

NEIC Health and Wellbeing Report

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DUBLIN
NORTH EAST
INNER CITY

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This report presents a structured, data-driven evaluation, co-designed to support sustainable actions, monitoring and evaluation of ongoing health and wellbeing initiatives under the sport and wellbeing umbrella within the North East Inner City (NEIC).

Underserved communities face poorer health outcomes and increased all-cause mortality. Sport, physical activity and wellbeing interventions can mitigate some health disparities by promoting good health and wellbeing behaviours. Health and wellbeing are linked to modifiable factors such as health literacy and physical literacy.

<p>Health literacy is the ability to access, understand and use information about physical, mental and social wellbeing. Improving health literacy is all about communication, empowerment and being participant-focussed. This is intrinsic to community services. Improving health literacy is an ongoing cycle of action, evaluation and improvement. In a health literate organisation, health literacy is part of all service planning, design, delivery and evaluation.</p>	<p>Physical literacy is the motivation, confidence, physical competence, knowledge and understanding that enables a person to value and participate in physical activity throughout life. Everyone should be provided with and avail of various opportunities to be physically active in different settings and environments. It is vital that experiences are person-centred, meaningful and positive. Every person's physical literacy journey can be enriched by positive social support, especially for those who face challenges with continuing their physical literacy journey.</p>
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The report has been developed across three phases over a 12 month period, initially employing a systems level analysis of health and wellbeing before progressing to case studies evaluations of the measured impact of health and wellbeing

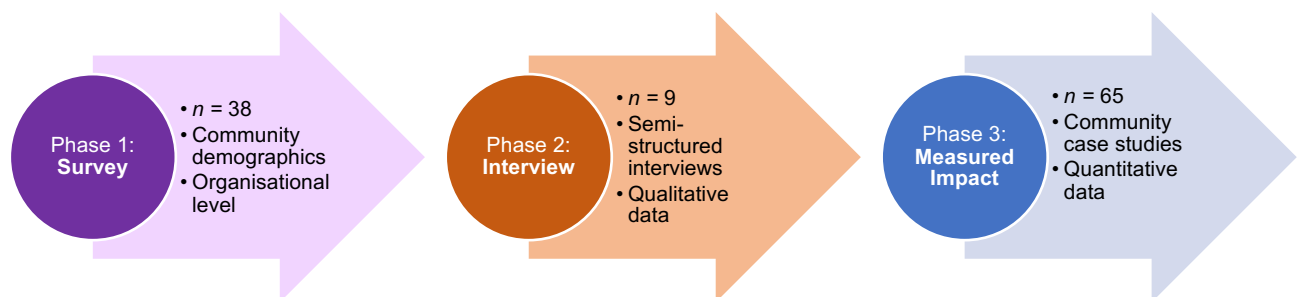


Figure 1. NEIC health and wellbeing report phases with sample size and methodological approach interventions (Figure 1).

Phase 1: Organisational Level Survey

A survey, co-designed with the NEIC Programme Office, was administered in Spring 2025 at an organisational level to gather a comprehensive overview of the health and wellbeing initiatives operating in the NEIC. The survey captured information on initiative details, retention strategies and health literacy (HL, using a previously validated too HeLLOTas Tool, 2016) and physical literacy (PL).

Results indicated that initiatives:

- Engage with a broad range of community populations (Figure 2), as nearly 7000 community members are reached representing a diverse population from youth to adulthood (self-reported by initiatives).
- Deliver across a range of timeframes, with the 38 initiatives sampled (representing over 88% of NEIC sport and wellbeing initiatives) focussing on different health and wellbeing objectives (Figure 3).
- Enhanced physical activity levels was observed as the largest primary impact of initiatives (Figure 4).

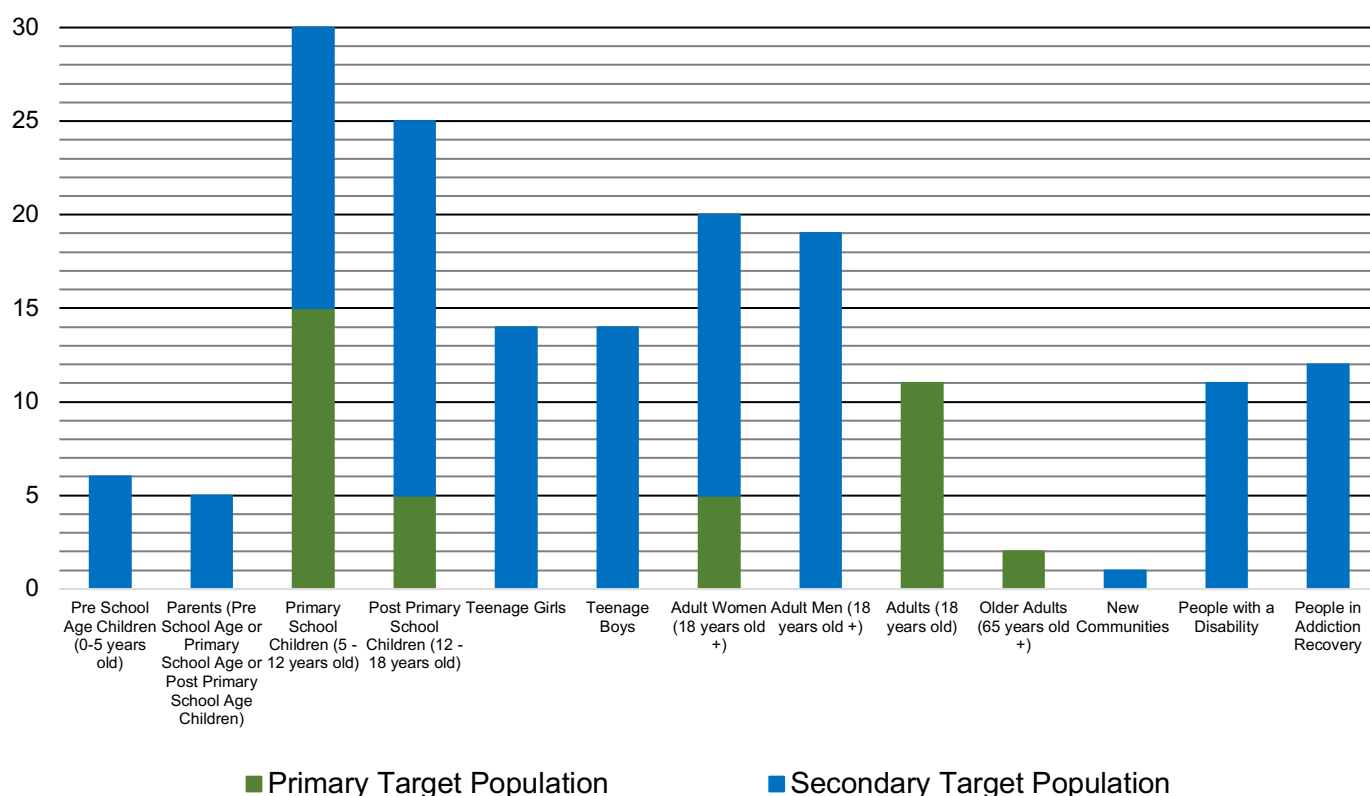


Figure 2. Target population range for initiatives (frequency count presentation)

Note: For Secondary populations, initiatives had an unlimited population range to identify.

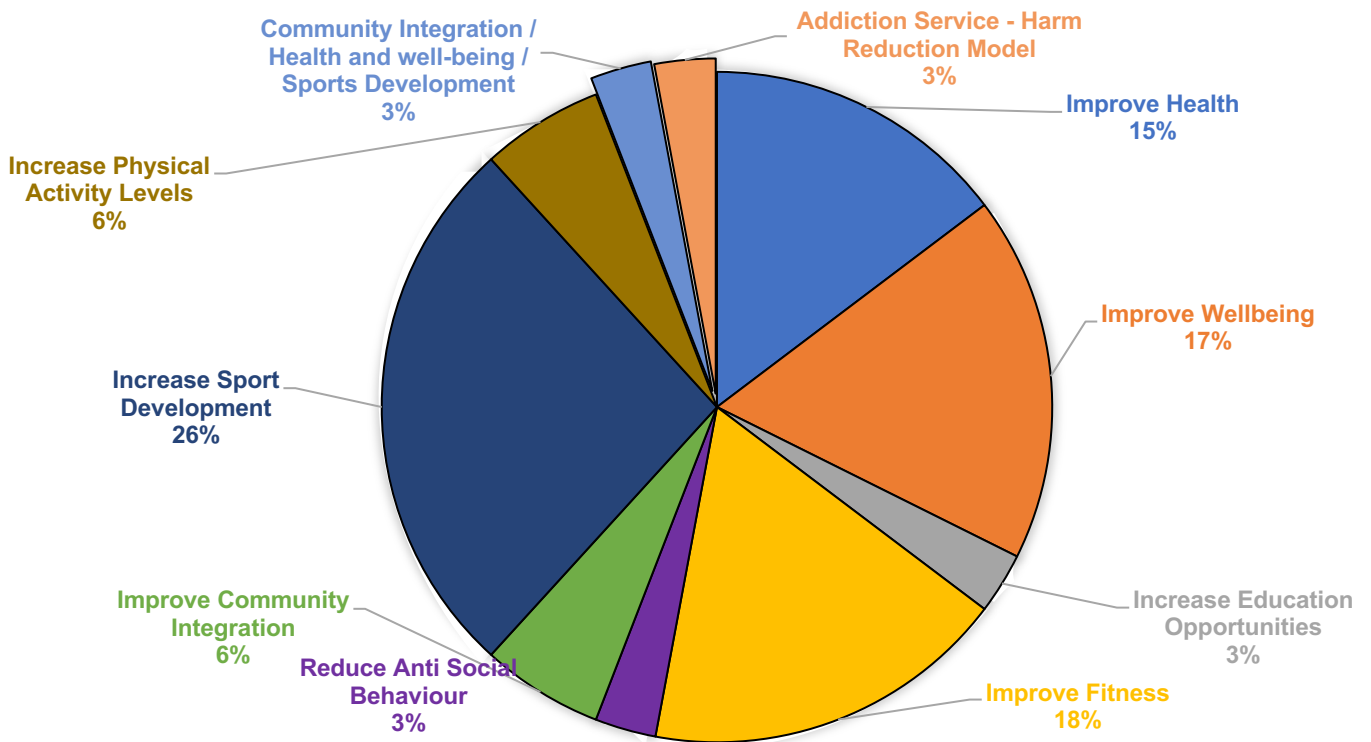


Figure 3. Primary objective of NEIC health and wellbeing initiatives (self-reported %)

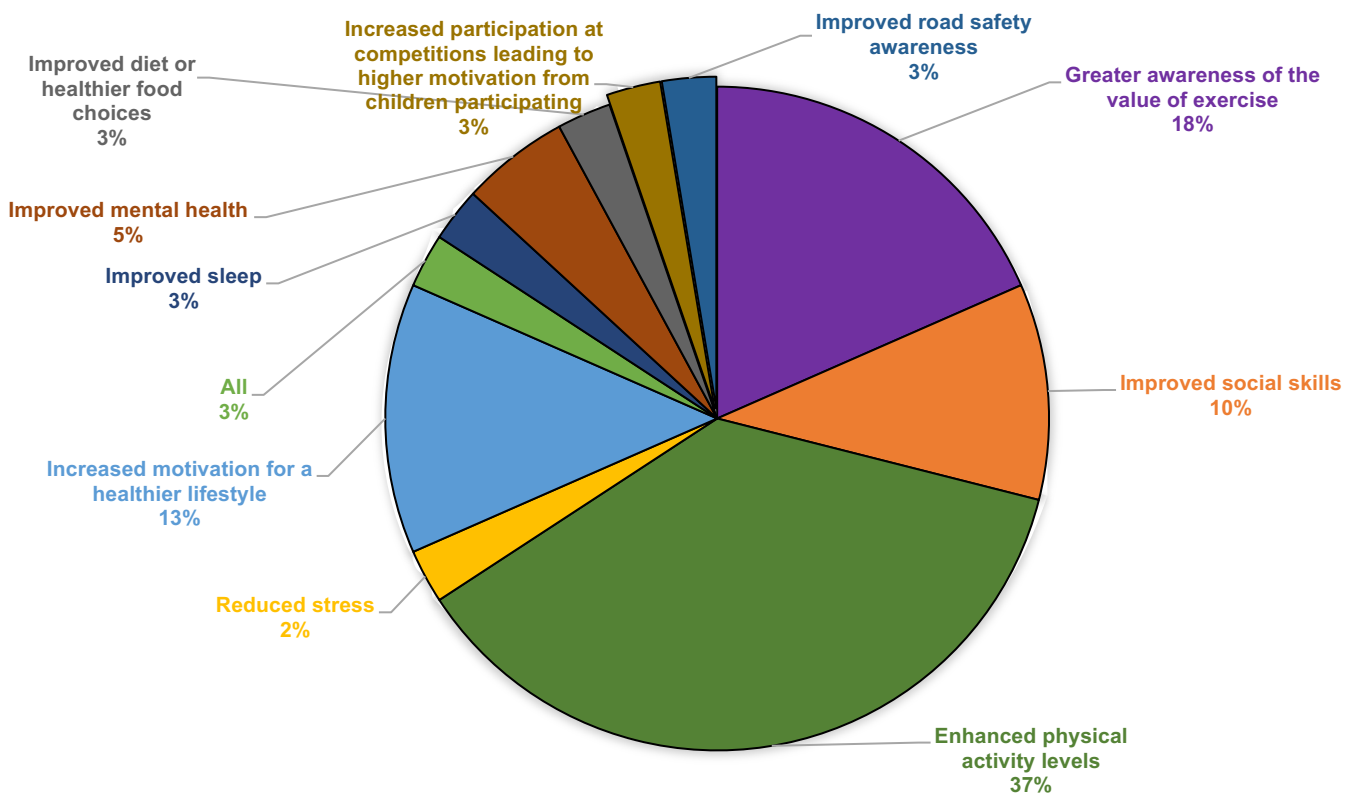


Figure 4. Primary impact of health and wellbeing initiatives in NEIC (self-reported %)

- Communication (85%) was found to rate the highest HL score, with Workforce Leadership and Management (71%) rated the lowest average score for initiatives (Figure 5).

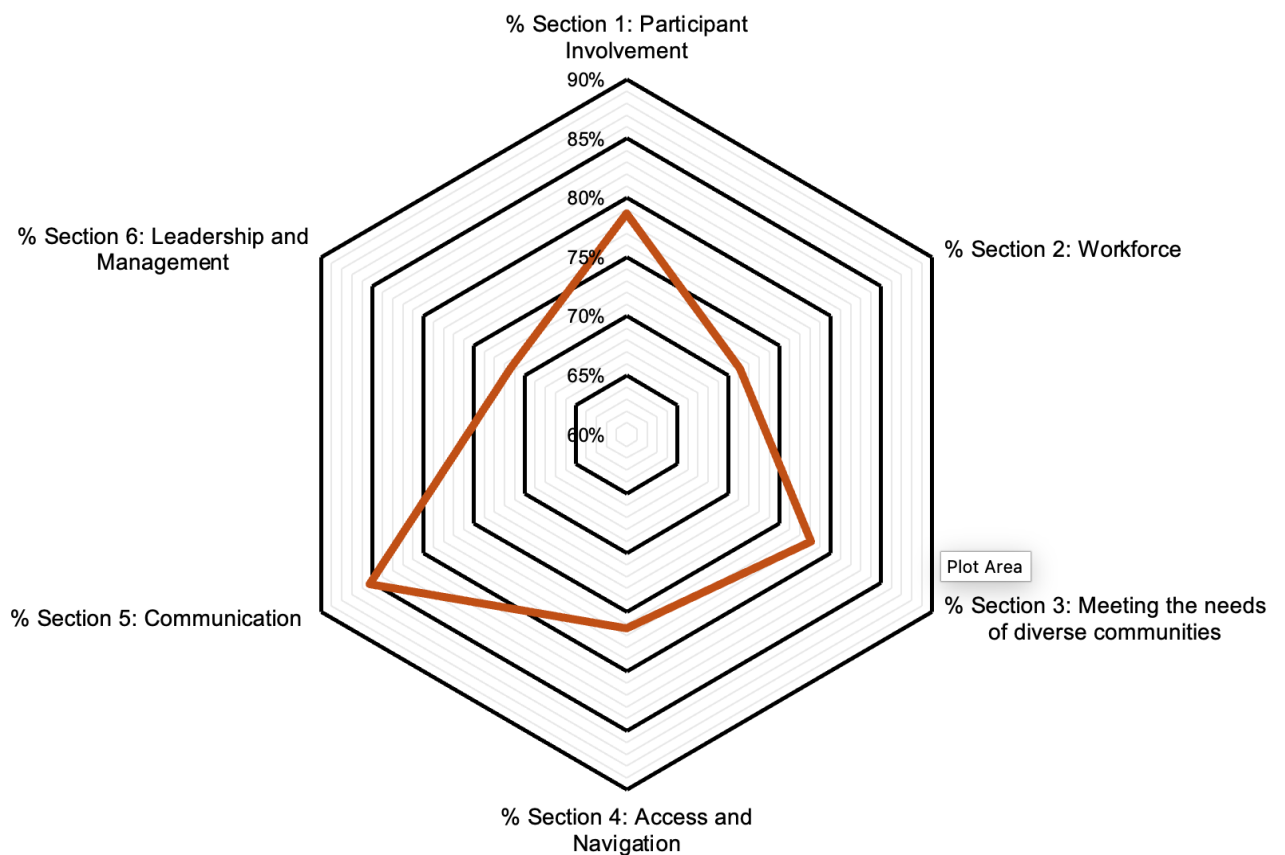


Figure 5. NEIC programmes organisational health literacy average scores (%) across six dimensions assessment in HeLLOTas

Next Phase Recommendations:

- To combine a qualitative informed approach with objective data analytics to enable research-informed practices that drive policy refinement and strategic action.
- To select one or more organisations to conduct an in-depth case study to further explore health literacy and physical literacy insights to inform best practices for Sub Group 4.
- To design an interactive tool for monitoring current and future health and wellbeing programmes, combining qualitative insights with quantitative data for a sustainable, long-term model.
- To work in partnership ensuring development towards strategic goals.

Phase 2: Organisational Level Interviews

Nine initiatives were invited to take part in an interview, using survey results from Phase 1 (Table 1) to guide purposeful sampling. Interviews were used to assess the impact on the HL and PL of participants and to identify key active ingredients contributing to the effectiveness of the initiative.

Results indicated that initiatives:

- Engage with over 2500 community members (self-reported by initiatives).
- Value NEIC support as removing participation barriers across initiatives including cost, cultural and population specific (Table 2).
- Focus on youth and adult initiatives that foster lifelong health and wellbeing.
- Indicate social influences as significant in motivating community members to participate, targeting social and cultural norms.
- Highlight confidence and perceived competence as very important in how individuals engage with sports and wellness activities.

Table 1. Initiative demographic, objective and organisational self-reported HL rating

Initiative	Population Focus	Primary Objective	Health Literacy Rating <i>(as calculated by HeLLOTas score)</i>
1	Youth	Reduce Anti social behaviour	Low
2	Adult Women	Increase Sport Development	Low
3	Youth	Improve Health	Moderate to High
4	Adults	Improve Health	High to Very High
5	Older Adults	Improve Health	Moderate
6	Adults	Improve Wellbeing	High to Very High
7	Youth	Improve Physical Activity Levels	Moderate to High
8	Youth	Improve Community Integration	Moderate
9	Youth	Improve Community Integration	High

Interviews were recorded, transcribed and coded. Themes and subthemes were identified that best represent the impact of initiatives across youth (green) and adult (beige) community participants (Table 2).

Table 2. Findings from exploration of health and wellbeing with NEIC initiatives

Main Theme	Sub Theme	Quotes
Lifelong health and wellbeing	Forming sustainable health habits	<i>“And like building you up to be strong in that community, strong in that environment, but like simply just strong in your life, it’s so important, especially in woman’s health to have that kind of strength background.”</i>
Motivation and value of physical activity and sport	Social influences on desire to participate	<i>“...so making friends and then when you make the friends in that connection, it keeps you coming back.”</i>
Confidence and Perception	Competence and Confidence	<i>“.....confidence and that arrogance is actually insecurity. And it’s, you know, it’s guarding that kind of fear that they have there. So what is perceived as being real outgoing is actually, you know, you’re actually very insecure”</i>
		<i>“...you come across children that are so, like, I can’t do that. Like, I can’t skip. I mean, I don’t know how many, many kids have thoughtbecause it’s not taught and it’s not brought to them in a way that allowed them to be inclusive.”</i>

Next Phase Recommendations:

- One (or more initiatives) to be an in-depth case study that objectively measures both physical literacy and health literacy.
- Focus on youth to provide valuable measured evidence into effective strategies to foster lifelong engagement in health behaviours.
- Generate measured impact of health and wellbeing through detailed insights that align with Sub Group 4 Improving Wellbeing and the Physical Environment, with particular reference to the objective of increasing engagement through sports initiatives.

Phase 3: Measured Impact Evaluation

To gain insight into the measured impact of community health and wellbeing initiatives, three youth initiatives (Table 3), recruiting 65 children (5 – 13 years old) were sampled using objective validated measures in HL and PL. One initiative also utilised motor competence and perceived motor competence assessments.

Results indicated that:

- 83% of children sampled were assessed as having moderate or high levels of health literacy (Figure 7).
- All children sampled were observed to have comparable physical literacy scores when compared to age matched international samples used for the validated assessment tool (Table 4).
- Health and physical literacy are strongly linked, especially in the early childhood years.
- Health literacy is related to cognitive aspects of physical literacy, particularly as children approach adolescence.
- No child achieved mastery in actual motor competence (Figure 8) and no significant association observed between actual and perceived motor competence in (in this small sample) Junior primary school age.
- Fewer girls (23.1%) were recruited due to the timeframe of initiative participation and the larger sample of single sex boys' schools included.

Table 3. Overview Health Literacy and Physical Literacy data ($n = 65$)

<i>Initiative</i>	Health Literacy (HLSAC-5)	Physical Literacy (PL-C Quest)
Junior Primary School Age	13.5 (56.7%)	97.5 (75.0%)
Senior Primary School Age	16.2 (78.7%)	99.6 (77.3%)
Early Adolescent Age (Upper Primary to Early Secondary School)	16.8 (78.7%)	100.4 (78.1%)
Total	16.2	99.6

N.B. PL-C Quest total range: 30 – 120; HLSAC-5 total range: 5 - 20

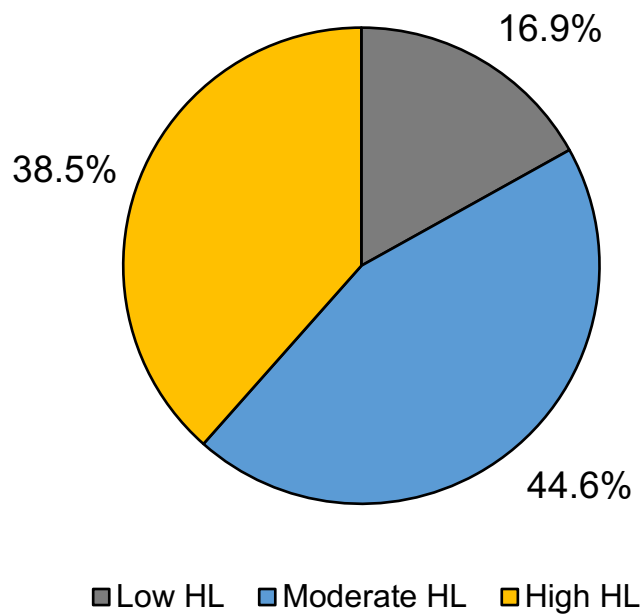


Figure 7. Health Literacy level (%) for NEIC youth ($n = 65$)

Table 4. Comparison of PL with international validation (Barnett et al., 2022; Tyler et al., 2025) of PL-C Quest

	<i>Barnett et al., (2022)</i> Sample 1 ($n = 80$)	<i>Barnett et al., (2022)</i> Sample 2 ($n = 589$)	<i>Tyler et al., (2025)</i> ($n = 670$)	<i>NEIC Youth</i> ($n = 65$)
<i>Age range</i>	6.9 – 12.9 years	6.9 – 12.9 years	8-11 years	5 -13 years
Physical	36.9	36.8	36.3	38.5
Psychological	22.5	22.9	23.1	24.0
Social	13.8	13.8	13.4	13.5
Cognitive	23.1	23.5	23.5	23.5
Total	96.3	97.0	96.3	99.6

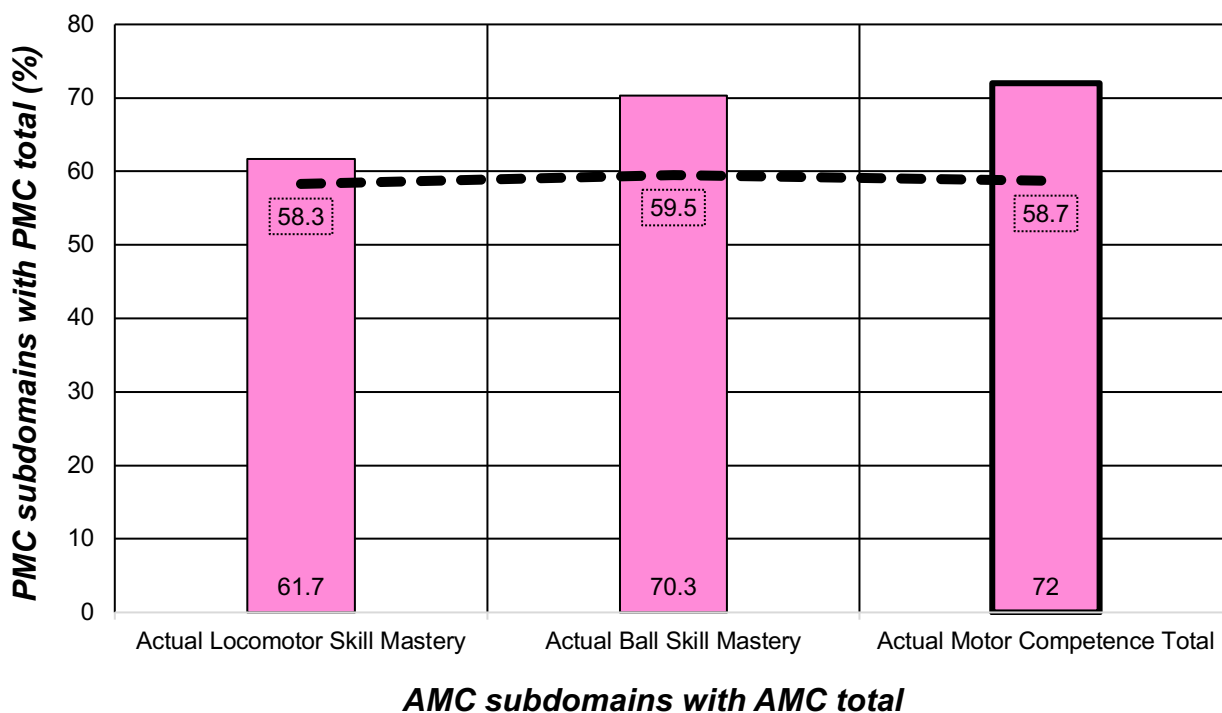


Figure 8. Actual Motor Competence (AMC) and Subscale Mastery (%) and Perceived Motor Competence (PMC) and Subdomain Mastery (%) in Junior primary school.

Summary

Using a novel design approach, this research has provided valuable insights and feedback for Sport and Wellbeing intervention initiatives operating within the community. Progressively targeted inquiry has directed this analysis, allowing early insights to directly inform deeper exploration of initiatives. The process was strengthened by active community input, utilising both a systems and individual evaluative approach.

NEIC Sport and Wellbeing initiatives were found:

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- To support lifelong health and wellbeing.
 - To enhance physical activity, with an emphasis on social interaction.
 - To have high organisational health literacy levels ranging over 50%.
 - To support moderate to high health literacy levels for individuals.
 - To experience perceived confidence and competence in physical activity as an important mediator for youth engagement.
 - To have comparable levels of physical literacy in youth.
 - To show that health literacy and physical literacy are associated.
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