

Prevention in Focus Webinar Series

Welcome! We will begin shortly.

Visit the ODP Website to Register for a Special Webinar in Honor of Health Literacy Month!

Say “Yes!” to Health Literacy in Cancer Prevention and Control

Wednesday, October 26, 2023

2:00 – 3:00 pm ET



Cathy Meade, PhD
Moffitt Cancer
Center



Clement K. Gwede, PhD
Moffitt Cancer Center

Prevention in Focus Webinar Series

World Health Organization (WHO) Guidelines on Physical Activity and Sedentary Behavior for Persons Living with Disabilities: Processes to Practice



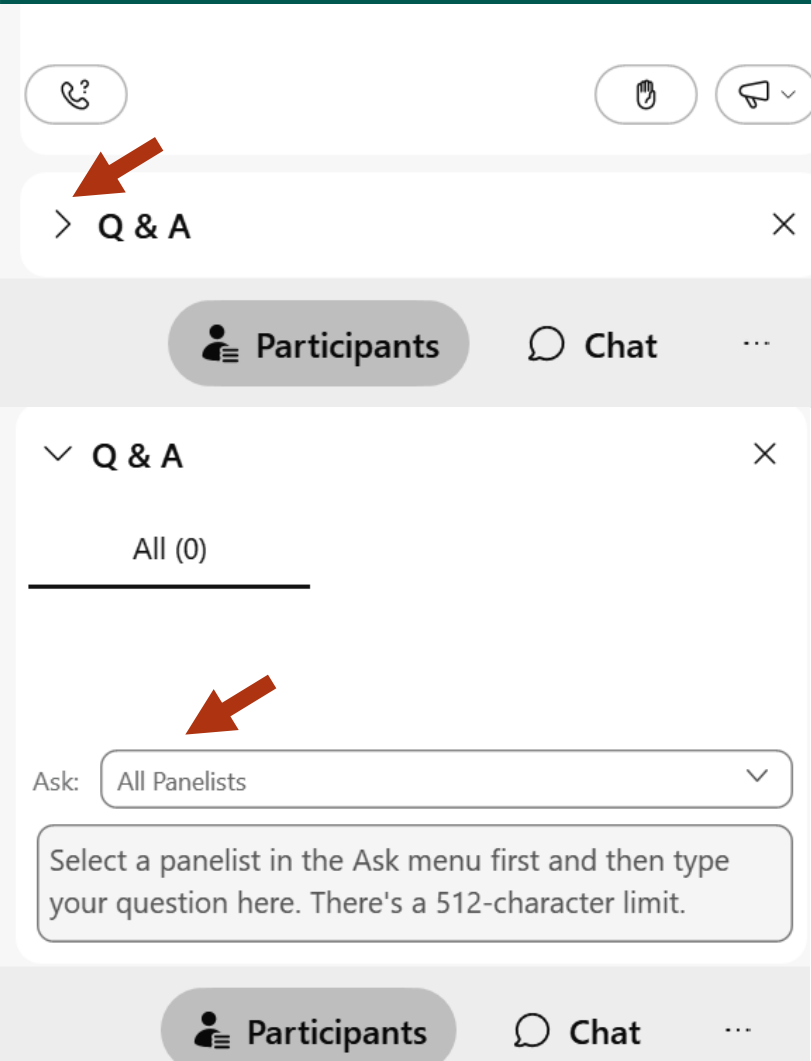
Catherine Carty, Ph.D.
Chair Project Manager,
United Nations Educational,
Scientific, and Cultural
Organization (UNESCO) and
Senior Lecturer, Munster
Technological University



**Lindsay Lee,
MPP, MSc**
Senior Data
Analyst,
St. Jude Children's
Research Hospital

Introduction by: Toyin Ajisafe, Ph.D., Program Officer
Eunice Kennedy Shriver National Institute of Child Health and Human Development

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Upcoming Q & A Session

Please send us your questions
via the **Q&A pod** directed to
All Panelists

Please use the Chat pod to request technical assistance

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WHO GUIDELINES ON PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR FOR PERSONS WITH DISABILITIES 2020: PROCESS TO PRACTICE

Catherine Carty¹ & Lindsay Lee²

1. UNESCO Chair MTU Manager

&

2. WHO Technical Officer in Disability



MTU

Ollscoil Teicneolaíochta na Mumhan
Munster Technological University

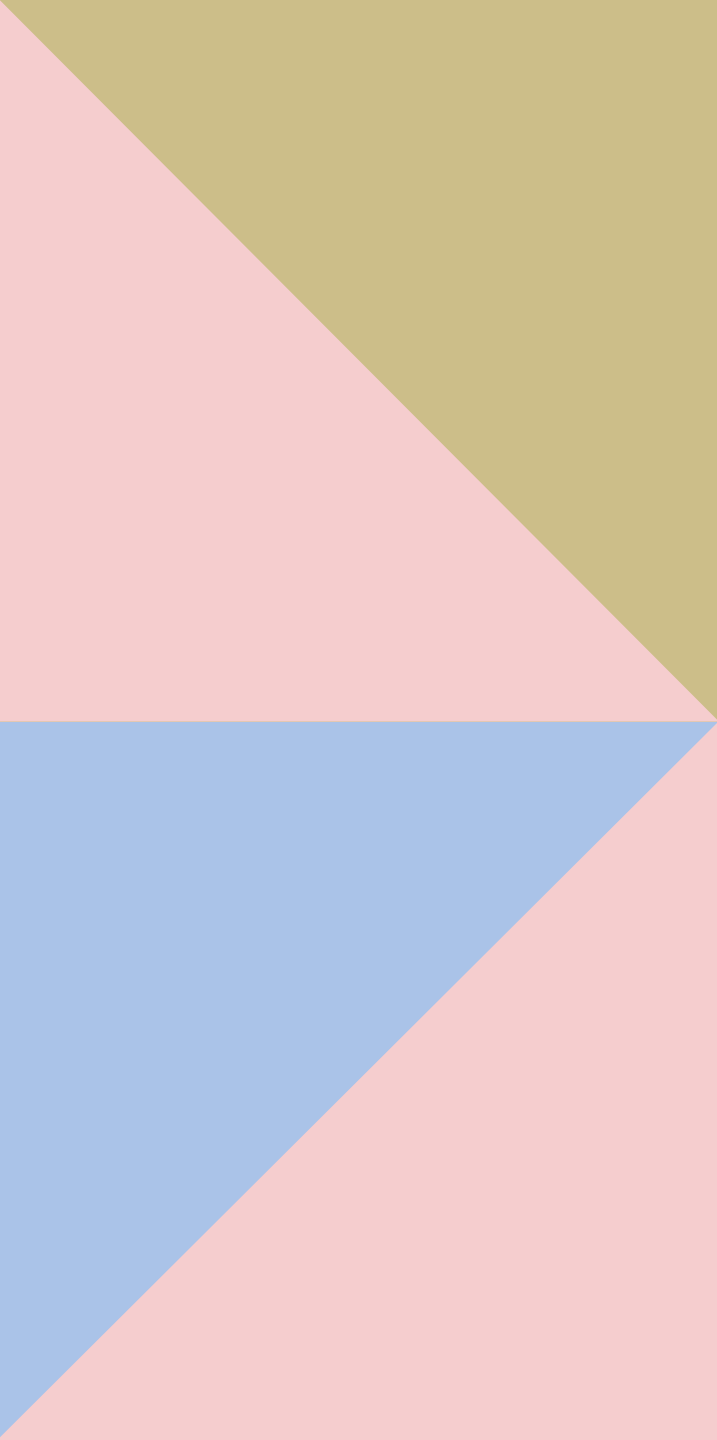


unesco

Chair

INDEX

1. The Global action plan on physical activity 2018–2030
2. 2020 WHO Guidelines on physical activity and sedentary behaviour
3. The First Global PA Guidelines for people living with disability
4. Guidelines development process
5. Target areas for advancing policy and practice
6. Conclusions



The Global action plan on physical activity 2018–2030

VISION

More active people for a healthier world

MISSION

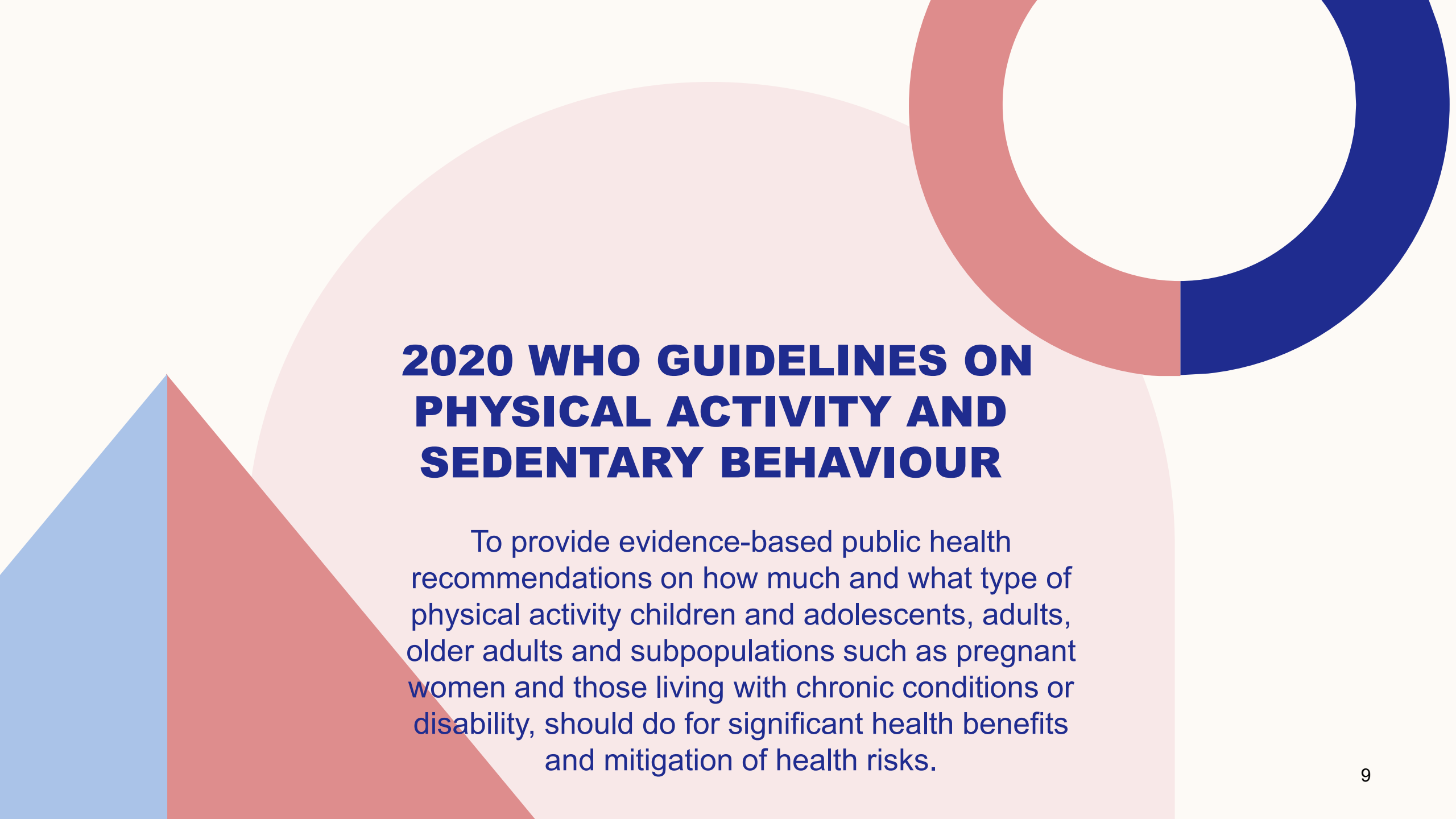
To ensure that all people have access to safe and enabling environments and to diverse opportunities to be physically active in their daily lives, as a means of improving individual and community health and contributing to the social, cultural and economic development of all nations

TARGET

A 15% relative reduction in the global prevalence of physical inactivity in adults and in adolescents by 2030

GO TO VIDEO





2020 WHO GUIDELINES ON PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR

To provide evidence-based public health recommendations on how much and what type of physical activity children and adolescents, adults, older adults and subpopulations such as pregnant women and those living with chronic conditions or disability, should do for significant health benefits and mitigation of health risks.

CHILDREN AND ADOLESCENTS (aged 5–17 years)



In children and adolescents, physical activity confers benefits for the following health outcomes: improved physical fitness (cardiorespiratory and muscular fitness), cardiometabolic health (blood pressure, dyslipidaemia, glucose, and insulin resistance), bone health, cognitive outcomes (academic performance, executive function), mental health (reduced symptoms of depression); and reduced adiposity.

At least



60
minutes a day



moderate- to vigorous-intensity physical activity across the week; most of this physical activity should be aerobic.



● ● ● ● ●

- › **Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, should be incorporated at least 3 days a week.**

Strong recommendation, moderate certainty evidence

It is recommended that:

- › **Children and adolescents should do at least an average of 60 minutes per day of moderate- to vigorous-intensity, mostly aerobic, physical activity, across the week.**

Strong recommendation, moderate certainty evidence

On at least



3
days a week



vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone should be incorporated.



● ● ● ● ●

ADULTS (aged 18–64 years)

In adults, physical activity confers benefits for the following health outcomes: improved all-cause mortality, cardiovascular disease mortality, incident hypertension, incident site-specific cancers,¹ incident type-2 diabetes, mental health (reduced symptoms of anxiety and depression); cognitive health, and sleep; measures of adiposity may also improve.



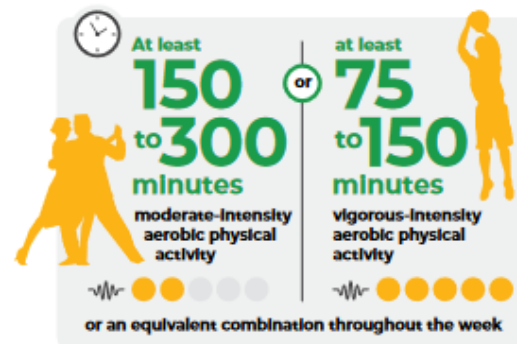
It is recommended that:

- > All adults should undertake regular physical activity.

Strong recommendation, moderate certainty evidence

- > Adults should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.

Strong recommendation, moderate certainty evidence



For additional health benefits:

On at least **2 days a week** muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups.

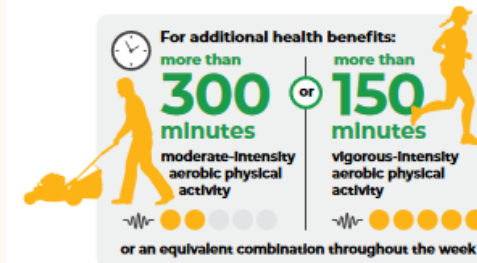


- > Adults should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.

Strong recommendation, moderate certainty evidence



ADULTS (aged 18–64 years)



- > Adults may increase moderate-intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week for additional health benefits.

Conditional recommendation, moderate certainty evidence

GOOD PRACTICE STATEMENTS

- Doing some physical activity is better than doing none.
- If adults are not meeting these recommendations, doing some physical activity will benefit their health.
- Adults should start by doing small amounts of physical activity, and gradually increase the frequency, intensity and duration over time.

In adults, higher amounts of sedentary behaviour are associated with the following poor health outcomes: all-cause mortality, cardiovascular disease mortality and cancer mortality and incidence of cardiovascular disease, cancer and type-2 diabetes.

It is recommended that:

- > Adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.

Strong recommendation, moderate certainty evidence

- > To help reduce the detrimental effects of high levels of sedentary behaviour on health, adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

Strong recommendation, moderate certainty evidence



OLDER ADULTS (aged 65 years and older)

In older adults, physical activity confers benefits for the following health outcomes: improved all-cause mortality, cardiovascular disease mortality, incident hypertension, incident site-specific cancers, incident type-2 diabetes, mental health (reduced symptoms of anxiety and depression), cognitive health, and sleep; measures of adiposity may also improve. In older adults, physical activity helps prevent falls and falls-related injuries and declines in bone health and functional ability.

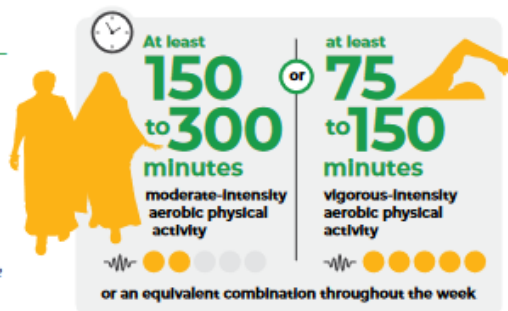
It is recommended that:

- > All older adults should undertake regular physical activity.

Strong recommendation, moderate certainty evidence

- > Older adults should do at least 150–300 minutes of moderate-intensity aerobic physical activity; or at least 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for substantial health benefits.

Strong recommendation, moderate certainty evidence



For additional health benefits:
On at least
2
days
a week
muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups.

- > Older adults should also do muscle-strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week, as these provide additional health benefits.

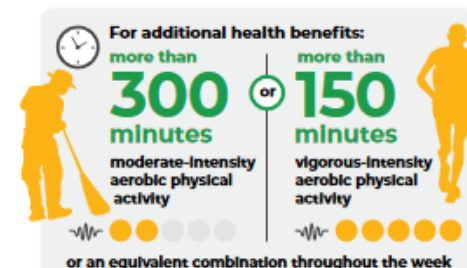
Strong recommendation, moderate certainty evidence

On at least
3
days
a week
varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity.

- > As part of their weekly physical activity, older adults should do varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity, on 3 or more days a week, to enhance functional capacity and to prevent falls.

Strong recommendation, moderate certainty evidence

OLDER ADULTS (aged 65 years and older)



- > Older adults may increase moderate-intensity aerobic physical activity to more than 300 minutes; or do more than 150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of moderate- and vigorous-intensity activity throughout the week, for additional health benefits.

Conditional recommendation, moderate certainty evidence

GOOD PRACTICE STATEMENTS

- Doing some physical activity is better than doing none.
- If older adults are not meeting the recommendations, doing some physical activity will bring benefits to health.
- Older adults should start by doing small amounts of physical activity, and gradually increase the frequency, intensity and duration over time.
- Older adults should be as physically active as their functional ability allows, and adjust their level of effort for physical activity relative to their level of fitness.

In older adults, higher amounts of sedentary behaviour are associated with the following poor health outcomes: all-cause mortality, cardiovascular disease mortality and cancer mortality, and incidence of cardiovascular disease, cancer and incidence of type-2 diabetes.

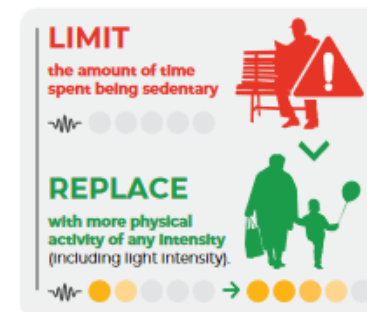
It is recommended that:

- > Older adults should limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.

Strong recommendation, moderate certainty evidence

- > To help reduce the detrimental effects of high levels of sedentary behaviour on health, older adults should aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity.

Strong recommendation, moderate certainty evidence



LIMIT

**with physical activity
of any intensity**
(including light intensity).



-

13

The background features a vertical line that divides the space. To the left of this line, there are concentric white circles on a light green background in the upper left, and a solid light green area below them. To the right of the line, there is a solid light blue shape in the upper right and a solid light red shape in the lower right. The text "EVERY MOVE COUNTS" is centered on the right side of the page.

EVERY MOVE COUNTS

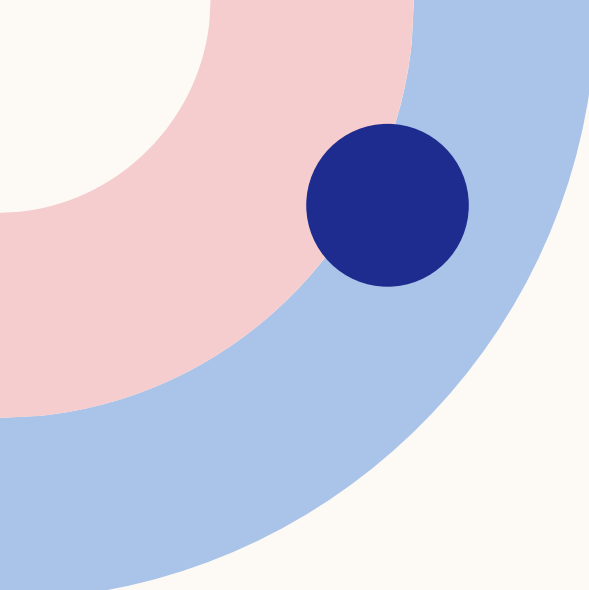


THE FIRST GLOBAL PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR GUIDELINES FOR PEOPLE LIVING WITH DISABILITY

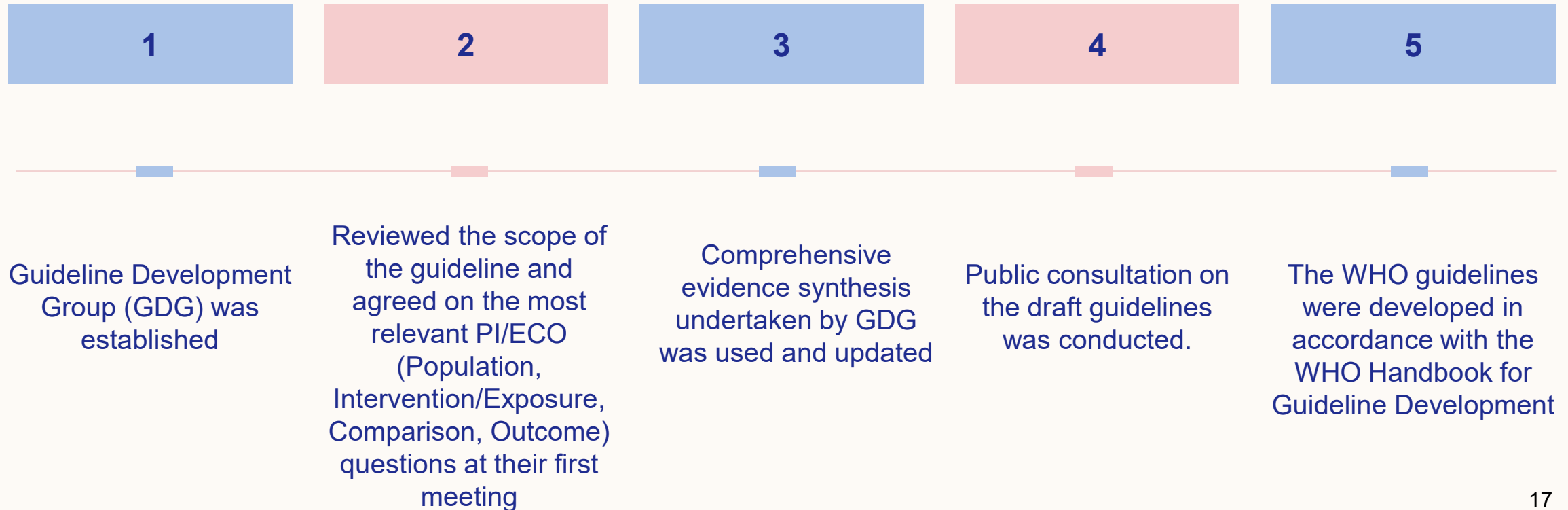
The evidence-based guidelines were **urgently needed considering the rampant exclusion of people living with disability** from nearly all sectors of public life, including healthcare, sport and physical activity.

GO TO VIDEO





PROCESS



SYSTEMATIC REVIEW

Table F1.1. Systematic Reviews Assessed, by condition

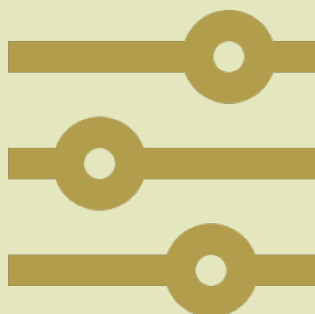
High	Very confident that the true effect lies close to that of the estimate of the effect.
Moderate	Moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.
Low	Confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect.
Very low	Very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

Author, Year	Conditions								Outcomes				Last search date	# of included studies	AMSTAR 2
	MS	SCI	ID	Park	Stroke	MCD	Schizo-phrenia	ADHD	Risk of co-morbid conditions	Physical function	Cognitive function	QOL			
People with multiple sclerosis															
Alphonsus, 2019 (1)	X											X	NR 2017	18	Low
Campbell, 2018 (5)	X									X			Sep 2017	7	Low
Chamon, 2018 (6)	X									X			Nov 2016	12	Critically Low
Mencia, 2018 (24)	X									X			May 2017	11	Moderate
Morrison, 2017 (27)	X										X		May 2016	19	Critically Low
Patterson, 2018 (28)	X	X			X					X			Aug 2017	9	Moderate
Veneret, 2018 (34)	X				X					X	X	X	May 2016	32	Critically Low
People with spinal cord injury															
Ellispart, 2019* (12)		X								X			Aug 2018	16	Critically Low
Gaspar, 2018 (14)		X								X		X	Feb 2017	25	Critically Low
Melo, 2019 (25)		X								X			Nov 2015	7	Critically Low
Patterson, 2018 (28)	X	X			X					X			Aug 2017	9	Critically Low
People with intellectual disabilities															
Maiano, 2018 (23)			X							X			Mar 2018	15	Low
Maiano, 2019 (22)			X							X			Jun 2017	11	Moderate
People with Parkinson's disease															
Cugusi, 2017a (8)				X						X		X	Feb 2017	6	Low
Ćwiklaka-Lewis, 2017 (10)				X						X		X	Apr 2015	11	Critically Low
Deo Santos Delabary, 2017 (11)				X						X		X	Aug 2017	5	Low
Kalyani, 2019 (19)				X						X	X		Sep 2017	12	Critically Low

CONSIDERATIONS



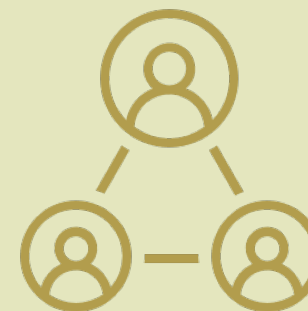
**QUALITY OF THE
EVIDENCE**



**VALUES AND
PREFERENCES**



**BENEFITS AND
HARMS**

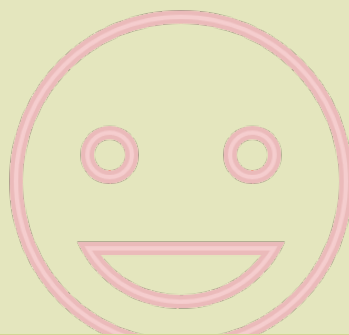


**RESOURCE
IMPLICATIONS**

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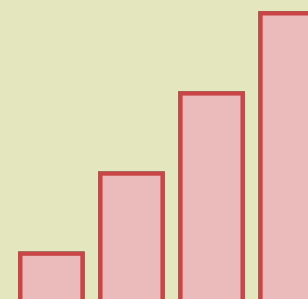
**EQUITY AND HUMAN
RIGHTS**



ACCEPTABILITY



FEASIBILITY



**EVIDENCE V
RECOMMENDATION**



KEY ASPECTS

THE EMERGENCE OF THESE GUIDELINES MARKS A PURPOSEFUL AND POSITIVE STEP TOWARD INCLUDING PEOPLE LIVING WITH DISABILITY IN MAINSTREAM PHYSICAL ACTIVITY INITIATIVES

- Human rights approach underpinning GAPPA

LACK OF EVIDENCE ON SEDENTARY BEHAVIOR AND HEALTH OUTCOMES AMONG PEOPLE LIVING WITH DISABILITY

- The evidence on sedentary behavior and countering high levels of sedentary behavior through undertaking lighter and more moderate to vigorous physical activity from general populations could be extrapolated to people living with disability



KEY ASPECTS

USE OF INCLUSIVE LANGUAGE

- The use of universally acceptable language across all recommendations was a priority of the GDG and should remain a priority for stakeholders as they communicate about these new guidelines at a country level.

EVIDENCE AND CAPACITY GAPS

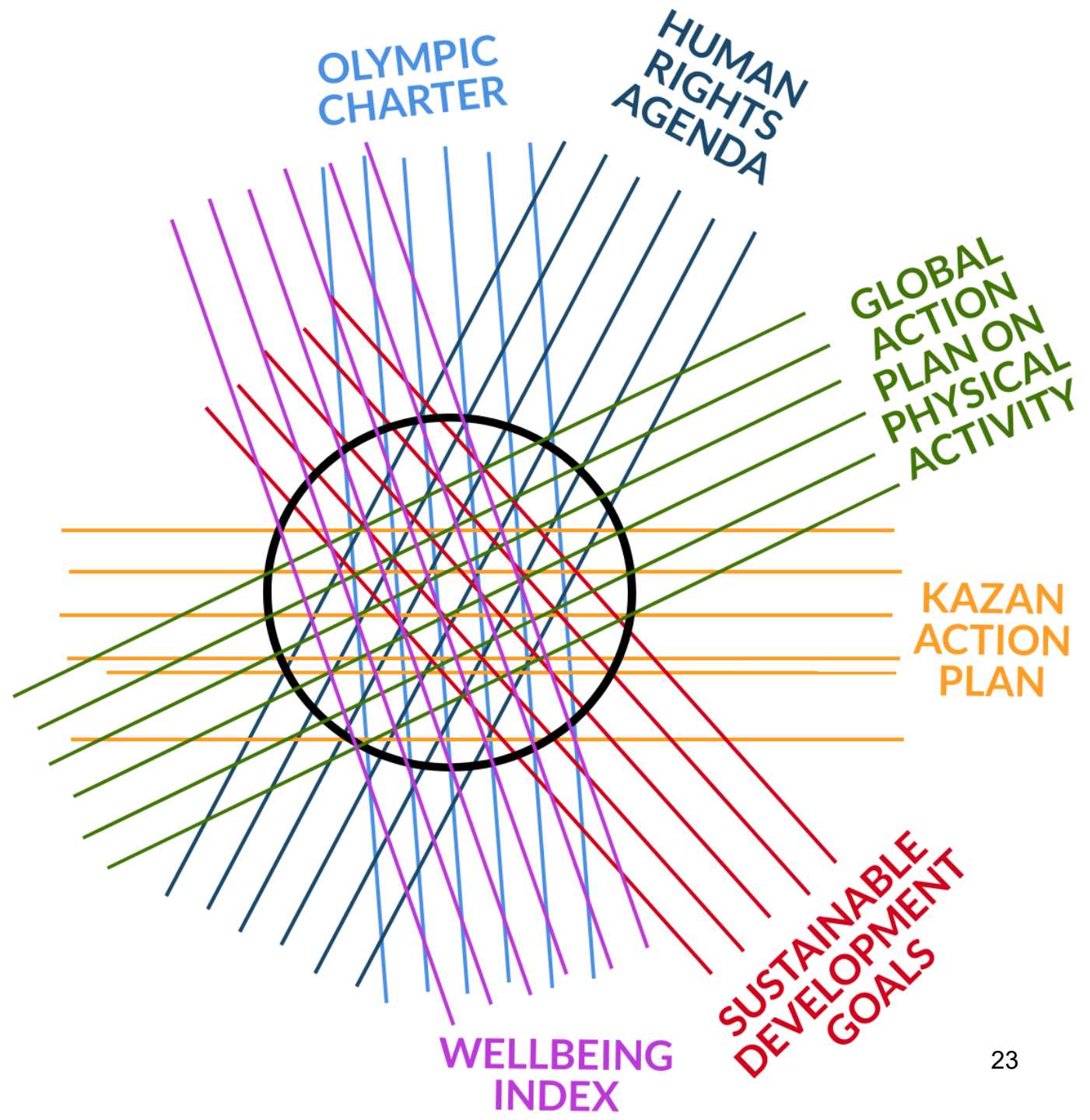
- A challenge to the inclusion of people living with disability in physical activity practice and in mainstream studies and disability-specific studies is the lack of expertise in disability inclusion among many stakeholders working in physical activity.

MAINSTREAMING INCLUSION



Ten Target Areas for Advancing Inclusive Policy, Practice, and Research in Physical Activity and Sedentary Behavior

A call for prioritized action on human rights, disability, and intersectional inclusion in recent policy initiatives is a most positive development.



WE THE 15



GO TO VIDEO



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IMPLEMENTATION

Policy to Practice

SUMMARY

- The publication of the first WHO guidelines on physical activity and sedentary behavior for people living with disability reflects the WHO's commitment to inclusive actions, aligned with the 2030 Agenda and expressed in the Global Action Plan on Physical Activity 2018–2030.
- At the policy, regulatory, and statutory levels, there is consensus on the need to prioritize and mainstream disability inclusion.
- Multiple stakeholders have a role to play, including the research and academic community, in cocreating the inclusive environments that will enable all of us, including those living with disability, to participate in physical activity.

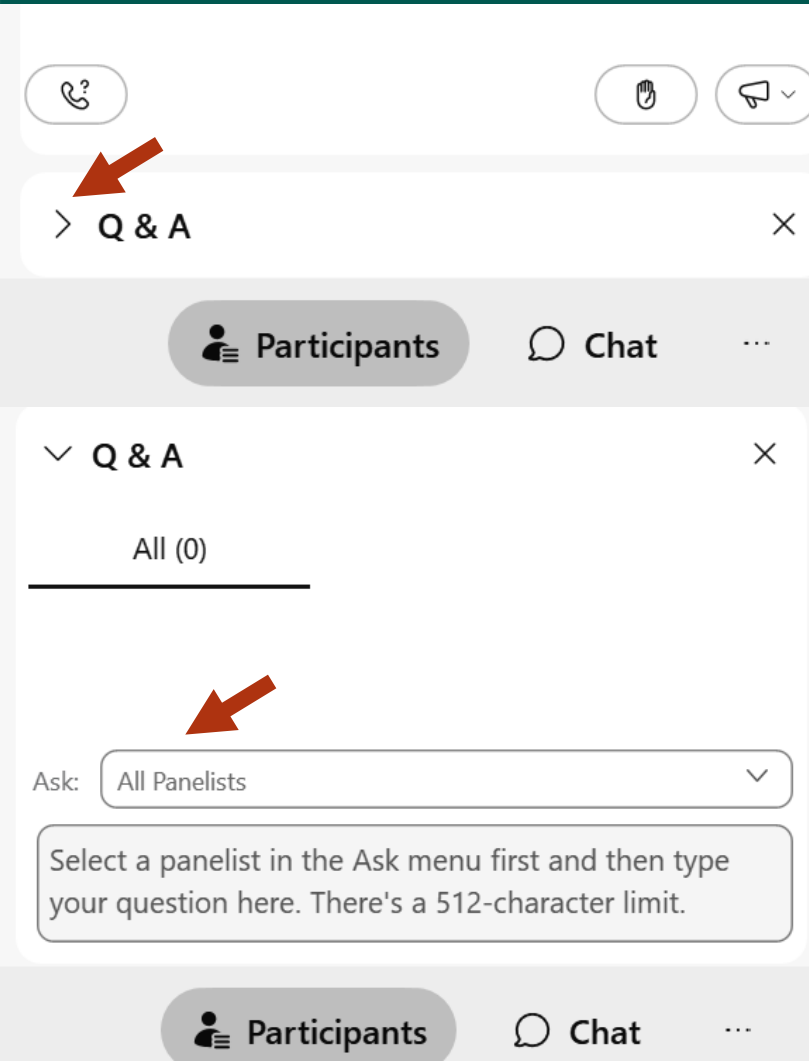
THANK YOU

Catherine Carty & Lindsay Lee

Catherine.carty@mtu.ie

lindsayevanslee@gmail.com

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Q&A Session

Please send us your questions via
the **Q&A pod** directed to **All
Panelists**



Thank You!

See you for our next webinar
on October 26th!



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PreventionInFocus@nih.gov



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