PLANNING INCLUSIVE SPORTS EVENTS FOR PEOPLE LIVING WITH CHRONIC HEALTH CONDITIONS

MOVEUP PROJECT

These guidelines provide **evidence-informed guidance** and **practical recommendations** to help organisations plan and deliver **safe, accessible and enjoyable sport activities**. They are designed to support inclusive participation while promoting confidence for organisers, volunteers and participants alike.

WHAT ARE THE BENEFITS OF PHYSICAL ACTIVITY

Regular physical activity helps reduce the risk of:

- **Coronary heart disease**
- **Stroke**
- **Type 2 diabetes (T2D)**
- **Hypertension (HTN)**
- **Colon & breast cancer**
- **Depression**
- **Obesity & overweight**

People who are insufficiently active have a **20-30%** **increased risk of premature death** compared to those who are sufficiently active

In Europe, **one in three adults** do not meet physical activity recommendations

People living with **T2D** and/or cardiovascular disease (**CVD**) are **less active** and **more sedentary** than those without the conditions.

WHY ACTIVITY MATTERS FOR PEOPLE LIVING WITH CHRONIC HEALTH CONDITIONS (CHCs)

Physical activity improves:

- **Insulin sensitivity***
- **Blood glucose management**
- **Blood pressure**
- **Cholesterol**
- **Cardiovascular fitness**
- **Psychological well-being**
- **Strength**
- **Balance**

***INSULIN** is a hormone produced by the pancreas that allows glucose to enter the body's cells where it is used for energy.

***INSULIN SENSITIVITY** refers to how well the body's cells can use insulin.

BARRIERS to physical activity

- Physical limitations
- Fear of injury or adverse events
- Low motivation and self-efficacy
- Embarrassment
- Diabetes distress and depression
- Lack of support

FACILITATORS of physical activity

Sports programmes that incorporate these components can help support physical activity participation:

- Greater social support
- Enjoyment
- Self-efficacy
- Healthcare professional support
- Behavioural strategies (e.g. goal-setting and self-monitoring)

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Sport events should promote **participation** in a discrimination- and stigma-free environment.

THE CORE PRINCIPLES OF INCLUSIVE SPORTS

CREATE A WELCOMING ENVIRONMENT

Create **welcoming, respectful and supportive environments** where everyone feels safe, valued and able to participate.

Use person-centred, non-stigmatising language and inclusive imagery that avoids stereotypes, negative assumptions or terminology that may isolate or stigmatise.

	EXAMPLES
• Use **person-first language** rather than defining individuals by their condition →	*"people living with diabetes"* rather than *"diabetics"*
• **Avoid** language that implies **blame or judgement**. Choose terminology based on facts and actions instead →	*"The participant is having difficulties taking their medication as prescribed"* instead of *"The participant is non-compliant with taking medication"*
• Use **strengths-based framing** which focuses on abilities, participation and strengths →	*"is working on achieving her goal weight"* rather than *"failed to lose weight"* or *"lives with CVD"* rather than *"suffers from CVD"* or *"is a victim of CVD"*

Welcome people of all abilities, confidence levels and sporting experience by offering **flexible, adaptable participation options**.

Ensure staff and volunteers understand inclusive practice and follow **safeguarding procedures and codes of conduct**.

Foster **social connection, enjoyment** and a sense of **belonging**.

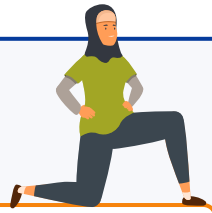
ENSURE ACCESSIBILITY

Reduce physical, communication and practical **barriers** to enable **safe and meaningful participation**.

Provide clear information before the event about activities, accessibility features, medical support and what participants should bring.

Make venues as accessible as possible, with step-free access, accessible facilities, safe routes, clear signage, rest areas and drinking water.

Consider accessibility throughout the participant journey, including communication, transport, scheduling and activity design.



TAKE A PERSON-CENTRED APPROACH

Recognise people living with CHCs as experts in their own lives and **support participation based on individual needs and preferences**.

Involve participants in decisions about their participation and respect their goals, preferences, abilities and choices.

Protect privacy and **avoid assumptions** or **stereotypes**

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PLAN FOR SAFE PARTICIPATION

Planning should support participation, not create unnecessary barriers. **Understanding participants' needs** and **preparing the environment** helps ensure everyone can participate safely and confidently.

UNDERSTAND YOUR Pparticipants

Use a supportive pre-participation process to understand participants' needs and goals, facilitating individualised support. **Ask about:**

MEDICAL AND HEALTH CONSIDERATIONS

- ☑ Relevant health conditions
- ☑ Key medications (e.g. insulin, sulfonylureas, inhalers, nitroglycerin)

PERSONAL NEEDS AND SUPPORT

- ☑ Any support or adjustments that would help them participate confidently and safely
- ☑ Emergency contacts

PERSONAL GOALS

- ☑ Current activity levels & confidence
- ☑ Goals
- ☑ Barriers to participation

Use information to support participation, not to exclude people

PREPARE A SAFE ENVIRONMENT

Plan the activity and venue to minimise risks and support participation.

- ☑ Consider the environment, accessibility, activity demands, hydration, rest areas and emergency access
- ☑ Ensure trained first aiders are present and identifiable
- ☑ AED available and staff know how to use it
- ☑ Clear emergency response procedures

GOOD PRACTICE

Most people living with diabetes whose glucose levels are within target range, or with stable cardiovascular disease, can safely participate in **light to moderate** physical activity without formal medical clearance. **Additional medical advice** may be required before vigorous activity or where **specific medical concerns** are present, such as:

- Significant **heart conditions**
- Recent **heart attack**
- Advanced **eye** or **nerve** complications
- Recurrent severe **hypoglycaemia**
- Active **Charcot foot** or **limb amputations**
- Recent unexplained **chest pain**
- Untreated **high blood pressure** or **cholesterol**

HOW TO RECOGNISE AND RESPOND TO:

→ HYPOGLYCAEMIA

Blood glucose <4 mmol/L (70 mg/dL) with or without symptoms such as:

Shakiness | **Dizziness** | **Sweating** | **Confusion**

1. Stop activity
2. Give 15g fast-acting carbohydrate
3. Rest 15 minutes
4. Re-check glucose levels
5. Repeat 2-4 if blood glucose is <4 mmol/L (70 mg/dL)
6. Call emergency services if the person is unconscious or cannot swallow

→ HYPOGLYCAEMIA with illness

Marked elevations (for example **>15 mmol/L / 268 mg/dL**) with:

Nausea | **Stomach pain** | **Feeling very unwell**

1. Stop activity
2. Provide water
3. Monitor the person closely
4. Seek medical help if symptoms worsen

*If the person uses rapid-acting insulin, they may require additional insulin as per their approved hyperglycaemia management plan.

→ SIGNS OF A CARDIAC EVENT

Chest pain | **Severe shortness of breath** | **Sudden dizziness or collapse**

1. Stop activity immediately
2. Support the person to sit or lie down
3. Call emergency services
4. Retrieve AED and follow first-aid procedures

*If the person has known angina, they should be encouraged to carry nitroglycerin spray and use it as prescribed.

Event staff and coaches should explicitly **allow and normalise the use of medications and devices** such as insulin, glucose monitors, inhalers and nitroglycerin spray. Providing a **quiet area** helps participants manage their condition discreetly if they wish.

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HOW TO ADAPT ACTIVITIES

Sport activities should prioritise **participation**, **enjoyment** and **safety**, with routine **flexibility** built in so people with differing capacities can take part together.

USEFUL ADAPTATION STRATEGIES

- **Modify rules to lower physical or competitive demands** (reduced contact, extra time, smaller teams, rolling substitutions)
- **Provide roles with varied exertion levels** such as coach, buddy, referee or organiser, as valid forms of participation
- **Offer seated or chair-based versions of activities** alongside standing options
- **Adjust playing areas and distances** (shorter routes, smaller pitches, scalable circuit formats)
- Consider established forms of **'adapted sports'** such as catchball, walking basketball or walking football

INTENSITY

Participants should be offered **clear options for intensity**, framed using simple descriptors (light, moderate, vigorous) and the talk test. They should be reminded that **choosing a lower-intensity option or resting is a positive self-management strategy, not a failure**.

	PERCEIVED EXERTION MEASURES	DESCRIPTIVE MEASURES	
LIGHT	VERY LIGHT TO LIGHT RPE# 1-2	Aerobic activity that does not cause a noticeable change in breathing rate	Intensity that can be sustained for **at least 60'**
MODERATE	MODERATE TO SOMEWHAT HARD RPE# 3-4	Aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted	Intensity that may last **30'-60'**
VIGOROUS	HARD RPE# 5-6	An aerobic activity in which a conversation generally cannot be maintained uninterrupted	An intensity that may last **up to 30'**
HIGH	VERY HARD RPE# 7	An aerobic activity in which it is difficult to talk at all	An intensity that generally cannot be sustained for longer than **about 10'**

Adapted from Norton K, L. Norton & D. Sadgrove. (2010). J Sci Med Sport 13, 496-502

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10

ESSENTIAL TRAINING & AWARENESS FOR STAFF

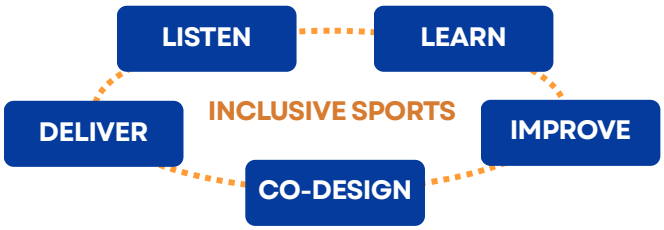
Staff, coaches and volunteers are key to creating safe, welcoming and stigma-free events for people living with CHCs. **Core training should cover:**

- Basic **understanding** of **diabetes**, **CVD** & **HTN**, and the role of physical activity in their management
- **Inclusive, person-first communication**, avoiding assumptions based on diagnosis, age or appearance
- Physical activity **recommendations** for people with CHCs, including the need for **gradual progression** for those new to activity
- Practical approaches to **adapting activities**, rules and equipment to different abilities
- Recognition and initial management of hypoglycaemia, hyperglycaemia with illness, chest pain, severe breathlessness, fainting and collapse, aligned with **event first aid protocols**

PROGRAMME EVALUATION

Monitoring & evaluation help improve events and ensure they remain responsive to the needs and experiences of people living with CHCs. **Organisers should collect:**

- ☑ **Participant feedback** on accessibility, safety, enjoyment, communication, inclusion and activity suitability
- ☑ Basic **event indicators** such as attendance, demographic reach, repeat participation, incident reports and staff feedback



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