



EUNAAPA's Work Package 6

Implementation and dissemination of Physical Activity Programmes for Older People

National Report PORTUGAL

*Jorge Mota
Joana Carvalho
Elisa Marques*

University of Porto – Faculty of Sport

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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 goal of EUNAAPA's work package 6 is to engage policy makers, providers and professionals as well as representatives of older people in a discourse about policy rationales and windows of opportunity for the development/implementation of policies in the area of physical activity promotion among older people.

In November 2007, the EUNAAPA Partners in each participating country were asked to enlist potentially relevant policy makers with the aid of a sampling Matrix, and after that the EUNAAPA Partners conducted a brief screening of the selected policy makers by phone with the aid of a short screening questionnaire. The resulting data have been submitted to the leader of work package 6 (University of Erlangen-Nürnberg) for a brief evaluation of expert screening, selection of workshop participants, development of a workshop strategy in cooperation with WP leader, preparation of national workshop. In February/March 2008 each participating country conducted its own national workshop.

The present document is a national report on WP6 and consists of two main parts: the analysis of the data collected in the mini phone survey and a summary and critical assessment of the national workshop.

Analysis of the Mini Phone Survey

Methods

Selection of survey subjects

As requested by the leader of Work Package 6, participants 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 15 to 20 policy-makers – ideally, at least one from each of the 12 boxes. They were also advised that, where this was not possible, two policy-makers could be selected from one box while another box would be left empty. Additionally, it was recommended that if the phone screening showed that certain policy-makers were especially promising, more than two policy-makers could be selected from one box.

On December, selected participants 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 participant by the Collaborating Partner and they were invited to complete the mini phone survey. Some potential respondents were not disposed to answer the mini survey by phone, but they agree to complete the short screening questionnaire by e-mail and return it soon as possible before 25 January.

Defaulters were reminded in mid-January (e-mail) and late January (e-mail). The last reminder included a warning that if questionnaire was not returned by 31 January, it might not be possible to include the data from the survey questionnaire on the final analysis and be invited for the national workshop.

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

	Sport sector		Health Care Sector		Social Care Sector	
	Government/ Political parties	NGOs	Government/ Political parties	NGOs	Government/ Political parties	NGOs
National / Regional	ministry of sport, national sports institute national or parliamentary advisory board on sport party expert or advisory board on sports 1	national sports association, sports association for older people 2	ministry of health, national institute of public health national or parliamentary advisory board on health party expert on health 3	national network for prevention, doctors' association, physiotherapists' association 4	ministry of social affairs/senior citizens/family affairs national or parliamentary advisory board on social care party expert on social affairs, seniors' organization of a political party, party representing older people 5	national social association, social care organization, senior citizens' association 6
Local	local or community sports Authority local sports advisory board 7	local sports club 8	local or community health authority local health advisory board 9	local branch of a health care association, representative of a local hospital or rehabilitation institution, Geriatrician 10	local or community social care authority local social care advisory board 11	senior citizens' local advisory Council local branch of a social care organization, Local representative of a senior citizens' association 12

Results

Selection and number of survey subjects via sampling matrix

All the seventeen selected policy-makers agreed to participate.

As we had presented in methods chapter, the selected participants represented all of the primary matrix fields, with 2 subjects representing box 1, 6, 7 and 8 (Table 2). Although a national sport association were enlisted to participate, and despite several reminders (see above), the selected participant did not return the screening questionnaire previously mailed. Moreover, in Portugal there is no NGO specialising in the delivery of recreational or competitive physical activity for older people.

As can be depicted from table 2, only the sport sector (NGOs - National/regional level) was not enclosed. Consequently, we collected the mini phone surveys from 16 respondents, covering 11 of the 12 fields standardized for WP6.

Table 2 – Number of survey subjects via sampling matrix.

	Sport Sector		Health Care Sector		Social Care Sector	
	Government/ Political parties	NGOs	Government/ Political parties	NGOs	Government/ Political parties	NGOs
National/ regional	2	0	1	1	1	2
Local	2	2	1	1	1	1

Sampling matrix

Judging from the matrix fields from which the actual respondents were recruited, it seems that ensuring government cooperation for the survey was rather difficult in the health and social care sector (no respondents for fields 3/9 and 5/11) but not in the sport sector (two respondents for matrix field 1, three for field 7). This might lead to the conclusion that it is mainly sport-related governmental institutions in Portugal that feel responsible for the topic of PA and ageing but not institutions/ministries from the other two sectors. The workshop could discuss whether this observation is correct or not and what the reasons are.

Overview of results:

1. Respondents' position within the organization

The national respondent's position is shown on Figure 1. As can be observed not all the positions are represented and, on the other hand, some sections are covered by several subjects and other sections have only one mark, as the following positions: Head of department and administrator/assistant. Also, the majority of respondents claim to be party experts/consultant or a committee member.

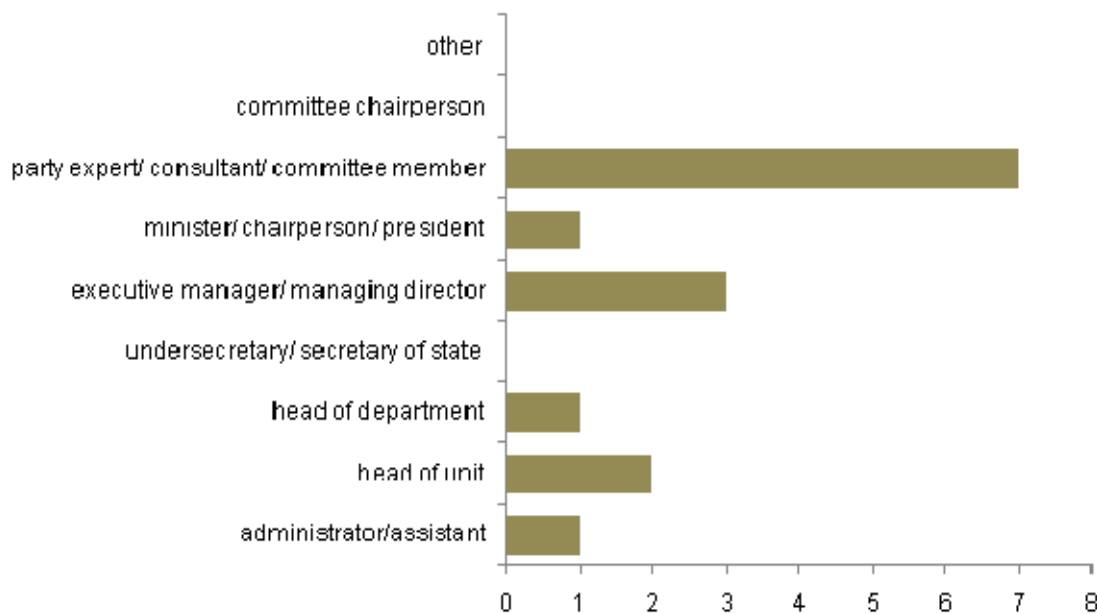


Figure 1 - The national respondents' position.

2. Respondents reporting any action vs. respondents reporting no action

Table 3 shows the subjects responses concerning the existence of any action with regard to the issue of physical activity and health among older people. There is obviously a prevalence of policy makers reporting any action (n=15), whereas only one subject reported the absence of any action.

Table 3 - Subjects' responses concerning the existence of any action.

	Any Action
Yes	14
No	1
Total	15

3. Determinants: overall analysis (for those reporting any action)

Trying to get an overview over all four determinants (goals, obligations, resources, and opportunities) (see figure 2), the situation seems to be most favorable in the area of goals, which are concrete, spelled out, and centered on improving the health of the population in most cases.

On the other side, the picture in the field of obligations is rather ambiguous: while roughly half of the respondents give all three items a 4 or 5 rating, the other half has a rather negative assessment of this section (also see section “Rows”).

The resources section also gets low overall “grades”. This result coincides with our observations for most other European countries (see Figure 3 and 4).

Responses for the fourth determinant indicate that the situation with respect to opportunities for promoting PA among older people has slightly improved or at least remained unchanged during the last year.

The mean values across all policy sectors (for those reporting any action) are presented in Figure 2.

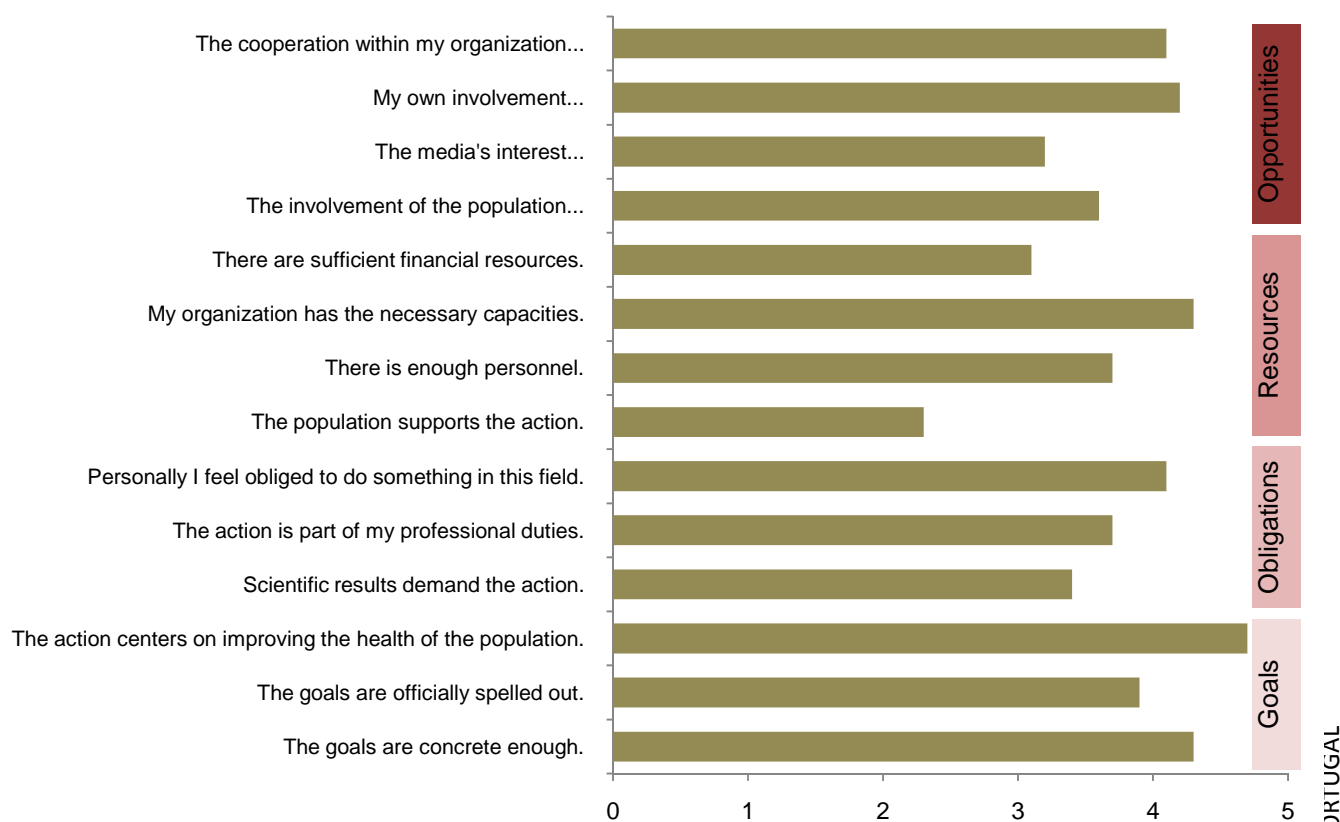


Figure 2 – Mean values for all items measuring determinants of policy implementation.

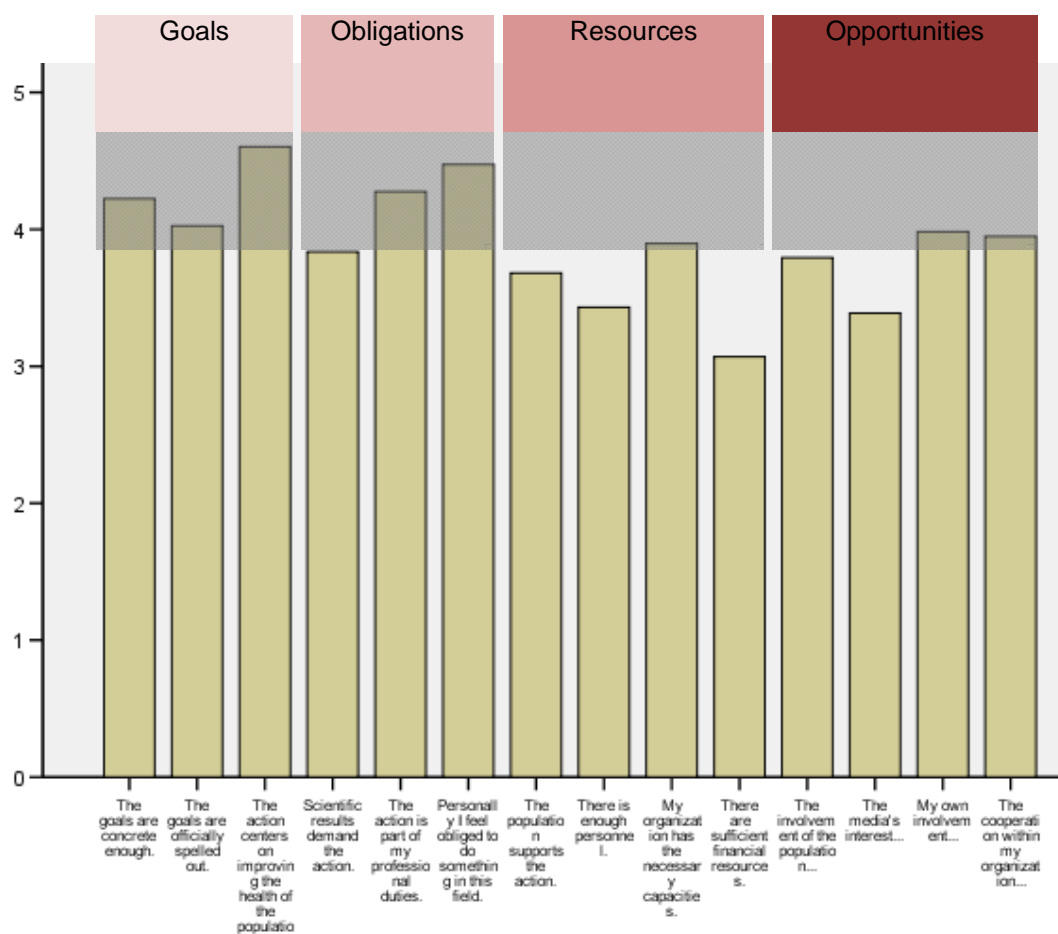


Figure 3 – Mean values across all nations and policy sectors (for those reporting any action)

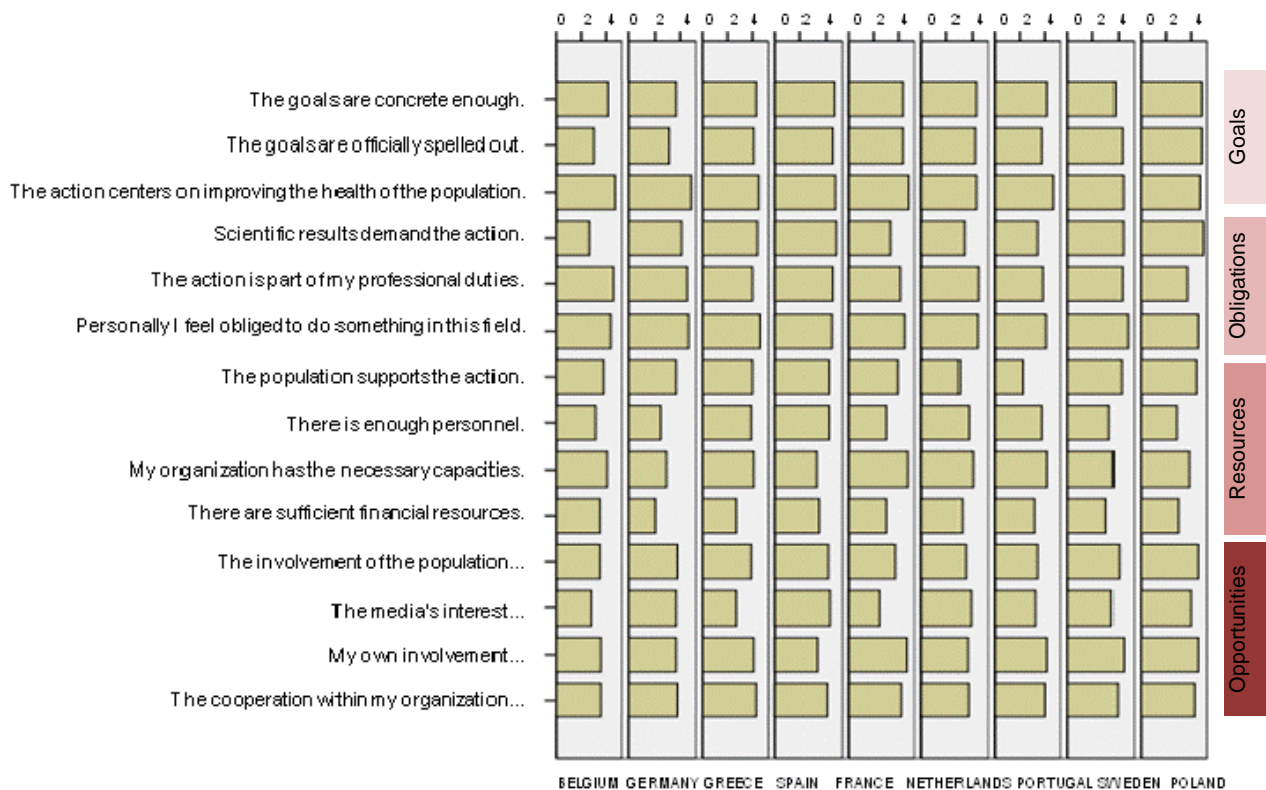


Figure 4 – Comparison of Country profiles (for those reporting any action)

4. Detailed analysis of columns (for those reporting any action)

In the area of resources, it is rather striking that, while financial resources are assessed rather negatively by most respondents, the personnel situation and organizational capacities are rated rather favorably (see figure 2). This is a somewhat surprising result that contrasts with many of our other European observations. If Portuguese organizations have enough personnel and capacities dealing with PA and ageing, this might be a good starting point to increase activity in the field.

Perhaps even more striking is the extreme negative assessment of the support of the population for the field of PA and ageing (Q5a), although some respondents indicate a slight improvement during the last year (Q6a).

Concerning opportunities, it is worth noting that most respondents gave a very positive reply with regard to their own involvement in the issue of PA and ageing during the last year. This seems to be a good sign for future initiatives in the field, as most respondents' involvement has increased during the last 12 months.

The figure below shows the percentage of respondents reporting dissatisfaction (values 1-3; for opportunities 1-2) for those reporting any action, which gives a interesting image of the items (columns) assessed negatively, and in contrast the items with lower percentages are those assessed more positively.



Figure 5 – % of Portuguese respondents reporting dissatisfaction (for those reporting any action)

Figure 6 summarizes the countries profile concerning the percentage of respondents reporting dissatisfaction. The results indicate that items with the higher percentage of negative assessment are those related to opportunities section.

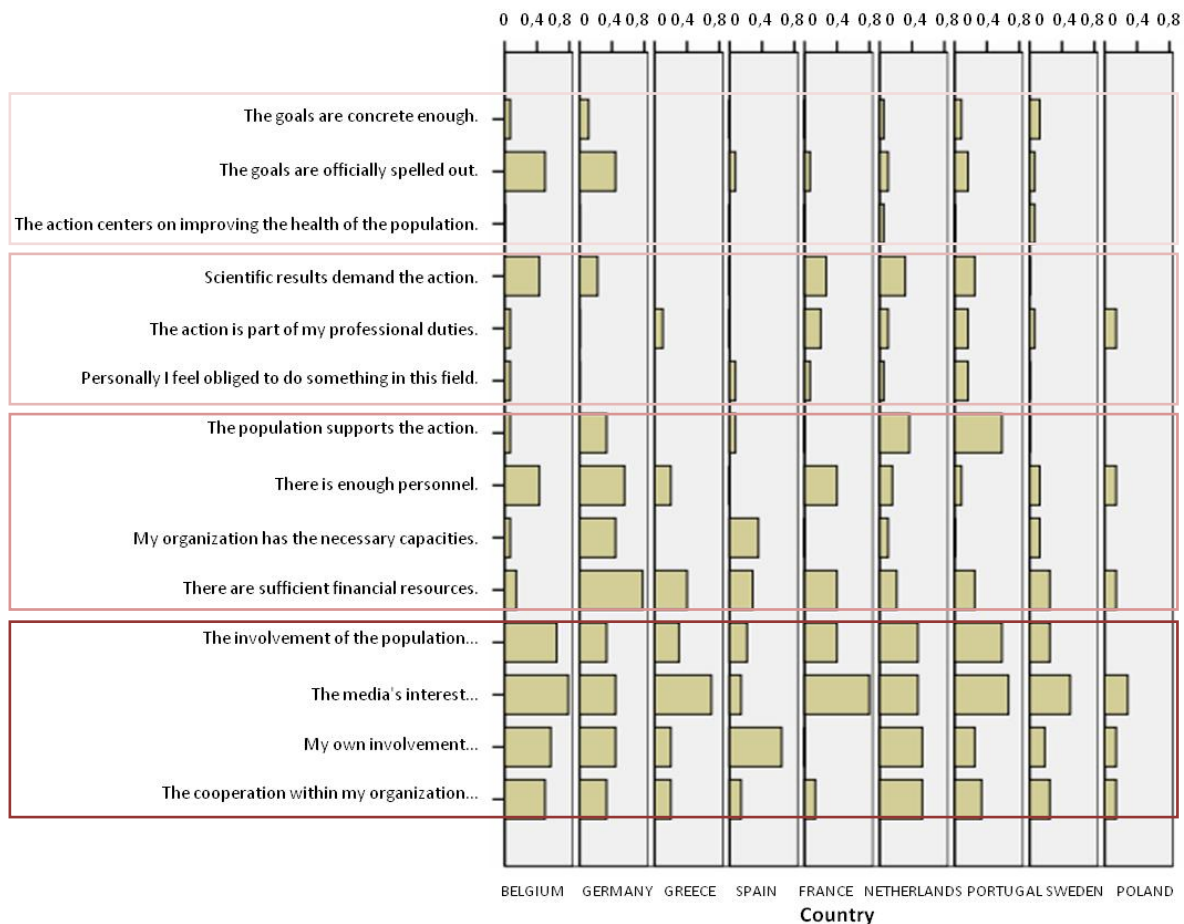


Figure 6 – Comparison of Country profiles (for those reporting any action)

4.1 National/local level analysis (for those reporting any action)

The following figures (7-10) provide further information of columns results, including data concerning the discriminate assessment for national level and local level. Figure 7 illustrate the mean values for Portuguese respondents, concerning all 4 determinants. Thus, the profiles of national/local level respondents are some what in contrast with the results of the European grades, which are almost equivalent for national and local levels (see figure 8).

Moreover, the dissatisfaction rate for national/local level (see figure 9) provides interesting results that confirm the differences between national and local level, observed previously. Differences are visibly observed in financial resources, personnel, for all obligations items and in the area of goals (not concrete enough, according national level respondents).

Differences concerning the percentage of respondents across all nations reporting dissatisfaction between national and local level are relatively minor (see figure 10), while differences in Portuguese respondents by levels are much larger (see figure 9). Moreover, the overall percentage of Portuguese respondents reporting dissatisfaction is higher than European respondents. For instance, only media's interest get the higher percentage score (almost 0,6) for national/local level, while financial resources, personnel and population

support for national level and population support and scientific results for local level are items with more than 0,6 points.

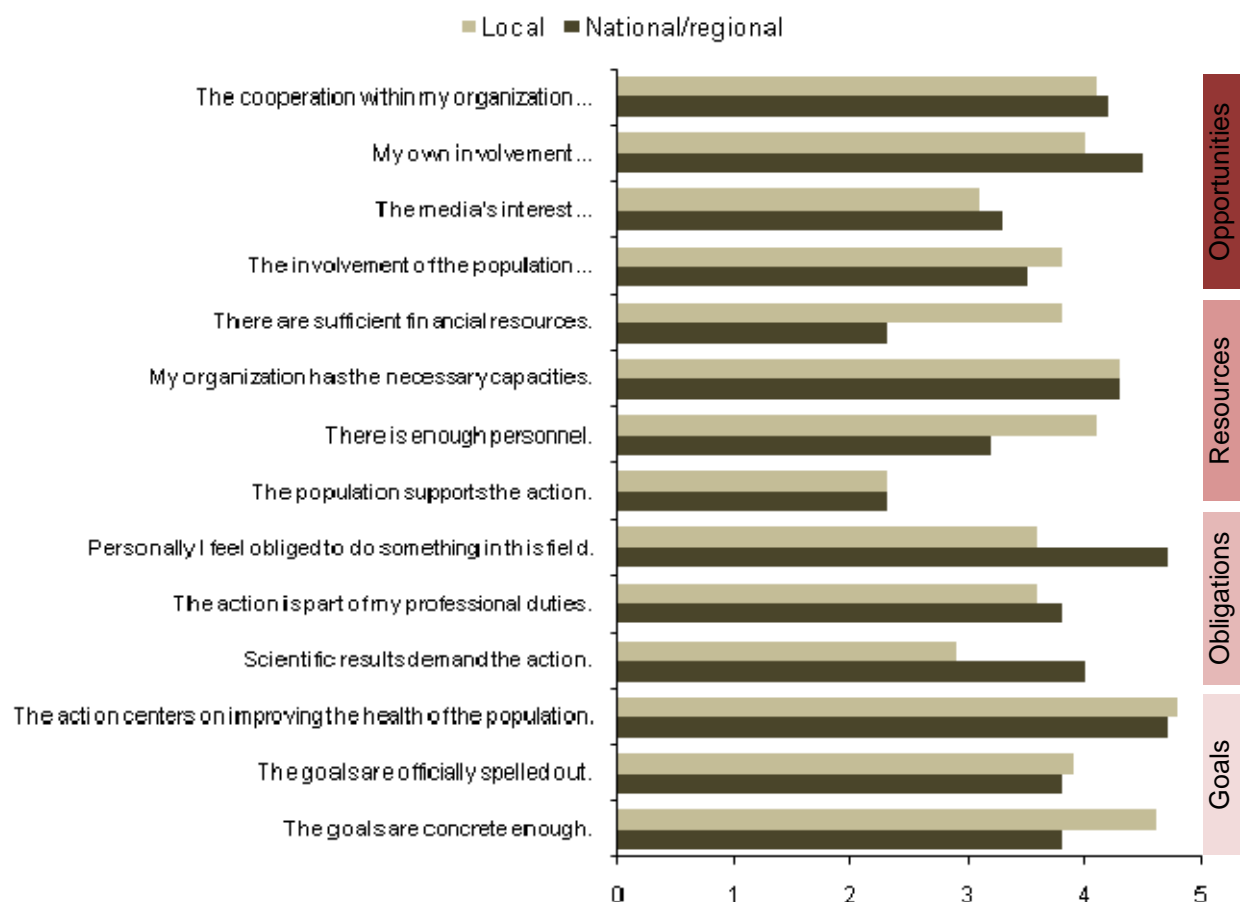


Figure 7 – Comparison of profile for national/local level (for those reporting any action)

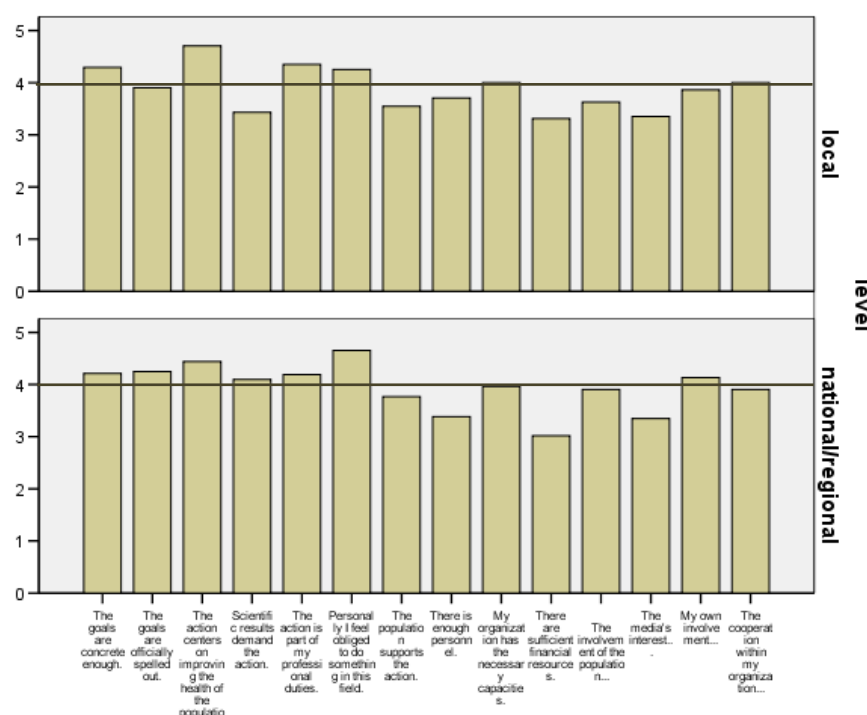


Figure 8 – Comparison of profile (mean values across all nations) for national/local level (for those reporting any action)

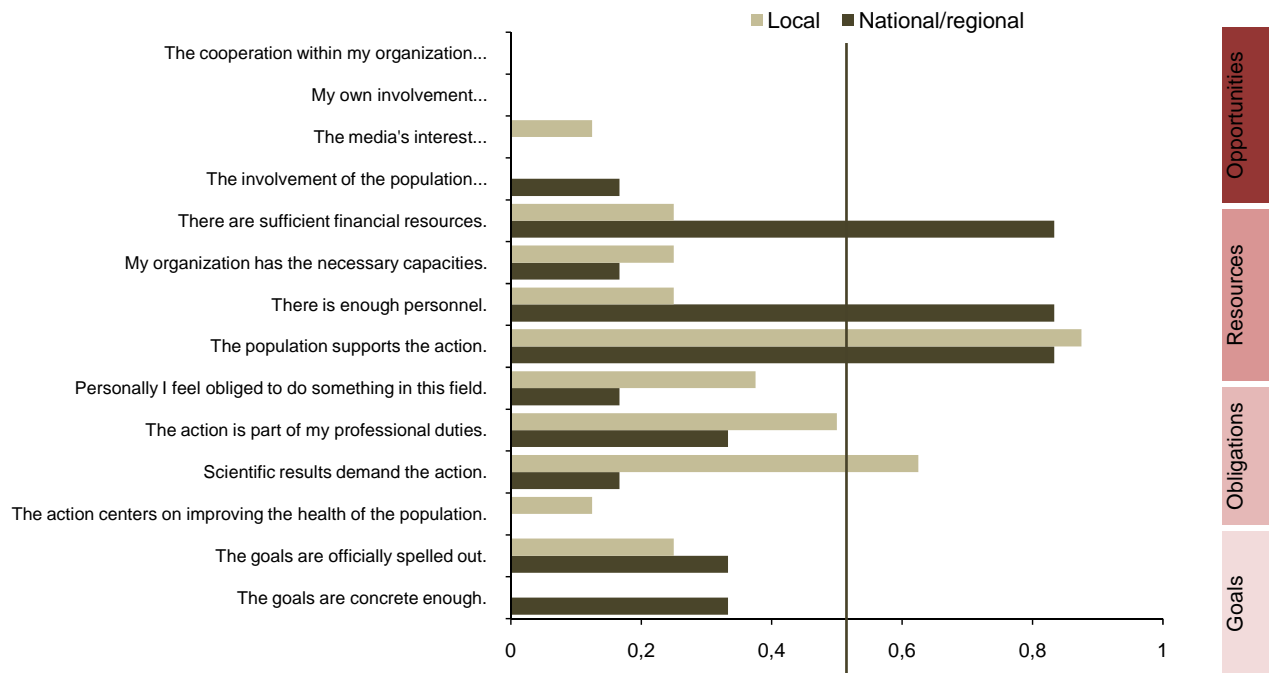


Figure 9 – Comparison of profile for national/local level concerning the % of Portuguese respondents reporting dissatisfaction, for those reporting any action (values 1-3; for opportunities 1-2).

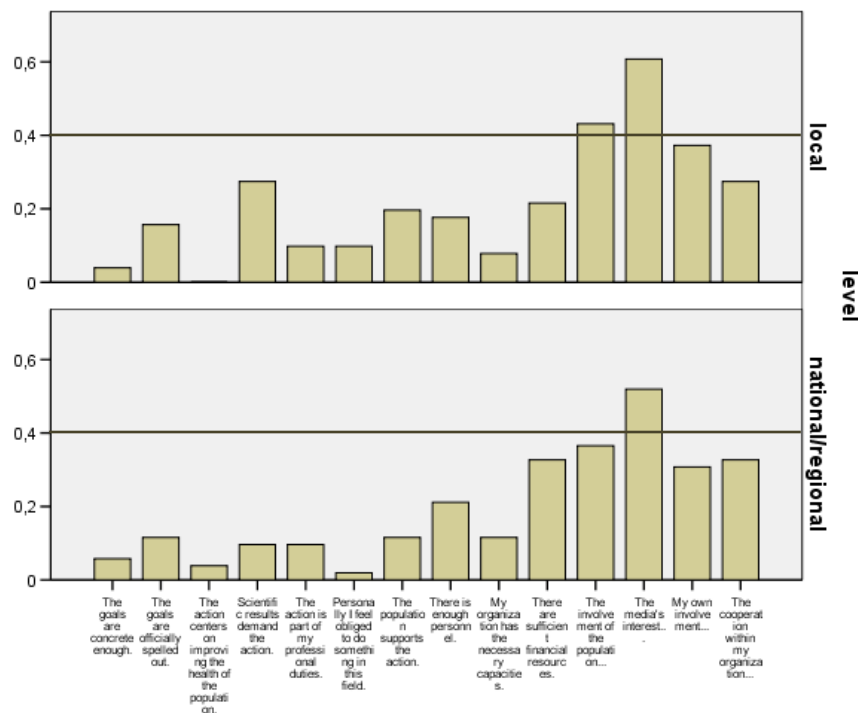


Figure 10 – Comparison of profile for national/local level concerning the % of respondents across all nations reporting dissatisfaction, for those reporting any action (values 1-3; for opportunities 1-2)

5. Detailed analysis of rows (sectors, fields of the sampling matrix, levels):

Taking a closer look at the rows of the chart, it is rather difficult to discern any structural differences between the various sectors or organization types (governmental organizations: odd numbers; NGOs: even numbers).

The only two striking differences between the various groups represented in the matrix concern organizational levels (national/regional: 1-6; local: 7-12). The first is the above-mentioned determinant of obligations, for which there seems to be one group with a very positive and one with a rather negative assessment of the situation. The latter group seems to consist completely of respondents from the local level (matrix fields 7 to 12).

For resources, the situation seems to be almost inverted, although the differences appear less pronounced. Nonetheless, one could argue that local respondents' assessment of personnel, capacities, and finances (Q5b, Q5c, Q5d) is slightly better than that of national/regional respondents.

6. Determinants: overall analysis *(for those reporting NO action)*

As previously observed (see point 2) only one subject report that his organization have no action with regard to the issue of physical activity and health among older people, making the analysis of this section limited (not representative). Trying to get an overview over all four determinants (goals, obligations, resources, and opportunities), the situation seems to be most favorable in the area of opportunities (with a 3 and 5 rating) especially the involvement of the population and the media's interest seems to have improved during the last year. Noteworthy, there are no goals involving the respondent and his organization.

On the other side, resources have the most negative assessment, namely on three items (personnel, capacities and financial resources). In general, these results contrast with our observations for most other European countries (see Figure 12).

The figure below illustrates, only for a descriptive purpose, those results. The mean values across all nations and policy sectors (for those reporting NO action, n=13) are presented in Figure 12.

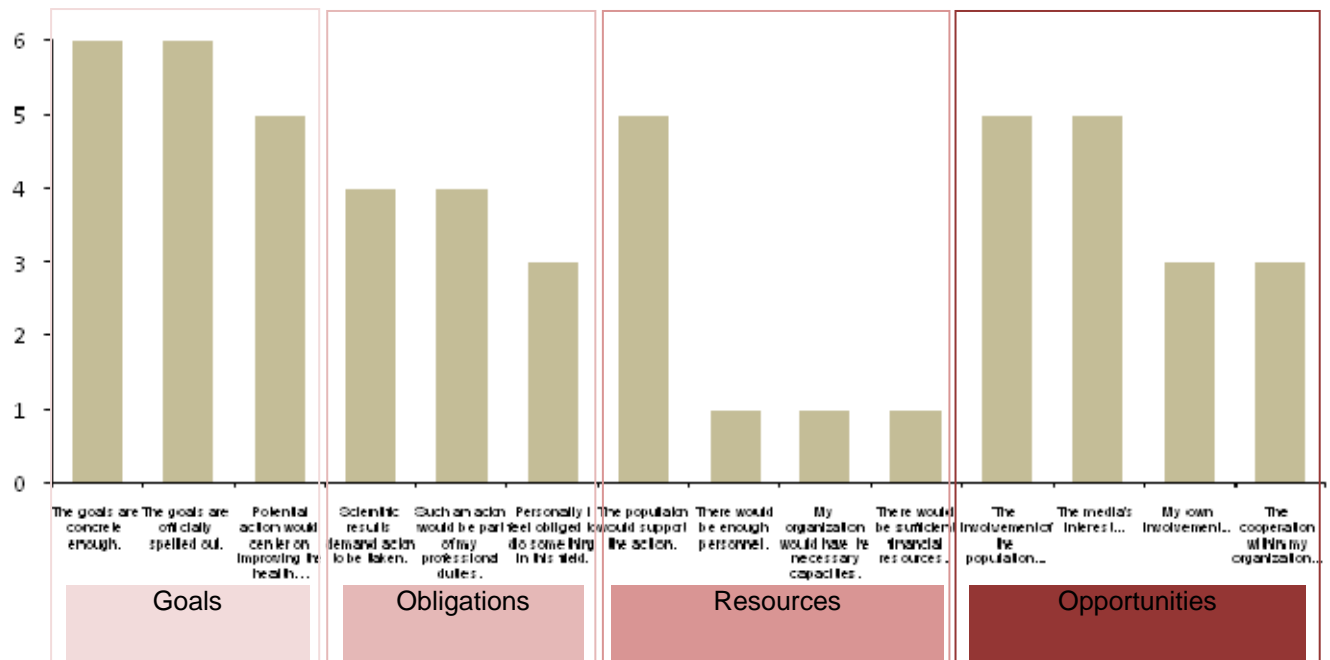


Figure 11 – Absolute values for all items measuring determinants of policy implementation (subject reporting NO action).

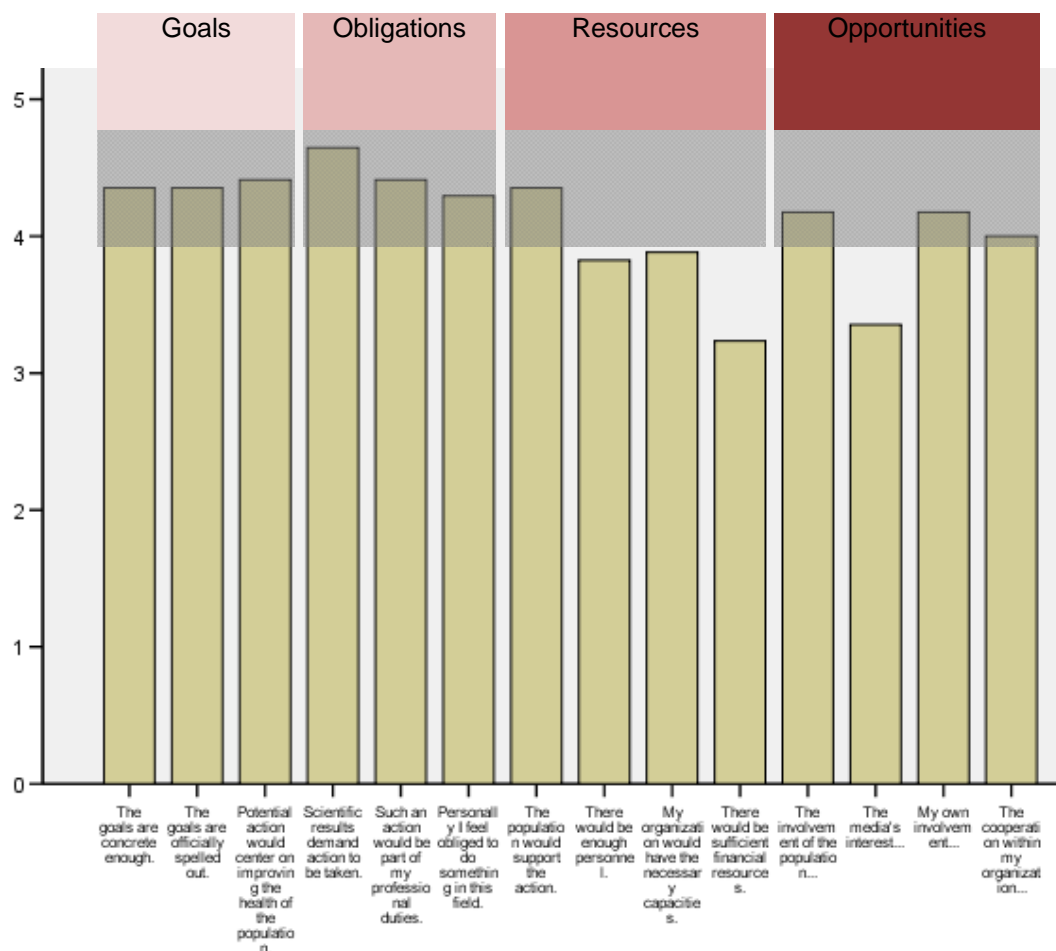


Figure 12 – Mean values across all nations and policy sectors (for those reporting NO action, n=13)

Summary and Critical Assessment of National Workshop

Attendees (Name/organization/position/matrix field)

Following the timeframe for national workshops (February-March 2008) determined by WP6 Leader, we set the Portuguese workshop on 6 March 2008. Although all survey subjects (n=15) were invited to participate, only seven policy-makers joined the workshop. The small number of participants reduced the potential diversity in the individual position (within the organization) and in the matrix position (box in the sampling matrix).

The general information of participants is presented on table 2, and the sectors absent are point out on table 3 (boxes 2, 4, 5, 9, 10 and 11).

Table 2 – The participants' general information.

Name	Participant's organization	Position within the organization	Respondent's box in sampling matrix
Ana Rodrigues	Oeiras City Hall	executive manager/managing director	5
Andreia Pizarro	VivaFit	executive manager/managing director	8
Constança Paul	UNIFAI / ICBAS-University of Porto	party expert/consultant/committee member	3
Dárida Castro	Local branch of social care organization	party expert/consultant/committee member	12
Filipe Peixoto	Porto City Hall	executive manager/managing director	7
Joana Gomes	Sport institute of Portugal	head of unit	1
Paulo Roncha	Porto City Hall	executive manager/managing director	7

Table 2 – Matrix used to guide the selection of policy-makers for WP6.

	Sport sector		Health Care Sector		Social Care Sector	
	Government/ Political parties	NGOs	Government/ Political parties	NGOs	Government/ Political parties	NGOs
National / Regional	1	2 national sports association, sports association for older people	3	4 national network for prevention, doctors' association, physiotherapists' association	5 ministry of social affairs/senior citizens/family affairs, national or parliamentary advisory board on social care, party expert on social affairs, seniors' organization of a political party, party representing older people	6
Local	7	8	9 local or community health authority, local health advisory board	10 local branch of a health care association, representative of a local hospital or rehabilitation institution, Geriatrician	11 local or community social care authority, local social care advisory board	12

Discussion of WP4

The results of the National and European WP4 survey were briefly presented in the workshop. It should be noted that all participants received a summary of the overall WP4 report. In general, the importance of such a survey was highlighted but it was also noted that the assessment of physical activity and physical functioning is not as common as it should be expected or needed. It was emphasized the lack of knowledge in the assessment/evaluation area along with the common detachment between universities (experts on assessment instruments) and policy-makers. A side from the compelling reasons, it was assumed that a usual record of objective measures is the key to control the outcomes from an exercise program, and is useful to raise the motivation and instigate/preserve a physical active lifestyle. The nature of the PA programme should dictate the measures of interest to be assessed. In the presence of tests results, the instructors will know how much change has occurred and the effectiveness of the prescribed exercise training.

Taking into account that participants in the national policy-makers' workshop are not experts on the assessment area, we mostly depicted the results of the WP4 report, since the capacity to discuss/ agree/ disagree with the results was limited to their areas of

professional practice/expertise. No special interest was voiced in implementing the results of the WP4 survey.

Discussion of WP5

Concerning the WP5 presentation, the same method as for WP4 was used, and attendees also received a summary of the results of the overall report and the guidelines summary. The national report was perceived as being adequate and the brief discussion of the report pointed out several important issues that appeared to interest all participants. For example, the financial resources, the promotion strategies, the higher proportion of women that participate in Portuguese PA programs, the pre-participation assessment, the transport provided for participants, cost paid by participants, and partnerships with local healthcare professionals or organizations.

The results presented in the national WP5 report concerning the mentioned topics only gathered descriptive information on Portuguese examples of PA programmes and PA promotion strategies for older people which were deemed to be 'successful' (not the most excellent, with no fails). From this standpoint, the issues discussed lay emphasis on what could be improved (based on the comparison between these programmes and strategies with evidence based guidelines identified by a systematic search of the scientific literature).

In this sense, the following paragraphs briefly describe the attendees' opinion concerning the results of the WP5 report.

Increase collaboration among municipalities and universities and other organizations to help policy-makers to implement physical activity programs.

Increase funding for PA programmes (mostly for equipments and transportation) and promotion strategies in communities.

Provide physical activity assessment and counseling tools for health care staff/ PA instructors to encourage older participants to be more active.

Encourage the unpaid volunteers to contribute to the PA programmes.

Increase community availability and accessibility of physical activity opportunities and facilities.

Encourage physicians and other health care providers to provide written and verbal information to older people about physical activity benefits.

Collaborate with private organizations to promote PA programmes.

Restrict the free access to PA programmes only to older participants that cannot afford the membership.

Increase the relationship between Private Institutions of Social Solidarity (IPSS) and Autarchies.

Increase the requirement of a simple health check for older adults' admission to PA programmes.

Encourage partnerships with private clinics and health club centres (using the off-peak period).

Discussion of WP6

WP6 discussion fall into three areas: ways to increase the resources allocated to PA and ageing, ways to further improve opportunities in the future, and ways to increase support by the population in the future.

Taken together, the main suggestions include increase the government budget, make financial arrangements with private sectors, and encourage the development of partnerships, increase the media's interest base on data supplied by physicians and other health care providers, and use press releases to increase publicity.

Define possible and successful approaches to increase support by population was perhaps the most difficult point discussed. It is commonly assumed that physical activity opportunities for older adults should be free of charge or eventually with a very low fee. However, to increase promotion of PA among older people, the population support seems to be vital. The most accepted suggestion was to develop PA programmes with a distinguish cost according the target groups (those with financial resources will pay the higher fee and those with low financial resources would be supported by public funds).

Concluding remarks

This report gives an overview of the national workshop (broad discussion on action to promote PA among older people). Taking into account the responsiveness of all group and the involvement in a discourse on PA promotion, this national workshop should be consider a success. This initiative will probably create an environment favouring the dialogue between physical activity experts and policy-makers, which, in turn, might elicit a will to develop a joint strategy in the future.

Acknowledgment

We would like to thank the policy-makers and the mini-survey respondents for their collaboration and support.