Development of 'Active Living' The Sport and Physical Activity Strategy for Northern Ireland

3rd ANNUAL I-PARC CONFERENCE
University College Dublin
January 2023

Kathryn Hill
Director of Active Communities, Department for Communities

DfC
Department for Communities
www.communities-ni.gov.uk

Active Living

More People, More Active, More of the Time

The Sport and Physical Activity Strategy for Northern Ireland

https://vimeo.com/690458298/3feaf5e511?embedded=true&source=video_title&owner=79538126

Broadening the strategic direction to include physical activity

"With physical activity we all need to remember that some is good, more is better, and being regularly active has not only proven benefits for physical health but also has real positive impacts on mental health and wellbeing. Being physically active is not just a health issue, it brings people together to enjoy shared activities and contributes to building strong communities whilst supporting the economy to grow".

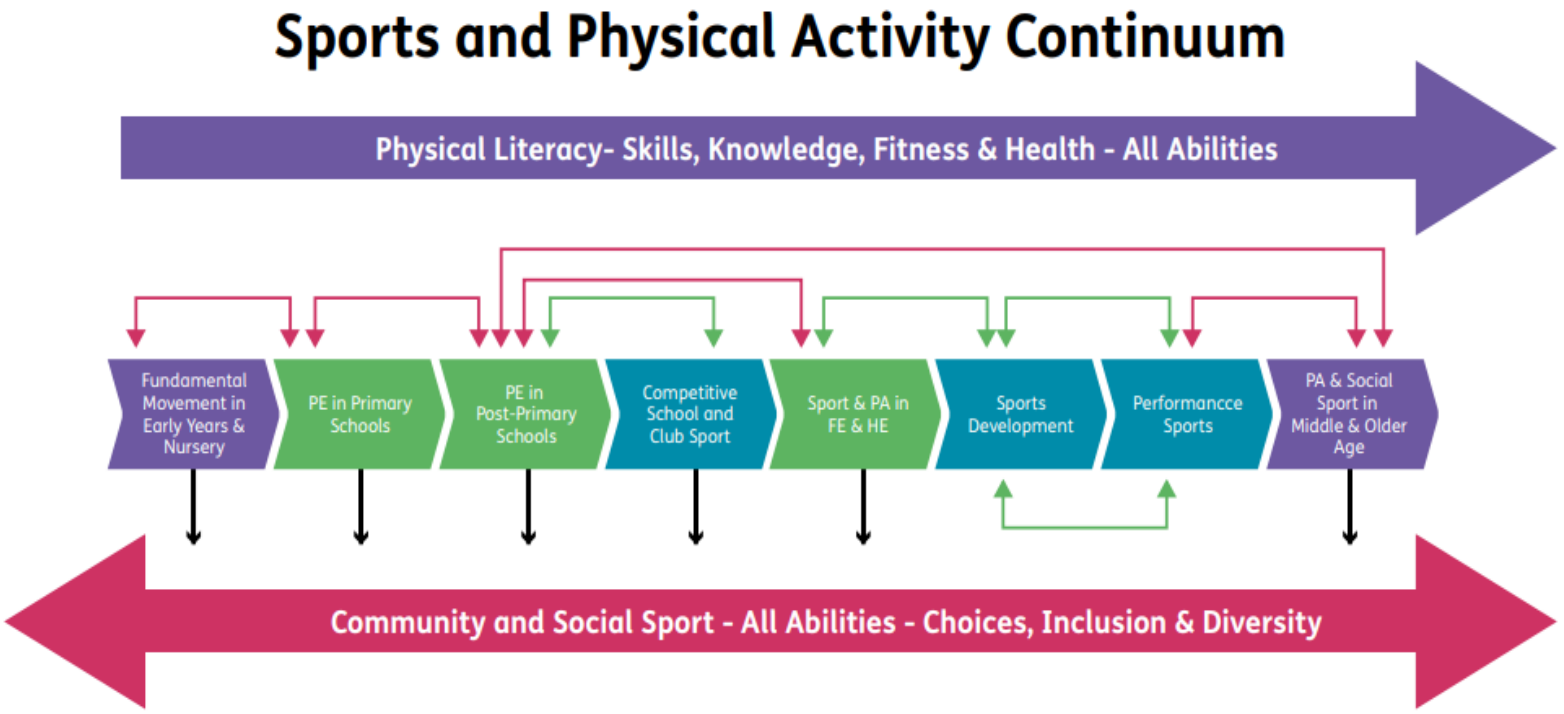
Professor Sir Michael McBride, Chief Medical Officer for Northern Ireland

Broadening the strategic direction to include physical activity

"Physical activity reduces the risk of over 20 non-communicable diseases, improves mood and mental health and enhances cognitive function in children and adults. Being physically active through sport or in non-sport activities, increases community engagement, improves social cohesion and decreases loneliness and isolation. Increasing physical activity is indeed the 'best buy' we could make for public health and has enormous potential to bring significant returns for the individual and our society".

Professor Marie Murphy, Ulster University

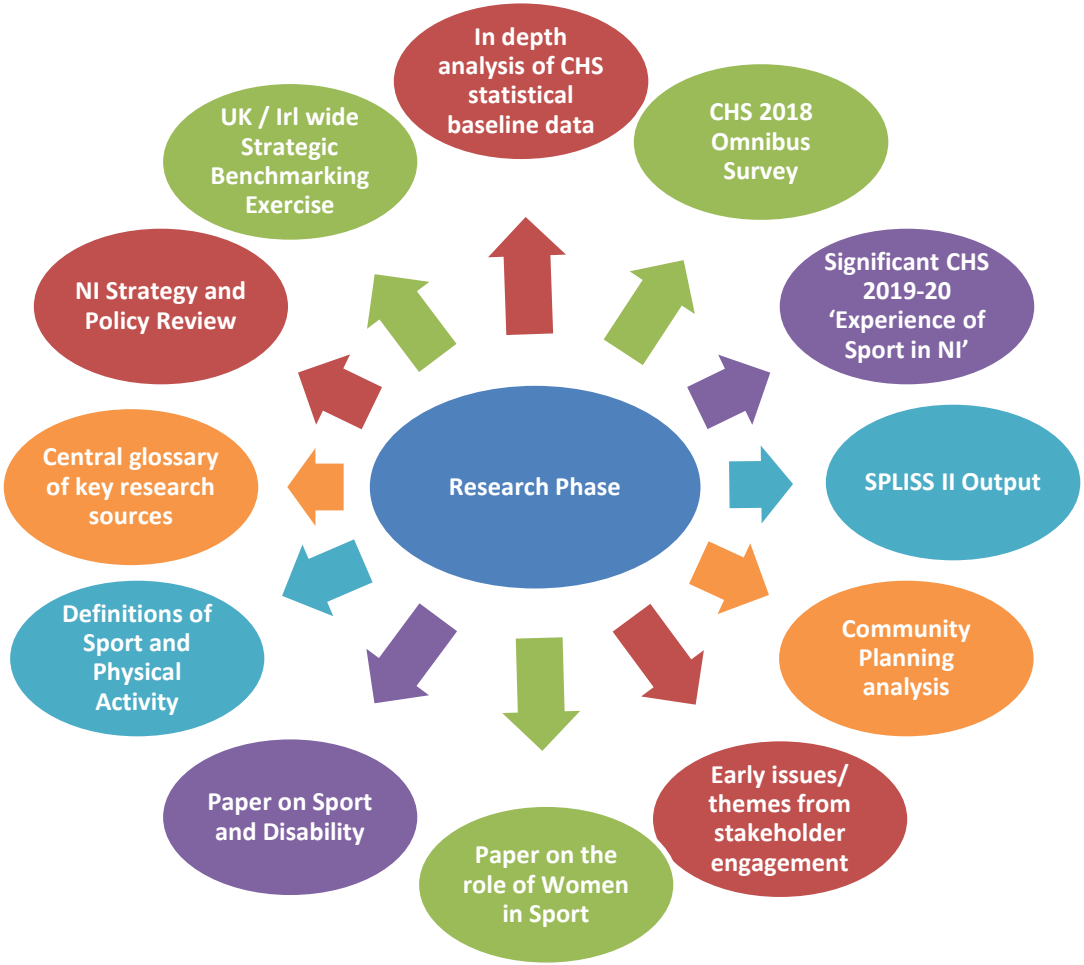
Sports and Physical Activity Continuum



Our Co-Design Task

- **How do we make sport and physical activity relevant, fun and accessible to everybody at all stages of their lives?**
- **How do we ensure that people are heard, and that organisations and groups that contribute to the discussion have a stake in what needs to be done?**
- **How do we break down the barriers for those who consider sport and physical activity as inaccessible or not meeting their particular needs?**

In-depth Research Phase



Stakeholder Engagement

Methods Used

- ❑ Mix of e-surveys
- ❑ My Voice Surveys with youth
- ❑ Focus groups
- ❑ One to one Interviews
- ❑ Committee and one to one briefings

Section 75 Engagement Cohorts

129 formal e-survey responses

- ❑ 66 x e-survey responses from stakeholders (Cohorts 1 to 3, Sports bodies, Gov depts, Councils, teachers)
- ❑ 35 x e-survey responses from Section 75 groups (Cohort 4 & 5 – NGOs)
- ❑ 28 x e-survey responses from Youth Leaders

Youth

- ❑ 1 collective My Voice response from young people with 82 respondents

70+ Focus Groups

- ❑ 70+ x focus groups/ meetings to date with mixture of GBs, Non participants, S75 groups, Councils in clusters & other stakeholders

Participants

- ❑ 364 Consultees incl. 28 teachers from across NI to date of which 196 were non participants; 241 from S75 groups

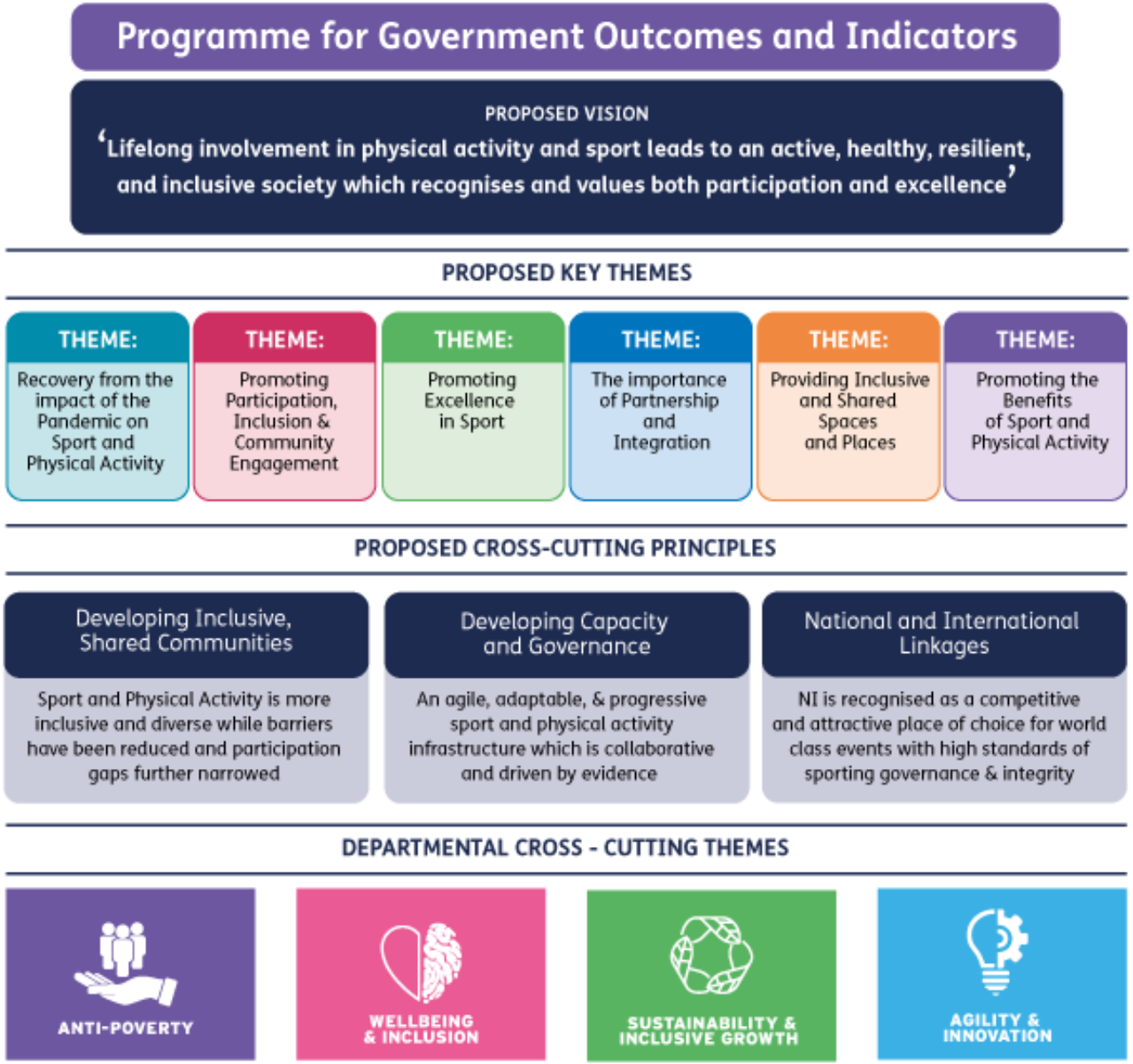
Key messages from pre consultative engagement

- **A remaining sense of exclusion from sport and physical activity amongst certain groups;**
- **Continued frustration at barriers to participation including costs, access issues and a lack of social inclusion;**
- **A recognition of the need to make best use of sporting assets that already exist, including school estates;**
- **That success going forward must come from greater cooperation between stakeholders;**

Key messages from pre consultative engagement

- **Education is key;**
- **We need an appropriate balance between promoting greater levels of participation and on competitive excellence;**
- **Physical and mental wellbeing of the community as a benefit from sport and physical activity needs to be given greater weight; and**
- **Fundamentally, a new strategy should provide a vision for making more people, more active, more of the time.**

Sport and Physical Activity Framework



Lessons Learned

- **A need for clear definition of scope i.e. ‘Sport and Physical Activity’;**
- **The benefits of extensive pre-consultative engagement;**
- **Agreeing with key partners the potential issues to explore in the wider engagement phases;**
- **The need to provide feedback from any engagement or consultation process to respondents;**
- **Benefits of being able to access a range of skills and experience from Departmental and other colleagues;**

Lessons Learned

- **Understanding the lived experiences of respondents;**
- **The richness and vibrancy of engagement with children and young people groups;**
- **The added value of reaching those not usually engaged in sport and physical activity;**
- **The necessity of supportive working groups representative of key sectoral partners including academia; and**
- **Use of video and animation to communicate key messages to a wider audience including groups we have traditionally found "harder to reach".**

Next Steps

-- Develop Strategic Delivery Action Plan

-- Develop a Digital System to capture Delivery Data

-- Establish the Monitoring and Reporting Structures

-- Support and drive delivery of intended outcomes

www.communities-ni.gov.uk/publications/active-living-sport-and-physical-activity-strategy-northern-ireland

Questions?

International Evidence Based Aquatic Therapy Guidelines for Parkinson's Disease

Dr. Louise Carroll

Dr. Amanda Clifford, Prof. William O'Connor, Prof. Meg Morris, Dr. Daniele Volpe, Dr. Jon Salsberg

I-PARC Conference,
19th January 2023

Parkinsons.ie
Parkinson's Association of Ireland

ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation
journal homepage: www.archives-pmr.org
Archives of Physical Medicine and Rehabilitation 2017;98:631-8

ORIGINAL RESEARCH

Aquatic Exercise Therapy for People With Parkinson Disease: A Randomized Controlled Trial

CrossMark

Louise M. Carroll, MSc,[a] Daniele Volpe, MD,[b] Meg E. Morris, PhD,[c] Jean Saunders, PhD,[d] Amanda M. Clifford, PhD[e]

Clinical background & experience

Background

Parkinson's disease

- 12,000 people in Ireland and >6 million people worldwide
- Movement disorder characterised by motor/ non-motor symptoms effecting movement, function, mental status & social engagement
  - ↑ sedentary behaviour
  - ↓ physical activity levels
  - ↓ community participation

Need to explore ways to engage people with PD in effective and enjoyable exercise programs

Background

Parkinson's exercise recommendations

- 150 minutes of moderate to vigorous exercise per week is recommended (Parkinson's Foundation 2021)
  - Aerobic activity
  - Strength training
  - Balance, agility and multitasking
  - Stretching
- Aquatic therapy "water-based exercises" is emerging as a popular medium for people with PD to engage in exercise.
- Challenge for healthcare practitioners:
  - Choosing activities to keep people with PD motivated so that they can continue to exercise throughout disease course

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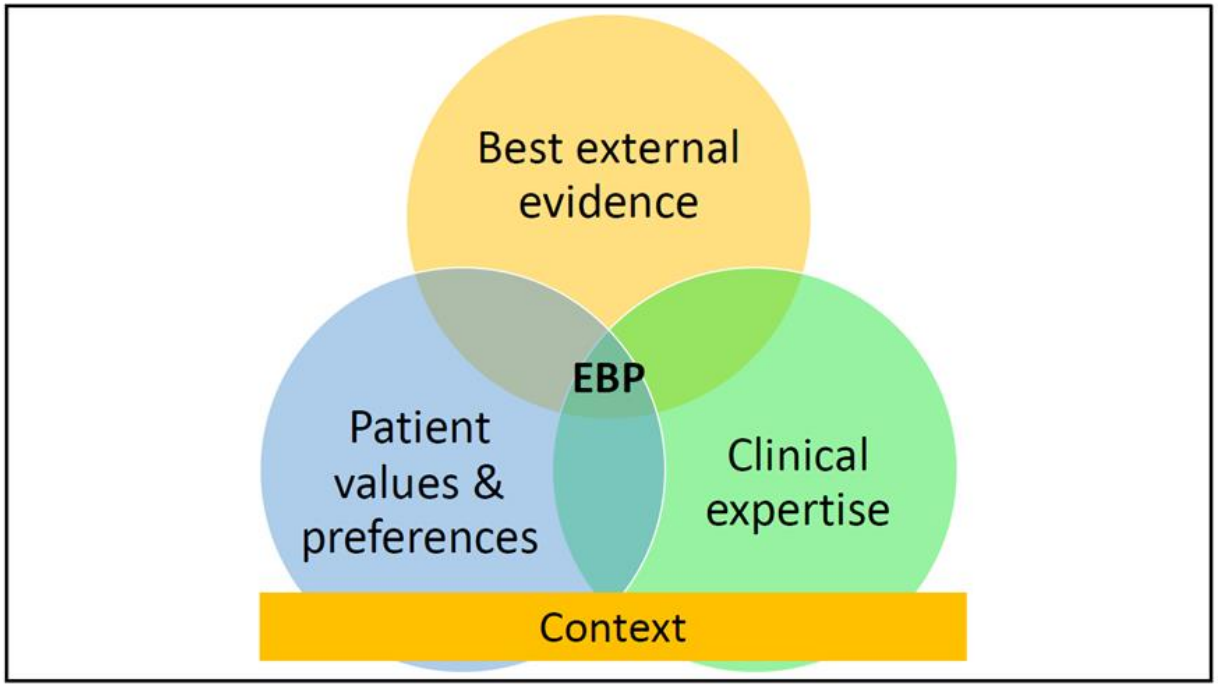
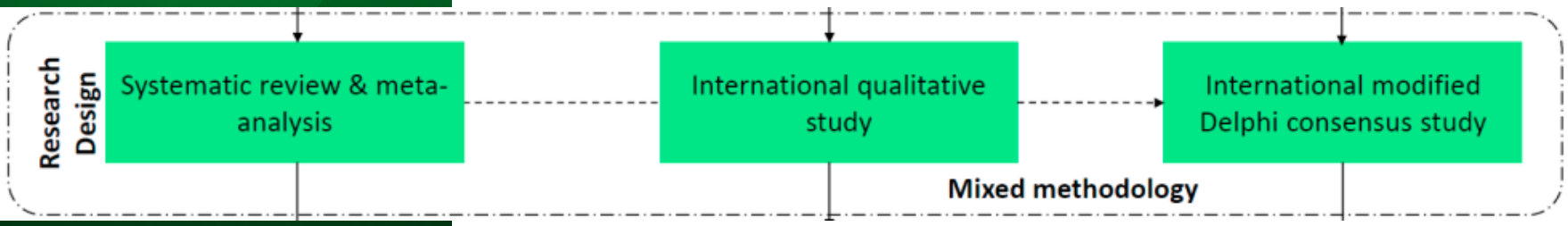
Evidence-based practice framework



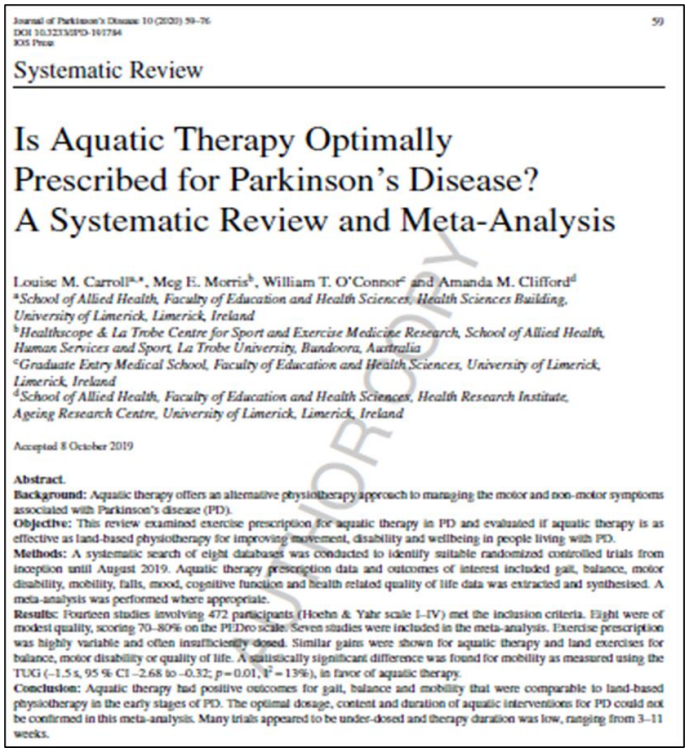


Systematic review & meta-analysis

Key findings

- Optimal dosage and intensity unclear.
- Exercise prescription was highly variable and often insufficiently dosed
  - E.g., Therapy duration was low, ranging from 3-11 weeks.
- Evidence from low to moderate quality trials suggests that AT is as effective as land-based exercise interventions for:
  - Balance
  - Motor disability
  - Quality of life
  - Mobility

Not enough evidence to inform the development of evidence-based aquatic therapy guidelines



Journal of Parkinson's Disease 10 (2020) 59–76
DOI 10.3233/JPD-191784
IOS Press

Systematic Review

Is Aquatic Therapy Optimally Prescribed for Parkinson's Disease? A Systematic Review and Meta-Analysis

Louise M. Carroll[a,*], Meg E. Morris[b], William T. O'Connor[c] and Amanda M. Clifford[d]
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[b]Healthscope & La Trobe Centre for Sport and Exercise Medicine Research, School of Allied Health, Human Services and Sport, La Trobe University, Bundoora, Australia
[c]Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland
[d]School of Allied Health, Faculty of Education and Health Sciences, Health Research Institute, Ageing Research Centre, University of Limerick, Limerick, Ireland

Accepted 8 October 2019

Abstract.
Background: Aquatic therapy offers an alternative physiotherapy approach to managing the motor and non-motor symptoms associated with Parkinson's disease (PD).
Objective: This review examined exercise prescription for aquatic therapy in PD and evaluated if aquatic therapy is as effective as land-based physiotherapy for improving movement, disability and wellbeing in people living with PD.
Methods: A systematic search of eight databases was conducted to identify suitable randomized controlled trials from inception until August 2019. Aquatic therapy prescription data and outcomes of interest included gait, balance, motor disability, mobility, falls, mood, cognitive function and health related quality of life data was extracted and synthesised. A meta-analysis was performed where appropriate.
Results: Fourteen studies involving 472 participants (Hoehn & Yahr scale I–IV) met the inclusion criteria. Eight were of modest quality, scoring 70–80% on the PEDro scale. Seven studies were included in the meta-analysis. Exercise prescription was highly variable and often insufficiently dosed. Similar gains were shown for aquatic therapy and land exercises for balance, motor disability or quality of life. A statistically significant difference was found for mobility as measured using the TUG (–1.5 s, 95 % CI –2.68 to –0.32; $p = 0.01$, $I^2 = 13\%$), in favor of aquatic therapy.
Conclusion: Aquatic therapy had positive outcomes for gait, balance and mobility that were comparable to land-based physiotherapy in the early stages of PD. The optimal dosage, content and duration of aquatic interventions for PD could not be confirmed in this meta-analysis. Many trials appeared to be under-dosed and therapy duration was low, ranging from 3–11 weeks.

Findings from 14 RCTs

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DISABILITY AND REHABILITATION
https://doi.org/10.1080/09638288.2021.1906959

Taylor & Francis
Taylor & Francis Group

ORIGINAL ARTICLE

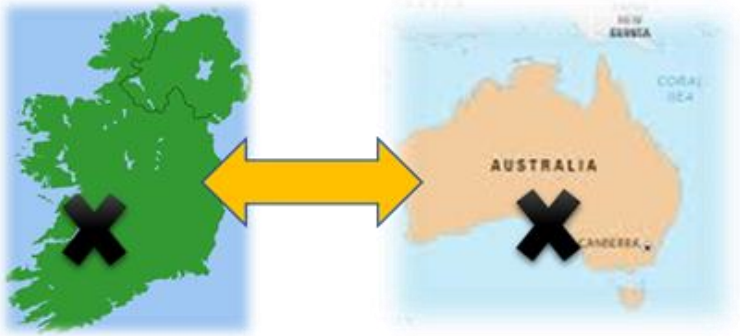
Check for updates

Community aquatic therapy for Parkinson's disease: an international qualitative study

Louise M. Carroll[a], Meg. E. Morris[b,c,d], William T. O'Connor[e] and Amanda M. Clifford[f]

Qualitative study:

1. Focus groups (n=4)
2. Interviews (n=9)
3. Sample: n=34
   - Previous AT experience (n=16)
   - No AT experience (n=18)
4. Ireland and Australia



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Four main themes

1. To generate a list of consensus statements
2. To establish evidence-based aquatic therapy guidelines

Journal of Parkinson's Disease xx (2021) x–xx
DOI 10.3233/JPD-212881
IOS Press

Research Report

Evidence-Based Aquatic Therapy Guidelines for Parkinson's Disease: An International Consensus Study

Louise M. Carroll[a], Meg. E. Morris[b,c], William T. O'Connor[d], Daniele Volpe[e], Jon Salsberg[d,f] and Amanda M. Clifford[a,*]
[a]*School of Allied Health, Faculty of Education and Health Sciences, Aging Research Centre, Health Research Institute, University of Limerick, Limerick, Ireland*
[b]*Victorian Rehabilitation Centre, Healthscope; ARCH, College Science, Health and Engineering, La Trobe University, Bundoora, Australia*
[c]*College of Healthcare Sciences, James Cook University, Queensland, Australia*
[d]*University of Limerick School of Medicine, Faculty of Education and Health Sciences, Limerick, Ireland*
[e]*Fresco Parkinson Institute Centre of Excellence, "Villa Margherita", Vicenza, Italy*
[f]*Health Research Institute, University of Limerick, Limerick, Ireland*

Accepted 22 October 2021
Pre-press 22 November 2021

International Consensus Study

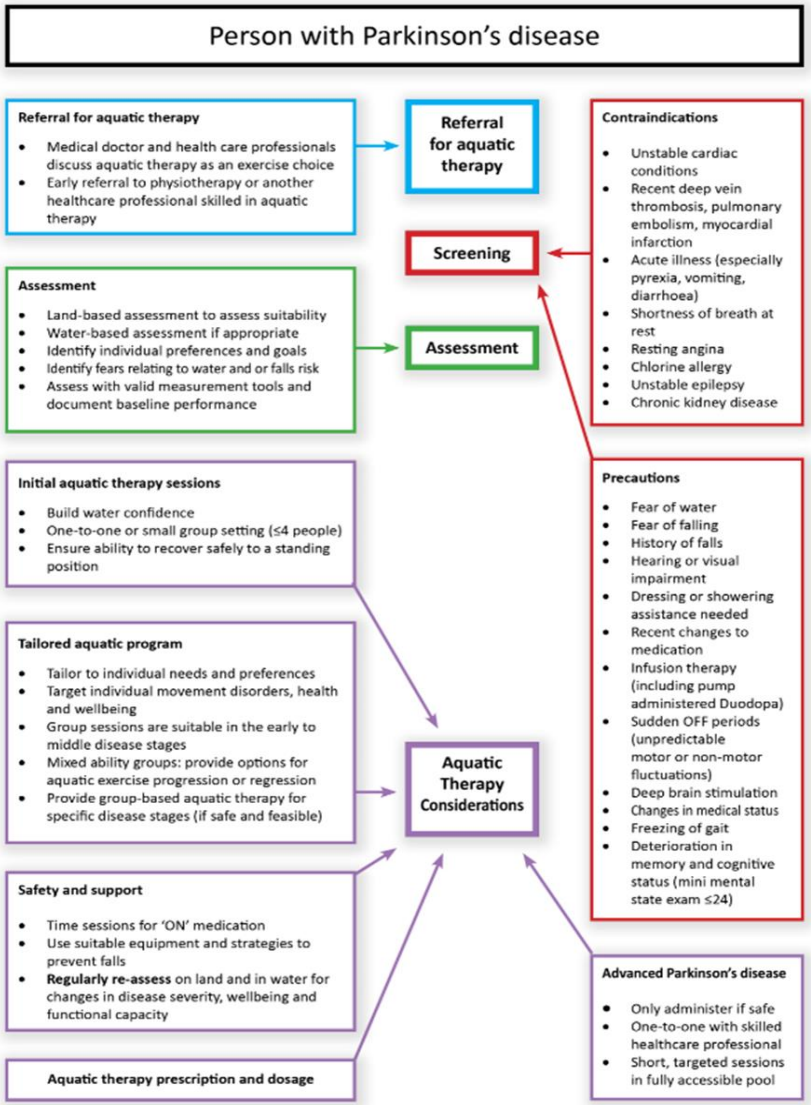
Guideline development

- Initial list of 43 statements
- Parkinson's panel (n=4)
- 3-step modified Delphi process:
  - 2-rounds of Delphi questionnaires (n=45)
  - Online consensus meeting (n=10)

Results: 48 statements met consensus

1. Aquatic therapy delivery
2. Location & pool environment
3. Safety and supports
4. Tailored aquatic program
5. Dosage: frequency of aquatic therapy
6. Dosage: intensity of aquatic therapy
7. Dosage: duration of aquatic therapy
8. Aquatic therapy elements

Findings



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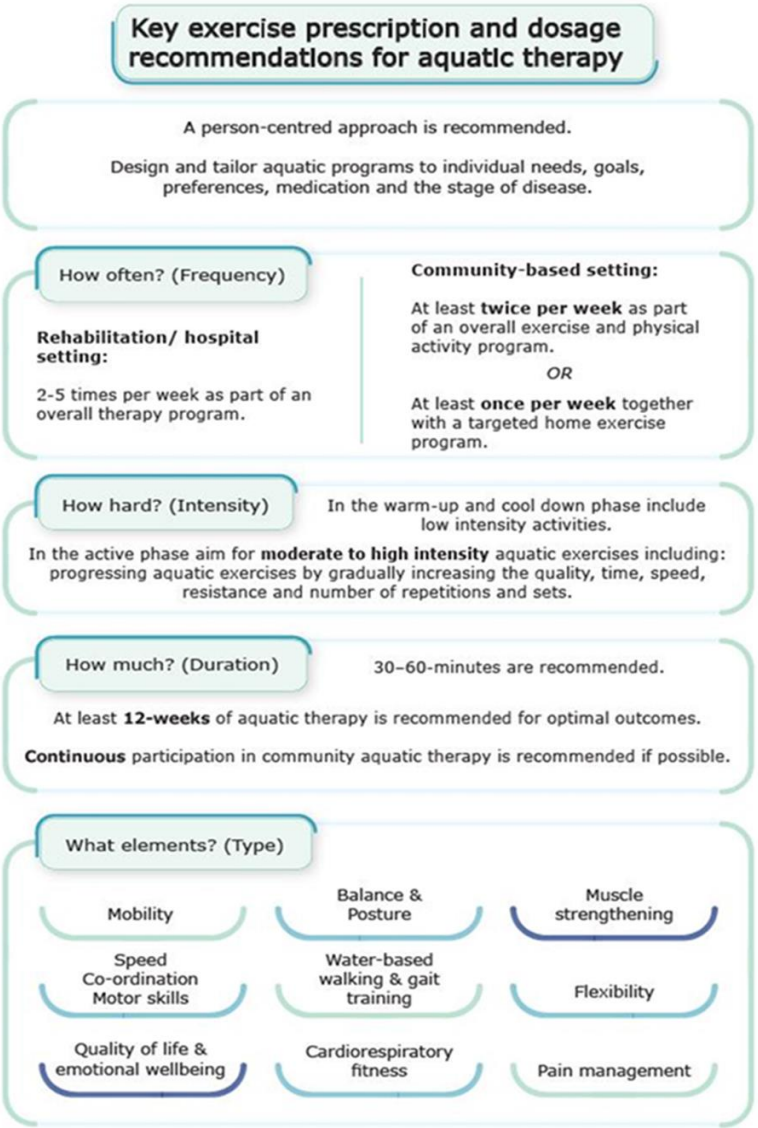

Exercise prescription & dosage recommendations

- ❑ Person-centred approach
- ❑ Individually tailored

1. **Frequency:**
    1. Twice weekly
    2. Once per week with home exercise program
2. **Intensity:**
    1. Moderate to high intensity (active phase)
3. **Duration**
    1. 30-60 minutes
    2. 12-weeks
    3. Continuous participation

6. Type…

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Guideline Infographic

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Research findings: Clinical Implications

1. Aquatic therapy is a valuable exercise approach for PD
2. Demonstrate comparable effects to some land-based interventions
3. Identified barriers and motivating factors can be considered by professionals when designing community based aquatic classes.
4. Evidence-based practice guidelines provide key information about optimal delivery, safety, dosage, content of aquatic therapy for PD.
    - ➢International applicability

Acknowledgements

1. Supervisors:

- Dr. Amanda Clifford, School of Allied Health, University of Limerick
- Professor William O'Connor, University of Limerick School of Medicine
- Professor Meg Morris, La Trobe University, Melbourne, Australia.

2. School of Allied Health UL

3. Broader community

- Study participants, Experts, Clinicians, Researchers
- Parkinson's panel
- Members of the Midwest branch of the Parkinson's Association of Ireland

Thank you!
I-PARC organisers

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2022 Ireland North and South Report Card on Physical Activity for Children and Adolescents

Dr Angela Carlin

Chair, Research Working Group

@AngelaCarlin7
@activehealthyk1

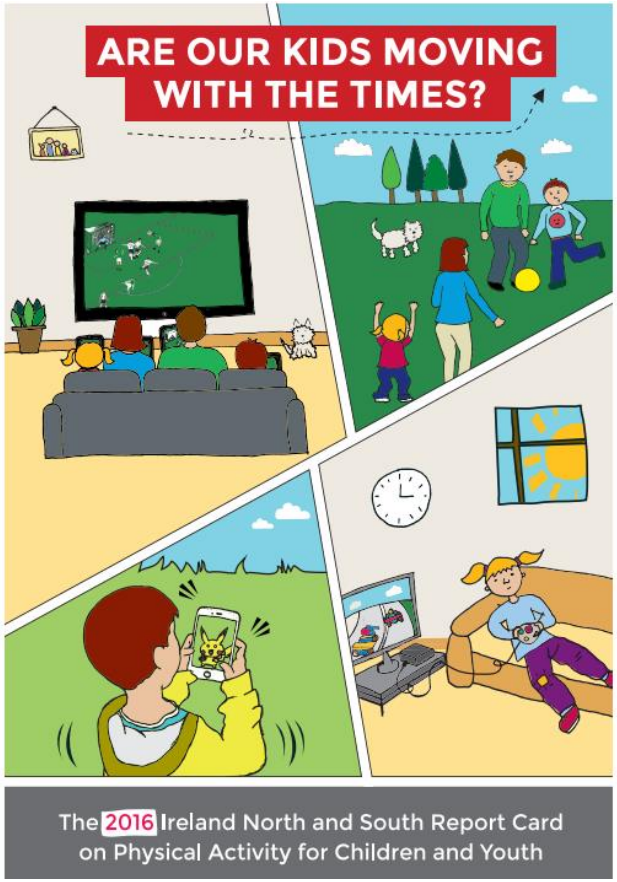
Ulster University

BACKGROUND

The Ireland North and South Report Card on Physical Activity for Children and Adolescents is produced as part of the Active Healthy Kids Global Alliance (AHKGA).

Established in 2014, this global alliance brings researchers, health professionals and other stakeholders together to advance physical activity (PA) in children and young people, with a view to creating a world of active healthy kids.


Ireland's report card
on physical activity
in children & youth
ARE OUR CHILDREN
UP TO THE MARK?
ON YOUR MARKS, GET SET, GO!
2014


ARE OUR KIDS MOVING
WITH THE TIMES?
The 2016 Ireland North and South Report Card
on Physical Activity for Children and Youth

Global Matrix 4.0 on physical activity for children and adolescents

What is the Global Matrix 4.0?

Purpose

To learn more about the state of physical activity of children around the world and how to improve it.

How?

For each participating country, a team of experts prepared a **Report Card on physical activity for children and adolescents** following a standardized development process to compile the best available evdidence and grade (from A+ to F) 10 common physical activity indicators. This initiative allowed researchers to perform **global comparisons.**

10 Physical Activity Indicators

Overall Physical Activity
Organized Sport and Physical Activity
Active Play
Active Transportation
Sedentary Behaviours
Physical Fitness
Family and Peers
School
Community and Environment
Government

57 Participating Countries

Africa & the Middle East (n = 7)
Anglosphere (n = 10)
Asia-Pacific (n = 13)
Europe (n = 21)
Latin America (n = 6)

Involving **682** physical activity leaders & experts

ACTIVE HEALTHY KIDS
GLOBAL ALLIANCE

1

INDICATORS

Ten physical activity indicators were selected for inclusion in Global Matrix 4.0 by the AHKGA

2

AVAILABLE DATA

Potential data sources for each indicator were identified. Relevant data were extracted and collated

3

GRADING

Provisional grade based on factors including sample size, methodology and inequalities in the data

4

STAKEHOLDERS

Proposed grades and accompanying rationale were circulated to stakeholder agencies for consultation

1 INDICATORS

- Overall Physical Activity
- Organised Sport & Physical Activity
- Sedentary Behaviours
- Active Play
- Physical Fitness
- Community & Environment
- Active Transportation
- Family &Peers
- School
- Government

ACTIVE HEALTHY KIDS IRELAND

1 INDICATORS

Overall Physical Activity	Organised Sport & Physical Activity	Sedentary Behaviours
Active Play	Physical Fitness	Community & Environment
Active Transportation	Family &Peers	School
	Government	

ACTIVE HEALTHY KIDS IRELAND

1 INDICATORS

Overall Physical Activity	Organised Sport & Physical Activity	Sedentary Behaviours
Active Play	Physical Fitness	Community & Environment
Active Transportation	Family &Peers	School
	Government	Physical Education

ACTIVE HEALTHY KIDS IRELAND

1

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2 AVAILABLE DATA

Young Persons' Behaviour and Attitude Survey (YPBAS)

UK Millennium Cohort Study

Continuous Household Survey

Heath Behaviour of School-aged Children (HBSC)

Growing up in Ireland (GUI) Cohort '08 and Cohort '98

Children's Sport Participation and Physical Activity Study (CSPPA) 2018

Every Minute Counts

NI only

ROI only

All-island

2 AVAILABLE DATA

CHILDREN AND ADOLESCENTS WITH DISABILITIES

2 AVAILABLE DATA

- Data obtained since the implementation of COVID-19 public health measures began in March 2020 were not included in the grading of indicators for this Report Card.

- Early evidence suggests that the restrictions introduced in an effort to control the spread of COVID-19 have negatively impacted children's PA.

- The impact of the COVID-19 pandemic on indicators relating to children and young peoples' PA will be considered in our next Report Card, when we have a greater availability of robust data.

1

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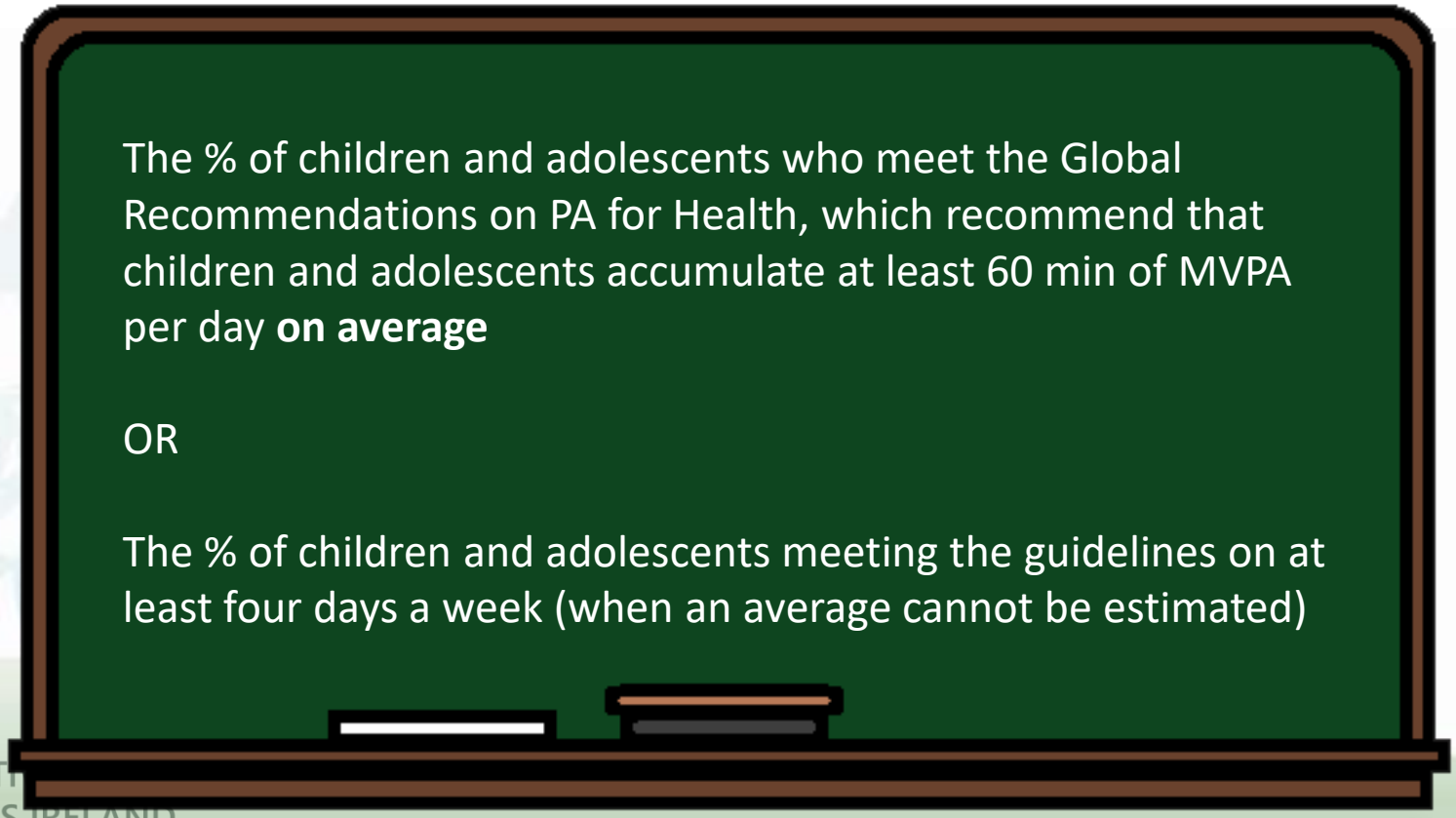
3 GRADING

3 GRADING

Overall physical activity



3 GRADING

Awarded (A-F (including ‘+’ or ‘–’) or ‘Incomplete’ (INC) as per the standardised, international grading system

1

INDICATORS

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AVAILABLE DATA

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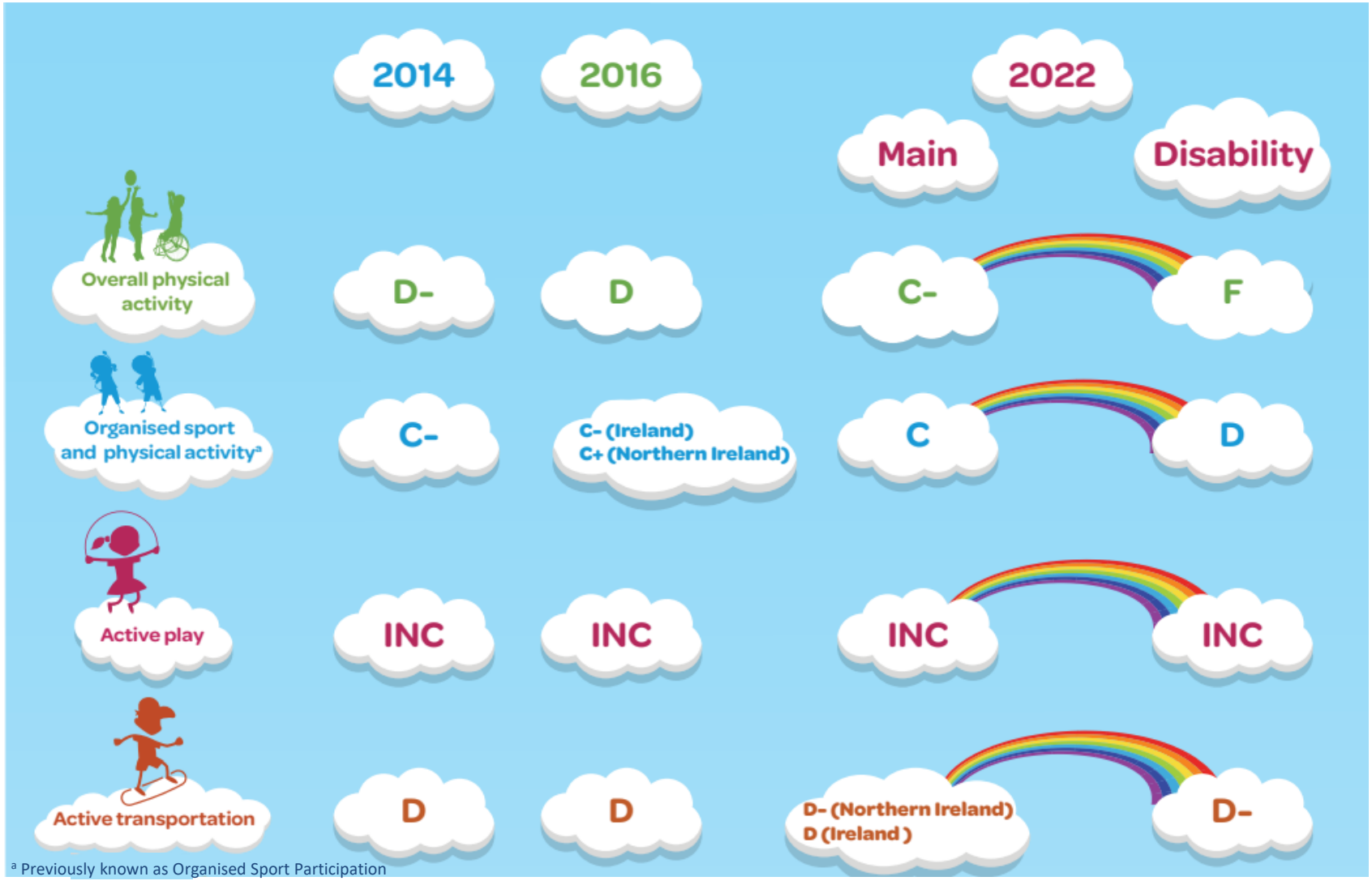
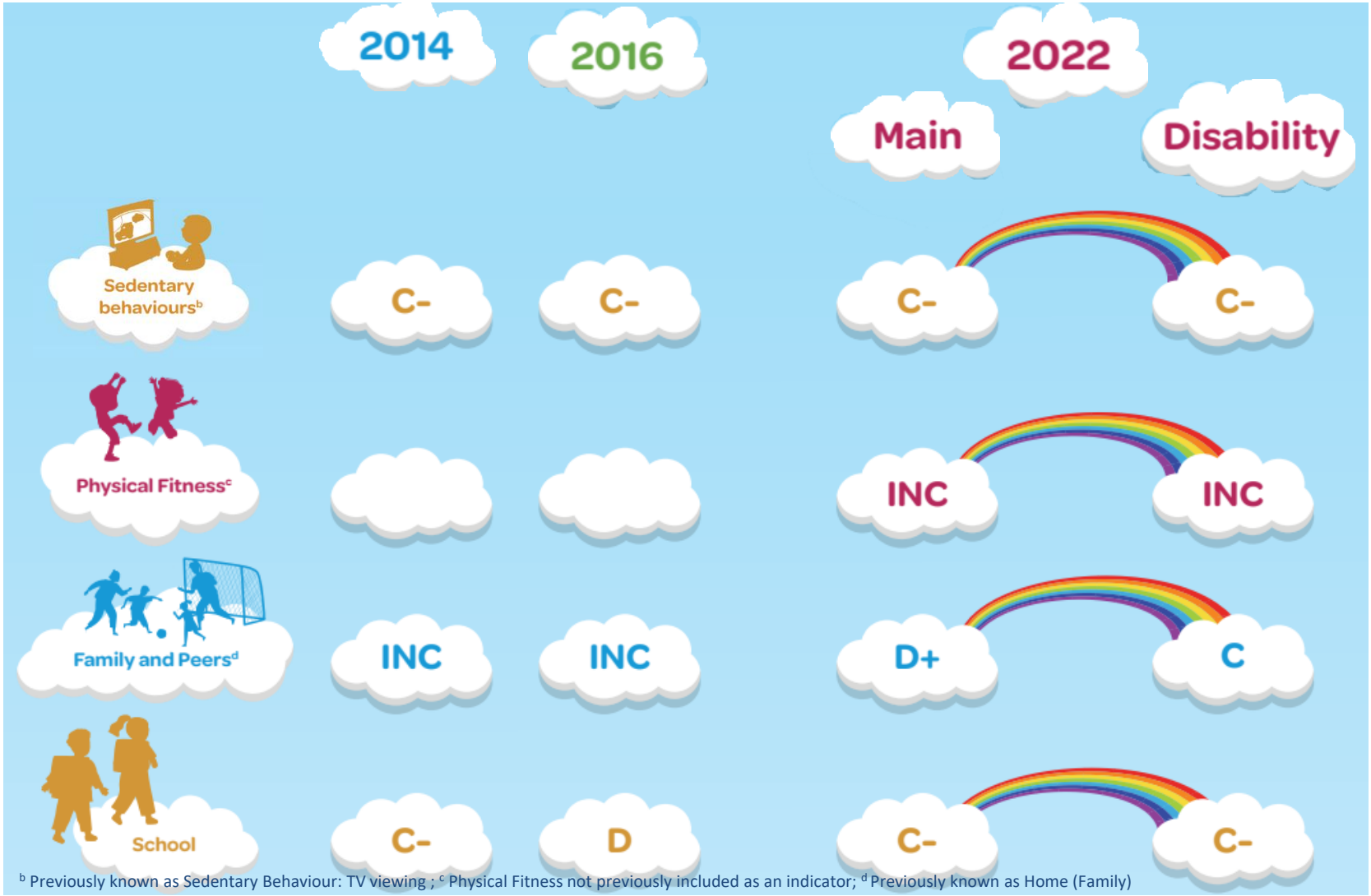
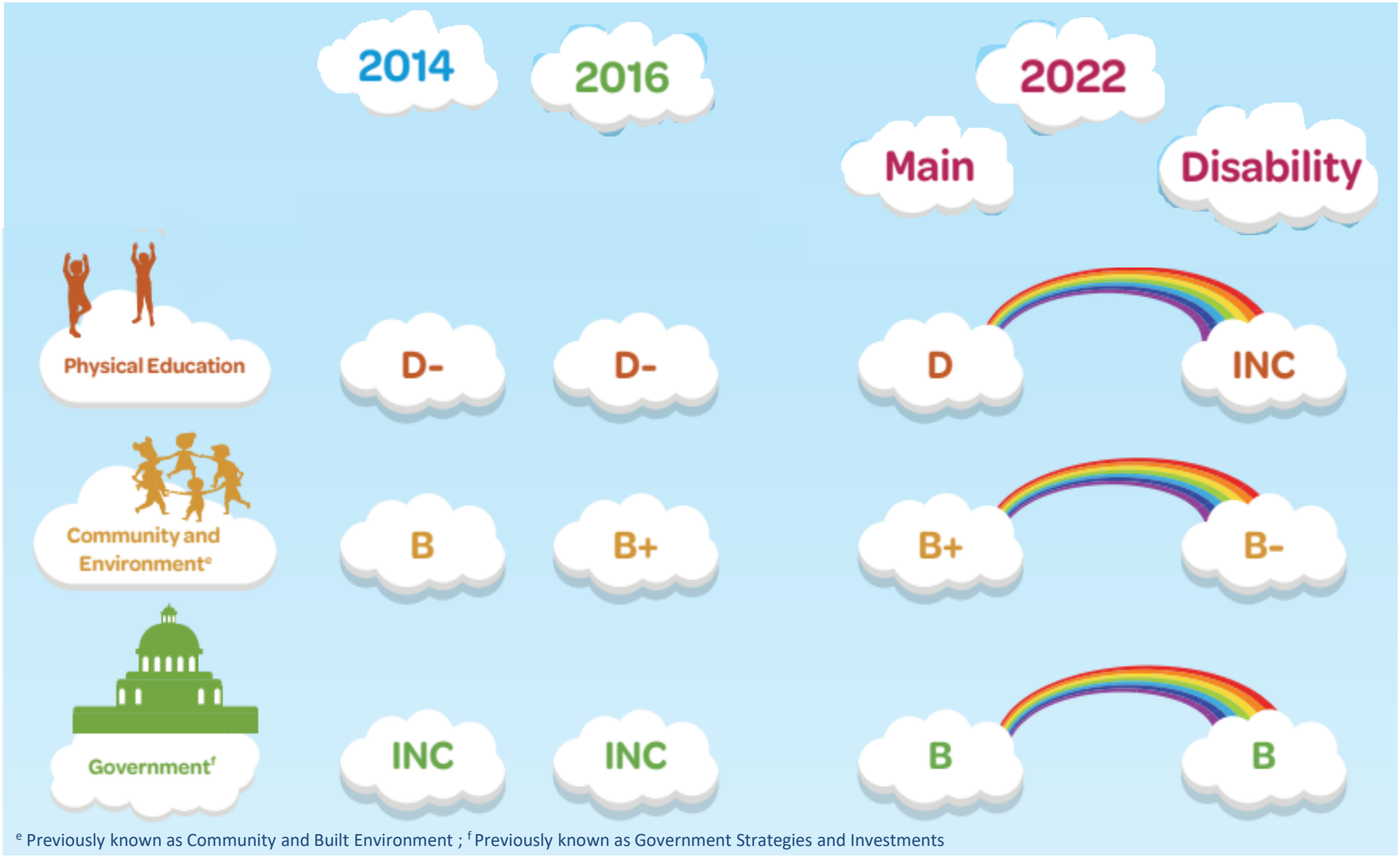
2022 ACTIVE HEALTHY KIDS IRELAND



[a] Previously known as Organised Sport Participation



[b] Previously known as Sedentary Behaviour: TV viewing ; [c] Physical Fitness not previously included as an indicator; [d] Previously known as Home (Family)



[e] Previously known as Community and Built Environment ; [f] Previously known as Government Strategies and Investments

OVERALL PHYSICAL ACTIVITY

- Differences in PA patterns observed by gender with more males meeting the guidelines than females
- There were also differences in age and socioeconomic status (SES)
- Inconsistencies in how PA is measured in self-report surveys, and limited device measured data
- Benchmark does not consider all aspects of the PA guidelines

OVERALL PHYSICAL ACTIVITY

- There were four data sources with data that included sub-samples of children and adolescents with disabilities that reported the % of children who took part in at least 60 minutes of MVPA daily.

- These sources and the respective percentages for the ‘Overall Physical Activity’ indicator included the CSPPA (13%), HBSC (22%), GUI Child Wave 3 (14%) and GUI Infant Wave 5 (23%) studies

SEDENTARY BEHAVIOURS

- There is an age-related increase in screen time, with fewer secondary school children meeting the guideline of < 2 hours per day

- There is a clear distinction in screen time accumulated on weekdays versus weekend days, this is consistently shown across data

- In the CSPPA study, 44% of children with disabilities met the screen time guideline of < 120 minutes/day.

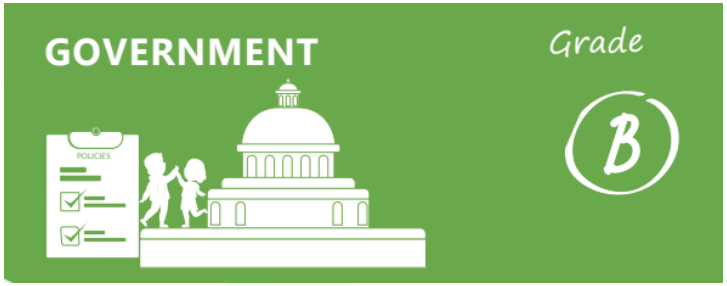
ACTIVE PLAY

- For this Report Card, all data considered for the grading of the Active Play indicator used indirect, subjective, self-reported data - possibility of misreporting

- Current evidence is constrained by the lack of an internationally agreed definition of Active Play, which directly impacts the development of standardised measurements for Active Play throughout childhood

- There is a lack of evidence using direct and device-based measures of active play

GOVERNMENT



- Grade was determined using the Health-Enhancing PA Policy Audit Tool (HEPA PAT v2) - all government policies in both Ireland and Northern Ireland

- Development of policies with specific actions - these emerge within and are implemented across most government departments in Ireland and Northern Ireland and represent a broad range of sectors.

- Cross-government and interdepartmental working are key themes in the delivery of many policies

Institute of Public Health
@publichealthie

To see how Ireland and Northern Ireland compared to the rest of the UK read this new #blog from IPH Public Health Development Officer Lauren Rodriguez @Lauren_Andrea12 >>> publichealth.ie/blog-active-he...

Table 1: Summary of Ireland / Northern Ireland, Wales and Scotland Report Cards on Physical Activity for Children and Adolescents (2021/ 2022)

Indicator	Ireland: North & South (2022)	Wales (2021)	Scotland (2021)
Overall Physical Activity	C-	F	Inconclusive
Organised Sport and PA	C- (Ireland) C (Northern Ireland)	C	B-
Active Play	Inconclusive	C+	Inconclusive
Active Transportation	D	C-	C-
Sedentary Behaviours	C-	F	F
Physical Fitness	Inconclusive	C-	Inconclusive
Family and Peer Influence	D+	D+	D-
School	C-	B-	
Community and the Built Environment	B+	C	B-
National Government and Policy	B	C	C (Physical Activity) C- (Diet)
Physical Literacy *		C-	
Diet			Inconclusive
Obesity			Inconclusive

2022 ACTIVE HEALTHY KIDS IRELAND

CONCLUSIONS

- The Report Card has shown we are making progress - small, positive trends observed across a number of indicators, including **'Overall Physical Activity'**, **'School'** and **'Physical Education'**, and the availability of new data sources which have collated data on an all-island basis.

- Modifications to the benchmarks since our last Report Cards has had an impact and while grades may have changed as a result, the proportion of children and adolescents who are succeeding in relation to certain indicators has remained relatively unaltered.

Recommendations

Continue to develop policy measures that address inequalities highlighted in the report across a range of determinants including disability, gender, socioeconomic status, and age impact on children and adolescent PA levels.

Continue to progress the development of a framework for the systematic surveillance of indicators related to PA for children and adolescents with disabilities. These include greater representation, and consistency of measurement tools in policy.

Prioritise research specifically designed to measure levels of activity in children and adolescents with disabilities.

Address persistent gaps in data availability in relation to a number of indicators, for example, 'Active Play' and for some sub-groups of children and adolescents, for example, data in younger children.

Increase the use of objective measures across the indicators to help overcome a reliance on self-reported data in relation to PA.

Future report cards will need to consider the impact of COVID-19 public health measures on PA as data from March 2020 were not included in the grading of this Report Card. The impact of the COVID-19 pandemic on indicators will need to feature in subsequent Report Cards, when more robust data is available.

https://activehealthykidsireland.org/


ACTIVE HEALTHY KIDS
GLOBAL ALLIANCE
GLOBAL MATRIX 4.0
Released on October 24, 2022, the Global Matrix 4.0 is the most comprehensive assessment of global variation in child and adolescent physical activity.

ACKNOWLEDGEMENTS

An Roinn Sláinte
Department of Health

hi Healthy Ireland

HSC Public Health Agency

Institute of Public Health

sport Northern Ireland

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2022 ACTIVE HEALTHY KIDS IRELAND