



24th World Congress in Rehabilitation International, Denmark “Moving Society”

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When Movement Moves

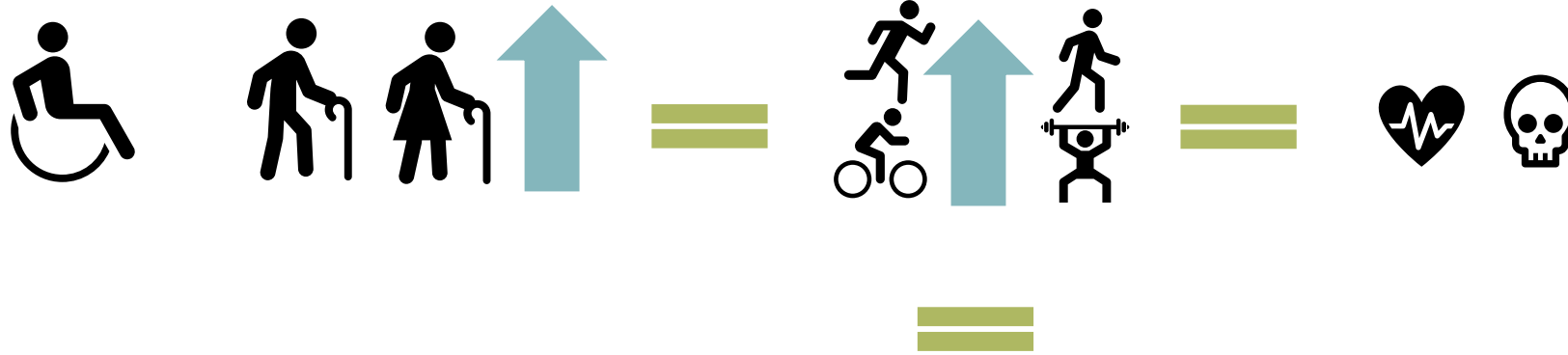
A quasi-experimental evaluation-study of two pre existing programmes the Danish:



A presentation of the study aim, approach, methods, planned data collection and outcomes

Background

"what we know and why is this important"



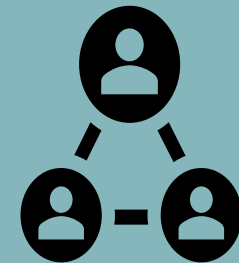
Physical health



Mental health



Social health



Health-related Quality of Life

Background

“why is this important?”



TEAMTVILLING®
WE RUN TOGETHER



*Indirect
physical
activity in a
social context*

CYCLING
WITHOUT
AGE



Research questions

Primary RQ:

- *How does being moved by others affect the QoL among handiathletes (disabled people - TT) and passengers(elderlies - CWA)*
- *Does indirect PA lead to improved physiological health among handiathletes (disabled people - TT) and passengers (elderlies - CWA)?*

Secondary RQ:

- *How does physically moving others affect the volunteers' perceived physical and mental health and their QoL?*
- *What does it mean for relatives and nursing staff, that handiathletes and nursing home residents are affiliated with TT and CWA, respectively?*





CYCLING
WITHOUT
AGE



Purpose of programmes:
*enhance Quality Of Life for through a combination of
social and indirect physical activity .*

Target groups:

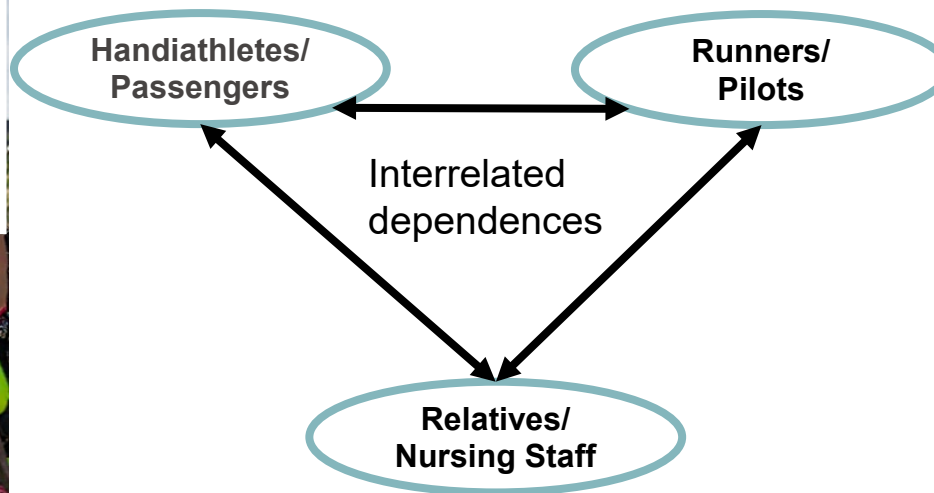
- Handiathletes (Disabled persons)
- Runners (volunteers)
- Relatives (to Handiathletes)

Target groups:

- Passengers (Elderlies at nursing resident)
- Pilots (Volunteers)
- Nursing Staff (Working at nursing resident offering the programme)



Target groups of interest



| Target group/ programmes | Primary | | Secondary | |
|-----------------------------|---------------|--|-----------|---------------|
| Team Twin | Handiathletes | | Runners | Relatives |
| Cycling without age | Passengers | | Pilots | Nursing staff |

Methods and study design

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- Two pre-existing programme will be evaluated separately
- A multi methods study approach combining methods
- A natural experiment (i.e., exist regardless our involvement)
- External evaluators
- A single-group before and after study – with no control group
- 12-16 weeks programme period equals a minimum of eight-time participations in the activities

Programme(s)

Change process (outputs)

(Intermediate) Outcomes (Distal)

Programme activities

esundh

Activity outputs



- Training (8-10 times in 12-16 weeks)
- Enrolled in a local TT-clubs
- (Indirect) physical activity together disabled and non-disabled
- Role models speech (Steen og Peder)
- Social gatherings;
 - Before and after training
 - Spare time social meetings
- Visual Identity (artefacts);
 - Specialized running chair equipment
 - T-shirts
- Goal:
 - Half/full-marathons

Participants engages in organized training and cycling trips

Participants engage with each other, the club and the community

Participants receive positive feedback from others and the surroundings

Participants experience their body and their senses

Participants perceives fewer symptoms regarding diseases in everyday life

Participants feels seen, heard and accepted

Participants experience a sense of community

Participants are enrolled in an all-sided local community

Individual mechanism

Interpersonal mechanism

Contextual mechanism

Physiological health

Mental health & wellbeing

Social health

Unintended side effects

QoL

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Pre- existing programmes

Change mechanism

Outcomes

| Measurement (outcome) | What (operational) | How (instrument) | When (timing of collection) | Who (Data source) |
|--------------------------------------|--|---|----------------------------------|------------------------|
| PRIMARY OUTCOME | | | | |
| Quality of life (QOL) | Cantril Ladder of Life Scale | Web and interview-based questionnaires | Baseline, follow-up | HA, Runners, Relatives |
| SECONDARY OUTCOMES | | | | |
| Autonomy | The perceived feeling of being in control over ones own life | Web-based questionnaire | Baseline, follow-up | HA |
| Sleep | Sleep quality and sleep quantity | Web-based questionnaire Bio tracking (HA) SMS-Survey (HA) | Baseline, during (HA), follow-up | HA Runners |
| Well-being | WHO-five Well-being Index | Web-based questionnaire | Baseline, follow-up | HA, Runners |
| Loneliness | A perceived feeling of loneliness and lack of network and support | Web-based questionnaire | Baseline, follow-up | HA, Runners |
| EXPLORATIVE OUTCOMES | | | | |
| Self-perceived health | Subjectively perceived Health (61) | Web-based questionnaire | Baseline, follow-up | HA, Runners |
| Perceived pain | Mental and physical pain/discomfort(61) | Web-based questionnaire | Baseline, follow-up | HA |
| Self-perceived Physical performance | Subjectively perceived Physical performance (62) | Web-based questionnaire | Baseline, follow-up | Runners |
| Epileptic seizures | Reduced epileptic seizures (adjusted version(63)) | Paper-based questionnaire | Baseline, follow-up | HA |
| Self-efficacy | General self-efficacy(54, 64) | Web-based questionnaire | Baseline, follow-up | HA, Runners |
| Self-worth | Perceived feeling of acceptance(53) | Web-based questionnaire | Baseline, follow-up | HA, Runners |
| Social/emotional support and network | Contact and support with friends, family and others. The perceived feeling of being valued, respected and accepted by others | Web-based questionnaire | Baseline, follow-up | HA |
| UNINTENDED SIDE EFFECTS | | | | |
| Fatigue | The perceived feeling of fatigue related to voluntariness or programme activity | Web-based questionnaire | Follow-up | HA, Runners |
| Anxiety | The perceived feeling of anxiety triggered by the programme activity | Web-based questionnaire | Follow-up | HA, Runners |
| Injuries | Amount of injuries by participation | Web-based questionnaire | Follow-up | HA, Runners |
| Objective clinical data | | | | |
| Body anthropometrics | - Bodyweight - Body mass index - Whole body lean body mass - Whole body fat mass - Whole body bone mineral density | Dual X-ray absorptiometry (DXA) | B1, B2 + FU | HA |
| Clinical blood samples | Blood glucose control: - HbA1c - Fasting glucose - Fasting C-peptide and insulin Blood lipids: - Total cholesterol - Tri-glyceride | Standard clinical procedure | B1, B2 + FU | HA |

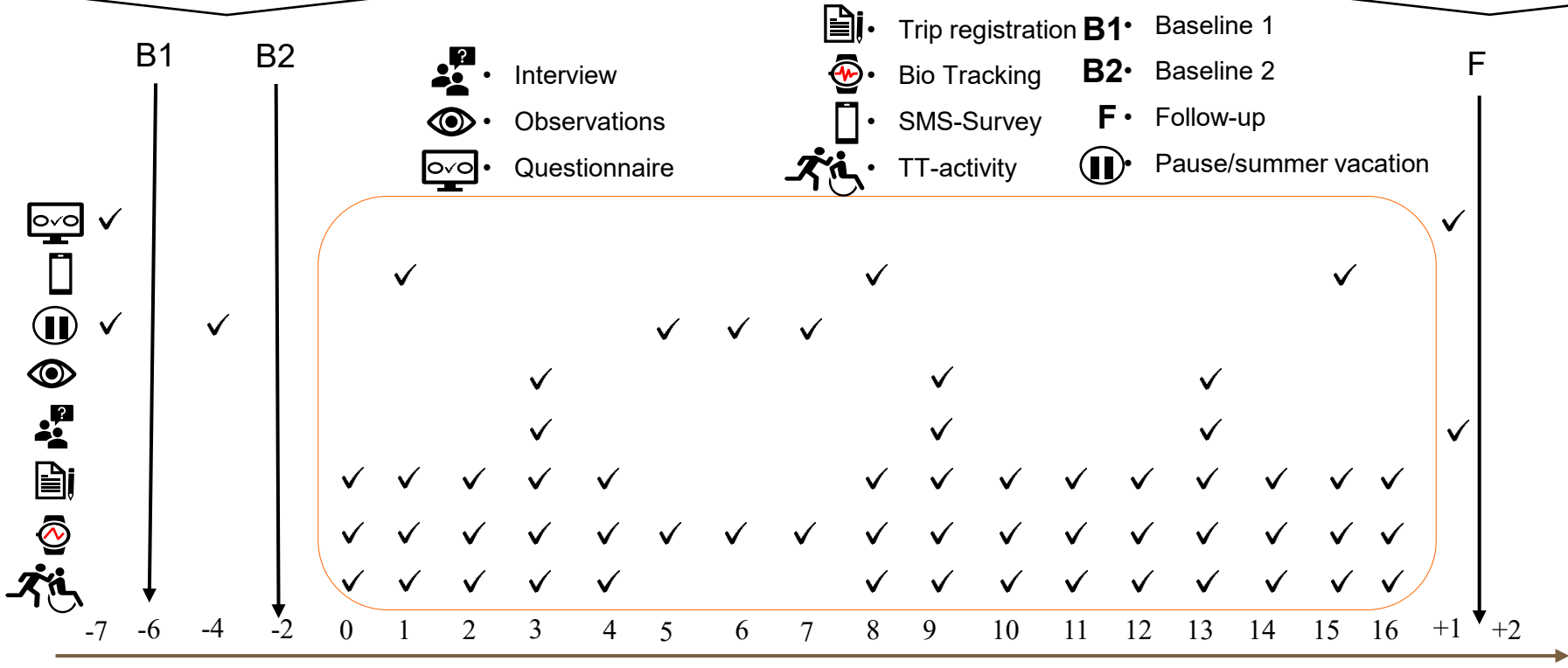


Data collection overview

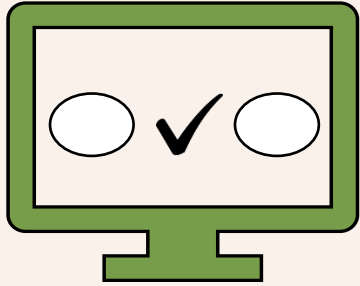
- A medical history and examination (B1)
- Oral Glucose Tolerance Test (OGTT)
- Dual X-ray absorptiometry (DXA)
- Blood samples



- Oral Glucose Tolerance Test (OGTT)
- Dual X-ray absorptiometry (DXA)
- Blood samples



Qualitative data



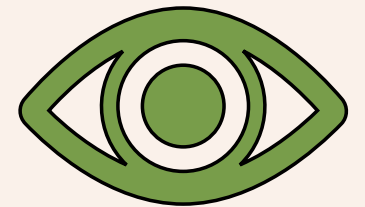
Questionnaires:

- Physiological health
- Mental health & wellbeing
- Social health
- Unintended side effects

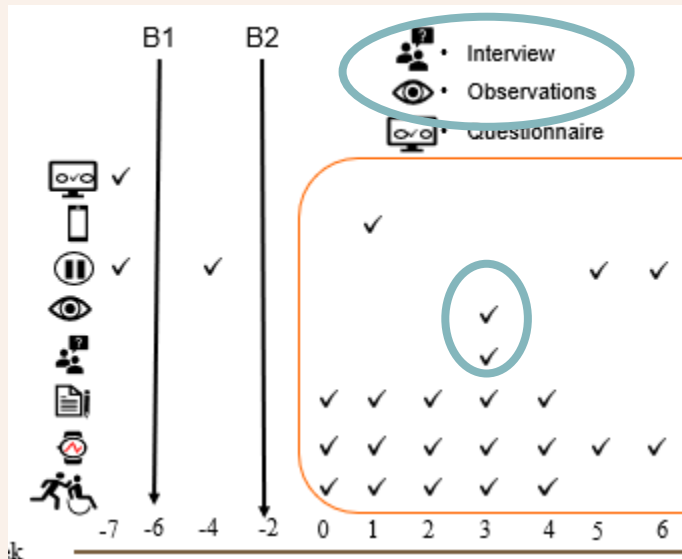
Unfold the why and how



Interview
Focus group interview



Participant observation



- Individual mechanism
- Interpersonal mechanism
- Contextual mechanism

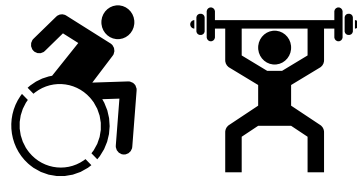


Summary

Statens Institut for Folkesundhed

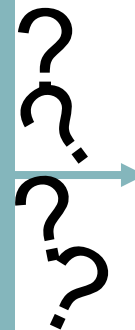
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Health-related Quality of Life

 **TEAMTVILLING[®]**
WE RUN TOGETHER



? ?
Health-related Quality of Life

Indirect physical activity in a social context



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What, how, and why?

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Thank you for your time

Acknowledgments

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