Bsport+

WHITE PAPER ON STAKEHOLDERS *ITALY*

Co-funded by the
Erasmus+ Programme
of the European Union

INTRODUCTION: SCOPE AND PURPOSE

Physical and sports activities represent a crucial element of education, culture, and social inclusion. The promotion and development of physical and sports activities for all, and particularly for people with disabilities (PwDs), is on the agenda of all EU Member States, although the specific objectives to which each country aims seem to vary slightly. In some countries, for instance, the aims that regard PwDs seem more focused on sports participation and on supporting elite competitions, while some others (e.g., UK, France, Greece, Germany), aim at broader goals, including not only improving opportunities for elite performances but also to achieve and sustain social, psychological and health benefits that are related to physical exercise and sport participation. However, despite some slight differences, all States agree in acknowledging the importance of physical and sport activities as both an aspect of life that should be ensured to disabled people and as a tool for wider social and health benefits.

Regular physical and sport activities, including popular and low-cost ways to be active such as walking and cycling, have been proven to enhance both physical and mental health, as well as to improve quality of life and well-being.

In 2018, the World Health Organisation (WHO) released a Global Action Plan on Physical Activity 2018-2030, a technical package for increasing physical activity and supporting a systems approach for addressing physical inactivity. Many of the suggested actions would be appropriate to be implemented (fully or in-part) by local government, but proposals for stakeholders have also been included. These actions are based on four key focus areas:

- Active Societies, that reflects the need to build workforce capacity to change social norms;
- Active Environments, concerning the need to promote safe and accessible infrastructure, facilities, and public open spaces for walking, cycling, and other physical activity;
- Active People, that encompasses all actions aimed at ensuring access to opportunities, programmes and services across multiple settings to engage people of all ages and abilities in regular physical activity;
- Active Systems, focusing on the need to strengthen leadership, governance, multisectoral partnerships, research, advocacy, and information systems to support effectively coordinated policy implementation.

The purpose of this document is to explore the findings emerging from background research and consultation with key stakeholders in Italy in order to identify critical areas that may require further investigation and outline key themes that should be considered in preparing new national strategies and actions aimed at increasing physical activity for all people, including those with any disabilities, such as those resulting from living with chronic diseases.

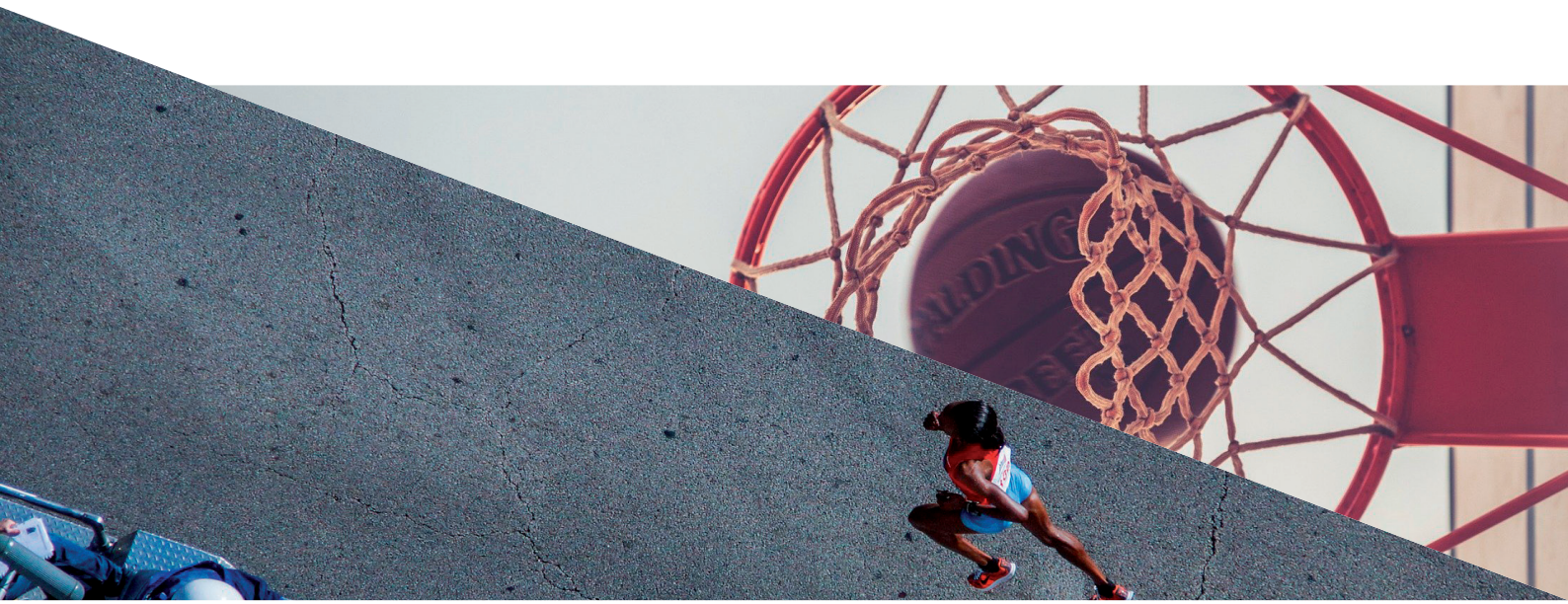
The background research has included:

- ✓ Reviewing existing policy priorities for enhancing people's adoption of long-lasting healthy and active lifestyles and identifying possible implications for the future planning and provision of physical activity opportunities;
- ✓ Assessing and evaluating the health and well-being in a small sample of Italian young adults and adults living with specific chronic diseases in order to identify the potentially unmet needs of this population and how these needs might impact their participation in physical activity opportunities;
- ✓ Reviewing the availability of programmes and services that support people to be physically active.
- ✓ Complementing the background research, consultation with stakeholder organisations has been made to understand the barriers that make it challenging for people living with chronic diseases to be physically active. The gathered information will be crucial to identifying future directions and priorities for services to support our communities in being more physically active and adopting healthy lifestyles.

NATIONAL CONTEXT

In Italy, the medical approach to disability has been overcome and replaced by the International Classification of Functioning, Disability and Health designed for both adults and children and adolescents (ICF: WHO, 2001; ICF CY: WHO, 2007), which is based on the Biopsychosocial Model of Disability. Regions have the responsibility for ICF implementation, even if there are not national implementation guidelines.

According to the ICF, disability is a condition resulting from "a complex relationship between an individual's health condition and the personal and environmental factors that represent the circumstances in which the individual lives" (WHO, 2011). It is the interaction of the person's health characteristics and their contextual factors (environment, personal) that produces disability. If a person with a given health condition lives in an environment characterized by barriers at every level that substantially limits one or more major life activities, their performance will



be restricted; but if a person lives in a facilitating environment, this will serve to increase their performance in daily life activities. This means that approaching disabilities is no longer limited to detect the barriers that the person encounters in his or her life context but, instead, it expands to the identification of the facilitators that should be activated so that people, be they children, adolescents, or adults, become able to be active protagonists of their path of life.

Major life activities include, but are not limited to, eating and how eating affects the person's digestive, endocrine, immune, or cardiovascular system, and more.

In the context of BSPORT+ project, we focused on the importance of promoting physical and sport activities for people living with celiac disease, life-threating food allergies and intolerances, type 1 diabetes, or anemia. Living with such a chronic illness affects a person's entire life, requiring physical, psychological, behavioural, and social adjustment. Overall, adhering to healthy diets, as it is required, is not easy. Several factors have been identified as negatively affecting people adherence to healthy diets: older age, low income, psychological characteristics (e.g., low self-regulation, low self-efficacy and low emotional support from others; high psychological distress), lack of knowledge and motivation, as well as the dilemmas experienced when eating out, travelling and socialising with friends.

Physical exercise and sport practice can prevent and reduce the risk of physical, psychological and social correlates of these chronic diseases. Preliminary research has revealed that rates of physical activity and sport practice among chronic disease populations, including people living with celiac disease, food intolerances,

and type 1 diabetes, are alarming, with over 50% engaging in only low levels of physical activity.

Several factors have been noted as barriers to engaging and maintaining physical activity and sport practice for young adults with celiac disease, food allergies/ intolerances and type 1 diabetes, such as the impact of nutritional deficiencies on physical and sport performance, high depressive and anxiety symptoms, psychological distress). For people with type 1 diabetes, increasing physical activity often represents an additional challenge for blood glucose management, due to the risk of hyper- or hypo-glycaemia episodes that could be generated by sport practice and physical exercise. Other barriers for this specific kind of disease include a certain embarrassment in disclosing their diabetes and then being treated differently because of their condition.

Engagement in regular physical activity and sport practice for people with chronic disease would be associated with a wide range of physical, psychological, and social benefits. More specifically, it would reduce the risk of developing additional chronic disease, such as cardiovascular and metabolic diseases, osteoporosis; prevent and reduce the risk of overweight and obesity conditions; help to regulate sleep and promote the management of psychological distress, anxiety, and depression symptoms; promote a positive self-image, enhance the individual self-efficacy and lead people to positive management of lifestyle-related to the chronic conditions; increase levels of self-esteem and perceptions of well-being, positively impacting on the quality of life; enhance individual motivation and adherence to prescribed treatment.

INCLUSIVE EDUCATION AND SPORT PARTICIPATION FOR PwDs

The European Union strongly promotes policies to support health-enhancing physical activity (HEPA). Promoting HEPA means promoting all forms of physical activity that are beneficial for health without undue harm or risk, including sport, health, transport, environment or leisure time approaches.

The implementation of National Physical Activity program in Italy started at the end of 2014.

The collaboration with the Presidency of the Council of Ministers, CONI National Olympic Committee, Minister of Culture, Social and Education was the first step in building a strong network in Italy for HEPA. A further important initiative was promoted in 2015 by UISP, the largest sport organization in Italy, in the framework of a co-funded European project, whose aim was to improve the access and the participation to sport as underlined by the HEPA recommendation through the

creation of participated processes which involved the public policies and the grassroots associations, creating multisectorial group of work.

To date, according to the last report provided by the European Commission on the implementation of the Council Recommendation on HEPA promotion in EU countries (2019), in Italy, 8 of the 23 indicators that are used to monitor the progress made in the Member States have not been implemented yet.

A summary of the key measures to address HEPA and their level of implementation in Italy is presented in the table below:

Guidelines	Cross-sectoral approach	Monitoring system	Sport	Health	Education	Workplace
Existence of national recommendation on physical activity	National coordination mechanism on HEPA promotion	National monitoring and surveillance system for physical activity	Existence of a national Sports for All policy(ies)	Individualized counselling on and prescription of physical activity	Physical Education in primary and secondary schools	Existence of a national or sub-national incentive scheme for companies or employees to promote active travel to work (e.g. walking, cycling)
Yes	No	Yes	Yes	No	Yes	No

As it can be observed, even if good progress has been achieved in setting up national HEPA policies, a certain number of key recommendations remain pending.

In order to ensure coordinated action of all relevant government sectors and stakeholders, some countries have implemented a national coordination mechanism, but this is not the case in Italy, where the importance of an intersectoral approach for HEPA promotion has not been considered in HEPA policies yet. Such a mechanism can take the form of an informal working group, an advisory body, or a formal intersectoral government body, with a clear mandate on the promotion of physical activity and not focusing mainly on diseases such as obesity or others.

Furthermore, in Italy, individualized counselling on and prescription of physical activity in ordinary primary health care settings to promote a more physically active lifestyle, in particular in target groups that are otherwise difficult to reach, has been not implemented. Unfortunately, it has been shown that it can be difficult to encourage health care providers to include other topics into their general counselling activities.

Similarly, the important role of health professionals and physical education teachers in advocating for physical activity and sport participation seems to be underestimated at a national level. It is recommended that they are fully trained on the broader concept of HEPA and that they include this concept in their professional policies and actions.

According to data from ISTAT (2019), in Italy, people with severe limitations who practice sport (regularly or occasionally) are about 9.1%. This percentage significantly increases when the limitations are less severe (reaching 20.5%). The percentage of people with serious limitations who do not practice sport but do some physical activity is 14.4% (less than half the value reached by the population without limitations, i.e. 29.1%). Among people with less severe limitations, those who engage in physical activities are 27.6%.

Out of 10 people with severe limitations, about 8 declare that they are totally inactive, i.e. sedentary, and do not engage in any sport or physical activity, compared to 34.1% in the population without limitations. In line with a general trend in Italy, among people with severe limitations, there are significant differences in terms of gender (13.7% of men practice sport, against 6.0% of women) and age (20.7 of people under 65 years of age practice sport, compared to 2.7 of elderly people).

No data are available for the specific target group considered in this document.

With respect to our targeted community, the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region might be considered the most relevant document focusing on the importance of promoting physical exercise for prevention purposes. It has been fully integrated into the National Prevention Plans since 2007 (the current National Prevention Plan covers the period 2020-2025), specifically with the approval of the national action plan "Guadagnare Salute" (Health gains). This initiative is an integral part of the chronic disease prevention and control strategies, and defines the objectives and actions which need to be implemented to prevent and change unhealthy choices. It is based on four changeable risk factors, that are transversal to the four subject areas concerned (i.e., unhealthy diets, smoking, alcohol abuse, and lack of exercise):

- promoting healthy eating patterns;
- counteracting smoking;
- counteracting alcohol abuse;
- promoting physical exercise.

The program acknowledges a key role to health professionals in primary care settings, as well as sport doctors, that could provide their patients and the wider population with useful information about physical exercise and promote their active participation in health-enhancing physical exercise.

However, the development and implementation of specific programmes and actions supporting healthy habits are delegated to regions or local administrations and generally cover only a limited time span. Similarly, strategies to overcome barriers to sport participation and physical exercise are dislocated at the regional and local levels, generating substantial differences among regions, and between Northern and Southern regions (with Northern regions generally achieving higher levels of commitment).

A sample project implemented to enhance people's engagement in healthy lifestyles is "Wellness Valley", a project carried out by Region Emilia Romagna and aiming to make the local population active of all ages and informs/educates citizens how to be active in good health. More recent initiatives, based on a cross-sectoral approach and initially developed to tackle the important health challenges posed by the COVID-19 pandemic, include "Il benessere a casa tua", a project conceived and developed by an Italian nutritionist, Dr. Marta Ciani, and her colleagues, and supported by local administrations in Friuli Venezia Giulia. The project is addressed to all citizens, especially those who feel particularly

disoriented in this time of emergency and need a guide to keep fit (sport), follow a healthy diet (nutrition) and preserve their mental health (psychology).

Only a few examples of best practice (mainly consisting of guidelines) have been documented with specific respect to people with chronic disease such as celiac disease, life-threating food allergies and intolerances, type 1 diabetes, or anemia. We highlight here:

- the implementation of the therapeutic education program for Type 1 Diabetes. The guidelines for this program have been developed by Italian Medical Society for the Study of Diabetes. The therapeutic education has been demonstrated to lead the patients to adopt an appropriate lifestyle, in terms of diet adherence and physical exercise. Therapeutic Education is intended to empower patients with the skills of self-managing or adapting treatment to their particular chronic disease, and in coping processes and skills, in order to maintain and improve their life quality;
- the development of an appropriate program by the Departments of medicine of University of Perugia and Naples for the practice of physical exercise by patients with type 1 diabetes, whose implementation has been not documented to date;
- a series of free guidelines issued by the Italian Celiac Association to help stakeholders and target groups staying informed about the relationship between gluten-free diet and sports practice. This guideline presents recommendations for encouraging the participation of people with celiac disease in sport and physical exercise. The guide documents a series of false myths that prevent people from engaging in such activities, also reporting the successful experience of famous athletes with celiac disease. The Guidelines were sponsored by the Italian Olympic Games Committee.

OVERVIEW AND KEY FINDINGS FROM THE COMMUNITY SURVEY

In the framework of BSPORT+ project, a brief online survey was conducted to get more information about health conditions and disability. We interviewed 46 people aged mostly aged from 18 to 40 years old. Participants mentioned conditions such as migraine, anemia, food allergies or intolerances, anxiety-depression, and obesity. Overall, most of the people who took part in the survey stated that they feel comfortable with their lifestyle and that their health condition did not limit their daily life activities or work. However, they reported experiencing several negative emotions due to their health condition, alone or in combination

with others: they stated to be nervous/anxious and/or said that they felt different from others. Some respondents also reported a lack of confidence.

As regards physical activity, half of the sample stated that they practiced spent less than 1 hour per day in sport or recreational activities, or practiced no sport or recreational activities at all.

Better facilities and infrastructures were the main factor rated by participants as able to make it easier to participate in sport or recreational activities. Other factors that were mentioned by participants as necessary for improving their participation in sport and engagement in physical exercise included i) organizations and policies, ii) personal assistive devices, iii) user-friendly mobile health and sport apps, and iv) family and social support.

Those who reported a relatively high involvement in sport and physical activity participation stated that they were driven by high intrinsic motivation and personal beliefs in the benefits of sport for health and well-being. Doctors and health professionals, as well as family and friends, were reported to play a crucial role in reinforcing and maintaining an adequate level of sport participation and physical activity.

Among the most mentioned activities, participants reported leisure walking, athletic activities (e.g., running, bicycling, and aerobics), light gardening and light housework, and weight training.

With respect to the pandemic impact on general well-being, participants expressed the need to have more opportunities to practice physical activities, both outside and inside their home (e.g., through online lessons and programmes). They also highlighted the difficulty to adhere to healthy diets, due to stress and other negative emotions related to the covid-19 pandemic. Using online mental health support was also mentioned among the factors that help to maintain an adequate level of physical and mental well-being during the covid-19 pandemic.

RECOMMENDED POLICY ACTIONS

The findings presented throughout this document have identified a wide range of issues and opportunities for policymakers to consider in developing an effective HEPA strategy to improve health, well-being, and social outcomes for the wide population, and in particular for people with specific health conditions such as those addressed in this document (celiac disease, life-threating food allergies and intolerances, type 1 diabetes, anemia).

While the low rates of participation in physical activity and the complex needs of the targeted community present significant challenges, there are a number of areas where stakeholders' efforts should be focused on driving behavioural change towards a healthier and more active lifestyle:

- Promoting the importance of physical activity and reducing sedentary behaviors among professional organisations in the medical community, sports and health medicine, associations and sports federations, and strengthening their knowledge and commitment in the implementation of national action to increase levels of participation;
- Supporting the development and dissemination of resources and best practice related to the promotion of physical activity across primary and secondary health care and social services, tailored to different settings, cultures, and health care providers;
- Developing partnerships with health care providers to support the provision of appropriate physical activity opportunities and programs for people with vulnerable conditions;
- Supporting the development and delivery of appropriate in-service training programs on how to assess and counsel about physical activity, focusing specifically on patients' specific vulnerable conditions and their level of inactivity;
- Building strategic networks among the academic community and other stakeholders with cities and local governments to support community-wide approaches to increasing physical activity, and to strengthen evidence-based practice aimed at promoting healthy lifestyles;
- Disseminate guidelines to encourage initiatives to create communities of practice with the goal of promoting community-wide and subnational knowledge and healthy lifestyles that take into account the vulnerable conditions experienced by each person;
- Supporting the development and implementation of national and sub-national frameworks for monitoring and evaluating physical activity and disseminating reports on progress toward meeting the 2025 and 2030 physical inactivity reduction targets, including progress on reducing inequities;
- Supporting and accelerating knowledge sharing on physical activity and sedentary behaviors and lifestyle through national, regional, and global (or similar) conferences and, where appropriate, using innovative communication strategies and virtual technologies to enable remote engagement.

CONCLUSIONS

Despite the growing policy interest in promoting participation in physical activities and sports for people with disabilities at the European level, many barriers and challenges persist at the national and regional levels. Overall, within the wider context of non-communicable disease, the successful implemention of WHO guidelines on physical activity and sedentary behavior may be optimized if recommended levels of activity can be incorporated by individuals into their lives. Thus, promoting a broader awareness of the importance of regular physical exercise for health among the targeted communities, and facilitate their needs through multisectoral and strategic networking (e.g., primary and secondary health care, education, and sport) might represent crucial actions to lay the ground for creating a successful HEPA promotion programme.

MAIN REFERENCES

Council Recommendation of 26 November 2013 on promoting health-enhancing physical activity across sectors (2013/C 354/01). Retrieved from

https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2013:354:0001:0005:EN:PDF

Italian Ministry of Health (2020). Piano Nazionale della Prevenzione 2020-2025 (National Prevention Plan 2020-2025). Retrieved from

http://www.salute.gov.it/imgs/C_17_notizie_5029_0_file.pdf

National Statistical Institute – ISTAT (2018). Conoscere il mondo della disabilità. Persone, Relazioni, Istituzioni [Understanding disability]. Retrieved from

https://www.istat.it/it/files/2019/12/Disabilit%C3%A0-1.pdf

Report from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the implementation of the Council Recommendation on promoting health-enhancing physical activity across sectors (2019). Retrieved from

https://ec.europa.eu/transparency/regdoc/rep/1/2019/EN/COM-2019-565-F1-EN-MAIN-PART-1.PDF

World Health Organization (2001). International classification of functioning, disability and health: ICF.

World Health Organization. (2007). International Classification of Functioning, Disability, and Health: Children and Youth Version: ICF-CY.

World Health Organization. (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Retrieved from

https://apps.who.int/iris/bitstreamhandle/10665/94384/9789241506236_eng.pdf?sequence=1

World Health Organization. (2016). Physical activity strategy for the WHO European Region 2016-2025. Retrieved from

https://www.euro.who.int/__data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf%3Fua%3D1

World Health Organization. (2019). Global action plan on physical activity 2018-2030: more active people for a healthier world. Retrieved from

https://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf

World Health Organization. (2020). WHO guidelines on physical activity and sedentary behaviour: at a glance. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/337001/9789240014886-eng.pdf

Bsport+

WHITE PAPER ON POLICY MAKERS *ITALY*

Co-funded by the
Erasmus+ Programme
of the European Union

Who *we are*