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**Physical Activity Promotion at the Local Level: Municipal Sport Authorities
Participation in Colombia**

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ABSTRACT

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Physical activity promotion (PAP) has reached policy agendas worldwide due to the social and economic burden that non-communicable diseases have generated. Colombia is one of the countries that have taken the challenge of promoting healthy lifestyles in order to reduce this burden and in addition, take advantage of other benefits that promoting this healthy lifestyle brings. Although some research has been done on the field, no studies related to the local government contribution were found. The local government plays a crucial role in PAP, considering that it has a great influence on the physical and social environment of a city and consequently in the individual behavior of its citizens. Additionally, it has a great responsibility concerning public health, social and economic development and environmental sustainability, aspects that are related to PAP.

The present research, aims to provide a general overview on the current state of PAP in the Municipal Sport Authorities (MSAs) of one department of Colombia. In this sense, it is important to highlight that the sport sector has had a major role in PAP in the country and the department. Hence, structured interviews were conducted among heads of the MSAs of the 14 municipalities of the department and development plans were analyzed. Using this data, two main aspects were studied in order to achieve the research aim: the current PAP interventions and the conditions to promote physical activity (PA) in the department.

Results indicate that the current PAP interventions have both strengths and weaknesses. Among the most important aspects, it was noticed that PAP in Risaralda has neglected important environmental determinants for PA behavior. PAP has been oriented from an “anthropic” perspective (targeting the individual). However, this seems to have had a positive effect on PA levels in the department. Concerning the conditions to promote PA, there are important findings related to the knowledge and skills of policy-makers and the management process used to develop the interventions. Some of the weaknesses found in the interventions might be related to the conditions to develop them. Recommendations to MSAs and for further research are given.

Key words: *Physical Activity, Colombia, Public Health, Local Administration, Health Promotion*

CONTENTS

ABSTRACT	2
LIST OF TABLES	5
LIST OF FIGURES	6
LIST OF ABBREVIATIONS	7
1 INTRODUCTION	8
2 PARTICULARITIES OF COLOMBIA AND RISARALDA	11
2.1 Colombia a Country of Contrasts	11
2.1.1 Location and Geographical Characteristics	11
2.1.2 Biodiversity and Natural Resources	14
2.1.3 People and Culture	14
2.2 The National and Local Government	18
2.2.1 The Colombian State	18
2.2.2 Decentralization, Departments and Municipalities	19
2.2.3 Local Government and Municipal Sport Authorities	22
2.2.4 Threats to Good Governance in the Local Level	23
2.3 Risaralda and its Municipalities	25
2.3.1 Location and Extension	25
2.3.2 Municipalities and their Diversity	26
3 PHYSICAL ACTIVITY AND PHYSICAL ACTIVITY PROMOTION	31
3.1 The Concept of Physical Activity	31
3.2 The Boom of Non-Communicable Diseases and Physical Activity Promotion	32
3.3 Global Policies and Current Guidelines for Physical Activity Promotion	33
3.4 Physical Activity Promotion in Colombia and Risaralda	35
3.4.1 Non-Communicable Diseases	35
3.4.2 Physical Activity Levels	38
3.4.3 Environmental Determinants for Physical Activity	41
3.4.4 National Normative and Policy Framework	43
3.4.5 National and Local Physical Activity Promotion Programs	46
3.4.6 Guidelines and Recommendations for Physical Activity Promotion	50
4 RESEARCH QUESTIONS AND METHODOLOGY	52
4.1 Structured Interview	52
4.2 Data Collection	55
4.3 Data Processing and Analysis	56
4.4 Reliability and validity	57
4.5 Document Analysis	58
5 RESULTS	59
5.1 General Information of Developmental Plans	59
5.2 Characteristics of the Physical Activity Promotion Interventions	60
5.2.1 Types of Physical Activity Promotion Interventions	60

5.2.2	Other Lifestyles Promoted	64
5.2.3	Target Population	65
5.2.4	Multisectoral Collaboration	67
5.3	Conditions for Physical Activity Promotion	70
5.3.1	Municipal Sport Authorities' Types of Organizations	70
5.3.2	Management Practices of the Municipal Sport Authorities	71
5.3.3	Resources to Promote Physical Activity	73
5.3.4	Knowledge and Competences of Personnel	75
6	DISCUSSION	83
6.1	Physical Activity Promotion Interventions in Risaralda	83
6.2	Conditions to Promote Physical Activity	85
6.3	Limitations of the Study and Further Research	88
7	RECOMMENDATIONS FOR MUNICIPAL SPORT AUTHORITIES	90
	REFERENCES	91
	APPENDICES	98

LIST OF TABLES

Table 1. Estimations of total population in Risaralda	27
Table 2. Estimations of Urban and Rural Population in Risaralda	28
Table 3. Municipalities supported by the DSA	49
Table 4. Research question and sub-questions	52
Table 5. Sections, questions and types of questions in the structured interview	53
Table 6. Documentation formats in the management processes	71
Table 7. Perceptions towards NA	72
Table 8. Perceptions towards sufficiency of resources to develop PAP interventions	73
Table 9. Personnel involved in PAP interventions	74
Table 10. Perceptions towards personnel knowledge and competences	76
Table 11. Definition of physical activity and physical activities	77
Table 12. Perceptions towards reasons to promote PA	78
Table 13. Ranking of reasons to promote PA according to MSAs	79
Table 14. Perceptions towards required conditions to increase PA levels	80
Table 15. Number of MSAs aware of PA and PAP-related guidelines	80
Table 16. Mentioned PA and PAP-related guidelines	81

LIST OF FIGURES

Figure 1. Location of Colombia	12
Figure 2. Amazon Region	12
Figure 3. Orinoquia Region	12
Figure 4. Andean Region	13
Figure 5. Caribbean Region	13
Figure 6. Pacific Region	13
Figure 7. Insular Region	14
Figure 8. OECD member countries by GINI index	16
Figure 9. Departments of Colombia	20
Figure 10. Department of Risaralda and its 14 municipalities	20
Figure 11. Colombian State and the Executive branch	21
Figure 12. Location of Risaralda	25
Figure 13. Sub-regions of Risaralda	26
Figure 14. Level of alphabetization in Risaralda	29
Figure 15. Living Conditions in Risaralda	29
Figure 16. Unsatisfied Basic Needs in Risaralda	29
Figure 17. Fiscal performance in Risaralda	29
Figure 18. Basic structure of a municipal developmental plan	59
Figure 19. Types of PAP interventions developed by MSAs	61
Figure 20. Target groups of MSAs' PAP interventions	66
Figure 21. Target organizations of MSAs' PAP interventions	67
Figure 22. Partners participating in needs assessment	68
Figure 23. Partners participating in planning	68
Figure 24. Partners participating in implementation	69
Figure 25. Partners participating in evaluation	69
Figure 26. Definition of PA for respondents	76

LIST OF ABBREVIATIONS

AMEDCO: Asociación de Medicina del Deporte en Colombia (Sport Medicine Association in Colombia)

COLDEPORTES: Departamento Administrativo del Deporte, la Recreación, la Actividad Física y el Aprovechamiento del Tiempo Libre (Administrative Department of Sport, Recreation, Physical Activity and Leisure Time Use). It is the national sport authority of the country

DANE: Departamento Administrativo Nacional de Estadística (National Administrative Department of Statistics)

DNP: Departamento Nacional de Planeación (National Planning Department)

DSA: Departmental Sport Authority

ECV: Encuesta de Calidad de Vida (Quality of Life Survey)

ENSIN: Encuesta Nacional de la Situación Nutricional en Colombia (National Survey of the Nutritional Situation in Colombia)

GAPA: Global Advocacy for Physical Activity

ISPAH: International Society for Physical Activity and Health

MSA: Municipal Sport Authority

NCD: non-communicable disease

NPHLP: National Program for Healthy Lifestyles Promotion

PA: physical activity

PAHO: Panamerican Health Organization

PAP: physical activity promotion

WHO: World Health Organization

1 INTRODUCTION

The adoption of sedentary lifestyles around the world has produced changes in public health patterns. Nowadays, non-communicable diseases (NCDs) represent a high burden for many high-income to low-income countries. This has generated concern among health promoters nowadays. It has been stated by global authorities in public health, such as the World Health Organization (WHO), that physical inactivity is one of the main modifiable risk factors that lead to NCDs, along with other important risk factors like high blood pressure and high levels of cholesterol (WHO, 2008b). Research has found a variety of health benefits (physical, mental and social) that can be reached through a regular practice of physical activity (PA). In addition, physical activity promotion (PAP) has been recently related to environmental sustainability and economic and social development. (GAPA, 2010; Kohl 3rd, et al., 2012)

For these reasons, PA and PAP have reached an important place for policy-makers and authorities not only in the health promotion field, but also in other sectors worldwide. The WHO and other public health-related organizations, have released different documents aiming to encourage, orient and support PAP actions around the world. As a consequence and due to the existing evidence that supports the importance of PAP, governments from many countries have undertaken the challenge of increasing PA levels.

Colombia, as many other developing countries, has had to struggle with a double burden of mortality, since NCDs have strongly impacted public health conditions in the nation, while infectious diseases remain a big challenge. Nevertheless, NCDs have taken the lead considering that cardiovascular diseases have become the first cause of death over infectious diseases, homicides, suicides and traffic accidents (PAHO & Ministerio de Salud y Protección Social, 2011; PAHO, 2012). The national government has created a wide normative and policy framework that supports PAP and has provided guidance to the local governments to promote PA (Ministerio de la Protección Social & COLDEPORTES, 2004). In addition, the government at the national and local level has adopted PAP programs to increase PA levels among the population, but physical inactivity and NCDs have prevailed (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011). At the local level, Risaralda has been one of the

Colombian departments that have assumed the challenge of reducing the burden of NCDs and increasing PA levels. PAP programs have been developed and research has been done at the local level providing valuable contributions to the PAP field in the department. Nevertheless, similarly as it happened in the national level, NCDs and physical inactivity are still a big challenge.

Considering the influence that environmental determinants have upon individual behaviors, the role of the local government becomes crucial in achieving PAP goals. The local government is the responsible of the urban planning and policy development, which shape the physical and social environment of a city and thereby, influence individual behavior. A multisectoral approach has been strongly recommended, since influencing the determinants for PA behavior is not a concern of only one sector. Additionally, PAP is related to the achievement of goals in different sectors such as environmental sustainability, economic development and social development (GAPA & ISPAH, 2011; WHO, 2013b).

Taking into account that the role of the local government is crucial to achieve PAP goals and that the sport sector has taken the lead to promote PA in Risaralda, this study focuses on the Municipal Sport Authorities (MSAs) and the PAP processes developed from by these entities in the department of Risaralda. The MSAs refer to the areas of sport within the municipalities. Hence, the current PAP interventions and the conditions in which these interventions were developed are considered in the study. This study provides an overview of the current state of PAP developed by the MSAs in the department, facilitating the understanding of the current situation of PAP in the local level. Different aspects that affect or interact with PAP practices are highlighted, giving an integral view and allowing the provision of recommendations according to the complex reality of the department.

This paper is divided into seven chapters: in the first chapter a brief introduction to the topic is given and the main structure of this paper is described. The second chapter gives an overview about Colombia and Risaralda. It begins providing general information about the country such as its location, extension and population. The main strengths and challenges of the country are also described. Then, the way in which the government of the country is structured is explained. Emphasis is given to the local

government, context in which the present study was developed. After illustrating how the government is structured, general information about the department of Risaralda is provided.

The third chapter includes information concerning PA and PAP. The concept of PA is defined, considering lack of international agreement on the definition and differences between sport and PA. Then, the way in which PAP became important and began to make part of the policy agendas worldwide is described. The main world policies and organizations related to PAP are mentioned. Finally, a description of the current situation concerning PA and PAP in Colombia and Risaralda is provided.

The research questions and methodology are explained in the fourth chapter. Details related to the methods, data collection and analysis are given in this chapter. Finally, the research findings or results, discussion and recommendations are addressed in the last three chapters.

2 PARTICULARITIES OF COLOMBIA AND RISARALDA

In this section, information about Colombia and Risaralda will be provided. This with the purpose of giving to the reader a broad understanding towards the context in which the present study was developed. Firstly, general information about Colombia will be given. Secondly, the structure of the Colombian State will be explained in order to illustrate what is a department, a municipality and what are Municipal Sport Authorities (MSAs). Finally, the main characteristics of the department of Risaralda will be described.

2.1 Colombia a Country of Contrasts

Each country has its particular characteristics, needs and challenges in terms of climate, history, economic development and political situation. These could influence both the PA levels and PAP processes. PA levels and forms might vary depending on the traditions and culture and other issues such as violence, safety and socioeconomic status. If the streets are unsafe, possibilities for PA are reduced. On the other hand, the way in which governments work and the priorities of the states might influence the PAP processes. For this reason, the main characteristics of Colombia will be described.

2.1.1 Location and Geographical Characteristics

Colombia is a country located in the northwestern corner of South America (Figure 1). With an area of 1.141.748 Km² it exceeds the area of France, Spain and Portugal together, meaning that is a relatively large country (DANE, 2005b). It borders five countries: Panama in the northwest, Venezuela in the northeast, Brazil in the southeast and Peru and Ecuador in the southwest. Colombia is the only South American country that borders both Atlantic and Pacific Oceans.



Figure 1. Location of Colombia

Adapted from: <http://www.freeworldmaps.net/southamerica/colombia/location.html>

Six regions can be clearly differentiated within the country according to its topography and climate (DANE, 2005b). These are:

Amazon Region: is a plain region with low altitude, located in the southeastern part of the country. It has a very humid climate and very dense rainforest type vegetation (Figure 2).



Figure 2. Amazon Region

Adapted from:

<http://www.colombia.travel/es/images/stories/galeria/amazonas/amazonas04.jpg>

Orinoquia Region: is a plain region with low altitude, located in the northeastern part of the country. It is known as the oriental plains of Colombia (Figure 3).



Figure 3. Orinoquia Region

Adapted from:

<http://olpcvichada.blogspot.fi/2012/04/carta-del-proyecto-educate-quien-pueda.html>

Andean Region: this region corresponds to the area where three branches of the Andes Mountains cross through the country. The climate in this region is very variable due to the different altitudes that can be found there (Figure 4).



Figure 4. Andean Region

Caribbean Region: it comprises the coastal plains of the Colombian Caribbean, including the mountains of the Sierra Nevada de Santa Marta and Los Montes de María (Figure 5).



Figure 5. Caribbean Region

Adapted from: <http://www.hotel-lm.com/cartagena-de-indias.cfm>

Pacific Region: it comprises the coastal plains of the Colombian Pacific and a range of mountains called Serranía del Baudó. This region reaches temperatures over 28°C and abundant precipitations are present along the year. It has a rainforest type of vegetation (Figure 6).



Figure 6. Pacific Region

Adapted from: <http://www.orbitavirtual.com/choco-conmovedora-pelicula-colombiana/>

Insular Region: it comprises the Colombian islands that are not considered coastal. They are: Archipelago of San Andrés and Providencia in the Caribbean Sea and the Malpelo island in the Pacific Ocean (Figure 7).



Figure 7. Insular Region

Adapted from:

<http://regiondevalmar.org/2012/12/02/nativos-de-isla-colombiana-de-san-andres-disenan-un-estatus-politico-propio/>

2.1.2 Biodiversity and Natural Resources

There is not complete or exact data regarding the number of species of fauna and flora that inhabit Colombia. However, estimates place it as one of the countries with the richest biodiversity in the world. It was ranked among the first four places in relation to its diversity of plants, birds, mammals, reptiles and amphibians; occupying the first position in amphibians and birds. (Ministerio de Ambiente y Desarrollo Sostenible, 2012)

Superficial waters such as rivers, wetlands and subterranean waters make the country one of the most important in hydric resources in the world (Ministerio de Ambiente, Vivienda y Desarrollo Territorial, 2010). However, at the beginning of the 21st century it fell from the fourth to the twenty-fourth position in per-capita water availability due to the increasing population and productive activities (Ministerio de Ambiente & IDEAM, 2008). In addition, the level of contamination is evident in some important rivers (IAvH, IDEAM, IIAP, INVEMAR, SINCHI, 2011).

Colombia has also diverse non-renewable resources, among them: coal, gold, nickel, petroleum and emeralds. The extraction of these resources has generated controversy and discussion within the country because of the environmental and social impacts that it generates (Contraloría General de la República, 2013).

2.1.3 People and Culture

For the year 2014, Colombia has around 47 million inhabitants (DANE, 2009). History and geographical conditions have made from it a multi-ethnic and pluri-cultural

country. Thus, there are different ethnic groups recognized by the Colombian legislation. These include: the indigenous population (86 groups), black or Afro-Colombians, Raizales (ethnic group from the Archipiélago of San Andrés and Providencia) and Rom people. Besides these groups, which represent around 13.7% of the Colombian population, each region has its own dialects, gastronomy and traditions; shaped by the diverse geographical conditions and historical background. The main religion of the country is Roman Catholic and the vast majority of the population is Spanish-speaking. (DANE, 2005b)

As it has been described so far, Colombia is a country with much diversity and richness expressed in its people and natural environment. However, it has faced and is still facing large challenges as well. Some of these are mentioned below.

Poverty and inequality: With a GDP per capita of 7,748 USD, the World Bank classifies Colombia as an upper middle-income country (The World Bank, 2012). Although it has increased compared to previous years, Colombia remains with high levels of extreme poverty and inequality (Joumard & Londoño Vélez, 2013). In 2009, the GINI index, in which 0 represents perfect equality and 100 implies perfect inequality, was of 56.7. This is comparable to and even slightly higher than Brazil, who had a GINI index of 54.7 in the same year and has been known as one of the most unequal countries in the world (The World Bank, 2009). The Organisation for Economic Co-operation and Development (OECD), ranked Colombia in the last position in 2013 when comparing GINI index within its member countries (Figure 8) and stated that in Colombia the divide between the rich and the poor is quite pronounced.

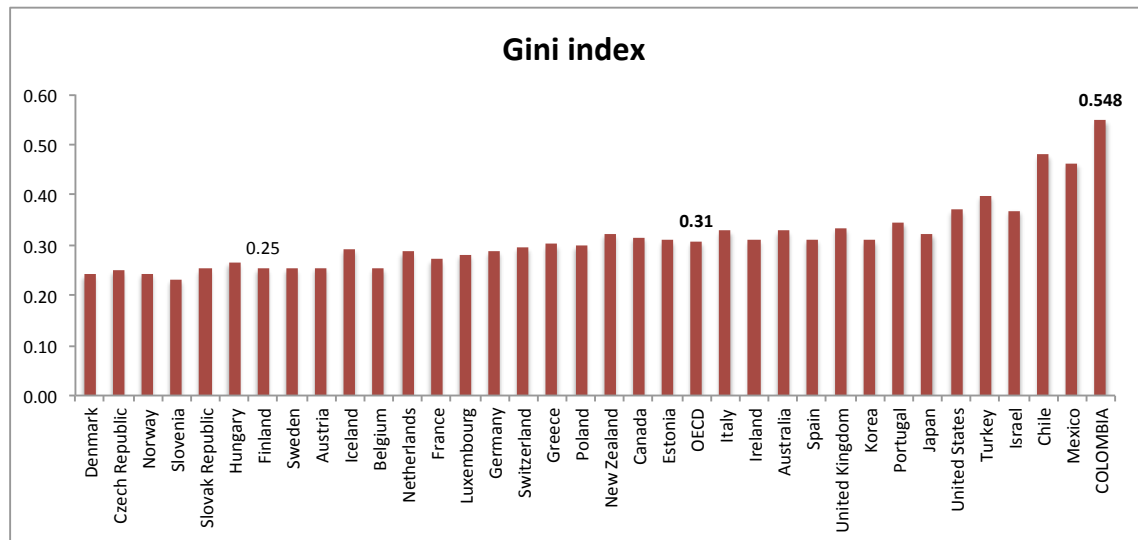


Figure 8. OECD member countries by GINI index

Source: data obtained from the OECD website. Retrieved from <http://www.oecd.org/eco/surveys/economic-survey-colombia.htm>
 OECD Economic Surveys: Colombia 2013 - © OECD 2013

Education: Colombia participated in the triennial international survey developed by the OECD, the “Programme for International Student Assessment” (PISA), for the first time in 2006. A report based on the results of this test, called for attention regarding the need for improved student learning in Colombia and gave a set of policy options to achieve this aim (The World Bank, 2008). On the last version of the test in 2012, Colombia ranked among the last positions and performed very poorly in all areas. However, a positive aspect that could be highlighted was that it ranked among the highest in the percentage of children who felt happy at school (OECD, 2012). These results indicate that there is still a long pathway ahead for improving Colombian education.

Unemployment: In the year 2011, Colombia had an unemployment rate of 11.1, almost doubling the average of Latin-American developing countries at 6.7 (The World Bank, 2011). However in 2013, the country reached record low of 9.2%, which had not been registered in at least a decade (Joumard & Londoño Vélez, 2013). Although unemployment is another major challenge that Colombia is currently facing, the situation seems to be improving in this regard.

Violence and displacement: One of the most sensitive and largest challenges that Colombia faces is related to the chronic violence that the country has been suffering

from decades ago. As it was mentioned in the global Moving Out of Poverty study, “leftist guerrillas, right-wing paramilitaries, transnational drug-trafficking organizations, and U.S.-backed government forces have used violence to control resources and territory, particularly in the rural areas far from the nation’s population centers. In the conflict zones, life and property are not protected by the rule of law, and 97% of the violent crimes go unprosecuted” (Petesch & Gray, 2010). The long history of violence and impunity has brought devastating consequences to the country and its people.

In addition to this, but tightly related to, is the level of displacement in the country. It was estimated that from the world’s 23.7 million internally displaced persons in 2006, around 3 million were in Colombia, with only Sudan having a higher share than Colombia in the world (UNHCR, 2006).

Social capital and citizen participation: Some authors have defined social capital as the set of norms and networks that enable collective action, which is crucial in the local and national development. The global Moving Out of Poverty study (2010), found that in some Colombian communities there was a low social capital, civic engagement was very weak and there was a fractured social cohesion. This study reflects the impact that violence has had on these aspects; for instance it shows that people are scared of creating community action boards, as community leaders have been assassinated. This and other issues related to displacement and local public administration have somehow affected the social capital of the country and its development. (Petesch & Gray, 2010)

Other study published in 2013, revealed that 72.3% of Colombians affirmed that they did not participate in or belonged to any groups or organizations including churches, political parties, community action boards, environmental groups, sport associations and others (DANE, 2013). Similar to the findings of the previous study, these reflect a low social capital and citizen participation in the country.

Corruption: Colombia has made some progress in reducing corruption and increasing transparency and good governance. For instance, an Anti-corruption Act was sanctioned in 2011 and an Anti-corruption office was created in the Presidency. Nevertheless, the country received the worse score in ten years on the Transparency International’s Corruption Perception Index in 2012, going from position number 57 in 2002 to number

94 in 2012 (Gutiérrez, 2013). Additionally, a survey conducted in Colombia found that 58% of the population over 18 years old regarded the process of vote counting in their municipality was not transparent and 68.1% affirmed that the process was not transparent in the rest of the country (DANE, 2013). The country has a lot to improve on in terms of corruption issues still. Clientelism, collusion of the private and public sectors, inefficiency of the criminal justice system, lack of state control and weak service delivery in remote areas of the country are some of the challenges that Colombia is still facing (Gutiérrez, 2013).

All in all, Colombia's biologic and cultural diversity, strategic location and richness in renewable and non-renewable resources make it a country with a lot of potential to keep developing. However, it is still facing vast challenges in relation to inequality, extreme poverty, education coverage and quality, unemployment, violence, displacement, low social capital and corruption; which not only have hindered its development but have also led to devastating environmental, social and economic consequences. Luckily, progress has been done in some aspects and it seems that the country is going on the right path, which will most likely generate positive changes for its people and the country as a whole.

2.2 The National and Local Government

The concepts of department, municipality and Municipal Sport Authorities (MSAs) are key concepts in this research. This section will address these concepts, explaining how the Colombian state is structured from the national to the local level and where are the departments, municipalities and MSAs positioned within this structure.

2.2.1 The Colombian State

According to the first article of the National Constitution, Colombia is a Social State of Law, organized as a Unitary Republic, decentralized, with autonomy of its territorial entities, democratic, participative and pluralist, founded under the respect of human dignity, work and solidarity of its people and in the prevalence of common interest (Asamblea Nacional Constituyente, 1991).

Social State of Law: means that the State in its organization and functioning, is oriented to find solutions to the social requirements of its population, which is done within a set of norms. In other words, the law guides the State actions. (DNP, 2010b)

Unitary Republic: This refers to the fact that the country is organized as a Unitary State, which means that there is a centralization of the political power, but there is an administrative decentralization. In this sense, there is a transfer of resources and competences to a lower level. For instance, power of decision and resources are transferred from the Central Government to the departmental (equivalent to provincial) and municipal levels. (DNP, 2010b)

Autonomy of territorial entities: In addition to the transfer of resources and decision power to the local level, departments, municipalities and districts have the capacity to have their own governing bodies, generate taxes, develop the corresponding competences and administer the needed resources to meet their tasks and participate in the national rents. (DNP, 2010b)

Democratic, participative and pluralist: means that sovereignty resides in its people and the country promotes citizens' participation to be elected, elect and decide without any discrimination. (DNP, 2010b)

2.2.2 Decentralization, Departments and Municipalities

Public power is divided into the three branches of public power suggested by Montesquieu: Executive, Legislative and Judicial. The Executive branch is the responsible of the administrative issues of the country, the Legislative is in charge of approving and establishing laws and norms and the Judicial is responsible of keeping the security and order in the country. In addition to these three, other organs support the development of the State's functions, such as the electoral organization. (DNP, 2010b)

As it was mentioned before, the country has an administrative decentralization. For this reason, the country is divided into 32 departments and each department is divided into municipalities. Figure 9 shows how the country is divided into departments including Risaralda as one of them; and Figure 10 shows the map of Risaralda and its 14 municipalities as an example of a Colombian department.



Figure 9. Departments of Colombia
 Adapted from: <http://www.bc-maps.com/mapa-vectorial-eps/vector-map-illustrator-colombia-politico/>

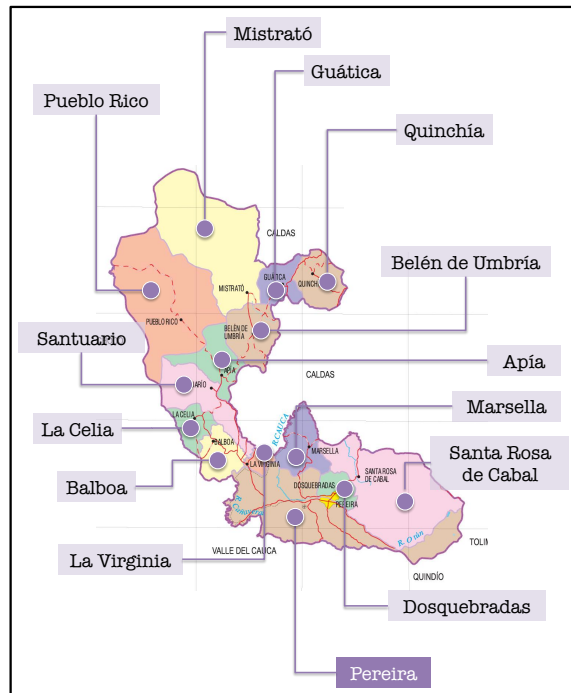


Figure 10. Department of Risaralda and its 14 municipalities
 Adapted from: Instituto Geográfico Agustín Codazzi

Each department has a different number of municipalities, varying from 4 to more than 50 (DANE, 2005a). The Colombian law regulates the creation of new municipalities according to the number of inhabitants and other criteria (Congreso de Colombia, 2012). Besides departments and municipalities, there are other entities that help in the decentralization of the administrative power. These are for instance districts, metropolitan areas, communes and Corregimientos (IGAC, 2008). However they are not described in this paper since the study focuses in the department of Risaralda and its 14 municipalities.

The local government is represented by governorates in the departments and mayoralties in the municipalities (Figure 11) and both of them develop administrative tasks at the local level (DNP, 2010b). Thus, there is one governorate in the department of Risaralda and 14 mayoralties, one in each municipality.

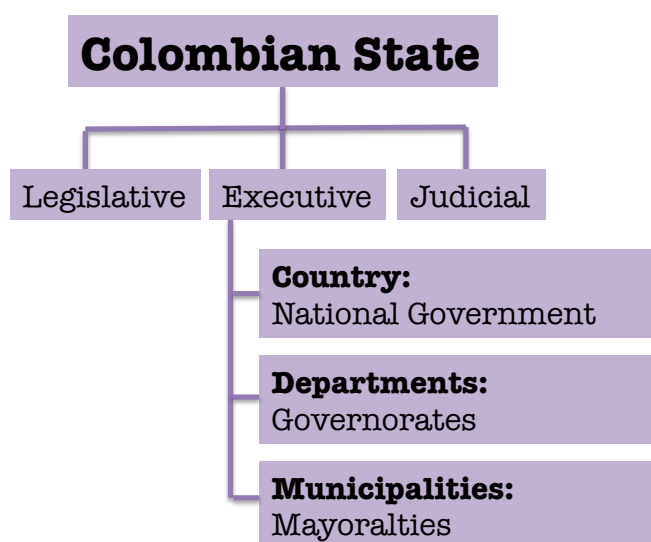


Figure 11. Colombian State and the Executive branch of public power

Adapted from: DNP, 2010b

Departments have the administrative functions of coordination, complementarity with the municipal action, intermediation between the Nation and the municipalities and delivery of services determined by the Constitution and the laws (Asamblea Nacional Constituyente, 1991).

Municipalities are the fundamental entities of the State organization. They are responsible for delivering the public services determined by law, ordering the local development, promoting the communitarian participation, the social and cultural improvement of its inhabitants and accomplish the other functions assigned by the Constitution and Laws (Asamblea Nacional Constituyente, 1991).

With the administrative decentralization of Colombia as a Unitary Republic, municipalities have the power of decision-making and resources administration in their territory. And while the State is the one in charge of defining the plans, policies, etc. for the Colombian territory as a whole, the municipality is the place in which the operationalization of the tasks and duties of the state happens. (DNP & ESAP, 2007)

Since municipalities have such autonomy and there is a direct impact of their activities on the population, good governance and administration become crucial in ensuring the wellbeing of the people and the development of the region and the entire country.

2.2.3 Local Government and Municipal Sport Authorities

In Colombia, law and Constitution define the basic elements of the municipal structure including the Municipal Mayorality. Municipal authorities have autonomy to extend this structure according to their needs and thereby determine the level of specialization that the organization of the municipality will have. This structure must facilitate the development and accomplishment of the Municipality's tasks. (DNP & ESAP, 2007)

There are two main sectors that compose the municipal structure: the central and the decentralized sector. The central sector comprises the municipal council, the administrative departments, mayorality, secretariats of the mayorality and other areas. At the same time, administrative units can be created under the secretariats. The decentralized sector is made up of entities that own legal capacity, independent patrimony and administrative autonomy. (Herrera Llanos, 2002)

In the case of the sport sector, law 181/91 stated that Municipal Sport Authorities (MSAs) should be decentralized public institutions (Congreso de Colombia, 1991), but a subsequent law gave the autonomy to municipalities to decide in this regard (Congreso de Colombia, 2012). For this reason, MSAs can differ per municipality and

while some of them may be decentralized and have administrative autonomy, independent patrimony and legal capacity; others may belong to the central sector lack of these traits, which might influence their functioning and activities.

Planning at the local level is developed in two dimensions: strategic and operative. Strategic planning is materialized in the “developmental plan” which includes the different goals that will be achieved and the financial resources that will be allocated to the programs and sub-programs, which will be implemented within the four-year period of the mayor. The operative planning is materialized in the “action plans” of each area of the mayoralty and its aim is to operationalize the goals projected in the developmental plan. The plans must have quantifiable indicators and goals, which make the follow-up, control and evaluation of the results possible. (DNP & ESAP, 2007)

2.2.4 Threats to Good Governance in the Local Level

In Colombia 40% to 50% of the government expenditure occurs at the subnational level (Avellaneda, 2009). For this reason, good governance at the local level is crucial to ensure the proper allocation of resources and as it was mentioned before, wellbeing of the citizens and the local and national development. However, there are some situations that might jeopardize the effective administration and policy development in at least some departments and municipalities of Colombia.

The mayors in Colombia have both political and administrative functions; nevertheless, they come from different backgrounds and there are not specific requirements that they should meet in terms of academic background or experience for the position. They receive a one-week training course in public administration provided by the central government and different documentation is provided to guide their labor in the local government. Alternatively, in the U.S. two different positions (council-manager and mayor-council) develop administrative and political functions and are professional public managers with extensive training in public policy. In addition to this, when decentralization was implemented in Colombia, a set of responsibilities and tasks were assigned to the municipalities, as well as the financial resources to work with. However, no specific guidelines were given to the mayors on how to allocate these resources or how to accomplish these tasks and responsibilities. (Avellaneda, 2009)

A five-year study was developed by Avellaneda in 40 municipalities of one department of Colombia. This study explored the impact of mayoral quality on local public finances and showed that from 226 observations (mayor's vitae and interviews providing information from former and current mayors), around 6% of the mayors had only a primary education, almost 40% had high school degrees, 20% had associate's degrees, 30% had university degrees, and only 4% had master's degrees. In addition to this, her results showed that there is a positive relationship between mayoral quality (educational background and experience) and property tax collection and spending on social programs. (Avellaneda, 2009)

What Avellaneda tried to emphasize in this study was that “qualified mayors are more inclined to prioritize municipal objectives; select competitive subordinates; promote personnel training and network with key local, national, and state actors; and adopt the necessary strategies and organizational arrangements for the achievement of objectives” (Avellaneda, 2009). It is important to mention that the positive effect mayoral quality can have on financial performance can be diminished by external constraints such as the presence of illegal armed groups, as was also shown in this study.

A previous study developed at the University of Los Andes in Colombia, supports Avellaneda's finding on the influence of illegal armed groups. The study, that shows the effects of the conflict on local governments, states that illegal armed groups have severely restricted the administration of local governments. It reveals the number of killed mayors, council persons, local political leaders, grass root leaders, union leaders and government officials that had been killed or kidnaped at different periods of time in Colombia. It is important to note that these were performed not only by illegal armed groups, but by all groups including government forces. Mentioned in the study these groups discovered that it was apparently easier to obtain political favors by kidnapping rather than killing. (Sánchez & Palau, 2006)

Considering these two studies, it could be concluded that the local governance is facing immense challenges. Both mayoral quality and external constraints such as the presence of illegal armed groups or conflict in Colombia have a large impact on mayors' actions and thereby in the wellbeing of the population and the municipalities' development.

2.3 Risaralda and its Municipalities

Although Colombia as a country has some general characteristics, it is very diverse. Each region and each department have their own particularities. For this reason, the main characteristics of Risaralda as a department and the differences within its municipalities will be briefly described in this section. Their location, extension, level of urbanization, education, living conditions, geographical characteristics, financial performance and so on, might influence in one way or another the levels of PA of its inhabitants and the way in which PA is promoted by the MSAs.

2.3.1 Location and Extension

Risaralda, one of the 32 Colombian departments, is located mainly in the Andean Region of the country, with a small part in the Pacific region (Figure 12). At the same time it comprises part of the coffee area with the departments of Caldas, Quindío, part of Valle del Cauca, part of Antioquia and part of Tolima. The department has an extension of approximately 3.586 km², representing 0.36% of the national territory (CARDER, 2011). As Figure 10 shows, it is composed by 14 different municipalities, from which Pereira is the capital.



Figure 12. Location of Risaralda
Adapted from: Revista Hiperenciclopédica de Divulgación del Saber, 2014. Retrieved from http://cala.unex.es/cala/epistemowikia/index.php?title=Departamento_de_Risaralda

Risaralda makes up part of a location of high strategic value for the national economy, since it has a centric position that allows for the communication between Bogotá (the capital of the country) and the north, south and occident of the country. Besides the above, it is close to the biggest development poles, which are Cali, Medellín and Bogotá (Diagnóstico Departamental de Risaralda, 2007).

2.3.2 Municipalities and their Diversity

Although they belong to the same department, municipalities differ from each other in different ways. The sub-regions of Risaralda and the particularities of each sub-region and their municipalities will be broadly explained in the following paragraphs.

The department is divided into three sub-regions (Figure 13) according to its biophysical, economic and sociocultural characteristics (CARDER, 2011):

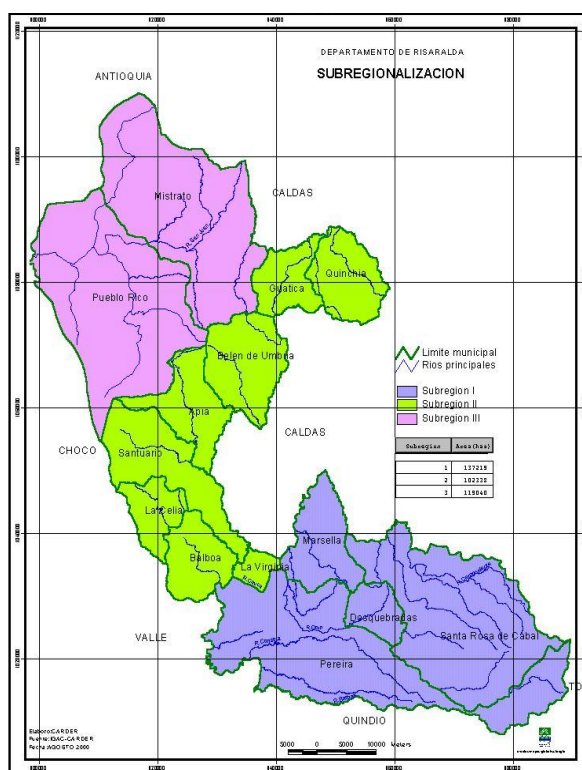


Figure 13. Sub-regions of Risaralda
Adapted from: Plan General de Ordenación Forestal del Departamento de Risaralda, CARDER 2011

Sub-region 1: Oriental slope of the Cauca River. Corresponds to the occidental branch of the Central Cordillera (chain of the Andes Mountains) and covers the municipalities Pereira, Dosquebradas, Santa Rosa and Marsella. It has an extension of 1.363 km²,

representing 38% of the departmental area; here the major urban and industrial development is concentrated, along with 80% of the population.

Sub-region 2: Occidental slope of the Cauca River. Corresponds to the oriental slope of the Occidental Cordillera. It covers the municipalities of La Virginia, Apía, Santuario, Balboa, La Celia, Guática, Belén de Umbría and Quinchía. It has an extension of 1.004 km², representing 28% of the department's territory, and its socioeconomic development is based on the agricultural activity, with emphasis on coffee growing.

Sub-region 3: Risaralda's Pacific Slope. Located over the occidental slope of the Occidental Cordillera, it covers the municipalities of Mistrató and Pueblo Rico. It has an extension of 1.219 km² and represents 34% of the department. It makes up part of the Biogeographic Pacific and is characterized by the great ecological richness in its tropical rainforests and the cultural diversity derived from the three ethnic groups that belong to their population: indigenous, Afro-Colombians and mestizos. It is located in the high basin of the San Juan River.

According to projections of the National Administrative Department of Statistics (Departamento Administrativo Nacional de Estadísticas – DANE), in 2014 Risaralda has around 946,626 inhabitants, from which 70% live in only two of the cities: Pereira (the capital of the department) and Dosquebradas (Table 1).

Table 1. Estimations of total population in the municipalities of Risaralda, 2014

Source: DANE (2014a)

N	Municipality	Population	%
1	Pereira	467,209	49%
2	Dosquebradas	196,925	21%
3	Santa Rosa de Cabal	72,028	8%
4	Quinchía	33,695	4%
5	La Virginia	31,959	3%
6	Belén de Umbría	27,721	3%
7	Marsella	23,107	2%
8	Apía	18,833	2%
9	Mistrató	16,049	2%
10	Santuario	15,681	2%
11	Guática	15,350	2%
12	Pueblo Rico	13,121	1%
13	La Celia	8,616	1%
14	Balboa	6,332	1%
Total		946,626	100%

As mentioned before, indigenous groups and Afro-Colombians make up part of the population in Risaralda and are mainly concentrated in Sub-region 3 and Marsella, one of the municipalities located in Sub-region 1 (Diagnóstico Departamental de Risaralda, 2007).

There is a clear difference within municipalities regarding the proportions of urban and rural population. In La Virginia, Pereira, Dosquebradas and Santa Rosa de Cabal more than 80% of the population live in urban areas; while in other municipalities urban population represent less than 30% (Table 2).

Table 2. Estimations of distribution of Urban and Rural Population in the Municipalities of Risaralda, 2014

Source: DANE (2014a)

N	Municipality	Urban		Rural		Total	
1	La Virginia	31,421	98%	538	2%	31,959	100%
2	Dosquebradas	188,386	96%	8,539	4%	196,925	100%
3	Pereira	393,652	84%	73,557	16%	467,209	100%
4	Santa Rosa de Cabal	59,831	83%	12,197	17%	72,028	100%
5	Marsella	13,167	57%	9,940	43%	23,107	100%
6	Belén de Umbria	13,102	47%	14,619	53%	27,721	100%
7	Santuario	7,219	46%	8,462	54%	15,681	100%
8	Apía	8,140	43%	10,693	57%	18,833	100%
9	La Celia	3,429	40%	5,187	60%	8,616	100%
10	Balboa	1,843	29%	4,489	71%	6,332	100%
11	Mistrató	4,219	26%	11,830	74%	16,049	100%
12	Guática	3,959	26%	11,391	74%	15,350	100%
13	Pueblo Rico	3,277	25%	9,844	75%	13,121	100%
14	Quinchía	8,156	24%	25,539	76%	33,695	100%
Total		739,801	78%	206,825	22%	946,626	

Levels of alphabetization, living conditions and unsatisfied basic needs show a similar pattern in the department, in which the municipalities of Mistrató, Pueblo Rico and Quinchía present the lowest levels of alphabetization, worse living conditions and a higher level of unsatisfied basic needs and the most urbanized in the south of the department present the highest levels of alphabetization, better living conditions and a lower level of unsatisfied basic needs (Figures 14, 15 and 16). The fiscal performance seems to follow the same pattern as well (Figure 17), although it was found to be low in the whole department since all the municipalities were classified as vulnerable (yellow color) or at risk (orange color).

In addition to the given information, the presence of illegal armed groups was found in the northern part of the department along with common delinquency and drug trafficking in the southern part; which resulted in homicides, kidnappings, antipersonnel mines' victims, massacres and forced displacement during the years 2005-2007 (Diagnóstico Departamental de Risaralda, 2007).

Climate in the department is influenced by the humid air masses over the Occidental Cordillera and the depression in the Cauca River, generating a bimodal regimen of rain in the occidental slope, part of the Central Cordillera where the lowest values are registered (less than 1,800 mm in a year); in the oriental slope of the Occidental Cordillera the highest values are registered, reaching 5,000 mm in a year, due to the large rainforest mass and the proximity to the jungle area of the Choco (a neighboring department). The rainy months are from April to May and from October to November. In general the annual average precipitation for the department is 3,000 mm. (CARDER, 2011)

Risaralda has five thermal floors, ranging from the valley of the San Juan, Risaralda and Cauca Rivers, to the Santa Isabel Mountain covered by snow. The warm area represents 39% of the department with average temperatures of 24°C, the tempered (between 18 and 24°C) represents 51%, the cold with temperatures below 12°C occupies 8% and the snowy area represents only 2% of the department. (CARDER, 2011)

3 PHYSICAL ACTIVITY AND PHYSICAL ACTIVITY PROMOTION

Defining the concept of Physical Activity (PA) is vital, since its meaning can change the way in which it is promoted. Therefore, different perspectives towards PA are described at the beginning of this section. It is also important to have an overview towards the current situation of Physical Activity Promotion (PAP) as it is the main topic of this research. For this reason its roots and the current trends are then described. Finally, the national and local situation of PA and PAP, are discussed in the last part, considering that the study was developed in the local level.

3.1 The Concept of Physical Activity

PA is defined as a voluntary corporal movement that involves skeletal muscle action and increases the energy expenditure over the resting levels (Caspersen, Powell, & Christenson, 1995). The European Guidelines for Health-Enhancing Physical Activity Promotion Programmes define Health-Enhancing Physical Activity (HEPA) as “any form of physical activity that benefits health and functional capacity without undue harm or risk” (UKK Institute, 2000). The Council of Europe (1992) defines sport as “all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels”.

At the moment there is no clear international agreement on the definition of sport and physical activity. In some countries sport refers only to those activities with a set of rules that imply competition, while in other countries just walking, without following any specific rules and without a having a competitive nature is considered sport.

For this research, the term physical activity is defined as the “umbrella” concept that covers competitive sport, sport for all, exercise and other physical activities developed during the leisure time. Additionally, it also includes the physical activities developed in other daily life activities, such as transportation, working and studying.

3.2 The Boom of Non-Communicable Diseases and Physical Activity Promotion

Non-Communicable Diseases have been labeled as a major health challenge of the 21st century (WHO, 2012a). The adoption of sedentary behaviors and other unhealthy lifestyles have generated a huge burden of Non-Communicable Diseases (NCDs) in the modern world. Over 36 million people die each year because of the NCDs; with cardiovascular diseases, cancers, respiratory diseases and diabetes being the most common causes of death. Four modifiable risk factors, including physical inactivity, were estimated to be responsible for 80% of coronary heart disease and cardiovascular disease worldwide, which caused the largest amount deaths due to NCDs during 2008 (WHO, 2009b). It was estimated by the WHO that physical inactivity accounts for 3.2 million deaths annually and it has been associated to other risk factors such as high blood pressure and high cholesterol levels.

It is believed that burden of NCDs affect only high-income countries; however low- and middle-income countries have an increasing burden of these diseases too (WHO, 2011). For this reason, these countries struggle with a double burden of mortality coming both from infectious and chronic diseases. This hinders their social and economic development.

Studies have shown the relationship of PA with health and mortality (U.S. Department of Health and Human Services, 1996; Khan, et al., 2012; Brown, et al., 2012), quality of life (Bize, Johnson, & Plotnikoff, 2007) and wellbeing (Mack, Wilson, Gunnell, Gilchrist, Kowalski, & Crocker, 2012). In addition to this, PA has been more recently linked with the improvement of social relationships, reduction of social inequalities, stimulation of public space use and sustainable development, which generate environmental sustainability and economic and social development (GAPA, 2010; Kohl 3rd, et al., 2012; WHO, 2013b). As an example, active commuting alternatives can help to reduce greenhouse effect gases and thereby their impact in pollution and climate change. From the economic development's point of view, increased PA levels can lead to reductions on health care costs and better workers' productivity.

Considering the burden of NCDs and the relation of PA with the mentioned aspects, physical activity promotion has captured the attention of public health authorities and

governments around the world and efforts have been made for decades to increase PA levels (U.S. Department of Health and Human Services, 1996; UKK Institute, 2000). Nevertheless, around 31% of adults remain physically inactive worldwide and around 41.5% of the adult population is spending 4 or more hours per day sitting (Hallal, Andersen, Bull, Guthold, Haskell, & Ekelund, 2012). These numbers might not include population that does not meet the PA recommendations, which must be a higher percentage.

3.3 Global Policies and Current Guidelines for Physical Activity Promotion

International research and global policies influence the actions that are undertaken in the national, regional and local levels to a great extent. Therefore, these will be reviewed before moving into the national and local contexts.

Important public health authorities have launched different documents in order to orient PAP actions. One of these authorities is the WHO, who has published various documents stressing the importance of healthy lifestyles' adoption to reduce the burden coming from NCDs. Thus, the Global Strategy on Diet, Physical Activity and Health was published in 2004, followed by a set of related documents, some of them addressed specifically to orient PAP practices (WHO, 2004; 2007a; 2008b; 2008c; 2009b).

Nine years later, the Global Action Plan for the Prevention and Control of NCDs 2013-2020 was launched, following the previous Global Strategy, reiterating many of the principles and recommendations given in the previous document, but now proposing more concrete goals to reduce the burden of NCDs. Key messages are related to working with a multisectoral approach based on the existent synergies between sectors (e.g. commuting and reduction of greenhouse effect gases) and the need of measures and research in the field, in order to monitor progress and develop evidence-based actions. Other risk factors, namely tobacco and alcohol are also included in this plan. (WHO, 2013b)

Specific policy actions suggested to promote physical activity include:

- Implementing national recommendations of PA.
- Establishing a multisectoral committee.
- Developing partnerships with different stakeholders to ensure PA in all ages.
- Developing policy measures with relevant sectors to promote PA in the everyday life. For example urban planning and transport policies, ensuring high-quality physical education, providing opportunities of “physical activity for all” (and/or sport for all) and creation and preservation of natural and urban environments.
- Developing evidence-based media campaigns, always supported by other actions across different settings.
- Encouraging evaluation of the developed actions.

Another organization that has launched documents encouraging and guiding PAP actions is the International Society for Physical Activity and Health (ISPAH) and its Global Advocacy Council for Physical Activity (GAPA), who have participated in the elaboration of three valuable publications: the Toronto Charter for Physical Activity, its complementary document “NCD Prevention: Investments that Work for Physical Activity” and The Lancet Special Series on Global Physical Activity. (GAPA, 2010; GAPA & ISPAH, 2011; Hallal, Andersen, Bull, Guthold, Haskell, & Ekelund, 2012; Khan, et al., 2012; Kohl 3rd, et al., 2012; Lee, Shiroma, Lobelo, Puska, Blair, & Katzmarzyk, 2012)

The guidelines given by the GAPA, WHO and documents that have been released by the Regional Office for the WHO in Europe (UKK Institute, 2000; WHO, 2006; 2007; 2012) and the Centers for Disease Control and Prevention of the U.S. (CDC, 2011), give similar recommendations to promote PA.

The found information indicates that progress has been achieved in terms of PAP. Concrete goals and indicators were already developed and research is being encouraged in order to monitor the effectiveness of policies and strategies and contribute in the knowledge building, which will make the development of further evidence-based and cost-effective actions possible. In addition to this, a more holistic view towards PA has been created; from considering PA only as exercise or sport that provides health

benefits, to considering PA as an issue related to the relationship between human beings and their environment that has an impact in economic, social and environmental issues (Das & Horton, 2012).

3.4 Physical Activity Promotion in Colombia and Risaralda

Physical activity patterns may differ between countries and within countries. In the same way PAP interventions may vary depending on the particular needs of the place, knowledge on PA and priority given to it by policy-makers. Thereby, this chapter includes information about the national and local situation of PA and PAP.

First the epidemiologic transition that is currently occurring in the country will be described because it is tightly related to the need of PAP in the country. Then, information about the PA levels and determinants for PA will be given from the national and local level. Once the general overview on the current situation about PA is provided, the national normative and policy framework, which includes laws, policies and PAP programs, will be tackled. PAP programs developed in the local level are also addressed here. Finally, other guidelines or recommendations that have been published in the country will be briefly mentioned. In this way, it will be possible to have an idea about the current situation concerning PA in Colombia and Risaralda.

3.4.1 Non-Communicable Diseases

Colombia, as many other developing countries has had to struggle with a double burden of morbidity and mortality since NCDs have increased while infectious diseases are still a big challenge. Nevertheless, NCDs have taken the lead considering that cardiovascular diseases became the first cause of deaths in the country over infectious diseases, homicides, suicides and traffic accidents (PAHO & Ministerio de Salud y Protección Social, 2011; PAHO, 2012; MinSalud, 2013).

Epidemiologic data from the department of Risaralda in 2009 reveals demographic changes pointing to an aging population. In addition, the first cause of morbidity in the department was essential hypertension and the first two causes of mortality were cardiovascular events: acute myocardial infarction and chronic obstructive pulmonary disease. Other NCDs or causes associated to them were positioned among the first ten causes of mortality as well. (Asamblea Departamental de Risaralda, 2012).

The Ministry of Health published a study in 2013 indicating the health situation in Colombia by regions (MinSalud, 2013). The study shows that in the Central Region, which includes Risaralda, the main cause of death in 2010 was “external causes”, followed by cardiovascular diseases, other diseases and cancers. Nevertheless, when mortality was looked by gender, cardiovascular diseases represented the first cause of death for women. This might indicate men in this area assume more risky behaviors that expose them to die because of external causes, such as homicide or traffic accidents. This might have relegated cardiovascular diseases to a second place. Nevertheless, cardiovascular diseases were among the first causes of death both for women and men in the Central Region of the country (MinSalud, 2013).

Another topic related to NCDs is the increasing levels of obesity. The Encuesta Nacional de la Situación Nutricional en Colombia 2010 – ENSIN (National Survey of the Nutritional Situation in Colombia); found that the prevalence of overweight and obesity in children and adolescents increased around 26% in the last five years in the country (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011b). It also found that by the year 2010, one of every six children or adolescents (between 5-17 years old) was overweighed or obese (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011b). On the contrary, according to the same study, the prevalence of stunting decreased between the years 2005 and 2010 and was found lower than the prevalence of obesity (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011b). It was estimated that one of every ten children or adolescents in the country were stunting. These facts reflect the epidemiologic transition occurring in the country and show that the problem of overweight and obesity is becoming bigger while the problem of undernourishment is decreasing. Differences between the urban and rural populations were identified in this regard. While the levels of stunting were higher in the rural populations, the levels of obesity were higher in the urban populations. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a)

The ENSIN 2010 also evaluated the level of obesity in adults. It was found that one of every two Colombians was overweighed by the year 2010 and the situation might get worse since the numbers tend to increase. The estimated population with overweight increased in around 5% from 2005 to 2010 (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011b). When looking at gender differences, the levels of

overweight were higher in women than in men and some differences were also found within socio-economic status. Lower socio-economic status presented lower levels of overweight. However, in all socioeconomic status at least 45% were estimated to present overweight. Similar to the children and adolescents' situation, a higher prevalence of overweight was found in the urban area. The differences between urban and rural population both in adults and adolescents, might suggest that environmental determinants are influencing the individual behaviors that are causing obesity to certain extent, such as nutrition and PA. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

Another aspect that was evaluated in this survey was the percentage of Colombians with abdominal obesity; finding that 62% of women and 39,8% of men had abdominal obesity in 2010. In the age range of 50-64, almost 85% of women and around 60% of men had abdominal obesity. People's perception towards their weight was also included in this study and the results showed that around 42% of overweighed adults underestimated their weight and considered that they had a normal weight. This might reflect a lack of knowledge or awareness on the aspects that determine a normal weight among Colombians. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

In addition to the national estimates, the ENSIN survey gives also information about particular regions and departments. Hence, the Central Region of the country and the department of Risaralda presented a similar situation. In the Central Region, 18% of the children and adolescents (5-17 years old) were overweight by the year 2010, positioning it as the third region with higher levels of overweight in this population after the Pacific (20%) and Bogotá D.C. (21%). The levels of obesity increased from 14% in 2005 to 18% in 2010. The department of Risaralda had the lowest level of overweight in children and adolescents from the region, but also presented an increase from 13.8% in 2005 to 17.4% in 2010. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

Concerning the adult population, the study revealed that 51.1% was overweighed in the Central Region and 48.2% in Risaralda, being again the lowest of the region. However it also increased 2% in comparison to the year 2005, when 46.2% of the adult

population was estimated to be overweighted. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

The data provided by the ENSIN 2010 shows the increasing levels of obesity both in Colombia and Risaralda (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b). In addition, other studies show that cardiovascular diseases have become the first cause of mortality in the country (MinSalud, 2013). This trend reveals the ongoing epidemiologic change related to the adoption of unhealthy lifestyles in industrialized and urbanized societies. Levels of obesity tend to increase despite the efforts that have been done in the country to reduce it (e.g. the policy on food safety, the obesity law and the nutritional guidelines for Colombians). For this reason, effective policies and strategies are urgently needed in the country to stop the increasing mortality and morbidity due to NCDs.

3.4.2 Physical Activity Levels

A full chapter for PA levels measurements was included in the ENSIN 2010, evidencing the increasing awareness of the national government regarding the importance of PAP for public health. The long version of the IPAQ (International PA Questionnaire developed by the WHO) was used to measure PA levels during leisure-time and while commuting. The stages of behavioral change of the trans-theoretical model were additionally measured with the ENSIN 2010. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

Results revealed that only one of every two Colombians meets the recommendations of 150 minutes of PA or more per week. However, when comparing this data to that from year 2005, it is noticed that 3% more Colombians were meeting the recommendations in 2010. This increase was due to an increase in walking as commuting. PA was also found to be associated to vulnerability issues, since women presented lower levels of PA activity than men and there were differences related to the socioeconomic status. People with a lower socio-economic status were found to practice less PA in their leisure time but more as commuting (biking). Disabled people presented lower levels of PA as well. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

An interesting observation is that although the Encuesta de Calidad de Vida 2013 – ECV (Survey in Quality of Life 2013) indicates that 31.7% of the population reported to have a bicycle in 2012 (DANE, 2014b), the ENSIN 2010 identified that only 5.6% uses it for commuting (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011). The ECV also indicates that around 13% of the population has a car and another 23% has a motorbike (DANE, 2014b).

Although the ENSIN 2010 reveals that the Central Region had the lowest percentage of people meeting the PA recommendations in the country (48.9%), in a group of departments, including Risaralda 58.8% of the population was meeting the recommendations. This is over the national percentage (53.5%) and indicated a progress in increasing PA levels since in 2005, when the registered percentage was 49.7%. Additionally, Risaralda was mentioned in the report as one of the departments of the country in which walking for commuting was higher. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011)

A separate study developed in Risaralda in the year 2002, used a questionnaire designed by Agita Sao Paulo to measure PA levels among the population of each of the municipalities. The results revealed that the level of sedentarism varied between 0% and 52% within the municipalities. Additionally it classified the municipalities according to the risk of having a sedentary population. Hence, the municipalities of Quinchía, Pereira and Balboa had a low risk; La Celia, La Virginia, Dosquebradas, Santa Rosa, Belén de Umbría and Apía had a medium risk; and Mistrató, Guática, Santuario, Pueblo Rico and Marsella had a high risk. (Martínez, Mejía González, & Ospina Ospina, 2003)

Later, in 2003 another study was conducted in the department within the framework of the research project of Physical Activity Promotion for the Prevention of NCDs (Granada, Zapata, & Giraldo, 2008). Three groups of the population, which belonged to the health system of the country, were included in the study: people affiliated to the contributive regime (paying customers of health services), healthcare professionals and public workers. Among these three groups, the PA levels; knowledge, beliefs and attitude towards PA; cultural and environmental barriers; level of PA referral by healthcare professionals and policies established by public workers were measured. Results indicated that although 80% of the people affiliated to the contributive regime

considered themselves to be physically active, the majority were not meeting the PA recommendations of a moderate activity with a frequency of 5 or more days and a duration of 30 minutes or more (continuous or in bouts). Inadequate levels of PA were also found among healthcare professionals and public workers. (Granada, Zapata, & Giraldo, 2007; 2008)

In relation to the transtheoretical model for behavioral change, the ENSIN 2010 revealed that only 28% of the Colombian population is in the stages of pre-contemplation and contemplation. This means that only a small part of the population is not considering becoming physically active or has just started to consider the possibility to become active. On the other hand, 72% of the population is in the stages of preparation, action or maintenance, which means that they have at least started to do some PA or that they are already physically active. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a; 2011b)

In regard to a group of departments that included Risaralda, the ENSIN also showed that around 31% of the population was in the pre-contemplation or contemplation stages, while around 69% were categorized in the latter stages (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011a). This indicates that there is still a part of the population that is not considering the possibility to become active, but there is a larger part that is trying to become active or is already active on a regular basis. On the other hand, the study developed by Granada, Zapata and Giraldo (2007), showed that the majority of the population was in the contemplative stage.

The fact that a large proportion of people, both in the national and regional level, are already in more advanced stages of the transtheoretical model might be due to the policies and strategies developed in the country and the dissemination of information worldwide regarding the importance of PA.

This information is useful to plan the future actions concerning PAP, since depending on the stage of change, different strategies could be much more effective. For the first stages information and knowledge should be still strengthened but for the latter ones enabling policies and a supportive physical environment are crucial. Recommendations given at the end of the ENSIN 2010 study suggest to address this problem from the

social determinants' approach, influencing structural and life conditions such as: income, education, sanitation, working and leisure-time conditions, housing conditions and physical environment (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011b). A need for intersectoral public policies is also highlighted. These recommendations seem to be in coherence with the ones given by the WHO and the GAPA.

3.4.3 Environmental Determinants for Physical Activity

A diagnosis of the sport sector in Colombia pointed out in 1995 the lack of recreation programs and tendency towards a reduction of public space for recreation, in addition to the lack of policies stimulating its use, maintenance and accessibility. Due to this, COLDEPORTES (the national sport authority) initiated the first inventory of sport and recreation facilities. This initiative seemed to reveal the bad conditions of the facilities, the absence of policies and the construction of facilities on a short-term basis and aimed at high performance sports. (COLDEPORTES, 2009)

Additionally, a set of determinants related to PA levels among Latin American communities was mentioned in the literature review and results of the ENSIN 2010 document. Higher PA levels in leisure time have been associated with: being male, achieving a higher educational level and have a high socioeconomic status. Accessibility to parks and safety are factors that have been also related to higher PA levels. Comparatively, commuting by bike has been associated to lower socio-economic status, higher age, occupational activity and less availability of motor vehicles at home. Environmental aspects that were related to active commuting were: street connectivity, density and safety. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011)

Granada, Zapata and Giraldo (2007) suggested that between 60-95% of the respondents reported that it was easy to walk to the shops or bus stops in the study developed in Risaralda in the year 2003. Respondents also manifested that there were a lot of road intersections, a few paths to walk or bike, few parks and trails to walk and few public pools. In addition, they expressed that they did not see people doing PA or interesting events while they walked. However, they stated that it was not unpleasant or difficult to transit on the street because neither the traffic conditions nor walking around the neighborhood at night was dangerous. (Granada, Zapata, & Giraldo, 2007)

According to the same study, it was found that 56.1% of the healthcare professionals reported not to refer PA during medical appointments. Also, 86% of the public workers stated to have the political will to implement research projects in the field. Although they stated to include PA in the development plans, the majority of activities were specific activities for sport and recreation that did not lead to public policy formulation targeted to promote PA. Only 45.8% manifested to develop campaigns to facilitate or support PA practice (such as closing roads for leisure-time biking and walking trips). (Granada, Zapata & Giraldo, 2008)

A report presented in Pereira, the capital city of the department of Risaralda, within the framework of a non-governmental program called “Pereira Cómo Vamos” (How are we Doing Pereira), showed that people commute mainly using public transport, followed by private transport and finally “human transport”, namely walking or bicycling. Only 22% of the population reported to use an active way of transportation in 2012. The same report showed that 3,454 traffic accidents happened in 2012, 9.5 daily on average. In addition to this, in 2012 only 44% of the population was satisfied with the public space in the city and 57% was satisfied with the pedestrian paths (García, 2013).

To sum up, PA levels among Colombians and the population of Risaralda have been and still are insufficient. Concerning the determinants for PA behavior, although individual factors such as attitude, personal barriers and others are important; structural aspects such as the physical environment conditions, policies and safety, among others can significantly influence individual behaviors. Nevertheless, the latter have not been fully developed in the department of Risaralda yet.

Within the framework of the ecological model, the setting-based health promotion theory, new tendencies to promote PA such as the “Active Cities” and within a holistic approach towards PAP, both individual and structural determinants should be considered and addressed to achieve effective results. In this way, it would be more feasible to increase PA levels, reduce the NCDs burden and furthermore, develop multisectoral actions to achieve multisectoral goals pointing to the development of the department and the wellbeing of its population.

3.4.4 National Normative and Policy Framework

Colombia has a broad normative and policy framework that supports PA and PAP. Starting from the National Constitution, it requires access to health for all the population and declares sport and recreation as a right of every person. There are a variety of laws related to the health, education, sport, culture, transport, urban planning and the labor sector that support PAP (Granada, Zapata, & Giraldo, 2007; Ministerio de la Protección Social & COLDEPORTES, 2004; Ministerio de Cultura, 2008), however they have not been taken into practice in many cases.

Despite this, much progress has been made in terms of PAP in the country, which is reflected in different normative and politic actions that have been done at the national level, along with the PAP programs that have been implemented. In this section, the main advances that have been made in this sense will be briefly described.

National Intersectoral Commission for PA: in 2008, based on all the framework of laws coming from different sectors, the National Intersectoral Commission for the orientation and coordination of PA promotion, development and impact assessment was created (Ministerio de Cultura, 2008). This Commission is made up of the Ministry of Social Protection (Health), Ministry of Culture, Ministry of Education and COLDEPORTES, the national sport body; which was, at the time of the Commission's creation, structured as an institute. Nowadays, this organization is an administrative department with a higher position in the national government.

The functions of the Commission include:

- The coordination, formulation, management, implementation and evaluation of programs and projects both at the national and local levels.
- Giving tools to territorial entities for the creation or improvement of PAP programs with an intersectoral and communitarian perspective.
- Supporting municipalities in proposals that generate a supportive urban space for PA and alternative transport.
- Promoting and coordinating actions between different stakeholders.
- Suggesting preventive measures to support adoption of healthy lifestyles in educational institutions in partnership with the Ministry of Education.

- Designing strategies to prevent sedentarism in companies in partnership with the Ministry of Social Protection and other entities of the healthcare system of the country.
- Designing and implementing mobilization and socialization strategies in partnership with media to promote PA.
- Coordinating resources for their efficient use among national entities.
- Evaluating periodically the progress of the PAP intersectoral programs and projects.

One important observation is that although the Commission mentions urban space and active transport among its functions, the transport and urban planning authorities do not make up part of the commission. This could have implications in these two sectors when planning and implementing other policies and strategies to promote PA.

In addition to the creation of this commission, in 2011 COLDEPORTES and the Ministry of Social Protection signed an inter-administrative agreement in order to develop a strategy to promote PA with other healthy lifestyles promotion, through the national sport system, which included municipal and departmental sport authorities.

Physical Activity Networks: Three networks were found in Colombia related to PAP. Not much information online was found about them. The networks are:

- Red Colombiana para la Actividad Física (REDCOLAF): Colombian Network for Physical Activity.
- Red Colombiana de Vías Activas y Saludables (RECOVIAS): Colombian Network of Active and Healthy Roads.
- Red de Iniciativas para la Práctica de Actividad Física (RIPAF): Network of Initiatives for the Practice of Physical Activity.

Law of Obesity and NCDs: another important progress in this regard is the “law of obesity and NCDs” which declared obesity and the diseases associated with it a public health priority in 2009. Besides this, the law specified measures to control, attend and prevent obesity and its related diseases, indicating strategies to promote PA (article 5) and active transport (article 6) (Congreso de Colombia, 2009). Although the strategies to promote PA suggested in article 5 emphasize in improvement of physical education

quality and implementation of active pauses in the working places, active transport policies and public space improvement are mentioned in article number 6. (Congreso de Colombia, 2009)

Sport, health and aging policies: in terms of policies, the Ten-year Plan for Sport, Recreation, PA and Physical Education 2009-2019 devotes its second policy line to the promotion and development of recreation, physical education, physical activity, school sport and communitarian sport (Sport For All) (COLDEPORTES, 2009). One of the objectives of this policy line refers to the “universalization of PA in the country” and states that since the National government through COLDEPORTES set the goal of implementing PAP programs in the departments, PAP programs will be created in the municipalities through the 32 departmental entities. However, the policy states that the programs should be assumed through corporations, clubs and other simple associative forms without larger requirements other than a voluntary, systematic and thereby organized activity. This might indicate that PAP would be limited to organized PAs, leaving aside other ways of PA such as active commuting, other utilitarian PAs and other active non-organized ways of active recreation.

Another important objective included in this policy line is the creation of a research and training program for sports, recreation, physical education and physical activity. Though not much detailed information is given in this regard. It states that institutions, associations or research groups interested in project funding should be subscribed to the Sistema Único de Acreditación y Certificación – SUAC (Unique System of Accreditation and Certification). This might bring a very positive impact to the sport sector and to the PAP field since research is crucial in understanding the reality and finding innovative solutions to support the development of the country, in this case the promotion of PA and avoid the burden coming from NCDs. In addition to this, another objective aimed to characterize the healthy lifestyles of Colombians, which also helps in understanding the current situation of PA in the country and provides valuable information for monitoring and developing evidence-based public policies.

As the sport sector, also the health sector developed its 10-year plan for public health 2012-2021, in which priority is given, among others, to environmental health, NCDs, social coexistence and mental health, food and nutritional safety; all of which have a

tight relationship with PAP as it was previously discussed. Within the aims concerning NCDs, there is one related to obesity, five referring to increasing physical activity levels or promoting an active life and three related to NCDs' prevention or healthy lifestyles promotion. The proposed strategies involve intersectoral collaboration, development of supportive environments (including those promoting active transport) and citizens' empowerment and participation. (Ministerio de Salud y Protección Social, 2013)

Finally, the Política Nacional de Envejecimiento y Vejez 2007-2019, a national policy for aging, devotes a whole policy line to active aging. Within this policy line, the creation of healthy settings, the creation of an aging culture and the promotion of healthy lifestyles are addressed (Ministerio de la Protección Social, 2007). In addition to these policies, the National Development Plan 2010-2014 included the promotion of wellbeing and a healthy life based in health promotion and disease prevention among the strategies of the health sector with the prevalence of overweight (and obesity) was included as an indicator (Departamento Nacional de Planeación, 2010).

3.4.5 National and Local Physical Activity Promotion Programs

Both in the national and local levels, some initiatives to promote physical activity have been developed. These are described in this section.

Physical Activity Promotion Programs in the Country: two pioneer local PAP programs were created between 1997 and 1998 in Colombia: “Muévete Bogotá” in the capital of the country (Bogotá) and “Por su Salud Muévase Pues” in other of the major cities (Medellín). After that, in 2003 the national program to promote physical activity “Colombia Activa y Saludable” was created by the Ministry of Social Protection and COLDEPORTES. (Ministerio de la Protección Social & COLDEPORTES, 2004; COLDEPORTES, 2013)

Around 2008, the time when the National Intersectoral Commission was created, other local programs in more than 15 departments were being implemented. These included the “Risaralda Activa” program, which will be further described later. By this time COLDEPORTES had started to provide funding for the first time to promote PA to departmental sport authorities. (COLDEPORTES, 2013)

In 2010 COLDEPORTES added two components to the program that was created in 2003: promotion of healthy nutrition and 100% free-from-smoke settings. In addition to this the name was changed to “Programa Nacional de Hábitos y Estilos de Vida Saludable” (National Program for Healthy Lifestyles in English). A whole national policy of healthy lifestyles was structured including the mentioned national program, a national program of active and healthy roads, a national program of monitoring and a national program for training in healthy lifestyles. (COLDEPORTES, 2013)

Exercise is medicine: another program implemented in the country is “Exercise is Medicine”. It is a program from the American College of Sport Medicine (ACSM) that has spread around the world and in Colombia is led by Jhon Duperly, a physician specialized in internal medicine and doctor in sport sciences. The main idea of the program is to encourage and train health professionals to prescribe exercise and promote physical activity among their patients. (Duperly, Donado, & Páez, 2013)

Ciclovía Recreativa: finally, there is a PAP strategy that is worth noting: the “Ciclovía Recreativa”. This strategy was officially created in Bogotá in 1995 and consists of the creation of a non-motorized environment by providing the chance for the citizens to bicycle, walk, skate, etc. on some specific roads on weekends or holidays. During this time, in which this space is provided, the access for cars or any motorized vehicles is closed. This initiative has been spreading around the world and has been shown as an exemplary practice that increases PA levels by organizations such as the WHO (WHO, 2009). In addition, networks of active roads have been created to support different countries and communities in the implementation of this type of strategy (Ciclovías Recreativas de las Américas, 2014).

Physical Activity Promotion Programs in Risaralda: In the year 2001 the first departmental program for PAP was launched in Risaralda: “Risaralda Activa” (Granada, Zapata, & Figueroa, 2007). When the program started, it included three operative goals: 1) awareness-raising (information, education and plan for action); 2) active phase (participation and governance); and 3) phase of anchoring in the localities. Additionally, four aims were posted: 1) disseminate the benefits of an active life among the population in Risaralda; 2) encourage the population to increase PA levels; 3) encourage policymakers to develop policies favoring PA promotion; and 4) emphasize

in the vulnerable population and/or risk such as school community, workers, businessmen and elderly people.

According to the authors, the program followed the guidelines of Agita Sao Paulo and received scientific support from CELAFICS and national and local organizations such as the UTP (Universidad Tecnológica de Pereira) and AMEDCO (Asociación Colombiana de Medicina del Deporte). The information found about the program, suggests that at the beginning, it was focused in developing communicative, informative and educational strategies, and the engagement of municipalities, companies and other institutions materialized in signed agreements. (Granada, Zapata, & Figueroa, 2007)

Then, around the year 2003, a PAP model was developed by local researchers in order to improve the ongoing program. This model was created under a research project encouraged by the Ministry of Social Protection and the National Research Department. The essence of the model was to focus on the individual and its human development, which was expected later on to affect its environment and health. For this reason, the model was called “anthropic”. (Granada, Zapata, & Figueroa, 2007; Granada, Zapata, & Giraldo, 2008)

The “anthropic” model included two big components: “Educommunication” and “Social Management”. The first one comprised informative and educational strategies targeting different groups of the population and tailoring the information to each of them. Information was designed, tested and later disseminated through local and bigger mass media actors. The “Social Management” was developed under the basis of a multilevel model, including individual (intrapersonal and interpersonal) and collective interventions, influencing in this way individual and environmental determinants for PA. Although the collective intervention was based mainly on mass events development, it generated an impact in the social capital and collective constructions towards PA, strengthened empowerment among communities and promoted participatory planning. In addition, it influenced the healthcare services orientation on intervening healthcare professionals and studying the level of referral to PA practices as well as the inclusion of PAP in the local policy agenda. At the moment, the current state of this program is unknown to the researcher, but the progress that was achieved with it, gives evidence on the capacity that the department has to develop high-quality research

and PAP interventions, generating an impact on the community, local policymaking and so on. (Granada, Zapata, & Figueroa, 2007)

Today a program called “Risaralda Vive” is being implemented as part of the national program for healthy lifestyles promotion led by COLDEPORTES. The program, run by the Departmental Sport Authority (DSA) aimed to provide support to 12 municipalities in implementing PAP interventions, however 13 municipalities are mentioned in the document (Table 3). The program has one departmental coordinator and one or more instructors in each municipality. The city of Pereira has its own coordinator and instructors due to its size. (Secretaría de Deportes, Recreación y Cultura de Risaralda, 2013)

Table 3. Municipalities supported by the departmental sport authority to implement the healthy lifestyles promotion program

Municipalities	
1. Apía	8. Marsella
2. Balboa	9. Mistrató
3. Belén de Umbría	10. Pueblo Rico
4. Guática	11. Quinchía
5. La Celia	12. Santuario
6. La Virginia	13. Santa Rosa
7. Dosquebradas	

As part of the National Program for Healthy Lifestyles Promotion (NPHLP), the program targets four settings: the community, health, schools and working places. At the community, instructors are meant to promote PA along with the two other healthy lifestyles (tobacco-free settings and healthy nutrition) with Information, Education and Communication (IEC) strategies. At schools and work places, instructors are meant to give advice and support the design of strategies to promote the mentioned lifestyles in these institutions. (Secretaría de Deportes, Recreación y Cultura de Risaralda, 2013)

A logic model with goals in the short, medium and long-term was developed by the DSA in order to implement the program in the department. These goals included impact assessment, training of human talent including community leaders, intersectoral actions, etc. However, no goals oriented to influence the built or natural environment, facilitate active transportation or protect and promote the appropriation of public space were identified, which are crucial in the creation of supportive environments for PA. In addition, no multisectoral approach was identified, which is important not only to

achieve PAP goals but also other goals related to economic development, social development and environmental sustainability. (Secretaría de Deportes, Recreación y Cultura de Risaralda, 2013)

3.4.6 Guidelines and Recommendations for Physical Activity Promotion

Some guidelines and/or recommendations, developed specifically to direct PAP actions in the Colombian context, have been published in the past years. The Ministry of Social Protection and COLDEPORTES published a document to guide actions among local actors for the implementation of “Colombia Activa”, the first national PAP program in the country. These guidelines were based on an integral perspective towards PAP, targeting both individual and environmental determinants for PA and they give very clear directions to promote PA.

A few years later, a two-volume document was also published by the Ministry of Social Protection and COLDEPORTES in order to guide the implementation of the new program for healthy lifestyles promotion (Ministerio de la Protección Social & COLDEPORTES, 2011). In the researcher’s perspective, these last volumes were quite extensive and contained a lot of information, which might have hindered the delivery of the main messages to the local stakeholders. On the other hand, they do not seem to have the integral perspective towards PAP that the first document created for the “Colombia Activa” program had.

The ENSIN 2010 survey, already mentioned before, gives recommendations concerning PAP. For instance, it suggested an integral approach to promote PA. This means the development of policies, urban design and a transport system that would help to create a supportive environment for PA practices in different life spheres (leisure, work, commuting, etc.). Emphasis was given to the promotion of PA from a multisectoral approach; and concerning the sport sector, to the development of programs oriented to Sport For All. Since some differences in PA levels were found in vulnerable or disadvantaged groups, it puts emphasis in the access of women, disabled and low-socioeconomic status populations to PA alternatives, securing equitable access for everyone. (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011)

AMEDCO (the National Association of Sport Medicine) also offered recommendations to the governmental, educative, healthcare, recreational, communitarian, academic and working settings, as well as to individuals. This was done through the Manifesto for PAP proposed in the year 2002. The Manifesto approaches PAP from a holistic point of view, including from individual to environmental determinants and from leisure-time activities, such as sport and other kinds of active recreation, to other daily life activities like commuting. (AMEDCO, 2002)

Finally, the previously mentioned local research, done by Granada, Zapata and Figueroa (2007), describe how an anthropic model of social mobilization was implemented in the department of Risaralda and provides information on how to promote physical activity from an “anthropic” perspective. This means targeting individuals, which are expected later to influence their environment.

After describing the normative and policy framework concerning PA in the country, it can be assumed that there is enough of information coming from various organizations, which include recommendations, examples, etc. to develop good quality and effective PAP strategies and policies. These give the possibility to develop evidence-based PAP interventions and achieve more effective results. However, if these are being considered for policy making, remains unknown.

Although the role of the government is crucial in ensuring a supportive environment to promote PA, no studies or documentation focusing on the contributions of the local government to PAP were found. Considering that the department is still facing important challenges in increasing levels of PA, that the local government has a crucial role in increasing PA levels and that the sport sector has taken the lead to promote PA in Colombia and Risaralda; this study focuses in finding out the current state of PAP in the Municipal Sport Authorities (MSAs) of the department of Risaralda, making possible to achieve a better understanding on the local PAP practices and the existing conditions to promote PA. In this way, possible weaknesses and potential to improve can be better perceived.

4 RESEARCH QUESTIONS AND METHODOLOGY

The main aim of this study is to find out what the current state of physical activity promotion (PAP) in the Municipal Sport Authorities (MSAs) of the department of Risaralda is. In order to achieve this aim, structured interviews were administered to the head of each MSA between July and August of 2013 and the development plans of the 14 municipalities were analyzed. One main research question and two sub-questions were formulated (Table 4).

Table 4. Research question and sub-questions

Research question: what is the current state of physical activity promotion in the Municipal Sport Authorities of Risaralda?	
Sub-questions	Answers
1. What are the characteristics of the PAP interventions developed by the MSAs in terms of: types of interventions, lifestyles promoted, target population and multisectoral collaboration?	<ul style="list-style-type: none"> • Types of interventions • Other lifestyles promoted • Target population (groups and organizations) • Multisectoral collaboration
2. What are the conditions to promote PA from the MSAs?	<ul style="list-style-type: none"> • MSAs' characteristics • Management practices to develop PAP interventions • Resources to develop PAP interventions • Knowledge of personnel participating in the development of PAP interventions

4.1 Structured Interview

The structured interview was designed based on PA and PAP-related theory (Ransdell, Dinger, Huberty, & Miller, 2009; WHO, 2008). It was divided in three main sections: 1) General information, 2) General issues on PA and PAP, and 3) PAP developed by the MSA. The questions that were included in each section are shown in Table 5. The original language of the structured interview was Spanish and it was translated to English only for this paper (Appendices 1 and 2).

Table 5. Sections, questions and types of questions in the structured interview

Section	Question	Type of question	Question number in questionnaire
1) General information	Types of MSAs	Open-ended	General Information
	Covered sectors	Open-ended	General Information
2) General issues on PA and PAP	PA definition	One best answer question and dichotomous	A1 and A2
	Reasons to promote PA	Likert and rank ordering question	A3 and A4
	Required conditions to increase PA levels	Likert	A5
3) PAP developed by the MSA	Aims of PAP interventions	Dichotomous	B1
	Types of PAP interventions	Dichotomous	B2
	Other healthy lifestyles promoted	Dichotomous	B3
	Existence of PAP institutional programs	Dichotomous	B4 and B5
	Documentation practices	Dichotomous	B6
	Target groups and entities	Open-ended	B7
	Perceptions towards PA as priority of the MSA	Likert	B8.1
	Perceptions towards needs assessment	Likert	B8.2
	Perceptions towards resources to develop PAP interventions	Likert	B8.3
	Perceptions towards administrative and politic dynamics	Likert	B8.4
	Perceptions towards personnel competences and knowledge	Likert	B8.5
	Perceptions towards collaboration with external stakeholders	Likert	B8.6
	Personnel involved in PAP	Open-ended	B9.1
	Collaboration with external stakeholders	Open-ended	B9.2
	Perceptions towards evaluation	Likert	B10.1 and B10.2
	Evaluation practices	Dichotomous	B11
Perception towards goal-achievement	Likert	B12	
Knowledge of guidelines orienting PAP and PA (recommendations for PA)	Dichotomous and open-ended	B13 and B14	

In the first section, basic data about the MSA and the respondents was asked, i.e. municipality, name of MSA, name of the respondent and the position occupied within the MSA. The second section was addressed to achieve a general overview of the knowledge and perceptions that the MSAs' heads had towards PA and PAP, since it might influence the content and structure of the developed interventions. Thereby, PA definition, reasons to promote PA and required conditions to increase PA levels were asked in this section. Additionally, the information could be used to evaluate the level of knowledge of the personnel related to the PAP interventions.

To understand how MSAs perceive PA, first of all they were first given three definitions: one PA-oriented, one exercise-oriented and one sport-oriented. Without giving to the respondents any background information, they were asked to choose one out of these three as the definition of PA. Additionally, they were asked to select from six different activities, only the ones that they considered as PAs. Two activities per definition were included in the questionnaire (i.e. two of PA, two of exercise and two of sport). In the case of PA, the selected activities for the questionnaire were narrowed down to utilitarian PAs, in order to emphasize that it is defined as “any movement” involving skeletal muscle action and an energy consumption over the resting levels. However, in practical terms this definition includes all the suggested activities.

MSAs were asked about their perceptions towards the contribution of PA in nine different aspects. A rating scale of five categories (Likert scale), ranging from strongly disagree (1 in the numerical scale) to strongly agree (5 in the numerical scale), was used to measure the perceptions in this regard. On the other hand, the respondents were asked to rank the same nine aspects, placing the one in first which PA contributed the most and the one ninth which PA contributed the least.

The perceptions towards the needed preconditions to increase PA levels were also studied using a rating scale of five categories, again ranging from strongly disagree (1) to strongly agree (5). MSAs were asked if they agreed or disagreed that eight different factors were needed to increase PA levels.

Finally, aspects related to the PAP interventions delivered by the MSA were inquired in the third section, this being the largest section of the questionnaire and the one that would provide the largest part of the information to answer the research question. Here questions related to: types of interventions, existence of PAP institutional programs, other lifestyles promoted, documentation practices, targeted groups and entities, personnel participating in PAP interventions, perceptions towards personnel competences and knowledge, external stakeholders involved, perceptions towards resources sufficiency, perceptions towards needs assessment and goal achievement were asked. For this section, different types of questions were used. One final question about knowledge concerning guidelines to promote PA and guidelines indicating the PA recommendations was asked.

In order to detect bias in the given information, questions about the same issue were asked in different parts of the questionnaire, giving the possibility to compare the answers later on during the analysis and find possible concordances or discrepancies between them.

4.2 Data Collection

MSAs were contacted through the Departmental Sport Authority (DSA). Three of the interviews were developed at the same time with the visits that the DSA had scheduled to introduce an instructor to a new PAP program coming from the central government¹. One appointment was scheduled during these visits but the interview was done later because the respondent did not have time at the moment of the visit. The other 10 appointments were scheduled via telephone because it was not possible to coordinate the appointments with the DSA. A total of 9 of these interviews were developed in the municipality to which the MSAs belonged to and one of them was developed in the DSA office, which is located in the capital municipality of the department (Pereira). The name of the DSA was used in all the phone calls and while developing the interviews. All MSAs accepted to participate in the study.

Before starting the interview, the heads of the MSAs were told about the background and current studies of the researcher, purpose of the study and confidentiality issues. In addition, it was agreed upon that a report would be provided at the end of the research process that was estimated to be the beginning of 2014. A sheet with the Likert-scale options was provided to the respondents before the interview. The way to use it was verbally explained beforehand (to see the sample of the sheet go to appendix 3).

It was decided not to record the interviews aiming to reduce bias and considering that most part of the survey contained close-ended questions, so it was thought that responses would be easily registered with notes. However, information was lost in this process and it would have been a better option to record the interviews. This would have helped to get more accurate and complete information.

¹ “Risaralda Vive” is a departmental PA promotion program that belongs to “Hábitos y Estilos de Vida Saludables” the National Healthy Lifestyles Promotion Program implemented by Coldeportes (the national sport authority). This program was being implemented in the municipalities during the data collection of this study and the department had scheduled a set of visits to the municipalities with the purpose of introducing the monitors that were going to develop the program in each municipality.

The interviews were administered during working hours and there were some interruptions and distractions. The time was limited for the respondents in some cases as well. Although it was perceived that these factors restricted the answers of the respondents to some extent, the majority of them manifested a positive attitude during the interview and some gave more information than the expected.

Nevertheless, there were other factors that might have strongly influenced the answers of the respondents. One of them was the way in which some questions were formulated. It was realized during the interviews that some of the questions were not as clear as they seemed to be when the questionnaire was designed and tested (see questions: B1, B8.4, B10.1, B10.2, B11 in Table 5) and other questions were considered unnecessary after the data collection and data processing (see questions: B8.1, B8.6 in Table 5). Therefore, these questions were not included in the analysis. Additionally, the lack of experience of the researcher doing interviews, the lack of a deeper knowledge of some aspects that were mentioned by the respondents, and the fact that the interviews were not recorded, resulted in the loss of valuable information from the open-ended questions.

Finally, the fact that some of the questions were fixed alternatives might have led some of the answers of the respondents. When the options were given, the respondents tried to answer what they thought was more socially accepted or correct, rather than giving objective answers that reflect the real situation. The fact that Colombia has high levels of corruption and that the image is rather important for public workers, could have amplified this behavior.

4.3 Data Processing and Analysis

Data was processed and analyzed in a sheet created in Excel. The number of people interviewed was not large, therefore no further statistical analysis was considered useful or necessary. However, in order to illustrate and describe the results, bar graphs and frequency tables were used to present them. In the case of open-ended questions, data was first grouped into categories and then equally presented through bar graphs and frequency tables.

Some questions were found to be leading questions. For example, in the case of the Likert-type questions, almost all respondents answered that they agreed or strongly agreed with many of the given statements. However, some differences between the options of “agree” and “strongly agree” were evident in the responses, reason why it was possible to analyze the results and draw some conclusions from them. When processing the data a few answers in particular were found to be unclear. These questions were not excluded, but these answers will be referred to as “unclear” during the results analysis. Although the questionnaire was divided into three sections as described above, the results analysis was structured according to the research questions.

4.4 Reliability and validity

Since the structured interview would be used to identify the local situation and the results were not going to be compared or generalized, it was not considered necessary to test its reliability (Golafshani, 2003). However, after created, it was reviewed by 5 experts in the field of PAP (three from Finland and two from Colombia) and it was tested twice in order to identify any aspect that could interfere with the proper development of the interview and data collection. First, it was tested with a professional from the same field and then it was tested in a very similar context to the real one, with the head of the Departmental Sport Authority (DSA).

No major changes were found necessary before developing the structured interviews. However, as it was mentioned there were some weak aspects that were identified during and after they were administered. These weak aspects were considered when statements or assumptions were elaborated with the collected data.

Additionally, the triangulation and disconfirming methods were used for the analysis of results and discussion (Golafshani, 2003; Creswell & Miller, 2000). Hence, the found literature and the analyzed documents were compared to validate the results of the structured interviews. In addition, the thick, rich description method was also used, giving a deep description about the context in which the research was developed. Finally, peer debriefing was used at some points of the study. (Creswell & Miller, 2000)

4.5 Document Analysis

A total of 14 developmental plans were retrieved from the websites of the municipalities. These plans are the materialization of the strategic planning of the municipality, developed for the 4-year administration period of each mayor (DNP & ESAP, 2007). According to the Colombian law and guidelines provided by the DNP (Departamento Nacional de Planeación or Planning National Department in English), to orient local public management, the developmental plans should include two main sections: a general or strategic plan, where all of the programs, sub-programs and goals should be formulated and a public investment plan. In addition to this, the plan should incorporate a diagnosis or needs assessment section, from which a vision for the future should be created and all the goals should be formulated in accordance with it.

In this study only the section related to the strategic plan of the sport sector was analyzed in order to identify the goals that the sport sector had related to PAP. The information of the documents was categorized in an Excel sheet and then compared with the results of the surveys.

5 RESULTS

This chapter is structured in three sub-chapters. It begins with the provision of general information about the municipal developmental plans (documents that were analyzed), describing their basic structure and the studied aspects. The following two chapters give answer to the two research sub-questions (Table 4). Hence, the characteristics of the PAP interventions that are developed in the department of Risaralda are first described. Then, the conditions in which the PAP interventions are developed are addressed. These two last sub-chapters include information both from the structured interviews and the document analysis.

5.1 General Information of Developmental Plans

The document analysis was developed with 14 developmental plans of the municipalities of Risaralda. As it was explained previously (in section 2.2.3), the developmental plans are the materialization of the strategic planning of each municipality. It was noticed that the analyzed plans were mainly structured in: policy lines, programs, sub-programs and goals (Figure 18). Only the sport programs that were found in the plans were studied in detail since they represent the goals that the MSAs should accomplish within the 4-year period of the administration. On the other hand, some other programs related to public health and education, were informally revised.

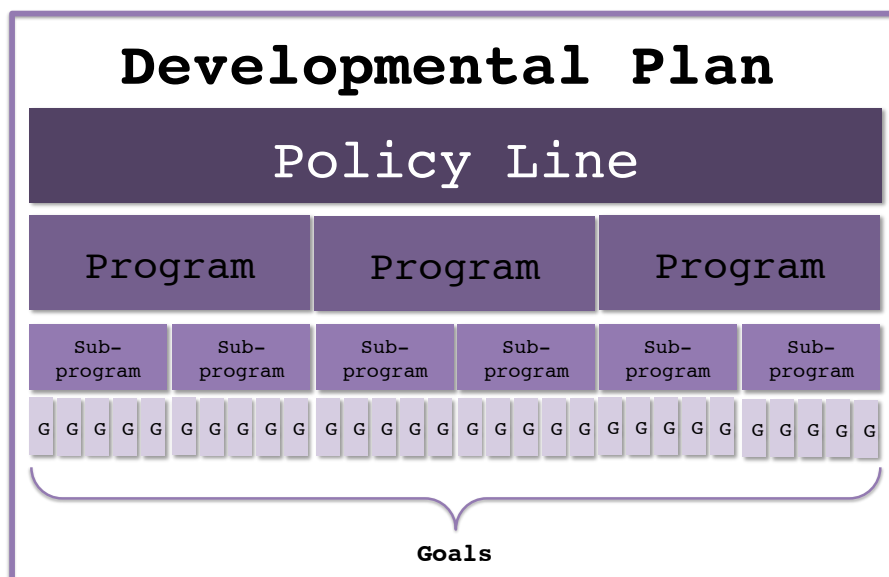


Figure 18. Basic structure of a municipal developmental plan

The 14 developmental plans had 21 programs related to sports in total, which comprised 53 sub-programs and 208 goals. It was noticed that all the sport-related programs, were part of the policy lines concerning to social development. Other policy lines mainly targeted economic development, environmental sustainability and infrastructure. All the plans had at least one sport-related program and some of them had more than one. However, while some programs were only focusing on sport, others addressed additional areas such as recreation, culture and tourism. These findings share similarities with the results related to the types of MSAs' organizations, which are further described in section 4.3.

From the 53 sub-programs identified in the sport-related programs, it was found that only 12 included the word PA or related words such as “active” municipality or municipality on the “move”; and from the 208 goals, only 13% were explicitly related to PA or PAP. However, the goals related to Sport For All (SFA), recreation and others that could be linked to PAP were not considered in this percentage because PAP was not explicitly mentioned. For this reason, it was not possible to affirm that these goals were oriented to promote PA. This issue is discussed more in depth in section 5.2.1.

5.2 Characteristics of the Physical Activity Promotion Interventions

One of the research sub-questions that was formulated for this study was: What are the characteristics of the PAP interventions developed by the MSAs in terms of: types of PAP interventions, other healthy lifestyles promoted, target population and multisectoral collaboration? This sub-chapter addresses this question; therefore it is structured according to these aspects: types of interventions, healthy lifestyles promoted, target population and multisectoral collaboration. In addition to this, a special part is addressed to describe some aspects concerning the existence of PAP programs.

5.2.1 Types of Physical Activity Promotion Interventions

During the structured interviews, the most frequently mentioned interventions to promote PA were “mass events” and “group classes” (or directed PAs). Almost all respondents stated to be involved in the “PA-related facilities’ maintenance and construction”, which was expected since MSAs are responsible for the construction and maintenance of sport facilities by law. Media campaigns, community leaders training interventions and other kinds of interventions were less frequently selected or

mentioned (Figure 19). Other interventions, mentioned by very few respondents, were school motor skills festivals, active pauses and walking groups. Other interventions were not clear enough, belonged to the options that were already given in the questionnaire or were out of the PAP scope.

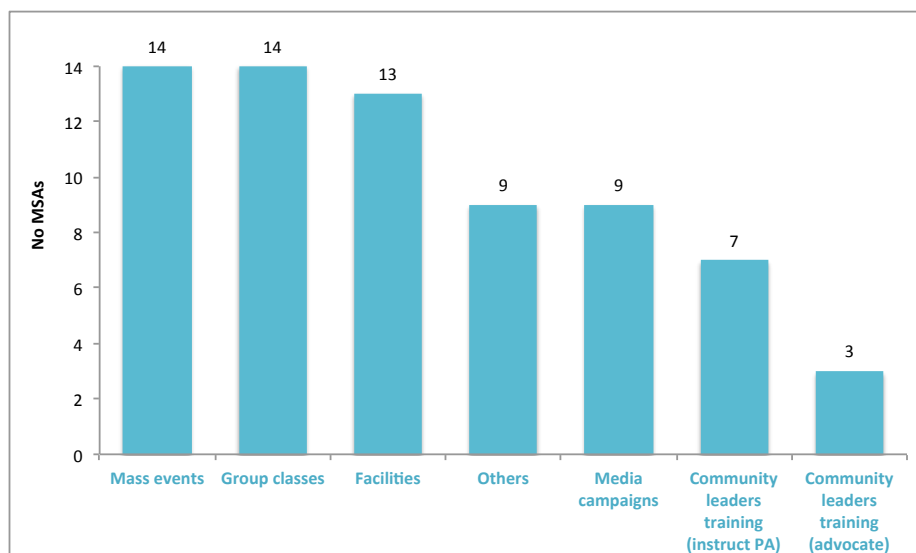


Figure 19. Types of PAP interventions developed by MSAs according to structured interviews

When analyzing the developmental plans, it was found that the words PA or PAP were mentioned only in 13% of the goals. Not all the goals referred to specific interventions, however some PAP interventions were identified. These are listed below:

- Formalization of alliances' with the public and private sectors to support sport, PA and recreation in the municipality
- Policies or programs' development
- Event development (including aerobics marathons and Ciclovías Recreativas²)
- Social use of parks and sport facilities
- Consolidation of the Information System for sport, PA and recreation
- Development of a research program in the area of sport, PA, recreation and physical education

Even though all respondents mentioned to offer group classes during the interviews, very few PAP goals related to these interventions were identified in the developmental

² For more information about this program refer to section 3.4.5 where the national and local programs are described.

plans. However, other goals that did not mention PA or PAP referred to group interventions. Similarly, some respondents mentioned to develop media campaigns for PAP, but no media campaigns were identified in the studied goals. This might be due to the “invisibility” of some interventions considering that developmental plans are very general plans and these might be very specific interventions. Bias should be also contemplated in this case; it is possible that some respondents had given their answer according to what they thought they were expected to say. The use of the words sport, PA and recreation might be another explanation, since these terms are often used interchangeably. In relation to the media campaigns, it is also possible that MSAs were developing informative or educative strategies in an informal way.

In relation to the mass events, plenty of sport competitions and games were found in the developmental plans. However, only a few goals referred to PAP, which in some cases was included in the same goal with sport and recreation. Something similar happened with the community leaders training; a few goals referred to the training of community leaders but in sport-related topics rather than PAP topics. This does not mean that these interventions do not contribute to a rise in PA levels, but these goals were not specifically oriented to promote PA and thereby it is uncertain if they would help to reach this aim.

Concerning PA-related facilities, many goals were related to the maintenance, construction and improvement of facilities. However, they only referred to sport and recreation facilities. This should be considered with caution since “sport facilities” seem to be related only to competitive sport activities in Colombia. Therefore, urban design and pedestrian paths, which are important to facilitate other ways of active recreation and commuting, would be excluded. In addition, some sport facilities have been built for high performance sports rather than for Sports For All (Instituto Colombiano del Deporte COLDEPORTES, 2009), meaning that some facilities have a restricted access. To go along with this, it was not specified if the recreation facilities were built for passive or active recreation. Since these aspects were not clear or visible in the plans, it cannot be affirmed that these interventions were oriented to promote PA.

Considering these blurred limits between the concepts of PA, sport and recreation; it is possible that the MSAs had planned more PAP interventions than the ones that were

identified. It was noticed that the words sports, PA and recreation were used interchangeably along the plans and it might have happened that they were referring to PA when they were using a different word (more about the definition of PA can be found in chapters 3.1 and 4.3.4). In addition to this, Sport For All (SFA) has a large potential to promote PA, since its main aim is to make sport accessible to everyone.

Another aspect related to the terminology used in the plans is that in some cases different terms were included in the same goal. This, with the fact that policy-makers and planners are using these terms interchangeably, may lead to confusions in the implementation and evaluation of the interventions. For instance, succeeding in the implementation of the intervention in one of the areas (e.g. sport) does not mean that the intervention was successful in the other areas (e.g. PA and recreation), but since they are in the same goal, it could be interpreted that it was.

Finally, the word “program” in the plans has to be carefully studied because it can be interpreted or used in different ways. For example, one of the municipalities stated within its goals that it would develop ten PA programs to promote healthy lifestyles, while another stated that one program would be created. This might indicate that planners use this word to refer to different types of interventions, from a set of activities or individual sessions to larger and more structured programs.

Existence of physical activity promotion programs

Of the 14 MSAs, 10 stated that their PAP interventions were part of a PAP program run by the MSA. However, when they were asked for the name of the program, 7 of them mentioned the municipality’s developmental plan or the secretary’s action plan. In one case, an intervention rather than a PAP program was even mentioned. In the end, only two respondents mentioned PAP programs.

Similarly to above, 10 respondents stated that their interventions were part of a PAP program run by an external entity. Nevertheless, in this case only one cited the action plan and the other 9 cited the National Healthy Lifestyles Promotion Program (NHLPP), led by COLDEPORTES, or the departmental healthy lifestyles promotion program “Risaralda Vive”, which follows the national one.

The NHLPP focuses on directed PA and the strategy of information, education and communication (IEC), but does not include environmental and policy interventions, which are considered to be crucial for the effectiveness of increasing PA levels according to the ecological model.

5.2.2 Other Lifestyles Promoted

The vast majority of MSAs (13) stated to promote other healthy lifestyles besides PA, while the remaining answer was unclear. According to the respondents, from 1 to 4 other healthy lifestyles are promoted. More than half of the respondents indicated to promote healthy nutrition, prevent psychoactive substance (drugs) consumption and tobacco consumption. Alcohol consumption prevention was less mentioned than the above, although it was mentioned by almost half.

Psychoactive substances consumption prevention was not part of the questionnaire's options, but due to the high amount of MSAs who mentioned it, it was included as a separate category in the analysis. It was noticed that some respondents selected alcohol consumption and mentioned psychoactive substances at the same time, even though alcohol is part of this type of substance. This could be because the options in the questionnaire were provided first and then they had the possibility to add other lifestyles if needed. Therefore, after selecting prevention of alcohol consumption some mentioned psychoactive substances, which also includes other drugs.

One respondent mentioned hygiene in addition to the options given in the questionnaire and a few mentioned the following aspects that were not considered as healthy lifestyles: children abuse prevention, reading habits promotion, family union, parents' schools and promotion of municipality's touristic potential. This might suggest that some respondents do not completely understand what do healthy lifestyles are comprise of.

In addition to this, it was mentioned by one respondent that healthy lifestyles were promoted verbally; suggesting that promotion of healthy lifestyles different from PA was being done informally and without a clear goal. Therefore, their promotion is not visible when documenting the results and it will most likely remain uncertain if it was effective or not and even if they were done or not.

It is important to take into account that the Healthy Lifestyles Promotion Program led by COLDEPORTES was starting to be implemented in the department of Risaralda when the data for this study was collected. There are two lifestyles that the program promotes through PA interventions besides PA itself: tobacco consumption prevention and healthy nutrition promotion. Still, some MSAs did not mention these two perhaps because the implementation of the program was just starting in the department and the respondents were not familiarized enough during the data collection process.

After analyzing the developmental plans, it was found that very few sport-related programs, sub-programs and goals referred to other healthy lifestyles promotion. Only one program referred to “healthy lifestyles” in general, but only physical activity was mentioned within its sub-programs and goals. One sub-program also mentioned “healthy lifestyles” as a general term and although it mentions interventions with hypertensive population and collaboration with the health sector, it does not refer to other healthy lifestyles different from PA. Finally, only two of the goals referred to the implementation of “healthy lifestyles” programs.

This might indicate that healthy lifestyles (different from PA) are formally being promoted by only a few MSAs, while others might have promoted them in an informal way. This means that the process could have been consistent or not and the results of the interventions were not measured in this regard. On the other hand, it is possible that other healthy lifestyles were being promoted in cooperation with other sectors and the goals were placed in other programs rather than sports. For instance, although it was not the focus of the study, it was found that some of the goals placed in the public health programs involved healthy lifestyles (including PA and others).

5.2.3 Target Population

The population in general, along with specific groups and entities was found to be targeted by all MSAs. The number of target groups that each respondent stated to cover varied from one to six; and the majority (8) stated to cover between three and four groups. In total 11 different target groups were mentioned.

The most frequently mentioned groups were: children and youth, elderly and disabled population (Figure 20). Nevertheless, some respondents cited other important groups such as: population with non-communicable diseases (NCDs), ethnic minorities, adults, “Familias en Acción” or “Families in Action” a national program created to support families in poverty conditions, pregnant women, women, and reinserted and displaced population. Reinserted population are persons who belonged to illegal armed groups and left them to be reinserted in society and displaced people are mainly the rural population who were forced to leave their land, mostly due to the armed conflict that is present in Colombia. As it was mentioned before, the population’s characteristics differ per municipality, therefore these differences between targeted groups could be due to the particular needs that each municipality has. It might be useful to develop further research in order to be able to evaluate if the developed interventions by MSAs are meeting these needs or not.

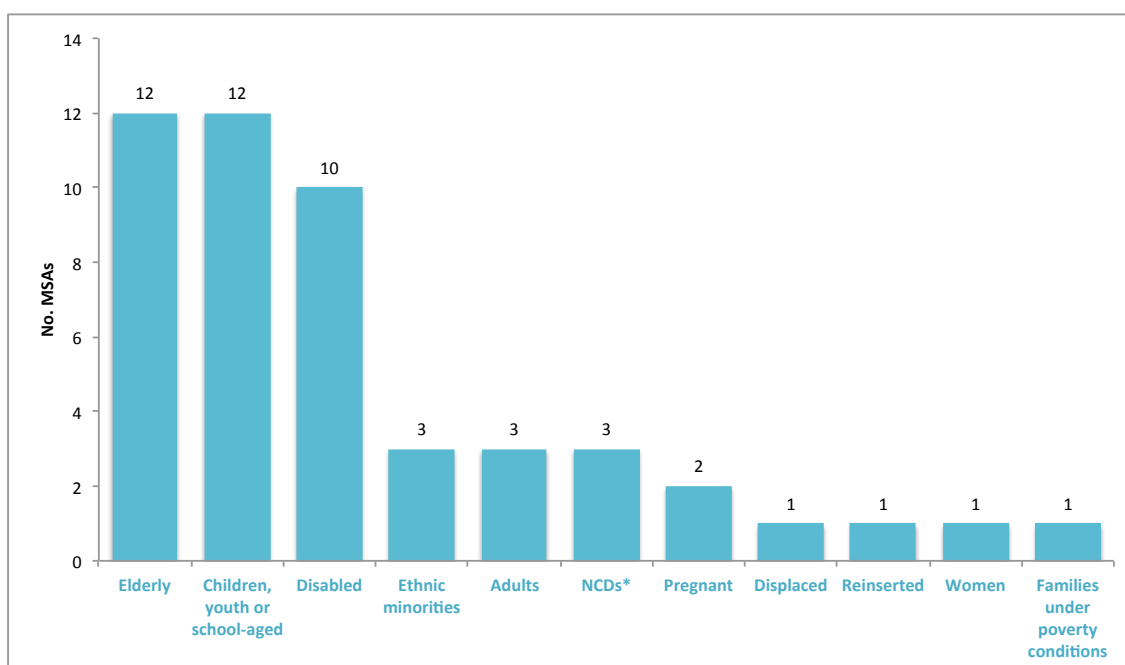


Figure 20. Target groups of MSAs’ PAP interventions

*NCDs: Non-Communicable Diseases

Regarding the target organizations, almost all respondents stated to deliver PAP interventions to educative institutions. There were others entities mentioned as well, though by less than half of the respondents (Figure 21). The fact that so many MSAs deliver PAP interventions to educative institutions might be related to the lack of the

physical education teachers in primary school. It was expected that more respondents would mention sport clubs as target organizations.

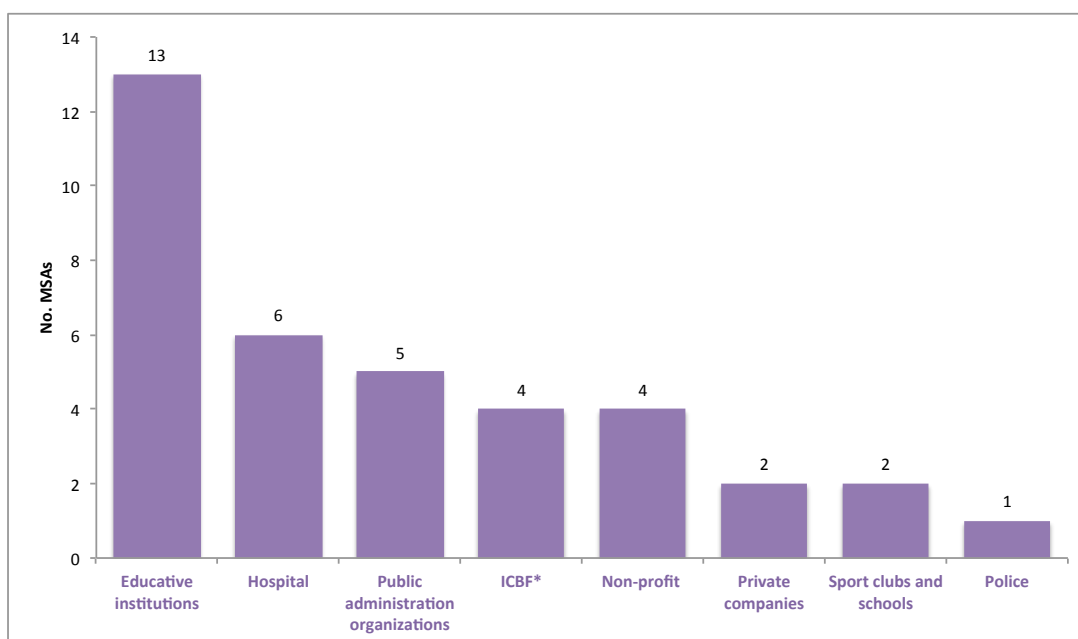


Figure 21. Target organizations of MSAs' PAP interventions

*ICBF: Instituto Colombiano de Bienestar Familiar (Colombian Institute of Family Welfare)

After analyzing the developmental plans, similar results were found concerning the target groups, but not with the target organizations. The identified target groups in the developmental plans were: the hypertensive population, children and youth, elderly, disabled and the indigenous population. Nevertheless it is worth noting that not all MSAs referred to specific groups and many only referred to the general population or did not specify any population.

No specific entities or target organizations were found in the PA-related goals. However, some were identified in the other goals. These included: sport clubs and sport schools, community action boards and educational institutions.

5.2.4 Multisectoral Collaboration

The respondents mentioned around 14 different external actors or partners participating in the development of PAP interventions. Some of them were grouped into categories, such as civil society and non-profit organizations, non-profit sport organizations and public administration stakeholders. A broad variety of partners were found to participate in the needs assessment (NA) process (Figure 22). Non-profit organizations and the civil society were widely mentioned and a higher academic institution was found to be

an important contributor to the needs assessment process in two MSAs. Fewer partners were found to participate in the planning process, with the public administration stakeholders being the most mentioned (Figure 23).

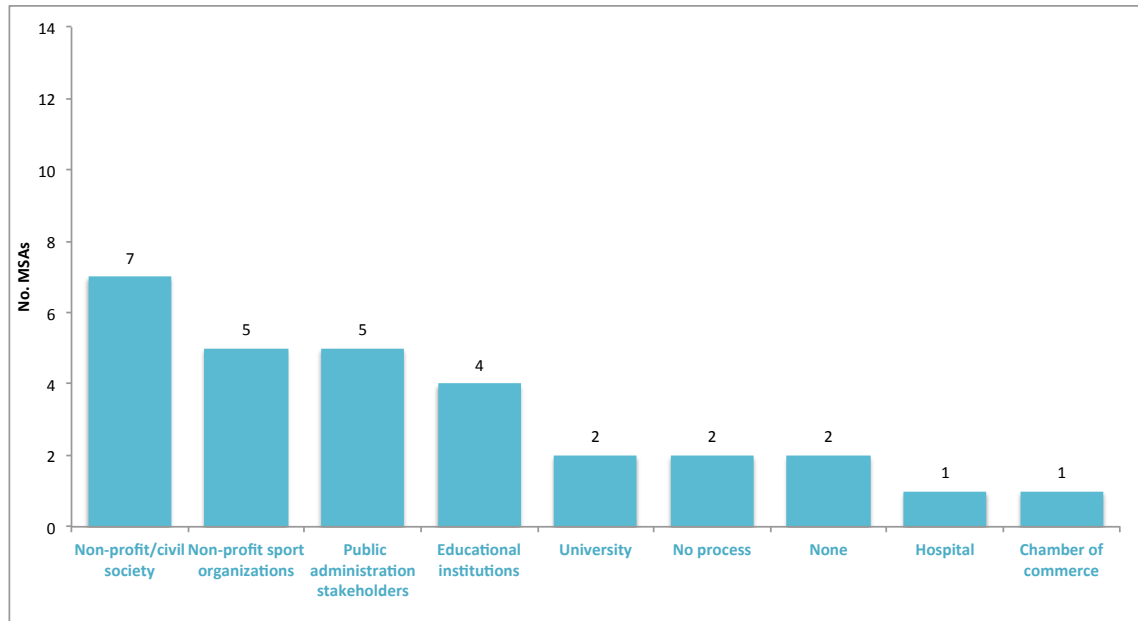


Figure 22. Partners participating in needs assessment

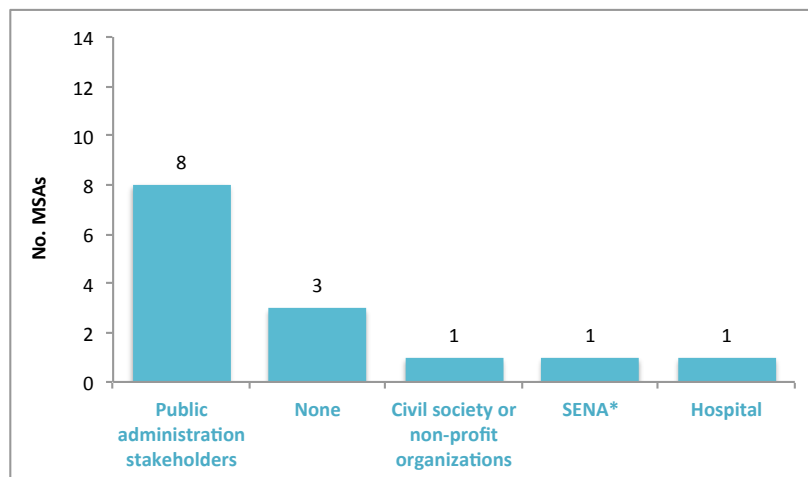


Figure 23. Partners participating in planning

*SENA: “The National Training Service (Servicio Nacional de Aprendizaje – SENA), is a national public institution holding a legal status, with an independent capital structure and administrative autonomy, ascribed to the Ministry of Labor of Colombia” (SENA, 2013)

Safety-related partners were the main external actors that were mentioned to participate in the implementation process, however other important participants were also mentioned (Figure 24). Similar to the planning process, very few partners were found to participate in the evaluation process (Figure 25). Public administration stakeholders were the most mentioned in the latter process as well.

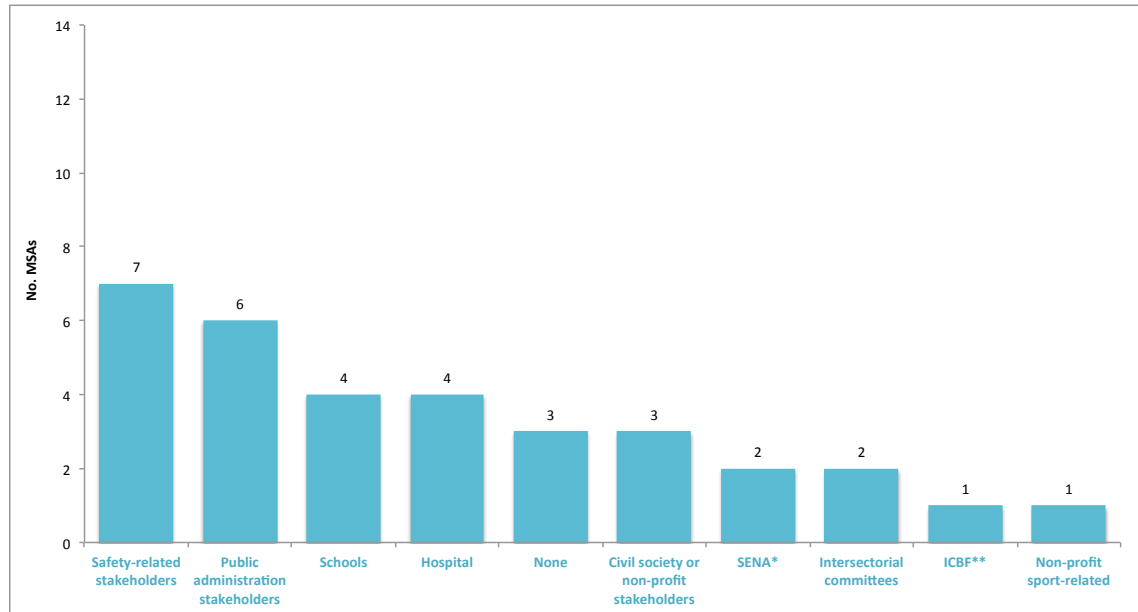


Figure 24. Partners participating in implementation

*SENA: “The National Training Service (Servicio Nacional de Aprendizaje – SENA), is a national public institution holding a legal status, with an independent capital structure and administrative autonomy, ascribed to the Ministry of Labor of Colombia” (SENA, 2013)

**ICBF: Instituto Colombiano de Bienestar Familiar (Colombian Institute of Family Welfare)

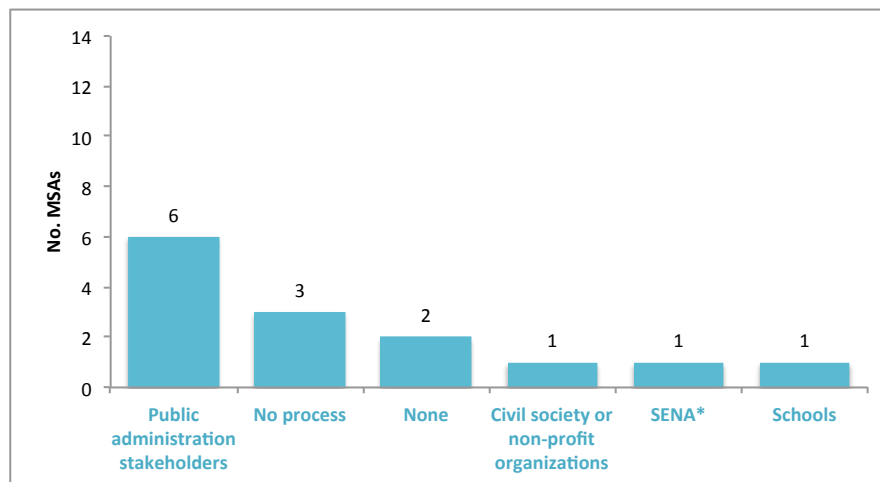


Figure 25. Partners participating in evaluation

*SENA: “The National Training Service (Servicio Nacional de Aprendizaje – SENA), is a national public institution holding a legal status, with an independent capital structure and administrative autonomy, ascribed to the Ministry of Labor of Colombia” (SENA, 2013)

All in all, MSAs collaborate with different partners to develop PAP interventions. This collaboration was mainly found in the NA and implementation processes and with less participation in the planning and evaluation processes. However, the precise way in which each partner contributes and how they collaborate with each other to promote PA remains unknown. Further studies in this regard are recommended.

5.3 Conditions for Physical Activity Promotion

The second research sub-question formulated for this study was: what are the conditions to promote PA from the MSAs? This chapter is addressed to answer to this question. Hence, the aspects that are described below correspond to: the types of organizations that MSAs are in Risaralda, the management practices performed to develop PAP interventions, the available resources to develop PAP interventions, the knowledge of the personnel who participates in the development of PAP interventions and finally, the awareness of the respondents about the existent guidelines to promote PA.

5.3.1 Municipal Sport Authorities' Types of Organizations

Municipal Sport Authorities are entities that are part of the local government. As it was mentioned before in chapter 2.2.3, the local government is composed mainly by two sectors: the centralized and decentralized. The central sector comprises the municipal council, administrative departments, mayoralty, secretariats of the mayoralty and other areas (Herrera Llanos, 2002). At the same time, administrative units can be created under the secretariats. The decentralized sector comprises entities that own legal capacity, independent patrimony and administrative autonomy (Herrera Llanos, 2002). At the moment, the Municipalities have the autonomy to decide on the type of organization that the MSAs should be; for this reason, there are different types of organizations embodying the MSAs.

It was identified that most part of the MSAs in Risaralda belong to the centralized sector. Eleven administrative units including: coordinations, operative directions and one office were recognized. In addition, there were two secretaries among the MSAs. Only one MSA was part of the decentralized sector. This means that almost all the MSAs lack administrative and financial autonomy and depend to a great extent on the budget and decisions of the mayoralty.

Other aspect that was observed was that in some cases MSAs concentrate in different sectors other than sports. In Risaralda, four MSAs were concentrating only in sports and nine were concentrating in sports and other sectors. The most frequent sector was recreation. It is important to take into account that some MSAs are institutes, some are secretaries and some are administrative units (coordinations, offices and operative directions). For example, one secretary was found to be only focused on sport and

recreation, while some administrative units (which are smaller than the secretaries) were focused on more sectors. It would be important to evaluate if the organizational structure that MSAs have is the most adequate to meet the municipalities' needs. Further research on this topic is recommended.

5.3.2 Management Practices of the Municipal Sport Authorities

Management practices refer to the way in which PAP interventions are administered by the MSAs. Four components of the management process were studied in this research: documentation, needs assessment, planning and evaluation. The results in this regard are described below.

Documentation

Documenting is an important practice, especially in the context of this study, in which the municipal administration changes every four years. Sometimes personnel can fluctuate even more often. According to the collected data in the structured interviews, it was found that needs assessment (NA), planning, implementation and evaluation processes are documented in a different way. Planning and implementation are mostly documented in both digital and paper, while the NA and evaluation processes are rarely documented in both formats and some respondents stated not to report or not to have one or both of these processes (Table 6).

Table 6. Documentation formats in the management processes

Format/Process	NA	Planning	Implementation	Evaluation
Digital and paper	5	11	10	3
Only digital	0	2	1	3
Only paper	3	1	2	2
Not documented	4	0	0	2
No process	2	0	0	3
Unclear	0	0	1	1
Total	14	14	14	14

Needs assessment

With the structured interviews, it was found that only two respondents strongly agreed that the population needs were well known and three strongly agreed that the interventions were coherent with the population needs. Additionally, a few respondents stated to have a neutral or even negative position about these two statements (Table 7).

Table 7. Perceptions towards NA

Statement/Perception	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Population needs are well known	1	1	4	6	2	14
Interventions are developed according to population needs	1	0	3	7	3	14

Incongruences were found between these results and the answers given about the documentation process. It was found that two respondents who stated not to have the NA process, strongly agreed and agreed that population needs were well known. Similarly, two of the respondents who affirmed not to document the NA process agreed and strongly agreed with both statements. Additionally, it is important to consider that respondents might have evaluated themselves more positively.

Planning

Concerning the documentation of the planning process, there are some aspects that were identified while analyzing the developmental plans. One of them is that the Needs Assessment or diagnosis that should be included, sometimes has very limited information and in some other cases is written in a separate document. For this reason, it was not possible for the researcher to find some of them, since only the strategic part of the plan was provided or the strategic part and the investment plan.

Another aspect that is worth noting is the way in which the goals were formulated. In some cases, they were not specific or clear enough, while in other cases they were not measurable or base line was not provided. This can affect the implementation, monitoring and evaluation of the interventions.

It was also found that there was not always coherence between the proposed programs, sub-programs and goals. For example, there was one case in which the program included “healthy lifestyles” in its heading, but only physical activity was included as a healthy lifestyle in the programs and sub-programs. Then, another where the heading of the sub-program was “Sport For All” included goals targeting physical activity, recreation and elite sport.

Evaluation

Even though more than half of the respondents agreed that the expected goals had been achieved, only three strongly agreed the rest of them neither agreed nor disagreed or strongly disagreed. It was noticed that some respondents who stated to perceive that the expected goals were achieved, stated not to have the evaluation process or not to document the process at all. Additionally, it is possible that respondents evaluated themselves more positively. Similar to the situation that was found concerning the NA process, this might suggest that not all MSAs are developing an adequate evaluation of their interventions.

All in all, some weaknesses in the management process were found. If they were improved, it would be possible to develop more effective interventions, including those oriented to promote PA.

5.3.3 Resources to Promote Physical Activity

Another aspect that conditions the effective development of PAP interventions is the availability of resources. Therefore, the heads of the MSAs were asked about their perceptions in this regard.

Perceptions towards resources

In general terms, the MSAs did not have a positive perception towards the sufficiency of resources to develop PAP interventions. Economic resources were, according to the respondents, less sufficient while human resources were more sufficient (Table 8).

Table 8. Perceptions towards sufficiency of resources to develop PAP interventions

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Human resources	2	3	2	3	4	14
Physical resources	1	4	5	3	1	14
Economic resources	4	5	4	0	1	14

Concerning the economic resources, it was found that the fiscal performance was classified as vulnerable in some municipalities and at risk in other municipalities of the department. The fiscal performance measures the effectiveness of the mayoral management in Colombia and depending on this, the resources would be optimized or not. This might partially explain the perception that the MSAs had towards the

economic resources. In addition to this, the presence of illegal armed groups has been related to threats to mayors (among others) and some of them have been forced to give up part of the municipal budget to these groups. This can be other explanation for the perception of the lack of resources.

Human resources

Different personnel within the MSAs were identified to participate in the development of PAP interventions (Table 9). According to the structured interviews, it was found that the NA and evaluation processes were mainly developed only by the heads of the MSAs. Nevertheless, other types of personnel were also involved in a few of them and unclear responses were found concerning both processes. On the contrary, other personnel participated in the planning process in more MSAs.

Table 9. Personnel involved in PAP interventions

Type of personnel participating	No. of MSAs
Needs Assessment	
Only heads of MSAs	6
Heads and other personnel	3
Unclear	3
No process	2
Total	14
Planning	
Only heads of MSAs	5
Heads and other personnel	8
Unclear	1
Total	14
Implementation	
Heads and other personnel	5
Coordinators and operative personnel	1
Operative personnel	6
None	1
Unclear	1
Total	14
Evaluation	
Only heads of MSAs	4
Heads and operative personnel	3
Unclear	4
No process	3
Total	14

As it was expected, the operative personnel were the more commonly involved in the implementation process, however heads also participated in the implementation of interventions in many cases. In one of the MSAs the implementation was not developed

by its personnel but by an external entity. In this case, the respondent was the only person working in this MSA.

The unclear responses make difficult to compare the level of participation of different personnel in different stages of the PAP interventions. Nonetheless, it is possible to assume that although the operative personnel are involved in the different processes in some MSAs, there are others in which the head alone develops the process. This expresses that there are different ways of human resources management and while in some MSAs operative personnel are more taken into account in the decision-making process, in other MSAs they participate less.

Another observed aspect is that the different sizes of the MSAs were quite evident, since the number of hierarchical levels varied from one MSA to another. In one of them, there were at least three identified hierarchical levels including the head, coordinators and operative personnel. In contrast, there was one MSA in which the only worker was the head.

5.3.4 Knowledge and Competences of Personnel

The knowledge and competences of the personnel participating in the development of PAP interventions, can influence to a great extent the way in which the interventions are developed and the type of developed interventions. For this reason, this aspect was also considered in this study. The perceptions about the knowledge and competences of the personnel in the NA, planning, implementation and evaluation processes were asked during the interviews. Additionally, the knowledge concerning PA and PAP was studied more in depth with other questions asked to the respondents. Awareness about guidelines related to PAP was also studied.

Perceptions towards competences

Even though most of the respondents manifested a positive opinion towards the personnel competences and knowledge to develop the different management processes, less than half strongly agreed and some respondents strongly disagreed, disagreed or neither agreed nor disagreed that personnel had the adequate knowledge and competences. The lowest level of agreement was found in the NA process, in which one respondent strongly disagreed and three respondents neither agreed nor disagreed (Table 12).

Table 10. Perceptions towards personnel knowledge and competences

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	No process	Unclear	Total
Planning	1	1	0	7	5	0	0	14
Implementation	1	1	1	7	4	0	0	14
NA	1	0	3	4	4	2	0	14
Evaluation	1	0	0	4	4	3	2	14

In addition to the results found in the present study, the large amount of theory given in the modules, provided by the national sport authority to orient PAP practices at the local level, might indicate that there is a lack of knowledge and competences at the local level to promote PA.

Respondents' Knowledge on Physical Activity and Physical Activity Promotion

During the structured interviews, some questions were asked about the knowledge and perspectives of the respondents about PA and PAP. The results of these questions are described in this section.

Definition of Physical Activity: when the respondents were given three definitions (one sport-oriented, one exercise oriented and one PA-oriented) to choose the one that they considered closer to their definition of PA, around half of them chose the PA-oriented definition and the three definitions were almost evenly selected (Figure 26).

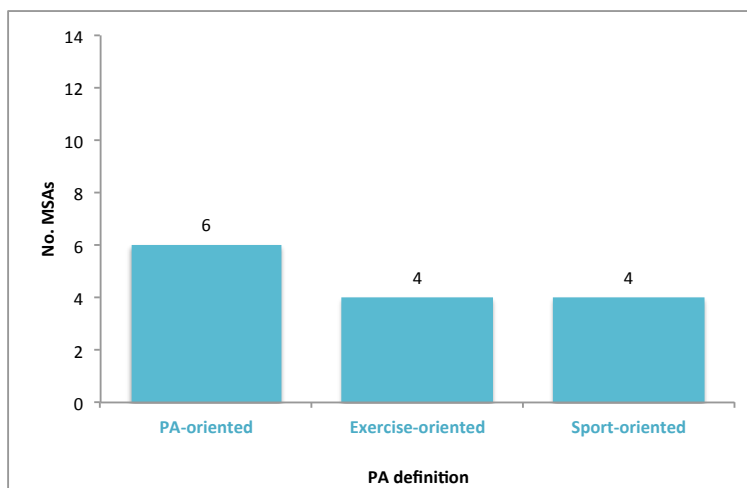


Figure 26. Definition of PA for respondents

When comparing the definition selected by the respondents with the activities that they considered being PAs, it was found that in many cases the activities did not match with the selected definition. For instance, it was expected from the respondents who selected the PA-oriented definition to select all the activities. However, from the six respondents who selected this definition, only three marked all the activities. Similarly, all the respondents who selected the sport and exercise-oriented definitions were expected to select only the sport activities or exercise activities correspondingly; however, they also chose other types of activities (Table 11).

Table 11. Definition of physical activity and physical activities selected by respondents

	Type of activity	Exercise		Sport		Utilitarian PA	
		Walk to remain healthy	Train in the gym	Play football with friends	Play basketball at school	Wash the vehicle	Walk to workplace
R1	Exercise-oriented	1	1	1	1	1	1
R2	Exercise-oriented	1	1	1	1	1	1
R3	Exercise-oriented	1	1	0	0	1	1
R4	Exercise-oriented	1	1	1	1	1	1
R5	Sport-oriented	1	1	1	1	0	1
R6	Sport-oriented	1	1	1	1	1	1
R7	Sport-oriented	1	1	1	1	0	0
R8	Sport-oriented	1	1	1	1	1	1
R9	PA-oriented	1	0	1	0	1	1
R10	PA-oriented	1	1	1	1	0	0
R11	PA-oriented	1	1	1	1	1	0
R12	PA-oriented	1	1	1	1	1	1
R13	PA-oriented	1	1	1	1	1	1
R14	PA-oriented	1	1	1	1	1	1
	Total	14	13	13	12	11	11

Independently from the chosen definition, seven respondents selected all the activities and in general, all of them selected at least four of the listed activities. All in all, a variety of responses were found and only three of the respondents selected both the PA-oriented definition and activities.

When revising the developmental plans, it was noticed that the words: sport, physical activity and recreation, were used interchangeably by the planners in some cases. This was reflected in the lack of coherence that was found between programs, sub-programs and goals in some of the plans.

These findings indicate that the difference between the concepts of PA, sport, exercise and recreation is not clear and there is a lack of agreement on the concept of PA among the MSAs of Risaralda. If this is the case, the planning, implementation, monitoring and evaluation processes could be affected. For this reason, it is important to reach a consensus or at least generate awareness on these differences and try to consider them throughout the whole management process.

Reasons to Promote Physical Activity: almost all the respondents strongly agreed or agreed that it was important to promote PA for most of the listed reasons (Table 12). However, there were six reasons that reached a higher level of agreement within the respondents, as more than half strongly agreed with them. These included: contribution to physical health, improvement of quality of life, disease prevention, contribution to good use of leisure-time, contribution to solution of social problems and contribution to mental health.

Table 12. Perceptions towards reasons to promote PA

Promoting PA is important because:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Physical health	0	0	0	2	12	14
Quality of life	0	0	0	4	10	14
Diseases prevention	0	0	0	4	10	14
Leisure-time use	0	0	0	4	10	14
Reduction of social problems	0	0	0	4	10	14
Mental health	0	0	0	5	9	14
Social cohesion	0	0	0	9	5	14
Economic benefits	0	3	1	8	2	14
Environmental preservation	0	1	2	10	1	14

On the contrary, less than half of the respondents strongly agreed that promoting PA was important to promote social cohesion, bring economic benefits and contribute to environmental preservation. Moreover, some of them neither agreed nor disagreed or disagreed that it was important for the two latter reasons. Very similar results were found when the respondents were asked to rank these nine reasons in order of importance, where one was the most important reason to promote PA and nine the least important (Table 13).

Table 13. Ranking of reasons to promote PA according to MSAs

Reasons/Ranking	First three places	Middle three places	Last three places	Unclear	Total
Quality of life	9	4	0	1	14
Physical health	8	2	3	1	14
Leisure-time use	6	7	0	1	14
Mental health	5	7	1	1	14
Diseases prevention	5	6	2	1	14
Social problems reduction	4	5	4	1	14
Social cohesion	2	6	5	1	14
Environment preservation	0	2	11	1	14
Economic benefits	0	0	13	1	14

Thereby, it can be assumed that there are some reasons to promote PA that are more relevant than others for the respondents. This could be explained by the fact that there has been a strong diffusion of the benefits that PA has especially on physical health and disease prevention. The relationship that PA has with micro- and macro-economic factors, as well as its relationship with environmental sustainability has been more recently recognized and therefore less disseminated. A good question to ask at this point is if the MSAs are aware of these links in order to communicate and collaborate more effectively with other sectors, optimize resources and achieve better results.

In this sense, it would be interesting to study the arguments that MSAs are using to justify the importance of PA promotion, collaborate with other sectors and access different funding sources. Then from there, see if the link between PA promotion, economic benefits and environmental sustainability is tangible among them.

Needed Conditions to Increase Physical Activity Levels: almost all respondents strongly agreed or agreed that all the listed aspects were needed to increase PA levels among the population. However, less than half of the respondents strongly agreed that an attractive and appropriate urban design, social support and psychological skills were required to increase PA levels (Table 14).

Table 14. Perceptions towards required conditions to increase PA levels

To increase PA levels it is necessary:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Total
Policies and normativity	0	0	0	2	12	14
Safety	0	0	0	2	12	14
Knowledge	0	0	0	3	11	14
Leisure-time options	0	0	0	3	11	14
Participation of institutions	0	0	0	6	8	14
Urban design	0	0	1	7	6	14
Social Support	0	0	1	8	5	14
Psychological skills	0	0	0	11	3	14

Even though both individual and environmental determinants for PA levels were found to be important for respondents, it is surprising that most of the respondents did not strongly agree with the last three aspects. The one concerning urban design is especially interesting, as urban design is one of the main tasks of the public administration and it has been found to be tightly related to PA levels.

Awareness on Guidelines for Physical Activity Promotion

It was asked of the MSAs if they were aware of two different types of guidelines: 1) guidelines to promote PA and 2) guidelines stating the recommendations of PA. Additionally, they were asked to indicate the entity where the guidelines came from or the name of the guidelines and if they came from the local, national, or international level.

Three of the respondents did not know any specific guidelines to promote PA and 11 knew guidelines coming from different levels (Table 15).

Table 15. Number of MSAs aware of PA and PAP-related guidelines

	Guidelines for PA promotion	Guidelines for PA levels
Not known	3	7
National	3	2
Local and national	3	0
Local	3	2
International	1	1
National and international	1	1
Local (other department)	0	1
Total	14	14

Along with that, it was identified that seven of the respondents did not know any specific guidelines stating recommendations for PA. The other seven stated that they knew the recommendations in this regard also from different levels. One of the respondents, who mentioned that he or she was not aware of any specific guidelines, affirmed that the personnel hired to develop the interventions did know them. The specific entities or guidelines that were named by the respondents are displayed in Table 16.

Table 16. Mentioned PA and PAP-related guidelines

Guidelines for PA promotion		Guidelines indicating recommended PA levels	
Local	Local planning documents (municipal sport ten-year plans, departmental healthy lifestyles promotion program) and DSA	Local	DSA HEVS program, local planning documents (ten-year plans) INDEPORTES Antioquia (the DSA from Antioquia, other Colombian department)
National	National sport ten-year plan, COLDEPORTES, National healthy lifestyles promotion program, Sport law 181/91	National	COLDEPORTES, National healthy lifestyles promotion program
International	WHO (only 1 mentioned it), Perseo program (Spain's national government healthy lifestyles promotion program in the school setting).	International	WHO (only 1 mentioned it), Perseo program (Spain's national government healthy lifestyles promotion program in the school setting).

Other mentioned: internet, books, Google, YouTube, recommended bibliography, posters, training sessions from COLDEPORTES, departmental health secretary (authority), university, books

There were many documents and sources mentioned by the respondents, but not all of them were considered guidelines to promote PA or guidelines stating recommended PA levels. It was possible to identify two guidelines within the mentioned documents. First, the ones coming from COLDEPORTES, who in collaboration with the Ministry of Social Protection (Ministry of Health), developed a set of modules to orient the implementation of the National Healthy Lifestyles Promotion Program (NHLPP) at the local level; second, the WHO guidelines to promote PA and the PA recommendations, which have been broadly disseminated around the world.

Some respondents mentioned PAP programs that could be used as a reference to develop their own interventions, but they were not conceived as guidelines. While other respondents referred to local planning documents, which set the goals that will be achieved during the 4-year administration period by the municipality, but do not give guidelines on how to promote PA or the recommended levels of PA for the population.

The NHLPP modules were elaborated on with the participation of experts from the country in different areas and it is true that these documents contain plenty of valuable information. However, they also contain plenty of additional theoretical and background information and the main message may get lost. Further studies concerning the effectiveness of these guidelines and the program are recommended.

In addition to the NHLPP, the study developed by Granada, Zapata and Giraldo, provides useful information to promote PA at the departmental level, unfortunately this publication was not mentioned by any of the respondents.

In conclusion, not all the respondents were aware of PA or PAP guidelines and although there are national documents that aim to orient the implementation of PAP programs at the local level, they lack of a clear or concrete message to orient the MSAs PAP practices. Additionally there is lack of awareness of the departmental valuable information, since it was not identified among the given responses.

6 DISCUSSION

In this chapter, the results of the study are contrasted with the literature found during the research process. In this way, conclusions concerning the current state of PA in the department of Risaralda are drawn and the answers to the two research sub-questions are given. The structure of this chapter follows the same order of the results: in the first part, the characteristics of the PAP interventions are discussed and in the second part, the conditions to develop them are tackled. The final part of this chapter is directed to reflect on the limitations of the study and further research.

6.1 Physical Activity Promotion Interventions in Risaralda

Physical activity promotion (PAP) has recently started in Risaralda. Around the year 2001, the first PAP program was initiated with the name of “Risaralda Activa” (Active Risaralda in English). This program was first focused in communicative, informative and educative strategies, along with the engagement of companies and institutions to promote PA. After a research process developed by Granada, Zapata and Giraldo (2007) and Granada, Zapata and Figueroa (2007) the program got a theoretical basis and its results were well documented. The “anthropic” model created through this research gave priority to the individual and its human development, expecting from it to generate an impact on its environment and health. No documented information was found about the program after the year 2008.

In the year 2013, the program “Risaralda Vive” started to be implemented by the Secretary of Sport, Recreation and Culture of the Governorate of Risaralda. The program was planned under the directions and parameters of the National Healthy Lifestyles Promotion Program (NHLPP) of COLDEPORTES. It aimed to promote three healthy lifestyles: PA, healthy nutrition and environments 100% tobacco-free. According to the departmental project found on the program, its goals are: 1) to develop group sessions of PA in three focalized groups aiming for the mental and physical health development; to promote and make the program sustainable in 12 municipalities; and 3) to have 12 municipalities with “friend companies”. In this sense, it seems to keep similarities with the beginning of the program “Risaralda Activa”. When the data collection was done, “Risaralda Vive” was just starting to be implemented in the municipalities.

Both programs' starting point was the individual and no interventions aimed to change the environment were identified. However, when looking at the levels of PA in the region (including the departments of Risaralda, Caldas and Quindío), a significant increase happened between the years 2005 and 2010 (Profamilia, INS, Bienestar Familiar & MinProtección Social, 2011). The percentage of people meeting the PA recommendations (150 minutes of PA or more per week), increased from 49.7% to 58.8%. This might indicate that although the interventions have not directed to influence environmental determinants, they have had an important impact in the PA levels in the department. However, further studies should be done to confirm this assumption.

The findings of this research, suggest that isolated PAP interventions were being implemented by most part of the MSAs before the data collection process of this study. Most part of the respondents referred to the municipal developmental plans when they were asked for the existence of any PAP program ran by them and own PAP programs were identified in only a few MSAs. On the other hand, 9 of the respondents cited the NHLPP, which is led from the Departmental Sport Authority (DSA) and was just starting by that time. This might indicate that the program "Risaralda Activa", from which documentation was found until the year 2008, was not so strong anymore by the time of the data collection process of this study.

The most mentioned interventions during the structured interviews were: mass events, group classes and sport facilities' maintenance and construction. In the development plans, it was identified that very few goals from the sport-related programs were oriented to PAP. However, some mass events and group classes were identified, along with other important goals related to policies and research development. Anyhow, no goals targeting environmental changes such as urban design and transport policies were identified. In this sense, it can be affirmed that PAP in Risaralda has neglected important environmental determinants for PA behavior.

When looking at the interventions developed in Risaralda and the recent recommendations from the WHO and the ISPAH to promote PA, some strengths and weaknesses were identified. The main identified strengths are: 1) other healthy lifestyles are promoted along with PA, 2) both general population and specific groups are

targeted, 3) there is a multisectoral collaboration, 4) settings such as schools and private companies are being targeted and 5) media campaigns and educational strategies have been used to promote PA.

On the other hand, the main weaknesses that were identified are: 1) important environmental determinants have been neglected, 2) multisectoral collaboration has not reached sectors like transport, environment and urban planning; 3) existent collaboration seems to be limited to the share of available resources to develop programs in common and 4) there is a stronger focus in competitive sports than Sports For All.

6.2 Conditions to Promote Physical Activity

The current situation of PAP developed by MSAs in Risaralda is the result of different interrelated factors, some of them that go beyond the PAP scope. Issues like the internal conflict of the country, the political culture, weaknesses in the public management processes and the modest educational background of some policy-makers, should be considered when aiming to achieve effective results in PAP.

It was found in the literature that some municipalities of Risaralda have had the presence of illegal armed groups in their territory, while others have had to face issues of drug trafficking and other violence problems (Diagnóstico Departamental de Risaralda, 2007). Additionally, unsafe conditions for public workers and community leaders, such as threats, kidnappings and killings were also found in the country and a complex political environment in which clientelism and other issues are present was also recognized (Sánchez & Palau, 2006; Avellaneda, 2009; Petesch & Gray, 2010). These aspects may affect the PAP interventions in different ways. For instance, it was found that in Risaralda, some communities could not use PA facilities due to safety issues (Granada, Zapata & Figueroa, 2007). In addition, some of the respondents mentioned during the interviews, that the political dynamics hindered the PAP processes in some cases. Previous research revealed similar findings, in which for instance, political manipulation of elderly people's groups was identified (Granada, Zapata & Figueroa, 2007). Finally, other possible situation is that the municipal budget could be reduced, due to threats to public workers, from armed groups that ask for money.

These facts can partially explain the results related to the perception of the respondents towards the lack of resources to develop PAP interventions. Moreover, they can greatly affect the well development and effectiveness of the PAP interventions, the development of the department and the wellbeing of its inhabitants.

Another condition that influences the PAP interventions is the level of knowledge and competences both of the heads of the MSAs and mayors. In the case of the mayors, considering that he or she is the manager of the municipality and is the one responsible of the planning, human resources management, personnel recruiting, budgeting and so on, it affects the way in which the MSAs function and thereby how the PAP practices are developed. In addition to this, the knowledge of the person responsible of the PAP interventions concerning PA and PAP also affects the approach towards PAP, the effectiveness of the interventions and the possibility to collaborate with other sectors.

In this sense, it was found in the literature that “mayoral quality”, which refers to the educational background and experience, is related to the efficiency in the public finances of the municipalities in Colombia (Avellaneda, 2009). The same study and others (Granada, Zapata & Giraldo, 2007), reveal that public workers do not have a high educational level in every case.

Interesting aspects related to the knowledge on PAP and the development of the management process, were identified with the present study. Concerning the knowledge on PAP, it was found that the meaning of PA varies within MSAs, revealing a lack of agreement on this concept in the department. On the other hand, it was noticed that there is not a clear difference between the concepts of PA, sport and recreation and these concepts are used interchangeably in many cases. This might affect the planning, implementation, monitoring and evaluation processes. For this reason, it is recommended to reach a consensus in this regard or generate awareness in order to avoid misunderstandings and difficulties along the management process.

Other aspect that was identified related to the knowledge on PA, was that environmental and economic reasons to promote PA were not as important as other aspects such as health and quality of life. This might be due to the lack of awareness on

the relationship that PA has with environmental sustainability and economic development. Having a holistic approach towards PA can be linked to the ability of collaborate with other sectors, reason why it is important to further evaluate this issue and strengthen the knowledge in this regard, if necessary.

Regarding the management practices, some weaknesses were identified, especially in the needs assessment and evaluation processes. In some cases these two were not documented or even developed at all by the MSAs and the perceptions towards needs assessment showed that only a few respondents strongly agreed that the population's needs were well known and that the interventions were developed according to these needs. Some respondents even disagreed and strongly disagreed with these two statements. The developmental plans also revealed some flaws in the planning practices.

These results might indicate that there are weaknesses in the qualification of the human resources that are leading the PAP interventions, which can directly affect their development and goal achievement.

Another aspect to be considered is that municipal sport authorities vary in size, sectors that they address, level of autonomy and available. For instance, in some cases the MSAs only had one person who was responsible of all the programs related to sports, while in other cases heads, coordinators, monitors, etc. were working in different areas within the same MSA. In this regard, the NPHLP has made an important contribution, since human resources were assigned in each municipality to develop the program.

Finally, concerning the availability of information that orients the PAP interventions (or guidelines and recommendations), it was found that there is enough information available at the local, national and international levels. In addition, there is an important national normative and policy framework supporting PAP. However many times MSAs are not aware of them. Valuable research has been developed in the department; however, better articulation has to be done between the academia and policy development.

6.3 Limitations of the Study and Further Research

The study has some limitations related to the research questions, the design of the structured interview and the approach to develop the document analysis. Regarding the research design, this study aimed to illustrate the general situation of PAP in the MSAs of the department of Risaralda. On one hand, this means that the findings cannot be generalized to any other context; and on the other hand, that it gave a broad perspective about the topics that were addressed, but none of them was studied in detail. For this reason, further research in aspects such as the PAP interventions, management process, resources to promote PA, etc. are suggested.

The structured interview contained mainly fixed alternatives that might have limited the possibility of the respondents to give more information. In addition to this, many were found to be leading questions, since the respondents answered according to what they thought it was expected from them, rather than answering according to the real situation. On the other hand, they were also evaluating themselves in some cases, which could have biased even more their responses.

Concerning the document analysis, only the sport programs were analyzed due to the extension of the documents and timing issues, which limited the possibility of finding more information in other programs about PAP. In addition, these documents only provide information about the planned activities, so it was not possible to get information regarding the developed interventions.

There were other limitations more related to practical issues. One of them was that no recording was done during the interviews. This might have generated loss of information since not all the notes were as accurate and clear as they were expected to be. The lack of experience of the researcher to orient the open-ended questions and to design a good structured interview, limited the quality of the information that was gathered as well. Finally, the blurred boundaries between the concepts of sport, exercise, PA and recreation, was an aspect that affected the development of the structured interviews and document analysis.

One of the previous studies developed in the department, indicates that 81.4% of public workers affirmed that no research projects have been implemented in their municipalities in the field of HEPA (Granada, Zapata, & Giraldo, 2005). Therefore, more research is needed to understand the local context, monitor and evaluate the developed interventions and propose innovative, holistic and effective solutions to improve PAP. Especially, considering the weaknesses that were found in this regard.

7 RECOMMENDATIONS FOR MUNICIPAL SPORT AUTHORITIES

The following is a set of recommendations developed according to the research findings and the current guidelines and recommendations to promote PA from the WHO and the ISPAH:

- 1) Collaborate with the transport, environment, social development and urban planning sectors. There are important common goals and win-win situations between PA and these sectors.
- 2) Strengthen collaboration with health and educative sectors.
- 3) Advocate for a good quality physical education.
- 4) Protect the public space and promote its appropriation among citizens.
- 5) Find sources in order to access to accurate and good quality information (research, guidelines and recommendations for PAP) from the local, national and international levels.
- 6) Strengthen management practices, especially needs assessment and evaluation processes.
- 7) Develop evidence-based interventions.
- 8) Tailor the national and global recommendations to promote PA to the local level, according to the local needs and possibilities.
- 9) Develop pertinent research in order to implement evidence-based practices according to the local context.
- 10) Monitor, evaluate and document PAP interventions.
- 11) Look at PAP from an integral perspective. Consider both individual and environmental determinants, and promote PA in the leisure time and other daily life activities such as commuting, working and studying.
- 12) Provide a supportive environment for PA practices in different daily life activities.
- 13) Explore the field of Sport For All for PAP purposes, it has a large potential in addressing different issues related to health and social capital. Sport clubs could play an important role in this sense.
- 14) Establish stronger partnerships with academic institutions in order to support aspects like needs assessment, planning and evaluation of PAP interventions.

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APPENDICES

Appendix 1. Questionnaire Spanish version

**Master en Administración Deportiva y Promoción de la Salud
Universidad de Jyväskylä - Jyväskylä, Finlandia**

Encuesta No. _____

Encuestador: _____ Fecha: _____

La presente encuesta se encuentra **dirigida** a los encargados de los Entes Territoriales del Deporte (ETD) del departamento de Risaralda y sus municipios. Esta se enmarca en el estudio **"Promoción de Actividad Física en Colombia, Prácticas y Potencial de las Autoridades Locales del Deporte del Departamento de Risaralda"**, el cual es desarrollado por la estudiante Daniela Rozo Salazar como tesis de maestría en la Universidad de Jyväskylä, Finlandia. El estudio se realiza con el fin de **conocer los procesos de promoción de actividad física** desarrollados por los ETD y **el contexto** que influye en estos procesos. De esta manera, será posible contar con información que permita **contextualizar las recomendaciones** provenientes de organizaciones a nivel nacional e internacional y **explorar las posibilidades** de promoción de actividad física a nivel local, que generen un impacto significativo y a largo plazo.

La **información suministrada** por los encuestados será **empleada única y exclusivamente en el proceso de investigación**. Adicionalmente, los datos recolectados serán administrados de manera **confidencial**, únicamente por los responsables del proceso investigativo y **no será revelada información de forma particular** de los establecimientos o personas encuestadas. Un **informe final** del estudio y recomendaciones para mejorar los procesos de promoción de actividad física le serán enviados a cada entidad.

DATOS GENERALES

Municipio/Departamento	
Entidad	
Encuestado	
Cargo	

A. GENERALIDADES SOBRE PROMOCIÓN DE ACTIVIDAD FÍSICA

1. Seleccione la definición que más se ajuste al término de actividad física para la salud según su criterio:
a)Cualquier movimiento que involucre la acción de músculos esqueléticos y un consumo energético superior a los niveles de reposo.
b)Actividades planificadas y estructuradas que tienen un objetivo determinado (como por ejemplo el mejoramiento de la condición física) y tienen en cuenta variables como intensidad, duración y frecuencia.
c)Actividades físicas practicadas con fines recreativos o competitivos, que poseen unas reglas o normatividad específica.

2. Marque una o más actividades que según su criterio son consideradas actividades físicas:

Entrenar en el gimnasio	Ir caminando al lugar de trabajo	
Lavar el carro o la moto	Jugar baloncesto en el colegio	
Jugar fútbol con los amigos	Ninguna	
Salir a caminar por las mañanas para mantenerse saludable		

3. Indique su grado de acuerdo o desacuerdo con los siguientes enunciados:

Promover la actividad física es importante porque:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Puede contribuir con la salud física de las personas					
Puede contribuir con la salud mental de las personas					
Puede mejorar la calidad de vida					
Puede prevenir algunas enfermedades					
Puede traer beneficios económicos					
Puede contribuir con la preservación del medio ambiente					
Puede promover la cohesión social					
Puede contribuir con la buena utilización del tiempo libre					
Puede contribuir con la solución de problemáticas sociales como la violencia y la delincuencia					
No es importante promoverla					

**Master en Administración Deportiva y Promoción de la Salud
Universidad de Jyväskylä - Jyväskylä, Finlandia**

4. Ordene de acuerdo a su importancia los motivos por los cuales se debe promover la actividad física. (de 1 a 9 donde 1 es el más importante y 9 el menos importante)	
Puede contribuir con la salud física de las personas	
Puede contribuir con la salud mental de las personas	
Puede mejorar la calidad de vida	
Puede prevenir algunas enfermedades	
Puede traer beneficios económicos	
Puede contribuir con la preservación del medio ambiente	
Puede promover la cohesión social	
Puede contribuir con la buena utilización del tiempo libre	
Puede contribuir con la solución de problemáticas sociales como la violencia y la delincuencia	

5. Indique su grado de acuerdo o desacuerdo con los siguientes enunciados:

Para que aumenten los niveles de actividad física de la población es necesario:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Que las personas tengan conocimiento sobre los beneficios de la actividad física, riesgos de sedentarismo y demás conocimientos que generen conciencia sobre la importancia de la actividad física e indiquen la forma adecuada de desarrollarla					
Que las personas cuenten con habilidades psicológicas que les permitan implementar y mantener el hábito de realizar actividad física. Por ejemplo sentirse capaz, manejo del tiempo, toma de decisiones, resolución de problemas					
Apoyo y actitud positiva de la familia, amigos y otras personas cercanas frente a la práctica de actividad física					
La participación activa de comunidades, empresas, colegios y otras instituciones en la promoción de actividad física					
Un diseño urbano atractivo y apropiado que facilite la práctica de actividad física (incluye transporte activo y actividades en el tiempo libre)					
Políticas y/o normatividad que promueva la práctica de actividad física, por ejemplo garantizar acceso a espacios públicos abiertos y zonas verdes seguras.					
Que la población tenga opciones de actividad física en el tiempo libre (acceso a escenarios, oferta de actividades, etc.)					
Seguridad en espacios públicos (incluye seguridad vial y urbana)					
Otros aspectos que considere necesarios:					

**Master en Administración Deportiva y Promoción de la Salud
Universidad de Jyväskylä - Jyväskylä, Finlandia**

B. PROMOCIÓN DE ACTIVIDAD FÍSICA DESDE ESTE ENTE TERRITORIAL

1. Las intervenciones de promoción de actividad física **desarrolladas actualmente** a partir de este ETD están **orientadas a:**

Brindar educación y conocimiento a la población sobre beneficios de actividad física, riesgos de sedentarismo y demás conocimientos que generen conciencia sobre la importancia de la actividad física e indiquen la forma adecuada de desarrollarla	Diseñar e implementar o abogar por políticas y/o normatividad que promueva la práctica de actividad física, por ejemplo garantizar acceso a espacios públicos abiertos y zonas verdes seguras.	
Implementar acciones que desarrollen habilidades psicológicas que le permitan a las personas implementar y mantener el hábito de realizar actividad física	Abogar por un diseño urbano adecuado y atractivo que facilite la práctica de actividad física (como transporte activo y actividades en el tiempo libre)	
Implementar acciones que desarrollen las capacidades físicas y habilidades motrices, para facilitar la práctica de actividad física	Brindar opciones de actividad física en el tiempo libre (acceso a escenarios, oferta de actividades, etc.)	
Impactar las actitudes de la población frente a la actividad física, haciendo de esta una actividad divertida y atractiva.	No cuenta con intervenciones de promoción de actividad física actualmente	
Involucrar empresas, colegios y otras instituciones en los procesos de promoción de actividad física	Otras:	
Abogar por la seguridad en espacios públicos (incluye seguridad vial y urbana)		

2. Marque una o más intervenciones de promoción de actividad física que se estén desarrollando **actualmente** desde este ETD:

Construcción y/o mantenimiento de escenarios o infraestructura para la práctica de actividad física	Clases grupales	
Actividades físicas masivas	Ninguna	
Campañas publicitarias de promoción de actividad física	Otras:	
Capacitación de líderes comunales para que orienten actividades físicas		
Capacitación de líderes comunales para que gestionen posibilidades de actividad física para su comunidad		

3. Además de promover actividad física, las intervenciones promueven los siguientes hábitos de vida saludables:

Prevención del consumo de tabaco	Prevención de consumo de licor	
Alimentación saludable	Ninguno	
Otro:		

4. Este ente cuenta con un PROGRAMA INSTITUCIONAL (que englobe todas las intervenciones) para la promoción de actividad física:

Sí ___ No ___

Nombre del programa: _____

5. Las intervenciones hacen parte de un programa desarrollado por otro ente para la promoción de AF y/u otros hábitos saludables

Sí ___ No ___

Nombre del programa: _____

6. Con respecto al registro de las intervenciones de promoción de actividad física, este se realiza en forma:

En el diagnóstico	En la planeación	En la implementación	En la evaluación
___ Digital	___ Digital	___ Digital	___ Digital
___ Física	___ Física	___ Física	___ Física
___ Ninguna	___ Ninguna	___ Ninguna	___ Ninguna
___ No cuenta con el proceso	___ No cuenta con el proceso	___ No cuenta con el proceso	___ No cuenta con el proceso

**Master en Administración Deportiva y Promoción de la Salud
Universidad de Jyväskylä - Jyväskylä, Finlandia**

7. Las intervenciones desarrolladas actualmente van dirigidas a:

Población en general: _____

Grupos específicos: Cuales? _____

Entidades/Instituciones: Cuales? _____

8. Indique su grado de acuerdo o desacuerdo con los siguientes enunciados:

	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
8.1. La promoción de actividad física es una prioridad para este ente territorial en este momento					

8.2. Sobre la población a la que van dirigidas las intervenciones:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Se conocen con certeza las características y necesidades de la población					
Las intervenciones se desarrollan de acuerdo a las características y necesidades de la población					

8.3. Las intervenciones cuentan con:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Suficientes recursos físicos (incluyendo infraestructura, elementos, materiales, etc.)					
Suficiente talento humano (personal)					
Suficientes recursos financieros/económicos					

8.4. Las dinámicas administrativas y políticas han facilitado:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo	No cuenta con el proceso
Los procesos de diagnóstico para las intervenciones						
Los procesos de planeación de las intervenciones						
Los procesos de implementación de las intervenciones						
Los procesos de evaluación de las intervenciones						

8.5. Las personas que participan en los siguientes procesos cuentan con las competencias y conocimiento necesarios para alcanzar los objetivos de las intervenciones:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo	No cuenta con el proceso
Proceso de diagnóstico de las intervenciones						
Proceso de planeación de las intervenciones						
Proceso de implementación de las intervenciones						
Proceso de evaluación de las intervenciones						

	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
8.6. La promoción de actividad física en los municipios le corresponde únicamente al ETD					
Si no está de acuerdo, a quién considera usted que le corresponde esta función? / Si está de acuerdo, por qué piensa que corresponde únicamente al ETD?					

**Master en Administración Deportiva y Promoción de la Salud
Universidad de Jyväskylä - Jyväskylä, Finlandia**

9. Actores que participan en la promoción de actividad física:

9.1. Dentro del ente territorial (mencionar los cargos)	
En el diagnóstico (evaluación de necesidades) participan:	No realiza ___
En la planeación de intervenciones participan:	No realiza ___
En la implementación de intervenciones participan:	No realiza ___
En la evaluación de intervenciones participan:	No realiza ___

9.2. Fuera del ente territorial	
En el diagnóstico (evaluación de necesidades) participan:	No participan otros actores ___
En la planeación de intervenciones participan:	No participan otros actores ___
En la implementación de intervenciones participan:	No participan otros actores ___
En la evaluación de intervenciones participan:	No participan otros actores ___

10. Indique su grado de acuerdo o desacuerdo con los siguientes enunciados:

10.1 Usted considera que para evaluar las intervenciones es necesario conocer:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Los niveles de actividad física de la población					
Los niveles de condición física de la población					
Las condiciones de salud de la población					
Las habilidades cognitivas para el cambio de comportamiento de la población					
El ambiente físico que influye en la práctica de actividad física					
Las políticas que influyen en la práctica de actividad física					

10.2 Usted considera que para evaluar las intervenciones es viable conocer:	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Los niveles de actividad física de la población					
Los niveles de condición física de la población					
Las condiciones de salud de la población					
Las habilidades cognitivas para el cambio de comportamiento de la población					
El ambiente físico que influye en la práctica de actividad física					
Las políticas que influyen en la práctica de actividad física					

11. Este ente incluye los siguientes aspectos en la evaluación de las intervenciones:

Los niveles de actividad física de la población	El ambiente físico que influye en la práctica de actividad física
Los niveles de condición física de la población	Las políticas que influyen en la práctica de actividad física
Las condiciones de salud de la población	Otros:
Las habilidades cognitivas para el cambio de	

**Master en Administración Deportiva y Promoción de la Salud
Universidad de Jyväskylä - Jyväskylä, Finlandia**

comportamiento de la población

12. Indique su grado de acuerdo o desacuerdo con el siguiente enunciado:

	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
Las intervenciones desarrolladas han cumplido con los objetivos planteados desde el ente territorial					
Si está de acuerdo, cuáles <u>objetivos</u> cree que se lograron? / Si no está de acuerdo, cuáles cree que son los <u>motivos</u> ?					

13. ¿Conoce usted alguna guía o lineamientos que orienten el desarrollo de intervenciones para la promoción de actividad física sugerida desde:

<input type="checkbox"/> Entidades a nivel departamental?	Entidades: _____
<input type="checkbox"/> Entidades a nivel nacional?	Entidades: _____
<input type="checkbox"/> Entidades a nivel internacional?	Entidades: _____
<input type="checkbox"/> No conoce	

14. ¿Conoce usted alguna guía o lineamientos que indiquen las recomendaciones sobre los niveles adecuados de actividad física publicada desde:

<input type="checkbox"/> Entidades a nivel departamental?	Entidades: _____
<input type="checkbox"/> Entidades a nivel nacional?	Entidades: _____
<input type="checkbox"/> Entidades a nivel internacional?	Entidades: _____
<input type="checkbox"/> No conoce	

Recordatorio:

Documento de planeación ente _____

Documento de planeación de programas _____

Appendix 2. Questionnaire English version

Master's Degree Programme in Sport Science and Management University of Jyväskylä - Jyväskylä, Finland

Survey No. _____

Interviewer: _____ Date: _____

The present survey is **directed** to the head of each Territorial Entity of Sport (TES) from the department of Risaralda and its municipalities. It is framed within the study "**Physical Activity Promotion in Colombia, Practices and Potential of the Local Sport Authorities from the Department of Risaralda and its Municipalities**", which is developed by the student Daniela Roza Salazar, as her master thesis in the University of Jyväskylä, Finland. The study is developed with the purpose of **understanding the processes of physical activity promotion** developed by the TES and the **context** that influences this processes. Thus, it will be possible to retrieve information to **contextualize the recommendations** from national and international organizations and **explore the possibilities** of physical activity promotion from the local level, that generate a significant and long-term impact.

The **given information** will be **used exclusively for the research purposes** directed from the University of Jyväskylä, Finland. Additionally, the collected data will be confidentially managed by the responsible of the research process and no information of the entity or person will be revealed particularly. A final report will be sent to the entity.

GENERAL INFORMATION

Municipality/Department	
Entity	
Respondent	
Position	

A. GENERAL ISSUES ON PA PROMOTION

1. Select the definition that better describes the term of physical activity according to your criterion:
a) Any movement involving skeletal muscle action and an energy consumption over the resting levels
b) Planned and structured activities with a determined goal (such as fitness improvement) and they take into account variables like intensity, duration and frequency
c) Physical activities practiced with recreational or competitive purposes, that have specific rules or normativity

2. Select one or more activities that according to your criterion are considered physical activities:

<input type="checkbox"/>	Train at the gym	<input type="checkbox"/>	Go walking to the workplace	
<input type="checkbox"/>	Wash the car or the motorcycle	<input type="checkbox"/>	Play basketball at school	
<input type="checkbox"/>	Play football	<input type="checkbox"/>	None	
<input type="checkbox"/>	Go to walk in the mornings to maintain health			

3. Indicate your level of agreement or disagreement with the following statements:

Promoting physical activity is important because:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
It can contribute with physical health of people					
It can contribute with mental health of people					
It can improve the quality of life					
It can prevent some diseases					
It can bring economic benefits					
It can contribute with the environment preservation					
It can promote social cohesion					
It can contribute with the good use of leisure-time					
It can contribute with the solution of social problems like violence and crime					
Is not important					

**Master's Degree Programme in Sport Science and Management
University of Jyväskylä - Jyväskylä, Finland**

4. According to the level of importance (where 1 is the most important and 9 the less important) order the following reasons to promote PA:

It can contribute with physical health of people	
It can contribute with mental health of people	
It can improve the quality of life	
It can prevent some diseases	
It can bring economic benefits	
It can contribute with the environment preservation	
It can promote social cohesion	
It can contribute with the good use of leisure-time	
It can contribute with the solution of social problems like violence and crime	

5. Indicate your level of agreement or disagreement with the following statements:

In order that population's physical activity levels increase, it is necessary:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
That the people have knowledge about physical activity benefits, sedentarism risks and other knowledge that generate awareness about the importance of physical activity and that indicate the proper way to do it.					
That the people have psychological skills that allow them to implement and maintain the habit of doing physical activity. For example self-efficacy, time management, decision-making, problem management					
Support and a positive attitude from their family, friends and other close people towards physical activity practice					
Active participation from communities, schools, companies and other institutions in physical activity promotion process					
Attractive and appropriate urban design that facilitates physical activity practice (including active transport and leisure-time activities)					
Policies and/or normativity that promotes physical activity practice, for example guarantee access to public space and safe green areas.					
That the population have physical activity options during leisure-time					
Safety in public space (including transport and urban safety)					
Other aspects that you consider are needed:					

**Master's Degree Programme in Sport Science and Management
University of Jyväskylä - Jyväskylä, Finland**

B. PHYSICAL ACTIVITY PROMOTION FROM THIS TES

1. The physical activity promotion interventions **currently developed** by this TES are **oriented to**:

Provide education and knowledge to the population about physical activity benefits, sedentarism risks and other knowledge that generate awareness about the importance of physical activity and that indicate the proper way to do it	Design and implement or advocate for policies and/or normativity that promotes physical activity, for example guarantee access to public space and safe green areas	
Implement strategies that develop psychological skills that allow people implement and maintain the habit of doing physical activity	Advocate for an adequate and attractive urban design that facilitates physical activity practice (such as active transport and leisure-time activities)	
Implement strategies that develop physical capacities and motor skills, in order to facilitate physical activity practice	Deliver options of physical activity for the population (access to facilities, providing activities)	
Impact attitude of population towards physical activity, making from it an attractive and fun activity	Do not have interventions of physical activity promotion currently	
Involvement of private companies, schools and other institutions in the physical activity promotion processes	Others:	
Advocate for safety in public space (including transport and urban safety)		

2. **Select one or more physical activity promotion interventions that are currently being developed from this TSE:**

Publicity campaigns (massive distribution of information through one or different media means)	Training of communal leaders to manage or arrange physical activity possibilities for the community	
Mass physical activities	None	
Building and/or maintenance of facilities for PA practice	Other interventions:	
Training of communal leaders to direct physical activities		

3. **Besides promoting physical activity, the interventions promote the following healthy habits:**

Tobacco consumption prevention	Alcohol consumption prevention	
Healthy eating	None	
Other:		

4. **This entity has an INSTITUTIONAL PROGRAM (that contains all the interventions) for physical activity promotion:**

Yes ___ No ___

Name of the program: _____

5. **The interventions make part of a program to promote PA and/or other healthy lifestyles developed by other entity:**

Yes ___ No ___

Name of the program: _____

6. **Regarding the register of the physical activity promotion interventions, it is developed in the following way:**

In needs assessment	In planning	In implementation	In evaluation
<input type="checkbox"/> Digital	<input type="checkbox"/> Digital	<input type="checkbox"/> Digital	<input type="checkbox"/> Digital
<input type="checkbox"/> Paper	<input type="checkbox"/> Paper	<input type="checkbox"/> Paper	<input type="checkbox"/> Paper
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> No process	<input type="checkbox"/> No process	<input type="checkbox"/> No process	<input type="checkbox"/> No process

Master's Degree Programme in Sport Science and Management
University of Jyväskylä - Jyväskylä, Finland

7. The currently developed interventions are targeted to:

Population in general: _____

Specific groups: Which? _____

Entities/Institutions: Which? _____

8. Indicate your level of agreement or disagreement with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
8.1 Physical activity promotion is a priority for this territorial entity at the moment:					

8.2 Concerning the population to whom the interventions are directed:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The characteristics and needs of the population are well-known					
The interventions are developed according to the needs and characteristics of the population					

8.3 The interventions have:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Enough physical resources (including infrastructure, elements, materials, etc.)					
Enough human talent (personnel)					
Enough financial/economic resources					

8.4 The administrative and politic dynamics facilitate:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	<i>Don't have this process</i>
The needs assessment processes for the interventions						
The planning processes of the interventions						
The implementation processes of the interventions						
The evaluation processes of the interventions						

8.5 The persons that participate in the following processes have the needed competences and knowledge to reach the objectives of the interventions:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	<i>Don't have this process</i>
Needs assessment processes of the interventions						
Planning processes of the interventions						
Implementation processes of the interventions						
Evaluation processes of the interventions						

	Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
8.6. The physical activity promotion in the municipalities only corresponds to the TES					
If you don't agree, to whom do you think this function corresponds to? / If you agree, why do you think it only corresponds to the TES?					

**Master's Degree Programme in Sport Science and Management
University of Jyväskylä - Jyväskylä, Finland**

9. Actors that participate in the promotion of physical activity:

9.1. Within the territorial entity (mention the positions)	
In needs assessment participate:	No process ____
In planning participate:	No process ____
In implementation participate:	No process ____
In evaluation participate:	No process ____

9.2. Outside the territorial entity	
In needs assessment participate:	No other actors participate ____
In planning participate:	No other actors participate ____
In implementation participate:	No other actors participate ____
In evaluation participate:	No other actors participate ____

10. Indicate your level of agreement or disagreement with the following statements:

10.1 You consider that to evaluate the interventions is <u>needed</u> to know:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Population's physical activity levels					
Population's physical activity condition (fitness)					
Population's health conditions					
Population's cognitive skills for behaviour change					
The physical environment that influences physical activity practice					
The policies that influence physical activity practice					

10.1 You consider that to evaluate the interventions is <u>possible</u> to know:	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Population's physical activity levels					
Population's physical activity condition (fitness)					
Population's health conditions					
Population's cognitive skills for behaviour change					
The physical environment that influences physical activity practice					
The policies that influence physical activity practice					

11. This entity includes the following aspects in the evaluation of the interventions:

Population's physical activity levels	The physical environment that influences physical activity practice
Population's physical activity condition (fitness)	The policies that influence physical activity practice
Population's health conditions	Otros:
Population's cognitive skills for behaviour change	

**Master's Degree Programme in Sport Science and Management
University of Jyväskylä - Jyväskylä, Finland**

12. Indicate your level of agreement or disagreement with the following statement:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The interventions have accomplished the objectives proposed from the territorial entity					
If you agree, which <u>objectives</u> were achieved? / If you don't agree, what do you think the <u>reasons</u> are?					

13. ¿Do you know any guideline that orient the development of physical activity promotion interventions coming from:

<input type="checkbox"/> Entities in the departmental level?	Entities: _____
<input type="checkbox"/> Entities in the national level?	Entities: _____
<input type="checkbox"/> Entities in the international level?	Entities: _____
<input type="checkbox"/> You don't know	

14. ¿Do you know any guideline that indicates the recommendations about the adequate levels of physical activity published from:

<input type="checkbox"/> Entities in the departmental level?	Entities: _____
<input type="checkbox"/> Entities in the national level?	Entities: _____
<input type="checkbox"/> Entities in the international level?	Entities: _____
<input type="checkbox"/> You don't know	

Reminder:

Planning document entity____
Planning document of programs____

Appendix 3

Likert-scale provided to respondents Spanish version

<p>Master en Administración Deportiva y Promoción de la Salud Universidad de Jyväskylä - Jyväskylä, Finlandia</p> <p>ESCALA DE LIKERT Por favor indique el grado de acuerdo o desacuerdo con los enunciados correspondientes.</p>				
Muy en desacuerdo	En desacuerdo	Ni en acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo

Appendix 4

Likert-scale provided to respondents English version

<p>Master's Degree Programme in Sport Science and Management University of Jyväskylä - Jyväskylä, Finland</p> <p>LIKERT SCALE Please indicate the level of agreement or disagreement with the corresponding statements</p>				
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree