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Do local governments in Poland care about the physical activity of the local community? Health promotion activities targeting physical activity organized by local government units

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Abstract

Introduction. When it comes to physical activity, activities at the local government level are extremely important, including, among other things, investing in the development of recreational and sports infrastructure in municipalities and counties, as well as implementing and financing health programs aimed at promoting physical activity among the population. Also, activities at the central level, implemented by the ministries of education, health, or transportation, aiming to implement policies that encourage the public to move, have a significant impact on the level of physical activity among young people. Objective. The study aimed to assess the prevalence of implementation of public health tasks by local government units in Poland, with a particular focus on activities in the area of physical activity. Material and methods. The study was conducted from May 13, 2020, to October 31, 2021. (18 months) in electronic form. The research group consisted of 1,118 representatives of local government offices of two levels: municipal (962 offices; 91.9% of the total) and district (91 offices; 8.1% of the total). According to the state at the time of the survey (as of 01.01.2021), Poland is divided into 16 provinces, 314 counties 2,477 municipalities (302 urban including 66 cities with county rights, 652 urban-rural and 1,523 rural). The survey covered 41.5% of municipalities and 29% of districts in Poland. Results and conclusions. The vast majority of local governments declare that they undertake activities in the area of physical activity, and these activities are often undertaken in cooperation with other local governments. Local governments very rarely implement health policy programs that include interventions in the area of physical activity, and among the reasons for not implementing such activities they usually point to financial and staffing problems. The promotion of physical activity is one of the three main areas of cooperation between local governments and non-government organizations, and their main scope is limited to informational and educational interventions.

Keywords: physical activity, health policy programs, local government units, public health

Introduction

Limited physical activity, included in the group of risk factors for diseases of civilization, is among the core interests of health promotion. These topics are addressed both at the level of health education and prevention, as well as health policy. All of the above-mentioned tools of health promotion are closely

interconnected, and the high effectiveness of health measures in society requires their constant cooperation [1]. Health education is a lifelong process of teaching people how to live to preserve and improve their own and others' health, and in the event of disease or disability to actively participate in its treatment, cope with and reduce its negative effects [2]. In the case of physical activity, this education is intended to impart knowledge of its theoretical basis, form health-promoting attitudes, and develop skills to increase its level in everyday life, taking into account the individual's needs and abilities. The goal of prevention, in turn, will be the prevention of diseases directly or indirectly related to physical activity or, more often, the lack thereof. These conditions include cardiovascular diseases, diseases of the musculoskeletal system, and obesity, among others [1]. Health policy is a strategy adopted by a country to control and optimize the use of medical knowledge and available resources applied to solve health problems [3]. Regarding physical activity, health policy is mainly reflected in the form of health programs implemented by public authorities, both at the national level [4] and at the local level, as well as in the implementation of public health tasks [5].

An individual's physical activity is influenced by both personal and socio-environmental factors. Among the former are biological factors (including age, gender, and motor skills), genetic factors, and psychological factors (including motivation, and self-esteem). Socio-environmental factors influencing the level of physical activity appear both at the level of the individual's immediate environment and his relationship with the wider community in which he lives. The system of values and traditions in which individual functions, as well as the influence of the local community, are also not insignificant to the level of physical activity. Activities at the local government unit (LGU) level, including, among other things, investing in the development of recreational and sports infrastructure in municipalities and counties, as well as implementing and financing health programs aimed at promoting physical activity among residents, should be considered particularly important here. Also, activities at the central level, implemented by the ministries of education, health, or transportation, aiming to implement policies that encourage the public to move, have a significant impact on the level of physical activity among young people. Environmental factors, in turn, include geographic location and climate [6].

The survey aimed to assess the prevalence of local government units in Poland's implementation of public health tasks, with a particular focus on activities in the area of physical activity.

Materials and methods

The study was conducted from May 13, 2020, to October 31, 2021. (18 months) in electronic form. The survey group consisted of 1,118 representatives of local government offices at two levels: municipal (962 offices; 91.9% of the total) and district (91 offices; 8.1% of the total). According to the state at the time of the survey (as of 01.01.2021), Poland is divided into 16 provinces, 314 counties, 2,477 municipalities (302 urban including 66 cities with county rights, 652 urban-rural and 1,523 rural). The survey covered 41.5% of municipalities and 29% of districts in Poland.

As part of the research work, an author's survey questionnaire was constructed and addressed to representatives of local government offices. A total of 33 questions were addressed to them regarding the implementation of health promotion tasks aimed at the local community. The survey was carried out using the CAWI (Computer Assisted Web Interviews) web survey method. Questionnaires were prepared in Google Forms, and responses were collected automatically in Google Sheets. Contact with potential recipients in the form of mailing was used to distribute the questionnaires - links to the questionnaires were sent electronically to all offices of local government units in Poland at the municipal and district levels (2,791 offices). Due to the unsatisfactory return rate of the questionnaires, 1,200 phone calls were also made to randomly select offices. In the end, the measures taken translated into a survey group of 1,118 offices and a return rate of 40%.

Results

Of the 1,118 local government offices surveyed, public health tasks are undertaken by 1,021 institutions (91.3% of the total). The lowest percentage of offices implementing the above-mentioned activities was recorded among rural municipalities (90.2%). Among the most common public health tasks undertaken by LGUs are: activities in the area of physical activity (78.7%), health promotion (75.5%), and health education tailored to the needs of different groups of the population (65.2%). Detailed data on the above-mentioned activities are presented in Table 1.

Table 1 Public health tasks carried out by local government offices (n=1118).

Public health activities implemented by LGU	yes		not		together	
	number	%	number	%	number	%
Activities in the area of physical activity	880	78.7	238	21.3	1118	100
Health promotion	844	75.5	274	24.5	1118	100
Health education is tailored to the needs of different groups of society. especially children. adolescents and the elderly	729	65.2	389	34.8	1118	100
Disease prevention	701	62.7	417	37.3	1118	100
Activities to identify. eliminate or reduce risks and harm to physical and mental health in the residential. learning. working and recreational environment	378	33.8	740	66.2	1118	100
Monitoring and evaluation of the health status of the population. health risks and health-related quality of life of the population	229	20.5	889	79.5	1118	100
Reducing health inequalities due to socioeconomic conditions	177	15.8	941	84.2	1118	100
Analysis of the adequacy and effectiveness of the health care services provided about the identified health needs of the population	176	15.7	942	84.3	1118	100
Development of personnel participating in the implementation of public health tasks	128	11.4	990	88.6	1118	100
Initiate and conduct scientific research and international cooperation in the field of public health	15	1.3	1103	98.7	1118	100

Only 39 of the surveyed offices have a separate public health-related organizational unit (3.5%), while 105 have a public health-related position (9.4%). Local government offices in the area of implementation of activities in the field of physical activity most often cooperate with other public administration units - with the County Office (68.1%), the Provincial Office (59.7%), and the Marshal's Office (57.6%). Detailed data are illustrated in Figure 1.

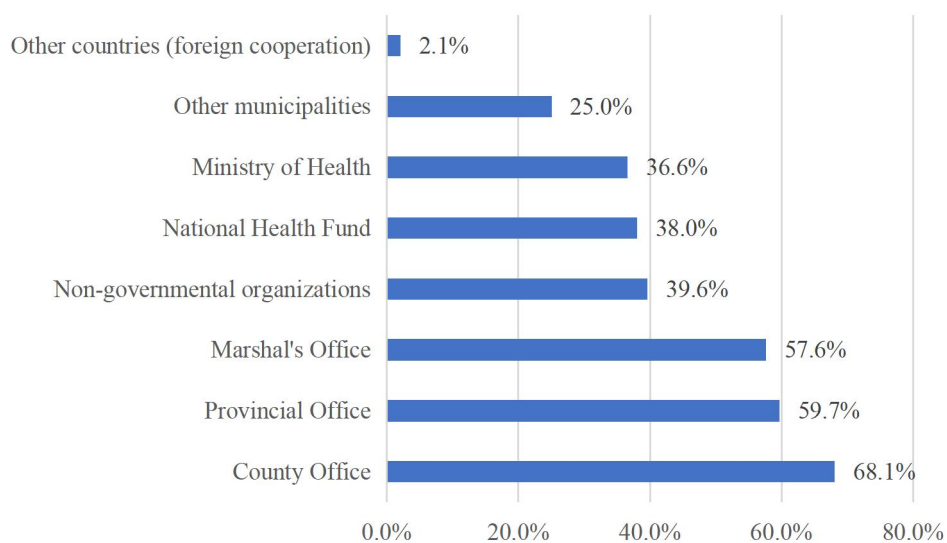


Figure 1: Cooperation of LGU with other entities in the area of implementation of activities in the area of physical activity (%; n=880).

Of all the surveyed offices, any health policy program during the survey period was implemented by 316 LGUs (28.3%), while in the past 207 offices (18.5%). Health policy programs are not implemented mainly due to a lack of funds for this purpose (77.9%) and staffing problems - a lack of employees with the competence to design the program (49.4%). Details are illustrated in Figure 2.

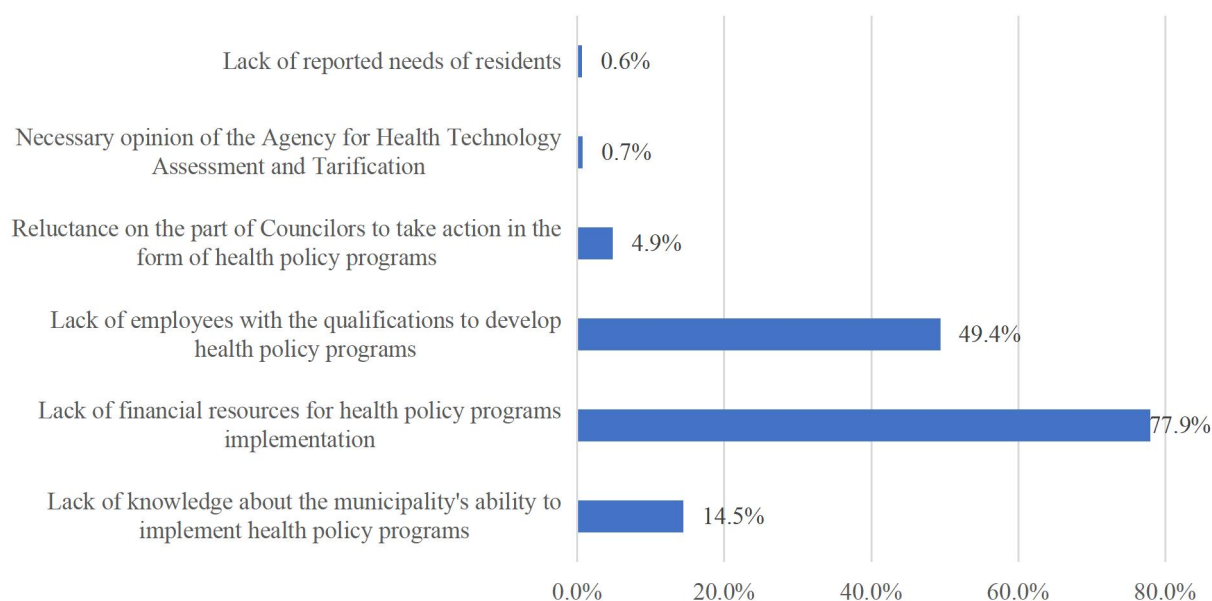


Figure 2 Reasons for not implementing health policy programs by LGU (%; n=802).

Among the thematic areas of the health policy programs most frequently implemented by LGUs appear p/HPV vaccination in the adolescent girl population (12.4% of LGUs) and p/ flu vaccination in the elderly population (10.6%). Programs on promoting physical activity among the local community appear sporadically, with 10 offices implementing such a program in the population of children and adolescents (0.9% of the total), and another 6 in the adult population (0.5%). Among the reasons underpinning the choice of thematic areas for implemented PSPs, representatives of offices most often point to suggestions from residents (69.9%) and LGU authorities (40.5%). On the other hand, among the most common organizational problems and barriers in the implementation of health programs or concerns in connection with programs yet to be planned for implementation are: difficulties in recruiting participants (38.6%) and in selecting a program implementer (33.2%). Detailed data are presented in Table 2 and Figures 3-4.

Table 2. Thematic areas of health policy programs implemented by LGU (n=1118).

Health policy programs implemented by LGU - thematic areas	yes		not		together	
	number	%	number	%	number	%
Vaccination with p/HPV (cervical cancer prevention) in the adolescent girl population	139	12.4	979	87.6	1118	100
Influenza vaccination in the elderly population	118	10.6	1000	89.4	1118	100
Caries prevention in the child/youth population	39	3.5	1079	96.5	1118	100
Vaccination against meningococcus in child/adolescent or elderly population	37	3.3	1081	96.7	1118	100
Prevention of breast cancer in the female population	33	3.0	1085	97.0	1118	100
Prevention of postural defects in the child/youth population	31	2.8	1087	97.2	1118	100
Prevention of cardiovascular disease in the adult population	24	2.1	1094	97.9	1118	100
Prevention of overweight/obesity in the child/youth population	23	2.1	1095	97.9	1118	100
Pneumococcal vaccination in the child population	21	1.9	1097	98.1	1118	100
Prevention of visual impairment in the child/youth population	20	1.8	1098	98.2	1118	100
Prevention of HCV infection in the adult population	20	1.8	1098	98.2	1118	100

Prevention of diabetes in the adult population	17	1.5	1101	98.5	1118	100
Prevention of overweight/obesity in the adult population	15	1.3	1103	98.7	1118	100
Prevention of mental and behavioral disorders	15	1.3	1103	98.7	1118	100
Prevention of hearing defects in the child/youth population	14	1.3	1104	98.7	1118	100
Prostate cancer prevention in the male population	12	1.1	1106	98.9	1118	100
Promotion of physical activity among children and young people	10	0.9	1108	99.1	1118	100
Prevention of cardiovascular disease in the child/youth population	9	0.8	1109	99.2	1118	100
Prevention of colorectal cancer in the adult population	8	0.7	1110	99.3	1118	100
Prevention of osteoporosis in the adult population	6	0.5	1112	99.5	1118	100
Lyme disease prevention in the adult population	6	0.5	1112	99.5	1118	100
Antenatal education (birthing schools)	6	0.5	1112	99.5	1118	100
Promotion of physical activity among adults	6	0.5	1112	99.5	1118	100
Vaccination against/rotaviruses in the child population	5	0.4	1113	99.6	1118	100
Vaccination against chickenpox in the child population	3	0.3	1115	99.7	1118	100
In vitro fertilization infertility treatment	3	0.3	1115	99.7	1118	100

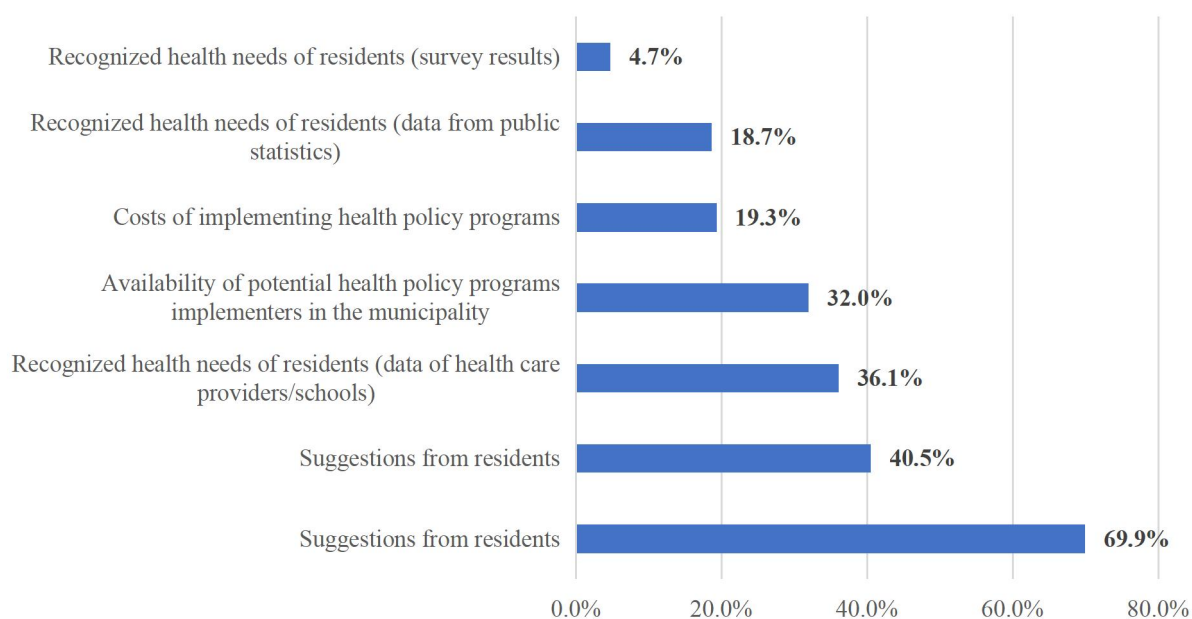


Figure 3: Reasons for choosing the focus area of health policy programs implemented by LGU (%; n=316).

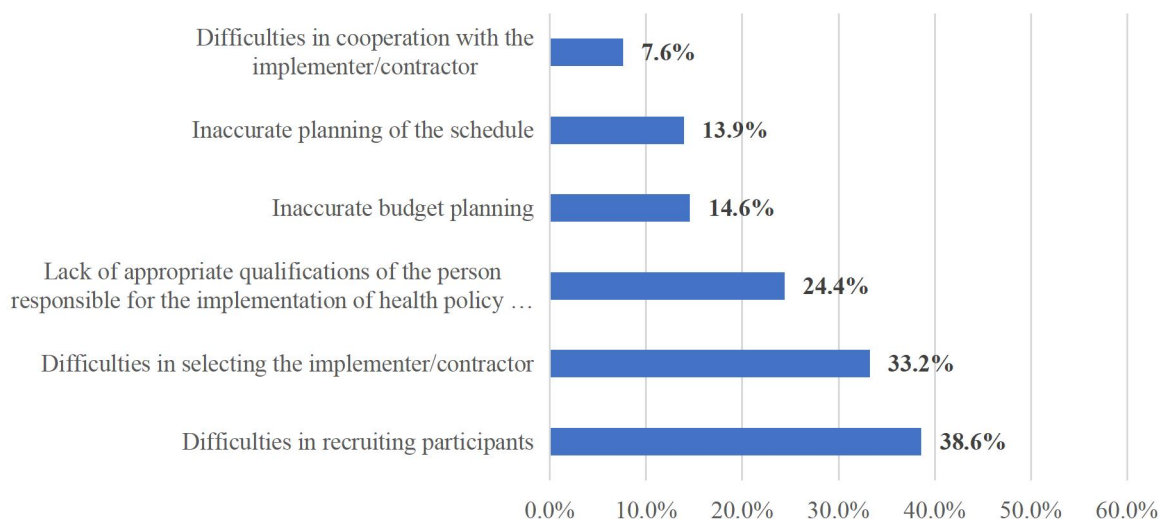


Figure 4: Problems and concerns of LGU officials related to the planning and implementation of health policy programs (%; n=316).

Of all the surveyed offices, 443 institutions (39.6%) cooperate with non-government organizations (NGOs) in the area of implementation of public health tasks, while another 161 offices (14.4%) have cooperated in the past. This cooperation is not undertaken mainly due to the lack of funds to provide support to NGOs in the implementation of such tasks (98.4%) and the lack of interested NGOs in the subordinate area (75.7%). Public health tasks carried out by LGU in cooperation with the non-governmental sector are most often related to the popularization of knowledge about the disease and support of sick people or their families (8.6%), drug prevention (8.4%) and promotion of physical activity (7.6%). Details are shown in Figure 5 and Table 3.

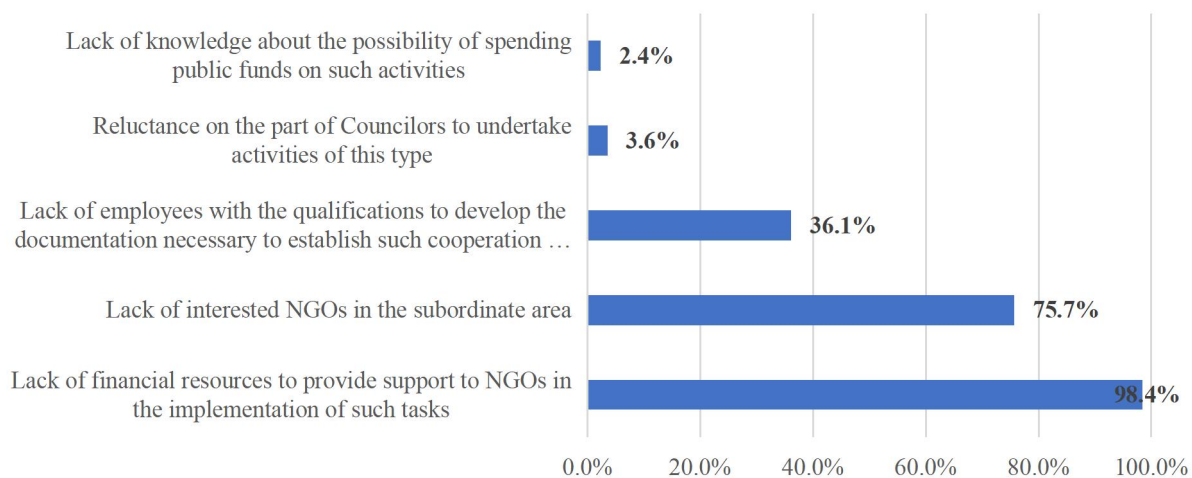


Figure 5: Reasons for not cooperating by LGU with NGOs in the implementation of public health tasks (%; n=675).

Table 3. Thematic areas of cooperation between LGU and NGOs in the area of implementation of public health tasks (n=1118).

Subject area	yes		not		together	
	number	%	number	%	number	%
Popularize knowledge about the disease and support patients or their families (cooperation with patient organizations)	96	8.6	1022	91.4	1118	100.0
Drug prevention	94	8.4	1024	91.6	1118	100.0
Promotion of physical activity	85	7.6	1033	92.4	1118	100.0
Promotion of healthy eating	71	6.4	1047	93.6	1118	100.0
Tobacco Prevention	67	6.0	1051	94.0	1118	100.0
Alcohol prevention	62	5.5	1056	94.5	1118	100.0
Mental health promotion	53	4.7	1065	95.3	1118	100.0
Prevention of respiratory diseases	52	4.7	1066	95.3	1118	100.0
Cancer prevention	48	4.3	1070	95.7	1118	100.0
Prevention of cardiovascular diseases	48	4.3	1070	95.7	1118	100.0
Promotion of immunization	37	3.3	1081	96.7	1118	100.0
Prevention of domestic violence	34	3.0	1084	97.0	1118	100.0
Education in the knowledge of patient rights	20	1.8	1098	98.2	1118	100.0
Increasing access to health services	15	1.3	1103	98.7	1118	100.0

Discussion

To boost physical activity among the population, institutional and community reforms are required. Local and state health departments are well-positioned to act as catalysts for these changes. The focus should be placed on strategies that are supported by research, such as advocating for high-quality physical education in schools, community-based social networks, and organized physical activity programs, as well as organizational practices, policies, and initiatives that encourage physical activity at work [7]. In communities where the built environment significantly hinders physical activity, health departments must also pay attention to land use and transportation policies and practices. This is especially important in economically disadvantaged communities that are disproportionately affected by the chronic disease [8].

As is well known, it is state health policy that is the vehicle for initiating structural and environmental changes that promote physical activity. However, to date, little is known about the evidence supporting local governments in their promotion policies [8, 9]. A study on the French Riviera set out to collect data on comprehensive policies targeting physical activity. From this study, it was found that national policy support, involvement of elected officials, and large networks of local stakeholders facilitate physical activity promotion, while lack of cross-sector collaboration and limited resources are sometimes limiting factors [10]. In another study that assessed the participation of local health departments in activities that promote physical activity, it was observed that the participation of these entities in activities to promote exercise and sports was extremely low, and these activities were rated as marginal [12]. In a study on the city of Rockhampton, a series of surveys were conducted with focus groups. While the results of these surveys indicate that physical activity is not considered a core activity of this local government, there is an understanding of the role local government plays in providing facilities and infrastructure that supports the community's ability to be active. Focus groups identified emerging patterns regarding physical infrastructure, accountability and safety, accountability within the organizational structure, and community partnerships [13]. An important disruptive factor in the development of the physical activity sector was the COVID-19 pandemic, as also observed in another study of our own [14, 15]. Although many studies have assessed physical activity as a preventive factor in severe SARS-CoV-2 infection right next to nutrition and mental hygiene [16-19].

The current perspective of international organizations on the spread of physical activity focuses on implementing solutions that favor being physically active daily, in a variety of situations. That is, those conducive to shuffling by bicycle or on foot to school and work, as well as spending leisure time in open, safe public spaces. This stands in opposition to thinking about the promotion of physical activity solely through the lens of sports and enclosed infrastructure - popular in Polish local government [8]. Broader thinking about the role of local government in the dissemination of physical activity can be fostered by using the Global Matrix model, which includes a variety of behaviors and the determinants of those behaviors, in the context of which specific public programs and policies can be thought of [20]. The areas of physical activity in this model are

general physical activity, unorganized activity (active play/recreation), participation in organized sports and activities, sedentary behavior (passive exercise), active transportation, family and friends, school/work, society and environment, government, and physical fitness [9]. It is worth emphasizing here the importance and role of institutions in the form of the World Health Organization (WHO). According to a study by Gelius et al. [21], most European Union (EU) member states either have physical activity recommendations or are in the process of developing them. There is a general trend toward using the WHO's global recommendations as a basis, with the greatest variation seen for children and adolescents [22]. A comparison of the results with the previous round of data collection shows that the number of EU countries with physical activity recommendations is increasing and that both special groups and sedentary lifestyle behaviors have become more important in recent years.

Given the above, it is worth noting that despite the key role of physical activity in building health potential and multiplying it, this promotional activity is still a marginal activity on the part of local governments. This issue requires a practical approach and the implementation of solutions, which can be defined in a nutshell based on the available literature and the scrolling advice on social and health activation. Undoubtedly, to expand the thinking on the dissemination of physical activity, such activities should be undertaken as [9, 13, 23, 24]: mapping of diverse stakeholders (outside the sports sector) who influence community physical activity; inclusion of multiple actors in the process of thinking about policies that affect population physical activity, including - the vision, goals of programs, as well as operational activities; education about the important role of influencing physical activity in different contexts among different actors (including - from the traditional sports sector); promotion of cross-sectoral cooperation, leading to the search for points of contact between different public policies that can affect community physical activity. In addition, an important, and often underestimated, aspect of health promotion, especially during the prevailing COVID-19 pandemic, is the use of social media and popular images of influencers and celebrities [25-28].

Conclusions

1. The vast majority of local government units say they are undertaking activities in the area of physical activity, and these activities are often undertaken in cooperation with other local governments.
2. Local governments very rarely implement health policy programs that include interventions in the area of physical activity, and they usually point to financial and staffing problems among the reasons for not doing so.
3. The promotion of physical activity is one of the three main areas of cooperation between the local government and NGOs, and their main scope is limited to informational and educational impacts.

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