour change <input type="checkbox"/> Population reached <input type="checkbox"/> Cost effectiveness (e.g. total costs) <input type="checkbox"/> Other (specify) ..... ..... ..... <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
38	Does this promotion strategy include a specific plan or device to maintain the behaviour change achieved?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
39	If yes, what tools do you use to maintain behaviour change?  (Please tick as many as apply)	<input type="checkbox"/> Printed material posted <input type="checkbox"/> Telephone <input type="checkbox"/> Positive reinforcement/ feedback rewards <input type="checkbox"/> Financial incentives <input type="checkbox"/> Social support <input type="checkbox"/> Buddy groups <input type="checkbox"/> Opportunities to socialise <input type="checkbox"/> Promotion days <input type="checkbox"/> Other (please specify) ..... <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable



## Finance

40	What is the <u>total</u> cost of running this promotion strategy (including development)?	€ per annum <input type="checkbox"/> Don't know
41	Who funds this promotion strategy? (Tick as many boxes as apply.)	<input type="checkbox"/> National/regional government <input type="checkbox"/> health budget <input type="checkbox"/> social care budget <input type="checkbox"/> leisure/sport budget <input type="checkbox"/> other (please specify) ..... <input type="checkbox"/> City/local government <input type="checkbox"/> health budget <input type="checkbox"/> social care budget <input type="checkbox"/> leisure/sport budget <input type="checkbox"/> other (please specify) ..... <input type="checkbox"/> Lottery <input type="checkbox"/> Charity (e.g. churches) <input type="checkbox"/> Other (please specify) .....