



Expert Appraisal of the 2022 Canadian Para Report Card on Physical Activity for Children and Adolescents with Disabilities

(Arbour-Nicitopoulos et al., 2022)



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Canadian Disability Participation Project

Le projet canadien sur la participation sociale
des personnes en situation de handicap

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8 **Expert Appraisal of the 2022 Canadian Para Report Card on Physical Activity for**
9 **Children and Adolescents with Disabilities**

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12 Kelly P. Arbour-Nicitopoulos¹, Nicholas Kuzik², Leigh M. Vanderloo^{3,6}, Kathleen A. Martin
13 Ginis⁴, Maeghan E. James¹, Rebecca L. Bassett-Gunter^{5,6}, Daniela Ruttle⁶, Pinder DaSilva^{6,7},
14 Katerina Disimino^{5,6}, Christine Cameron⁸, Mike Arthur⁹, Keiko Shikako^{6,10}, &
15 Amy E. Latimer-Cheung^{6,11}
16
17

18 ¹Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, Ontario,
19 Canada; ² Healthy Active Living and Obesity Research Group, Children's Hospital of Eastern
20 Ontario Research Institute, Ottawa, Ontario, Canada; ³Department of Communications and
21 Public Relations, ParticipACTION, Toronto, Ontario, Canada; ⁴Department of Medicine,
22 Division of Physical Medicine and Rehabilitation, University of British Columbia, Kelowna,
23 British Columbia; ⁵School of Kinesiology and Health Science, York University, Toronto,
24 Ontario, Canada; ⁶Disability and Advisory Research Team (DART), ParticipACTION, Toronto,
25 Ontario, Canada; ⁷Abilities Centre, Whitby, Ontario; ⁸Canadian Fitness and Lifestyle Research
26 Institute, Ottawa, Ontario, Canada; ⁹Active Living Alliance for Canadians with a Disability,
27 Ottawa, Ontario, Canada; ¹⁰School of Physical & Occupational Therapy, McGill University,
28 Montréal, Québec, Canada; ¹¹School of Kinesiology and Health Studies, Queen's University,
29 Kingston, Ontario, Canada
30
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40 **Corresponding Author:** Dr. Kelly Arbour-Nicitopoulos, Associate Professor, Faculty of
41 Kinesiology and Physical Education, University of Toronto, Toronto, Ontario, Canada, M5S
42 2W6. Phone: 416-978-2725. Email: kelly.arbour@utoronto.ca
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Abstract

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46 This report provides an expert appraisal of the Canadian Para Report Card on Physical Activity
47 (PA) for Children and Adolescents with Disabilities (CAWD). Thirteen indicators were graded
48 by a panel of researchers, representatives from disability and PA organizations, and parents of
49 CAWD using benchmarks of the Global Matrix 4.0 and previous Canadian PA Report Cards.
50 Facilitated panel discussions were used to appraise the available evidence based on data gaps,
51 opportunities, and recommendations. The available data sources included four nationally
52 generalizable or representative datasets. Grades were assigned to 8/13 indicators and ranged
53 from B+ to F. Data gaps in measurement and national surveillance systems were identified.
54 Ableism was an issue identified within some of the reporting benchmarks. The absence of PA
55 from existing accessibility legislations in Canada was a policy gap of concern.
56 Recommendations related to research, surveillance, and policy are provided to enhance PA
57 among CAWD in Canada.

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60 **Keywords:** childhood disability, youth, advocacy, child health, Global Matrix

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75 In Canada, 4% of children and 13% of adolescents experience disability (Statistics
76 Canada, 2011; 2018). Participation in physical activity (PA) provides health and developmental
77 benefits for all children and adolescents (Murphy & Carbone, 2008). In 2010, Canada ratified the
78 United Nations Convention on the Rights of Persons with Disabilities (2008), making a
79 commitment to ensure equality and non-discrimination of persons with disabilities in all areas,
80 including education and recreation. Provincial and territorial accessibility acts also exist, and in
81 2019, the national Accessible Canada Act was passed (Minister of Justice, 2022), with the aim of
82 eliminating barriers in employment, the built environment, information and communication
83 technologies, customer service, programs/services, and transportation by 2040. The Framework
84 for Recreation in Canada (Canadian Parks and Recreation/Interprovincial Sport and Recreation
85 Council, 2015) and the Canadian Sport Policy (Sport Canada, 2012) emphasize inclusion and
86 access, among other priorities, to enable all Canadians to participate in sport and recreation. Yet,
87 many social, institutional, community, and policy barriers continue to limit the participation of
88 Canadian children and adolescents with disabilities (CAWD) in PA (Martin Ginis et al., 2016).

89 For almost two decades, the ParticipACTION Report Card on PA for Children and Youth
90 has been disseminated across Canada. Using available data from national surveillance and peer-
91 reviewed literature, this Canadian Report Card provides a timely update on PA participation
92 rates, as well as sedentary and sleep behaviors, among Canadian children and adolescents. It also
93 grades characteristics of the environment important for supporting PA, and government
94 strategies and investments for PA of children and adolescents. Report Card data spanning from
95 2015 to 2020 indicate that Canadian children and adolescents are “moving too little”, based on
96 low ratings (D+ to F) for Overall PA and Sedentary Behaviors, yet indicators for settings (e.g.,
97 School), Family & Peers, and Government have received better grades (A- to C+).

121 Canadian Fitness and Lifestyle Research Institute (Canada’s long-standing research organization
122 of national PA monitoring), and ParticipACTION (a non-profit PA and thought leadership
123 organization in Canada). Barnes et al.’s (2016) evidence-informed grading process was carried
124 out by the panel. During two, 3-hour online meetings, a team member (NK) presented the data
125 summary for each indicator’s benchmark(s) and a suggested grade, consistent with the Global
126 Matrix 4.0 grading criteria (Ng et al., under review). Then, the panel discussed the evidence,
127 appropriateness of the benchmark, data gaps and opportunities, and recommendations for
128 research, practice and policy. Where necessary, the panel revised the indicator grade until full
129 consensus was reached. Discussions were audio-recorded to inform the supporting narrative of
130 each grade. Grades were audited as described by Ng et al. (under review), and if a grade changed
131 during the audit (e.g., School indicator), consensus was again reached by the panel.

132 **Results and Discussion**

133 ***Report Card Grades.*** Supplement Table B provides the grade and rationale for each of
134 the 13 indicators. Eight of the indicators were assigned grades: B+ (Sleep), C+ (Organized Sport
135 & PA), C- (Government), D (Overall PA, Sedentary Behaviors), D- (Active Transportation), and
136 F (Active Play, 24-Hour Movement Behaviors). Insufficient national data were available to grade
137 Physical Fitness, Physical Literacy, Family & Peers, and Community & Environment.

138 ***Measurement Gaps for CAWD.*** PA measurement in CAWD poses many challenges
139 given the diverse movement patterns, communication styles, and levels of cognition of this
140 population. Apart from the Overall PA indicator, the evidence used to grade the indicators was
141 limited to child and parent report measures. For Overall PA, accelerometer data from the
142 Canadian Health Measures Survey was used, in addition to parent and child report data, to
143 determine the proportion of CAWD meeting the benchmark of an average of 60 minutes of

144 moderate-to-vigorous PA each day. Based on the Global Matrix grading guidelines, data sources
145 that include device-based measures are more strongly weighted than self-report data in the
146 overall indicator grade. Yet, the lack of validity for accelerometry as a measure of PA in persons
147 with mobility impairments (Martin Ginis et al., 2021), and no representation of children with
148 severe disabilities in the dataset, resulted in the panel downgrading this indicator to a D. The
149 panel recommended that greater consideration be given to the balanced representation and
150 weighting of multiple data collection methods in the grading of indicators to reliably assess PA
151 participation of CAWD. Prioritizing one method as the ‘gold standard’ measure of a benchmark
152 risks providing a limited and biased representation of PA participation in CAWD.

153 The lack of attention to quality of participation was another measurement concern. The
154 panel noted that the Global Matrix benchmarks are simply the number of CAWD who participate
155 (e.g., benchmark for Organized Sport & PA is % of CAWD who participate in programs). But
156 for CAWD, simply being there is not the same as the United Nations’ (2008) protected right of
157 full and effective participation. Simply counting participants may allow for easy international
158 comparison of grades, but it does not provide a complete picture of the extent and quality of
159 participation for CAWD. Taking a quality measurement approach to PA participation within the
160 benchmarks would mean not only considering whether CAWD are ‘present’ but also whether
161 they feel satisfied, are having fun in the activities, and achieving meaningful outcomes from their
162 involvement in the program (Evans et al., 2018).

163 A final measurement consideration relates to the data and benchmarks of Family & Peers.
164 After much discussion of the evidence, a grade of INC was given to this indicator. The available
165 data suggest that parents of CAWD do not appear to be supportive of their child’s PA (score low
166 on facilitating PA and sport opportunities, meeting the PA guidelines, and being active with their

167 child). It was noted by the panel that the existing instruments used to assess parental support for
168 PA among CAWD are based on research in families of children and adolescents without
169 disabilities, and therefore are not contextualized within the many PA barriers (e.g., staff training,
170 facility accessibility; Martin Ginis et al., 2016), and labour-intensive ways (Goodwin & Ebert,
171 2018), that parents of CAWD must navigate to support their child's PA. Parents of CAWD are
172 often gatekeepers of their child's PA; they may spend countless hours searching for a suitable
173 PA program for their child, co-facilitating staff and peer interactions and, at times, take on a
174 coaching role to safeguard their child's participation in PA programs. Parent knowledge-users on
175 the panel also shared their concerns and experiences with the lack of access to programs for their
176 children and having to start-up a PA program to fill this programming gap. The panel highlighted
177 the need for research that develops and validates measures that capture the labour-intensive ways
178 in which parents of CAWD support their child's PA.

179 ***Ableism and the Benchmarks.*** Several disability and PA scholars have criticized the
180 limited, and in some cases, conflicting evidence informing (inter)national public health PA
181 guidelines for persons with disabilities (e.g., Martin Ginis et al., 2021; Smith, Mallick, Monforte
182 & Foster, 2021). Bearing in mind that the Global Matrix benchmarks are based on empirical
183 evidence of PA among children and adolescents without disabilities, the panel raised several
184 concerns of the appropriateness of some of these benchmarks for CAWD. For example, despite
185 being called *Overall PA*, this indicator's benchmark only focuses on the moderate-to-vigorous
186 PA guideline of an average of 60 minutes each day, and for which limited evidence is currently
187 available for a subgroup of CAWD (Bull et al., 2020). The panel recommended that future
188 iterations of the Global Matrix consider light-intensity PA within the benchmark of Overall PA,
189 or even as its own indicator. This recommendation aligns with the recently developed PA

190 guidelines in the United Kingdom for CAWD, for which CAWD expressed how activity
191 intensity was “an unnecessary, irrelevant, and confusing” message to communicate (Department
192 of Health & Social Care, 2022). Consistent with this work, the panel called for the prioritization
193 of research to establish the dose-response relationship between movement behaviors (PA,
194 sedentary, and sleep), active play, and health outcomes, based on different impairment types and
195 severities. With this evidence, guidelines must be created that are customized for CAWD rather
196 than a one-size-fits-all approach that is currently taken in research and practice (Bull et al.,
197 2020). Without this evidence base and population-specific guidelines, we cannot confidently say
198 that existing benchmarks of the Global Matrix are appropriate for CAWD.

199 The language used within some of the benchmarks was another example of ableism (i.e.,
200 belief of the superiority of typical abilities; Smith et al., 2021) identified by the panel. In many
201 instances, the benchmarks indirectly suggest a notion of there being only one way for children
202 and adolescents to be physically active or healthy. The most striking example is illustrated in the
203 benchmarks of Physical Fitness. In the Global Matrix 4.0, the terms *criterion-referenced*
204 *standards* and *age- and sex-specific international normative data* are used as the basis for
205 grading children and adolescents on their cardiorespiratory fitness, muscular endurance, and
206 flexibility. While Ng et al. (under review) attempted to reduce the focus of the Physical Fitness
207 benchmarks on age- and sex-specific standards, the revised benchmark still refers to comparisons
208 with European *normative* values for children and adolescents. A more representative illustration
209 of CAWD’s levels of physical fitness, as well as their PA, requires greater investment from
210 researchers and practitioners in developing reliable and valid instruments for use across
211 impairment types and benchmarks that focus on individual progress versus making comparisons
212 with values or standards that fail to account for the many ways CAWD move, learn, and play.

213 ***Better Surveillance of PA in Canadian CAWD.*** For the School and Community &
214 Environment indicators, a lack of surveillance data on inclusive resources and infrastructure to
215 support PA participation of CAWD compromised grading most of the respective benchmarks.
216 Representative and adequately statistically powered population-level data for diverse impairment
217 types is needed within existing Canadian PA monitoring and surveillance systems (Martin Ginis
218 et al., 2021). These systems must consider access and quality of the school (including physical
219 education) and community settings, and the disability/inclusion training of professionals (e.g.,
220 teachers, sport coaches). During panel discussions, the Canadian Fitness and Lifestyle Research
221 Institute’s efforts were noted to surveille accessibility in schools. In March 2022, survey items on
222 disability inclusion policies and the provision of adapted infrastructure in schools were added to
223 the organization’s setting-based studies. These data will assist in future grading of the School
224 indicator. Crowd sourcing data from mobile applications (e.g., Access Now, Jooay), and
225 organization audit tools (e.g., The Blueprint for Quality Participation; Evans et al., 2018) were
226 other opportunities identified by the panel for future collection of surveillance data on
227 accessibility and user experience of community facilities and spaces.

228 ***Prioritizing the PA of Canadian CAWD in Policies and Funding.*** A review of the existing
229 provincial and federal accessibility acts showed a limited focus on actions specific or relevant to
230 PA in these policies. For example, as part of its built environment standard, the Accessibility for
231 Ontarians Disability Act has accessibility requirements for outdoor playspaces. The lack of
232 reference to funding to support actions towards PA for CAWD within the reviewed accessibility
233 policies was an identified policy gap. In relation to sport policy, the current renewal of the 2012
234 Canadian Sport Policy was recognized by the panel as an opportunity for greater government

235 investment in quality sport programming (including coach training) and funding to support
236 participation among CAWD across all levels of the Canadian sport system.

237 Similarly, while the federal budget for 2021 to 2026 pledged \$80M to remove barriers to
238 local organized sports programs that are ‘accessible to all’ and \$400M to build new and
239 expanded networks of pathways, bike lanes, trails, and pedestrian bridges, there is no specific
240 allocation of these funds for CAWD. Additionally, the federal budget allocated \$503.3M to
241 support a more equal Canada for persons with disabilities through the creation of several
242 strategies and benefits programs, yet there is no specific mention of PA within these federal
243 funding commitments. Meanwhile, the panel acknowledged funding leadership from non-
244 government organizations, such as the 5-year commitment of \$50M from Canadian Tire
245 Jumpstart Charities towards inclusive infrastructure (playgrounds and multi-sport courts) and
246 programming opportunities for CAWD in sport and play. Policy action frameworks and
247 dedicated government budgets were identified priorities by the panel to ensure the rights to full
248 and effective participation in PA at school and in the community among CAWD in Canada.

249 **Conclusion**

250 This Canadian Para Report Card is a first step to address the limited representation of
251 CAWD in national PA reporting, surveillance, and policy. With five of the 13 indicators graded
252 as INC, many gaps must be addressed to provide a holistic picture of PA and its sources of
253 influence for CAWD in Canada. Several recommendations were made to enhance research,
254 surveillance, and policy for PA among CAWD, including the use of reliable and valid
255 instruments for measuring the capabilities of CAWD, incorporating quality of PA participation
256 in measurement and benchmarks, avoiding ableist language and standards in benchmarks, and
257 prioritizing funding and policies to make PA accessible and inclusive for CAWD.

References

- 258
- 259 Barnes, J. D., Cameron, C., Carson, V., Chaput, J.- P., Faulkner, G. E., Janson, K., Janssen, I.,
- 260 Kramers, R., LeBlanc, A. G., Spence, J. C., & Tremblay, M. S. (2016). Results from
- 261 Canada's 2016 ParticipACTION report card on physical activity for children. *Journal of*
- 262 *Physical Activity and Health*, 13 (Supp 2), S110-S116. [http://dx.doi.org/10.1123/jpah.2016-](http://dx.doi.org/10.1123/jpah.2016-0300)
- 263 **0300**
- 264 Bull, F. C., Al-Ansari, S. S., Biddle, S., Borodulin, K., Buman, M. P., Cardon, G., Carty, C.,
- 265 Chaput, J. -P., Chastin, S., Chou, R., Dempsey, P. C., DiPietro, L., Ekelund, U., Firth, J.,
- 266 Friedenreich, C. M., Garcia, L., Gichu, M., Jago, R., Katzmarzyk, P. T., ... Willumsen, J. F.
- 267 (2020). World Health Organization 2020 guidelines on physical activity and sedentary
- 268 behaviour. *British Journal of Sports Medicine*, 54(24), 1451-1462.
- 269 <http://dx.doi.org/10.1136/bjsports-2020-102955>
- 270 Canadian Parks and Recreation Association/Interprovincial Sport and Recreation Council. (2015,
- 271 February). *A framework for recreation in Canada – 2015: Pathways to wellbeing*.
- 272 Canadian Parks and Recreation Association. [https://cpra.ca/wp-](https://cpra.ca/wp-content/uploads/2021/04/FrameworkForRecreationInCanada-2016wcitation.pdf)
- 273 **content/uploads/2021/04/FrameworkForRecreationInCanada-2016wcitation.pdf**
- 274 Department of Health & Social Care. (2022, April). *UK Chief Medical Officers' physical activity*
- 275 *guidelines for disabled children and disabled young people: methodology*. GOV.UK.
- 276 [https://www.gov.uk/government/publications/physical-activity-guidelines-for-disabled-](https://www.gov.uk/government/publications/physical-activity-guidelines-for-disabled-children-and-disabled-young-people-methodology/uk-chief-medical-officers-physical-activity-guidelines-for-disabled-children-and-disabled-young-people-methodology)
- 277 **children-and-disabled-young-people-methodology/uk-chief-medical-officers-physical-**
- 278 **activity-guidelines-for-disabled-children-and-disabled-young-people-methodology**
- 279 Evans, M. B., Shirazipour, C. H., Allan, V., Zanhour, M., Sweet, S. N., Martin Ginis, K. A., &
- 280 Latimer-Cheung, A. E. (2018). Integrating insights from the parasport community to

- 281 understand optimal experiences: The Quality Parasport Participation Framework. *Psychology*
282 *of Sport and Exercise*, 37, 79-90. <http://dx.doi.org/10.1016/j.psychsport.2018.04.009>
- 283 Goodwin, D. L., & Ebert, A. (2018). Physical activity for disabled youth: Hidden parental
284 labour. *Adapted Physical Activity Quarterly*, 35(4), 342-360.
285 <http://dx.doi.org/10.1123/apaq.2017-0110>
- 286 Martin Ginis, K. A., Ma, J. K., Latimer-Cheung, A. E., & Rimmer, J. H. (2016). A systematic
287 review of review articles addressing factors related to physical activity participation among
288 children and adults with physical disabilities. *Health Psychology Review*, 10(4), 478-494.
289 <http://dx.doi.org/10.1080/17437199.2016.1198240>
- 290 Martin Ginis, K. A., van der Ploeg, H. P., Foster, C., Lai, B., McBride, C. B., Ng, K., Pratt, M.,
291 Shirazipour, C. H., Smith, B., Vasquéz, P. M., & Heath, G. W. (2021). Participation of
292 people living with disabilities in physical activity: a global perspective. *Lancet*, 398, 443–455.
293 [http://dx.doi.org/10.1016/S0140-6736\(21\)01164-8](http://dx.doi.org/10.1016/S0140-6736(21)01164-8)
- 294 Minister of Justice. (June, 2022). *Accessible Canada Act*. Government of Canada.
295 <https://laws-lois.justice.gc.ca/PDF/A-0.6.pdf>
- 296 Murphy, N., & Carbone, P. M. (2008). Promoting the participation of children with disabilities in
297 sports, recreation, and physical activities. *Pediatrics*, 121(5), 1057-1061.
298 <http://dx.doi.org/10.1542/peds.2008-0566>
- 299 Ng, K., Sit, C., Arbour-Nicitopoulos, K. P., Aubert, S., Stanish, H., Hutzler, Y., Augusto Santos
300 Silva, D. A., Kang, M. -G., Francisco Lopez-Gil, J., Young Lee, E., Asunta, P., Pozeriene, J.,
301 Kazimierz Urbanski, P., Aguilar Farias, N., Wilson, O. W. A., & Reilly, J. (under review). A
302 Global Matrix of Para report cards for children and adolescents with disabilities. *Adapted*
303 *Physical Activity Quarterly*.

- 304 ParticipACTION. (2020). Family influence: The role of the family in the physical activity,
305 sedentary and sleep behaviours of children and youth. The 2020 ParticipACTION report
306 card on physical activity for children and youth. [https://www.participaction.com/en-](https://www.participaction.com/en-ca/resources/children-and-youth-report-card)
307 [ca/resources/children-and-youth-report-card](https://www.participaction.com/en-ca/resources/children-and-youth-report-card)
- 308 Smith, B., Mallick, K., Monforte, J. & Foster, C. (2021). Disability, the communication of
309 physical activity, sedentary behavior, and ableism: a call for inclusive messages. *British*
310 *Journal of Sports Medicine*, 55(20), 1121-1122. [http://dx.doi.org/10.1136/bjsports-2020-](http://dx.doi.org/10.1136/bjsports-2020-103780)
311 [103780](http://dx.doi.org/10.1136/bjsports-2020-103780)
- 312 Sports Canada. (2012, June). *Canadian Sport Policy 2012*. [https://sirc.ca/wp-](https://sirc.ca/wp-content/uploads/files/content/docs/Document/csp2012_en.pdf)
313 [content/uploads/files/content/docs/Document/csp2012_en.pdf](https://sirc.ca/wp-content/uploads/files/content/docs/Document/csp2012_en.pdf)
- 314 Statistics Canada. (2011). *Disability in Canada: A 2006 Profile*. Human Resources and Skills
315 Development. [http://publications.gc.ca/collections/collection_2011/rhdcc-](http://publications.gc.ca/collections/collection_2011/rhdcc-hrsdc/HS64-11-2010-eng.pdf)
316 [hrsdc/HS64-11-2010-eng.pdf](http://publications.gc.ca/collections/collection_2011/rhdcc-hrsdc/HS64-11-2010-eng.pdf)
- 317 Statistics Canada. (2018, November). *Canadian Survey on Disability, 2017*.
318 <https://www150.statcan.gc.ca/n1/daily-quotidien/181128/dq181128a-eng.htm>
- 319 United Nations. (2008). *United Nations Convention on the Rights of Persons with Disabilities*
320 *and Optional Protocol*.
321 <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
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Table 1.*Data sources profiles and alignment with report card indicators.*

Data Source	Data Collection Period	Sample Size	Age Range (Years)	Disability Measure	Movement Behavior Measure	Dataset Considerations	Indicators Assessed
Canadian Health Measures Survey (CHMS)	2018-2019 (Cycle 6)	610 (with a disability) 621 (no disability)	6 to 17	Self- or parent-reported <i>Mild, moderate, or severe (as per the Health Utilities Index Questionnaire)</i>	Self- or parent-report Accelerometry (PA only)	-low cell count of children with severe disability (suppression of data as per the Statistics Act) for some indicators (e.g., Overall PA) -random selection of households	Overall PA, Active Play, Active Transportation, Sedentary Behaviors, School
Canadian Health Survey on Children and Youth (CHSCY)	2019	4,500 (with a disability) 47,871 (no disability)	2 to 17	Self- or parent-reported <i>Any functional limitations vs. no functional limitations</i>	Self- or parent-report	-focuses on the presence vs. absence of functional limitations (not specific impairment type) -bootstrap weighting used, nationally representative	Organized Sport & PA, Active Play, Sleep, Family & Peers, School Community & Environment
Health Behaviors of School-Aged Children (HBSC) study in Canada	2018	2,349 (with a disability) 19,404 (no disability)	10 to 16	Self-reported <i>Intellectual disability; autism; severe vision or hearing impairment; physical disability; and mental illness; no disability</i>	Self-report	- weighted probability technique for sampling - Uses an administrator (school principal) questionnaire for classroom data collection	Overall PA, Organized Sport & PA, Active Play, Active Transportation, Sedentary Behaviors, School, Sleep, 24-Hour Movement Behaviors
National Physical Activity Measurement (NPAM) study	2018-2020	494 (with a disability)	4 to 17	Parent-reported <i>Physical, sensory, and developmental disabilities</i>	Parent-report	-sampling bias with recruitment through community (sports) programs -only dataset intentionally focused on CYD	Overall PA, Organized Sport & PA, Active Transportation, Sedentary Behaviors, School, Family & Peers, Sleep, 24-Hour Movement Behaviors

Note. Indicators common to the Global Matrix 4.0 are in bold font. The terms used for the disability measure in the datasets are in italicized font. PA = physical activity.