

Policies for tackling inactivity and creating healthier physical activity environments in Ireland: PA-EPI 2022

Irish Dissemination Event 2022

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The Physical Activity Environment Policy Index (PA-EPI)

What is already known on this topic

Priority of the problem

- Insufficient physical activity (PA) is a global issue for health, responsible for circa 9% of all premature deaths world wide¹
- A multi-faceted response, including government action, is essential to improve population levels of PA. An ecological and multi-level, as well as a comprehensive whole system approach has been recommended.²
- To address physical inactivity, a 'healthy' PA environment is paramount (defined as "context, opportunities and conditions that influence one's PA choices and behaviours").
- An unhealthy PA environment: may be caused by a lack of 'upstream' policy progress in domains known to have a positive impact on PA behaviour, and when combined with a lack of effective infrastructure support for policy implementation, then the inactivity pandemic is likely to sustain, as the 'system' or environment remains unchanged despite best 'downstream' or programmatic efforts.

The purpose of this study was to develop the PA-EPI monitoring framework to assess government policies and actions for creating a healthy PA environment. The PA-EPI is based on learnings from the INFORMAS Food-EPI, and adapted to answer the question 'How much progress have governments made towards good practice in improving the PA environment and implementing physical inactivity/NCD prevention policies and actions?'³

What our studies add

To the authors knowledge, the PA-EPI is the first attempt at developing a tool that aims to assess the extent of implementation of government policies and actions, with the goal of creating a policy index to assess the healthiness of the PA environment.

- An iterative process was undertaken, which involved a review of policy documents from authoritative organisations, a policy audit of four European countries, and systematic reviews of scientific literature.

The PA-EPI (Figure 1) is conceptualised as a two-component 'Policy' and 'Infrastructure Support' framework which includes 15 domains, namely:

- **Policy Domains (N=8):** education, transport, urban design, healthcare, public education (including mass media), sport-for-all, workplaces and community.
- **Infrastructure Support Domains (N=7):** leadership, governance, monitoring and intelligence, funding and resources, platforms for interaction, workforce development, and health-in-all-policies.

An online consultation with academic experts (N=101; 20 countries), and policymakers (N=40, 4 EU countries) followed, where quantitative and qualitative data alongside theoretical and pragmatic considerations were used to inform PA-EPI development.

- **Forty-five 'good practice statements'** (GPS) or indicators of ideal good practice within each domain concludes the PA-EPI. These statements were formulated through consensus workshops based on the specific recommendations derived from the methodological processes described above.

¹ Lee, I.M., Shiroma, E.J., Lobelo, F., Puska, P., Blair, S.N., Katzmarzyk, P.T. and Lancet Physical Activity Series Working Group, 2012. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet*, 380(9838), pp.219-229.

² World Health Organization, 2018. Global action plan on physical activity 2018-2030: more active people for a healthier world. World Health Organization.

³ Woods, C.B., Kelly, L., Volf, K., Gelius, P., Messing, S., Forberger, S., Lakerveld, J., Den Braver, N.R., Zukowska, J., and Garcia Bengoechea E. (In Press) The development of the Physical Activity Environment Policy Index (PA-EPI): a tool for monitoring and benchmarking government policies and actions to improve physical activity. *European Journal of Public Health*.

The Physical Activity Environment Policy Index (PA-EPI)

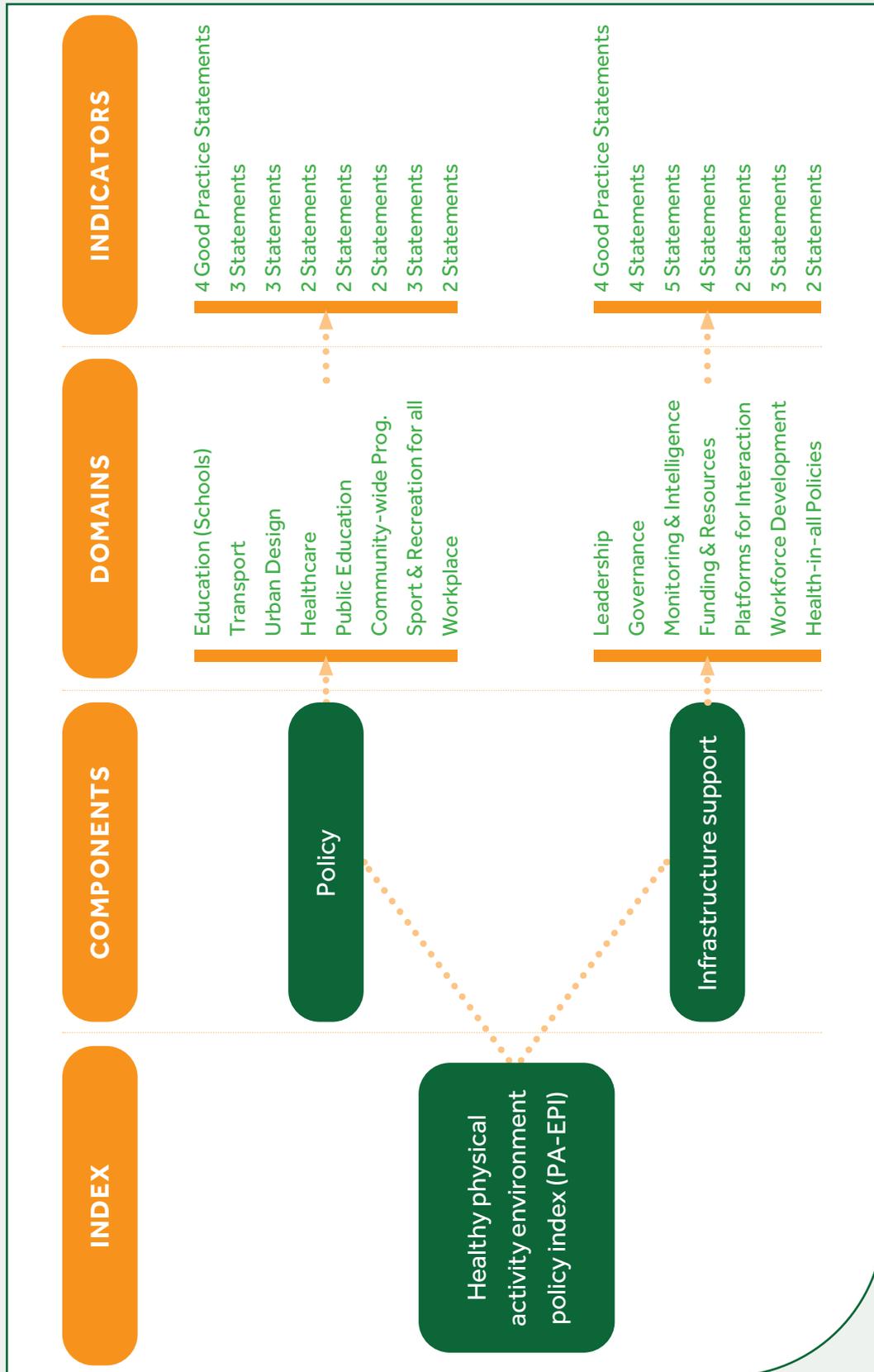


Figure 1. The PA-EPI Framework



Figure 2. Process for assessing policies and actions of governments to create healthy physical activity environments and determining the government Healthy PA-EPI (adapted from Swinburn et al., 2013)

The PA-EPI is a tool that can be used to independently monitor public sector PA policies and actions. Conducting a PA-EPI assessment can help identify and prioritise actions needed to address critical gaps in government policies and infrastructure support for implementation. In time, the PA-EPI will evolve into benchmarks established by governments at the forefront of creating and implementing policies to address physical inactivity. The projected steps in the use of the PA-EPI to compare government policies and, over time and across countries, to stimulate actions to improve the healthiness of the physical activity environment are displayed in Figure 2. These steps are modelled after the INFORMAS monitoring framework currently used in 30 countries worldwide. Conducting the PA-EPI involves establishing a 'national coalition', a group of non-government public health and/or other stakeholders to manage the process or, alternatively, an existing public health NGO or association to take the lead.

Literature references: C Woods, L Kelly, K Volf, P Gellus, S Messing, S Forberger, J Lakerveld, NR den Braver, J Zukowska, B Swinburn and E Garcia Bengoechea on behalf of the PEN consortium (2022). The development of the Physical Activity Environment Policy Index (PA-EPI): a tool for monitoring and benchmarking government policies and actions to improve physical activity. *European Journal of Public Health*. (In Press); Swinburn B, Egger G, Raza F. Dissecting obesogenic environments: the development and application of a framework for identifying and prioritizing environmental interventions for obesity. *Prev Med (Baltim)*. 1999;29(6):563-70.

The Physical Activity Environment Policy Index (PA-EPI)

Table 1. Good Practice statements within the PA-EPI POLICY domains

EDUCATION (SCHOOLS) – There are public policies implemented that aim to impact on healthy physical activity environments and promote and support physical activity within the school setting.	
E01	Evidence informed, quality mandatory physical education that promotes and supports the ideals of equity, diversity and inclusion and adheres to defined standards is part of the curricula in all schools.
E02	National and/or subnational initiatives are in place to promote and support school-related physical activity both at school and in other settings. These initiatives should employ an inter-sectoral approach and collaborative multi-agency partnerships (e.g., links with out-of-school sports clubs, active breaks/recess, walking clubs).
E03	There are shared use agreements that utilise school spaces. Community access is supported by initiatives to promote and support opportunities for physical activity for all persons outside of normal school hours.
E04	National and/or sub-national policies are in place to promote and support safe active travel to and from school.
TRANSPORT – There are public policies to promote and support active mobility for people of all ages and abilities.	
T01	Regulations are in place that provide a variety of infrastructures to support safe walking and/or cycling and/or wheeling, including measures to calm speed, reduce vehicle traffic and enhance active mobility.
T02	There is a funded implementation plan, led by the appropriate level/s of government, to achieve improvements in active travel and increased use of public transport.
T03	Guidelines and tools to support infrastructure for active mobility and/or transport plans and systems that encourage physical activity are promoted and disseminated.
URBAN DESIGN – There are public policies enacted at appropriate level/s of government to ensure that evidence-informed urban design principles are implemented to promote and support physical activity and active mobility for people of all ages and abilities.	
UD01	Policies or regulations that take a “health in all” approach are adopted to reallocate space from motorised transport to active travel and/or recreation purposes.
UD02	Governments adopt land use policies, and planning processes, consistent with principles of mixed land use, compact urban design, and/or provision of green open spaces to support physical activity and reduce motorised transport.
UD03	There are guidelines and/or regulations that improve universal and equitable access to safe outdoor and indoor spaces and facilities where people can be physically active.
HEALTHCARE – Public policies implemented within healthcare settings promote and support physical activity, e.g., by providing guidelines and regulations, applying digital health technologies, and targeting at-risk groups like older adults.	
H01	Guidelines and regulations in healthcare include routine screening for physical activity and, for all insufficiently active patients, brief advice, and referral to appropriately trained practitioners and/or physical activity opportunities.
H02	There are consistent policies for promoting and supporting physical activity in primary and secondary healthcare settings among at-risk groups, such as people with type 2 diabetes and older adults (e.g., protocols for the assessment of the physical activity capacity; accessible, affordable, and tailored physical activity programmes; and training for caregivers for delivering physical activity programmes within residential aged care).
PUBLIC EDUCATION / MASS MEDIA – There are national and/or subnational public policies implemented to ensure enactment of media/ education campaigns that actively promote and support increasing physical activity levels for all ages and abilities.	
MM01	There are national and/or subnational public policies in place that ensure media and education campaigns that promote, and support physical activity are sustained and monitored (e.g., by making them part of, or aligning them with, a national action plan on physical activity and the physical activity guidelines).
MM02	There are clear, consistent policies to ensure that multiple media modes/channels (e.g., via posters, social media, radio as well as TV) combined with complementary community initiatives are used to promote the benefits of physical activity and disseminate guidelines which align with the WHO physical activity recommendations.
COMMUNITY – There are policies and programmes that promote and support physical activity for all ages and abilities, consistent with relevant recommendations, e.g., by supporting the implementation of whole-of-community events and approaches and promoting the shared use of public spaces and facilities.	
C01	Public policies are in place to support the implementation of whole-of-community approaches to promote physical activity and networking to strengthen resources and exchange experiences (e.g., WHO Healthy Cities, Active Cities, Partnerships for Healthy Cities).
C02	There are public policies in place to foster partnerships for shared use of public spaces and facilities for community-based and community-led physical activity programmes.
SPORT FOR ALL – There are evidence-informed public policies implemented to promote and support sport and recreation for all.	
SP01	There are national and/or subnational evidence informed ‘Sport and Recreation for All’ policies that prioritise investment in initiatives that target the least active, as well as disadvantaged groups.
SP02	There are national and/or subnational evidence informed policies or action plans in place that ensure equitable access to sport and recreation spaces and places for all.
SP03	There is government support for programs designed to encourage sports clubs to promote health-enhancing physical activity and other health behaviours (e.g., ‘sports clubs for health’ and ‘health promoting sport clubs’).
WORKPLACE – There are national and/or sub-national policies implemented related to the workplace that promote and support increasing physical activity (e.g., cycle to work initiatives, physically active workplaces) and promote a culture of health for all employees.	
W01	There are national and/or sub-national policy initiatives and infrastructure development programmes in place to promote and support safe active travel to and from the workplace.
W02	There are concepts and regulations for buildings, plots and the environment in place that promote and support employers to create physically active workplace environments through building design and provision of adequate facilities (both indoor and outdoor).

The Physical Activity Environment Policy Index (PA-EPI)

Table 2. Good Practice statements within the PA-EPI INFRASTRUCTURE SUPPORT domains

LEADERSHIP – The political leadership ensures that there is strong support for the vision, planning, communication, implementation, and evaluation of policies to create health-promoting policy environments to improve population physical activity and reduce related inequalities.	
L01	There is strong, visible, political support (at the head of state/cabinet level) for creating health-promoting policy environments to improve population levels of physical activity and reduce inactivity related non-communicable diseases and their related inequalities. Political responsibility for health-related physical activity is clearly allocated within the governmental structures.
L02	There is a comprehensive up-to-date plan (including timeline, targets, funding, priority policy and programme strategies) linked to national needs and priorities to increase population physical activity.
L03	Priorities are given to reduce inequalities in relation to inactivity related non-communicable diseases in the comprehensive plan (above).
L04	There are clearly defined, evidenced informed population physical activity guidelines for all age groups and for people living with non-communicable diseases, pregnant women, and people with disabilities.
GOVERNANCE – There are government structures in place to ensure transparency and accountability and encourage broad community participation when developing and implementing policies and actions to create healthy physical activity environments and improve population physical activity.	
G01	There are reliable procedures to restrict commercial influences related to physical activity environments where there are conflicts of interest with improving population physical activity levels (e.g., restricting lobbying influences that limit physical activity opportunities).
G02	There are procedures in place for using evidence in the development of physical activity policies.
G03	The government ensures access to, and regular dissemination of, physical activity guidelines and key documents to the public.
G04	The government fosters the cooperation and coordination of all sectors to align with strategic plans to improve the physical activity environment, and where appropriate, promotes civil society participation to develop and implement these plans.
MONITORING AND INTELLIGENCE – There is regular monitoring of population physical activity levels and physical activity environments, systematically linked to the regular monitoring of physical inactivity related non-communicable diseases. Ideally, monitoring should be consistent over time, integrated and occur annually, with more extensive surveys at least every five years (e.g., to allow data analysis across all jurisdictions, priority groups). Additionally, policies and major programmes should be evaluated regularly.	
MI01	There is regular monitoring of physical activity levels across the life-course based on representative samples, against guidelines/standards/targets.
MI02	There is regular monitoring of physical activity environments across all 8 policy domains (e.g., walkability, built environment).
MI03	Physical activity monitoring is systematically linked to the regular monitoring of non-communicable diseases and their related inequalities.
MI04	There is regular research and evaluation of policies and major programmes to assess their effectiveness, process, and impact on achieving the goals of the physical activity and health plans.
MI05	Progress towards reducing health inequalities related to social and economic determinants of physical activity is regularly monitored.
FUNDING AND RESOURCES – Government funding to support physical activity promotion and research is clearly identified, monitored and sufficient. It is aimed at improving population PA levels, creating active environments, counteracting non-communicable diseases, and reducing inequalities.	
FR01	The budget spent on physical activity promotion across all policy domains is clearly identified and periodically monitored.
FR02	There is a sufficient proportion of total health spending assigned to population physical activity promotion.
FR03	A sufficient proportion of total research spending is assigned to population physical activity promotion.
FR04	A secure funding stream is available for at least one statutory health promotion agency with an objective to improve population physical activity.
PLATFORMS FOR INTERACTION – There are coordination platforms and opportunities for synergies across government departments, levels of government and other sectors (e.g., National Government Organisations, private sector, academia) such that policies and actions in physical activity are coherent, efficient, and effective in improving environments, population physical activity, reducing inactivity related non-communicable diseases and their related inequities.	
PI01	There are robust coordination mechanisms across departments and levels of government to ensure policy coherence, alignment and integration of physical activity, and inactivity related non-communicable disease prevention policies across governments.
PI02	There are structures and mechanisms for regular, meaningful, and inclusive interactions between government and civil society (academia, professional organizations, public-interest, non-governmental organisations, and citizens) on physical activity policies and other strategies to improve population physical activity and health.
WORKFORCE DEVELOPMENT – Governments have set up systems that provide a platform for population physical activity expertise to ensure that the formulation, implementation and evaluation of physical activity policies and programmes meet population needs.	
WD01	To address the challenge of population physical inactivity, there are sufficient resources and people with necessary skills within the government's workforce (across all 8 policy domains).
WD02	Opportunities for training and professional development are provided to relevant individuals across multiple sectors (e.g., the 8 'Policy' domains) regarding the fundamentals of physical activity, its role in public health, and effective strategies for physical activity promotion
WD03	Support and training systems are in place for relevant professionals (e.g., guidelines, toolkits, training workshops/modules/courses). To ensure uptake, accrediting agencies for professional education, and professional licensing entities should include minimum requirements for initial and continuing education in this domain.
HEALTH-IN-ALL POLICIES – There are processes in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of all relevant government policies.	
HIAP01	There are processes in place to ensure that population physical activity and related health outcomes are explicitly and transparently considered and prioritised in the development of all government policies.
HIAP02	There are processes (e.g., health impact assessments) to assess and consider health impacts during the development of policies indirectly related to physical activity.

How well is the Irish government performing compared with international best practice?

High Implementation

There were no indicators with a 'high' level of implementation across any of the policy and infrastructure support statements.

Medium Implementation

Ireland was assessed as performing well ('medium') on eight of the 21 policy indicators (38%) and 11 of the 24 infrastructure support indicators (46%). For the policy domains, the national coalition judged all the indicators in the community and sport domains as having a 'medium' level of implementation. Other indicators that received a 'medium' rating included the implementation of physical activity initiatives in schools (in the education domain), sustained media campaigns (in the mass media domain) and policies to promote travel to the workplace (in the workplace domain).

For the infrastructure support domains, the national coalition judged all the indicators in the platforms for interaction domain as having a 'medium' level of implementation. Furthermore, Ireland scored well for political leadership, having physical activity guidelines that cover all age groups, using evidence in the development of physical activity policies and having professional licensing for professionals.

Low Implementation

Over half of all indicators in the policy domains were rated as having 'low' implementation compared with international best practice (57%). This included all the indicators in the 'Transport', 'Urban Design' and 'Healthcare' domains. Several indicators in the education domain received a 'low' rating from the experts. These were mandatory physical education, sharing school spaces and promoting active travel to school. A final indicator that received a low rating was ensuring multiple media channels are used to promote physical activity (in the mass media domain).

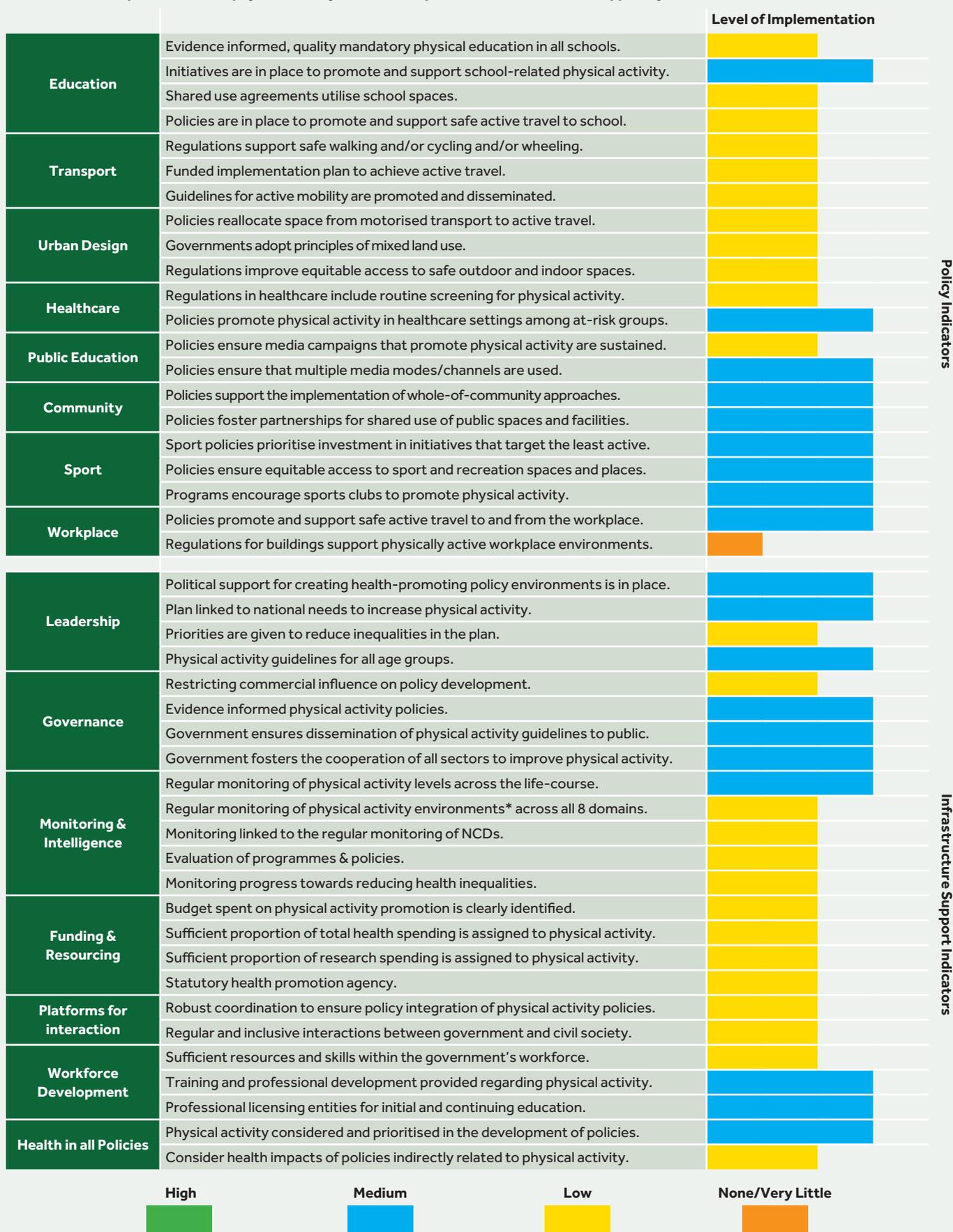
Similarly, over half of all indicators in the infrastructure support domains were rated as having 'low' implementation compared with international best practice (54%).

Very little / No Implementation

There was a single indicator in the policy domains that received a 'Very little / no implementation' rating (5%). The indicator concerned the implementation of regulations for buildings that promote physical activity.

There were no indicators with a 'Very little / no implementation' rating across the infrastructure support domains.

Table 3. Level of implementation of physical activity environment policies and infrastructure support by the Irish Government



Priority Recommendations

The government is urged to act on the recommended priority actions, with particular reference to five policy actions and five infrastructure support actions, to improve the health outcomes of Irish citizens, with particular focus on those in disadvantaged or vulnerable groups.

A national coalition consisting of 19 representatives from academia, HSE sport, local sports partnerships, physical education, non-governmental organisations and charity organisations was formed. The panel rated the extent of implementation of the PA policies and infrastructure support by the Irish Government, using an extensive collection of evidence validated by government officials (Table 3).

Table 4. Policy actions necessary to support healthy physical activity environments*

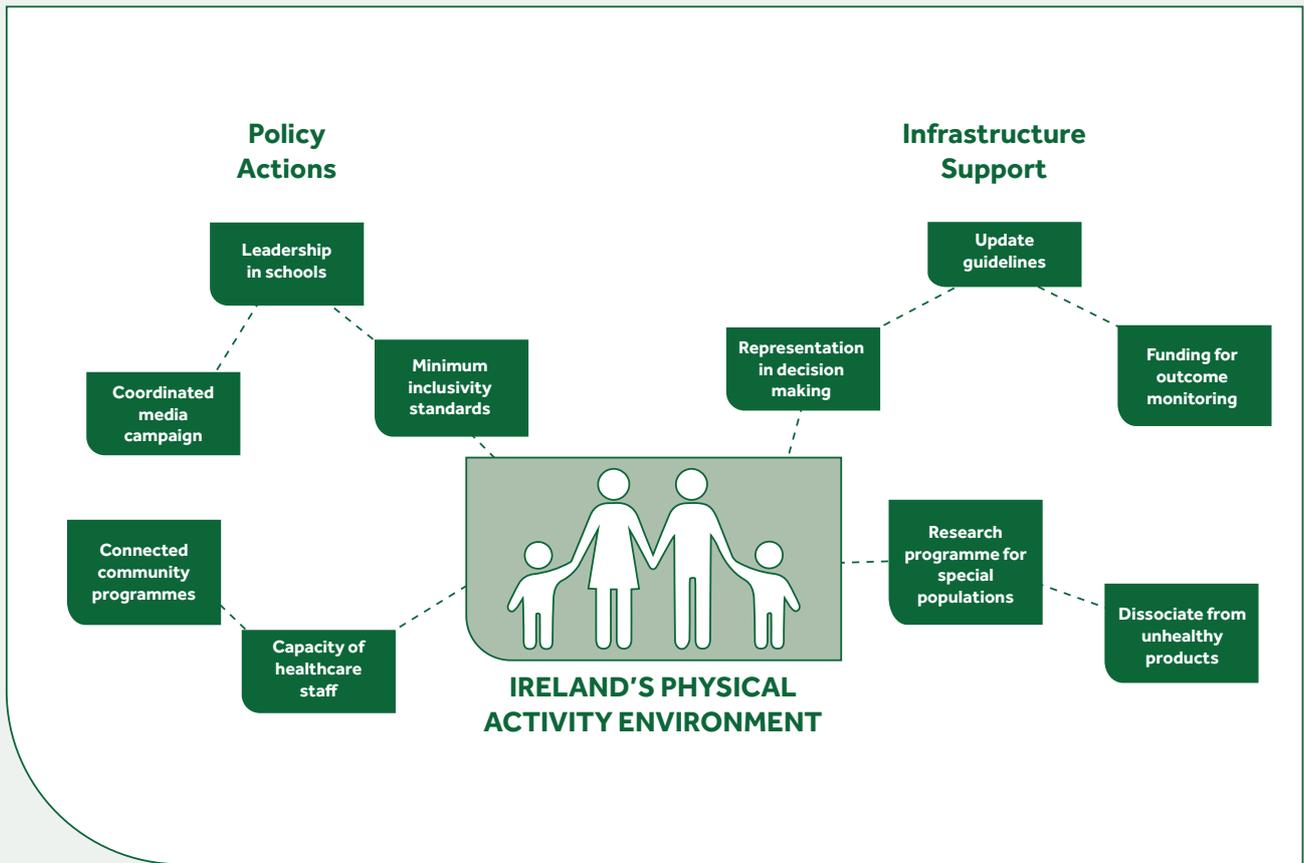
1. Leadership in schools
Allocate a post of responsibility for a physical activity lead in every school, at both primary and post primary levels.
2. Coordinated media campaign
Foster cross governmental sustainable resourcing to replace standalone individual physical activity campaigns with a comprehensive, coordinated, multisector long-term multi-media/mode campaign using clear evidence informed consistent messaging over several years.
3. Minimum inclusivity standards
Establish a set of minimum inclusion and accessibility standards to be incorporated into the scoring system of the Sports Capital and Equipment Programme.
4. Connected community programmes
Improve connection between communities and healthcare services in regard to physical activity participation by increasing the resourcing and/or staffing, with a go-to person for physical activity in the community
5. Capacity of healthcare staff
Build capacity of staff across health and social care settings to promote awareness of physical activity benefits and opportunities

Table 5. Infrastructure support actions necessary to support healthy physical activity environments*

1. Update guidelines
Update the Irish Physical Activity Guidelines in line with revised international guidelines.
2. Representation in decision making
Have representation across the lifespan, gender and socio economic background in the development and decision making processes related to physical activity policies
3. Funding for outcome monitoring
Provide long term funding for physical activity programmes to support tracking of evidence, outcomes and implementation.
4. Research programme for special populations
Implement a physical activity research and monitoring programme specific to special populations, in particular for disabled persons.
5. Dissociate from unhealthy products
Dissociate physical activity from unhealthy products and brands promoting unhealthy products.

*The recommendations were ranked according to the sum of their average rating for importance and achievability. Where two recommendations received an equal sum based on these criteria the rating with the higher importance rating was prioritised.

Figure 3. Priority actions for a Healthy Physical Activity Environment in Ireland



Which actions did the national coalition prioritise for implementation by the Irish Government?

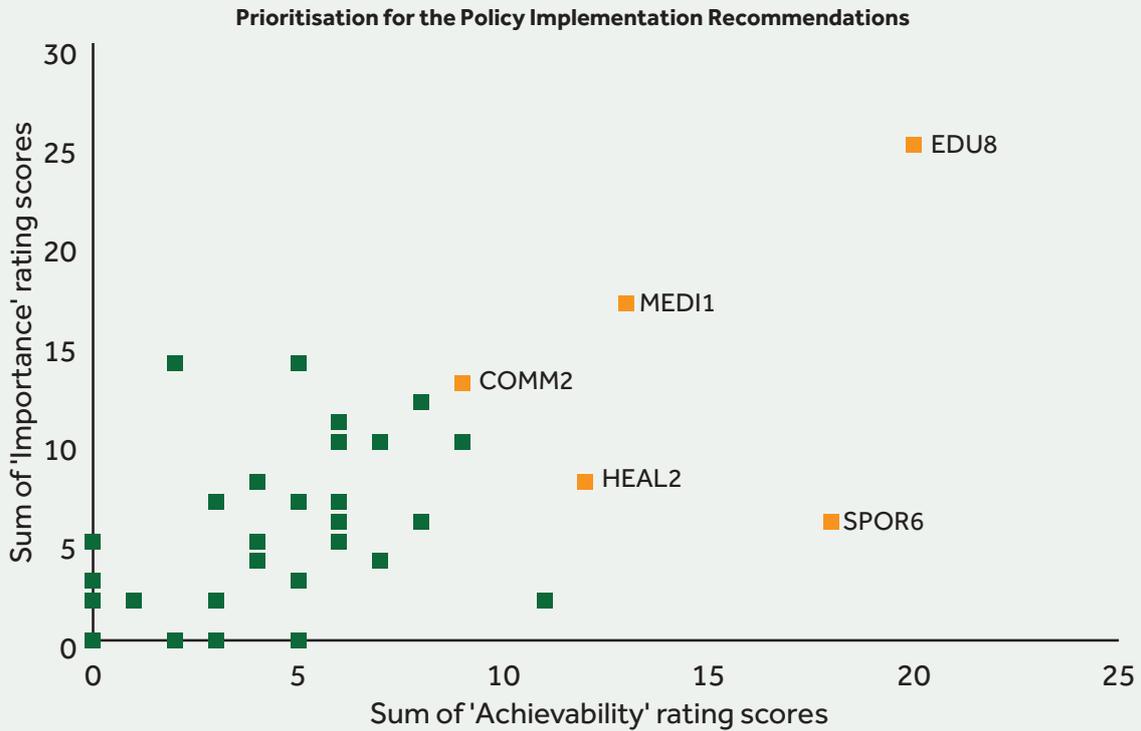
The experts identified and prioritised actions needed to address critical gaps in government policies and infrastructure support to reduce inactivity in Ireland, with respect to inequalities. In total 36 policy actions and 21 infrastructure support actions were recommended. The 36 policy actions proposed are detailed below in Table 6. The actions are listed in order of most important and achievable as ranked by the national coalition. The top prioritised actions (1-5) are shown in a darker shade of green. These are the actions perceived to be the most important and achievable for improving physical activity environments in Ireland. The total score for each action is plotted on a graph and the top priorities are shown in orange i.e. the action with the highest score (see Figure 4).

Table 6. High priority recommended actions for the Irish Government: Policy actions

	DOMAIN	LABEL	ACTION
1	EDUCATION	EDU8	Allocate a post of responsibility for a physical activity lead in every school, at both primary and post primary levels.
2	PUBLIC EDUCATION	MEDI1	Foster cross governmental sustainable resourcing to replace standalone individual physical activity campaigns with a comprehensive, coordinated, multisector long-term multi-media/mode campaign using clear evidence informed consistent messaging over several years.
3	SPORT	SPOR6	Establish a set of minimum inclusion and accessibility standards to be incorporated into the scoring system of the Sports Capital and Equipment Programme.
4	COMMUNITY	COMM2	Improve connection between communities and healthcare services in regard to physical activity participation by increasing the resourcing and/or staffing, with a go-to person for physical activity in the community.
5	HEALTHCARE	HEAL3	Build capacity of staff across health and social care setting to promote awareness of physical activity benefits and opportunities.
6	HEALTHCARE	HEAL2	Employ people in disability services to facilitate inclusion of disabled persons in physical activity programmes.
7	EDUCATION	EDU2	Establish quality control mechanisms for physical education within the inspectorate to ensure that a broad and balanced physical education programme, with a strong focus on physical literacy, is delivered in all schools, at all class levels.
8	EDUCATION	EDU4	Increase extracurricular sport and physical activity opportunities focusing on personal development and physical literacy.
9	TRANSPORT	TRAN2	Enhance safe secure storage of bicycles, showers and changing rooms in workplaces and other settings.
10	SPORT	SPOR7	Increase recognition in strategies and frameworks of the specific barriers older people face.
11	TRANSPORT	TRAN5	Expand and improve equitable, accessible and safe cycling infrastructure and opportunities.
12	SPORT	SPOR3	Move beyond programmatic solutions to systemic solutions (e.g., Planet Youth intervention).
13	TRANSPORT	TRAN6	Provide free public transport to sport/physical activity venues.
14	EDUCATION	EDU5	Make school physical activity infrastructures (including walkways) available to the public at evenings, weekends and school holidays.
15	TRANSPORT	TRAN4	Extend tax incentives in regard to walking and cycling to school or work.

16	EDUCATION	EDU1	Maintain a programme of ongoing, quality CPD in physical education at preschool, primary and post primary levels.
17	TRANSPORT	TRAN1	Reduce speed limits to 30 km/h in urban areas.
18	URBAN DESIGN	URB1	Increase meaningful stakeholder engagement and codesign in urban design.
19	SPORT	SPOR4	Subsidise access to a range of sports and recreation facilities and opportunities for teenagers and marginalized groups.
20	SPORT	SPOR10	Develop fun oriented, person centered, opportunities for physical activity practice focused on personal development (either competitive or non competitive).
21	EDUCATION	EDU6	Fund preschool, primary schools and post primary schools to build safe, all weather, play/physical activity facilities on their premises and to resurface existing play areas – particularly DEIS schools.
22	EDUCATION	EDU3	Incentivise schools to promote opportunities to participate in physical activity as part of an integrated whole-of-school approach (e.g. Active School Flag, sports equipment grants for successful applicants).
23	SPORT	SPOR2	Implement a fundamental movement skills/physical literacy programme at preschool and primary school level coupled with strategically designed and located playgrounds.
24	SPORT	SPOR5	Invest in clubs which provide a greater range of development activities for teenagers and marginalized groups.
25	SPORT	SPOR9	Improve access for teenage girls and women to safe sport facilities.
26	WORKPLACE	WORK1	Expand the cycle to work scheme with further investment in safe cycling infrastructure and extend tax incentives in regard to walking and cycling to school or work.
27	OVERARCHING	OVER	Leverage the 'human-rights' approach as an underlying principle of all recommendations.
28	EDUCATION	EDU7	Address social gradients in participation, regarding girls in particular, through the PE curriculum.
29	WORKPLACE	WORK2	Consider implementing the World Health Organisation's workplace physical activity recommendations.
30	COMMUNITY	COMM1	Build capacity in the implementation of a human rights-based approach in health care.
31	SPORT	SPOR1	Enable disabled persons to participate in the planning of public events, in addition to running special parallel events.
32	SPORT	SPOR8	Improve linkages between opportunities for physical activity practice in different settings (school, families, work, leisure).
33	WORKPLACE	WORK3	Enhance workplace opportunities for physical activity (e.g. standing desks, physical activity dedicated time...).
34	TRANSPORT	TRAN3	Provide cycle skills training for parents and children through school.
35	HEALTHCARE	HEAL1	Increase funding for the implementation of the Self-Management Support Framework.
36	TRANSPORT	TRAN7	Prioritise safety for cyclists in all settings and across all population groups.

Figure 4. Importance and achievability of recommended actions for the Irish Government: Policy actions (top priorities in orange).



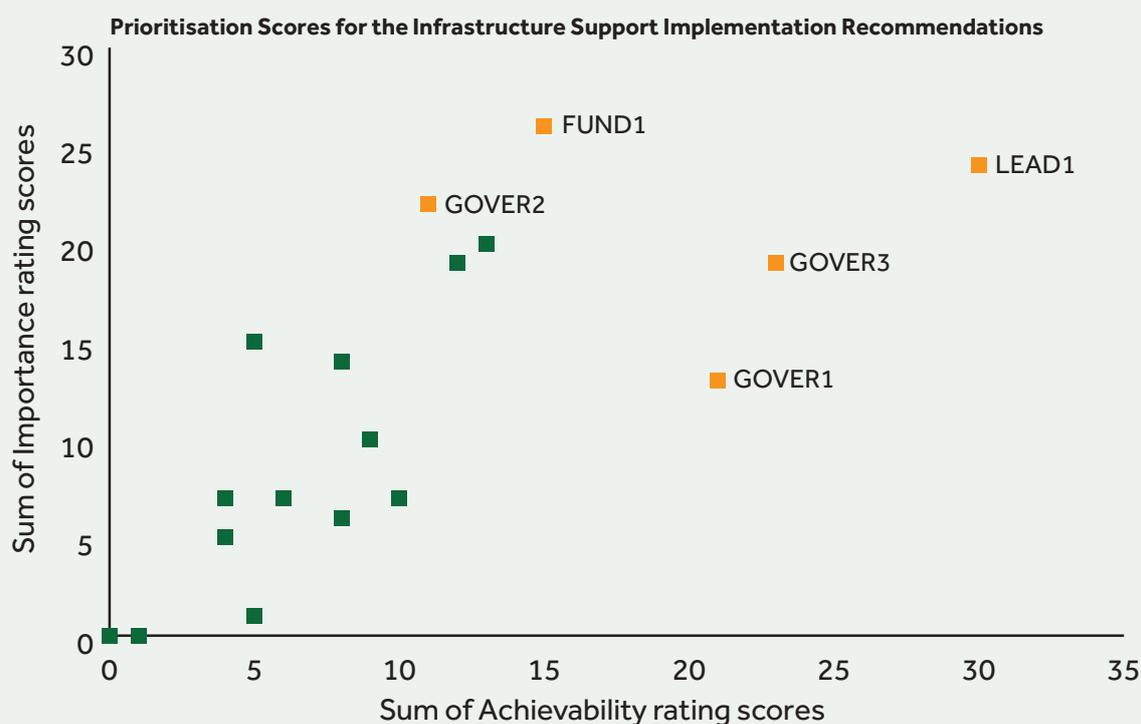
The 21 infrastructure support actions proposed are detailed below in Table 7. The actions are listed in order of importance and achievability as ranked by the national coalition. The top prioritised actions (1-5) are shown in a darker shade of green. These are the actions perceived to be the most important and achievable for helping to facilitate effective policy implementation. The total score for each action is plotted on a graph and the top priorities are shown in orange i.e. the action with the highest score (see Figure 5).

Table 7. High priority recommended actions for the Irish Government: Infrastructure support actions

	DOMAIN	LABEL	ACTION
1	LEADERSHIP	LEAD1	Update the Irish Physical Activity Guidelines in line with revised international guidelines.
2	GOVERNANCE	GOVER3	Have representation across the lifespan, gender and socio economic background in the development and decision making process related to physical activity policies.
3	FUNDING & RESOURCES	FUND1	Provide long term funding for physical activity programmes to support tracking of evidence, outcomes and implementation.
4	GOVERNANCE	GOVER1	Implement a physical activity research and monitoring programme specific to special populations, in particular for disabled persons.
5	GOVERNANCE	GOVER2	Dissociate physical activity from unhealthy products and brands promoting unhealthy products.
6	FUNDING & RESOURCES	FUND2	Fund capacity building for physical activity in the community with a 10-year funding stream.
7	FUNDING & RESOURCES	FUND4	Support funding and actions to reduce barriers to access for marginalised groups.
8	HEALTH IN ALL POLICIES	HIAP2	Ensure sport and physical activity is mentioned in local development plans or local economic and community plans.
9	WORKFORCE DEVELOPMENT	WORK1	Monitor the provision of adequate training, requirements for minimum credentials and support accreditation mechanisms for all relevant professionals across different sectors.

10	MONITORING & INTELLIGENCE	MONIT3	Work on dedicated collection and disaggregation of data between specific population group data.
11	MONITORING & INTELLIGENCE	MONIT4	Use international metrics and similar data to be able to share and compare policies and practices.
12	PLATFORMS FOR INTERACTION	PLAT1	Map and leverage partnerships with community organisations to engage marginalised youth into PA, as a policy direction.
13	WORKFORCE DEVELOPMENT	WORK2	Use a systems approach to map and link the workforce on PA, and identify an additional designated liaison person in each setting to improve connections and enhance PA opportunities both within and across settings.
14	MONITORING & INTELLIGENCE	MONIT2	Implement a nationwide citizen-science based mapping study of what the activity environments are and how usable they are for those with different physical abilities.
15	LEADERSHIP	LEAD2	Place based investment and use «doing with» approach rather than «doing to» people.
16	FUNDING & RESOURCES	FUND3	Link with the human based approach and allocate funds considering the human based approach.
17	WORKFORCE DEVELOPMENT	WORK3	Quantify existing human resources with PA in their job description and estimate the human resources needed to implement PA promotion policies.
18	FUNDING & RESOURCES	FUND5	Undertake a mapping of research funding invested to promote physical activity.
19	OVERARCHING	OVER	All statements should be underpinned by a Human Rights based approach.
20	MONITORING & INTELLIGENCE	MONIT1	Includead physical activity monitoring in a subset of survey populations.
21	HEALTH IN ALL POLICIES	HIAP1	Include an explanation about the contribution of policy actions to physical activity when submitting policy document proposals.

Figure 5. Importance and achievability of recommended actions for the Irish Government: Policy actions (top priorities in orange).



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