



## HIGHLIGHTS



## *Key findings*

***The federal, provincial and territorial goal for reducing physical inactivity by 10% (6 percentage points) by the year 2003 has been achieved. However, physical inactivity remains pervasive and a key risk factor for the majority of the Canadian adults and youth.***

### **Physical activity among adults**

- According to the 2000/01 Canadian Community Health Survey, 56% of Canadians (20 and older) are inactive, accumulating on average less than 1.5 METS of physical activity daily. This amount of physical activity could be achieved through walking a total of half an hour a day.
- 24% are classified as moderately active and 20% are active.
- People living in British Columbia were the most likely to be classified as active and those living in New Brunswick, Newfoundland and Quebec were the least likely.
- Men are more likely than women to be active and adults are less likely to be active with increasing age.
- The percentage of the population that is inactive has decreased by 10% over the six-year period. This is also true for physical activity levels tracked via the Physical Activity Monitor.

### **Physical activity among teenagers**

- Over half of Canadian teenagers are sedentary, accumulating the equivalent of less than one hour of walking a day (3+METS).
- Only 18% are accumulating enough daily activity to meet the international guidelines for optimal growth and development.
- Teenagers living in British Columbia and Alberta are the most likely to meet this criterion and teenagers in Quebec are the least likely to do so.
- Teenagers, aged 15 to 19 are more likely to be sedentary than those aged 12 to 14 (51%).

### **Participation in physical education classes**

- Half of Canada's children aged 6–17 years reportedly take physical education classes three or more days a week at school and 17% have daily physical education.
- More active parents are more likely to report that their child takes physical education classes at least three days a week.
- According to parents, the proportion of children taking daily physical education classes has decreased since 2000.
- Compared with 2000, parents are less likely to believe that teenage girls get enough physical activity through their physical education classes.

***Only one-quarter of Canadians follow a relatively healthy lifestyle in that they report being at least moderately active, eating 5 or more servings of fruit and vegetables daily, and being non-smokers. However, the majority of Canadians rate their health as very good or excellent.***

### **Healthy lifestyles**

- According to the 2000/01 Canadian Community Health Survey, three-quarters of Canadians are non-smokers, half are at least moderately active, and one-third eat the recommended minimum of 5 or more servings of fruit and vegetables per day.
- Being a non-smoker tends to increase by age.
- Women are more likely than men to be non-smokers and to report the healthy eating pattern of consumption of at least 5 servings of fruit and vegetables per day. The likelihood of following this eating pattern and of being a non-smoker is lowest among those aged 25 to 44, and then increases by age group for 45 and older.
- People in Quebec are most likely to follow the recommendations for fruit and vegetable consumption, whereas people in British Columbia are the least likely.

### **Self-reported health**

- According to the Canadian Community Health Survey, almost two-thirds of Canadians aged 15 and older rate their health as very good (36%) or excellent (25%).
- The percentage of Canadians rating their health as very good or excellent decreases by age.
- Males are slightly more likely than females to view their health in these terms in the 15 to 19 and 20 to 24 age groups.
- Newfoundlanders are the most likely and those in New Brunswick are the least likely to rate their health as very good or excellent.
- Healthy behaviours are correlated with ratings of health.

### **Body mass**

- Almost half of Canadians aged 20 to 64 are classified as overweight (33%) having a body mass index of 25.0 to 29.9, or as obese (15%), having a body mass index of 30.0 or higher.
- Men are more likely than women to be classified as being overweight or obese.
- The prevalence of overweight and obesity is highest in Newfoundland and lowest in British Columbia than Canada in general.
- Being obese is related to lower levels of physical activity and being overweight is related to the lower consumption of fruit and vegetables.

## **High blood pressure**

- According to the Canadian Community Health Survey, one-quarter of adults aged 45 and older report that their physician has diagnosed them with high blood pressure.
- The likelihood of having high blood pressure increases with age.
- Women are more likely than men to have been diagnosed with high blood pressure, particularly among those 65 and older.
- The prevalence of high blood pressure is higher in the East and lower in the West and the Territories, due in part to relatively higher proportion of older adults in the East and higher proportion of younger people in the Territories.
- There is a clear association between being inactive and having high blood pressure.
- The prevalence of high blood pressure was higher in 2000/01 than it was in 1994/95.

## **Diabetes**

- One in twenty Canadians has been diagnosed with diabetes by a health professional.
- Men 55 and older are more likely than women older than 55 to have been diagnosed with diabetes.
- Although men are about 1.3 times as likely as women to have diabetes in these age groups (55+), the absolute differences are relatively small (10% among men 55–64 versus 7% among women).
- The population prevalence of diabetes is higher in the Atlantic provinces, generally decreases from east to west and is lowest in the Territories.
- People who are more active are less likely to report a diagnosis of diabetes.
- Diabetes is higher among non-smokers.
- The prevalence of diagnosed diabetes among those 45 and older has increased from 6.6% in the 1994/95 to 8.2%.

***Almost half of Canadians report being aware of guidelines for physical activity (when prompted), with the same amount being either moderately or very confident that they can accumulate the amount of physical activity specified by Canada's Physical Activity Guide.***

## **Awareness of Canada's physical activity guidelines**

- Very few adults have been able to recall (unprompted) the Guide between 1999 and 2002.
- However, with prompting, 27% of adults reported having heard of the Guide in the previous 12 months.
- Prompted recall was significantly higher in Newfoundland (35%), Yukon Territory (35%) and Manitoba (40%) than it was nationally.
- Older adults were more likely than other adults to recall Canada's Guide.

### **Confidence in ability to follow Canada's guidelines**

- 46% are *very* confident that they can accumulate an hour of physical activity daily.
- 47% are *very* confident that they can do at least 30 minutes of moderate intensity activity on at least every other day.
- Residents of the Yukon are more likely and residents of Quebec are less likely than other Canadians to be *very* confident that they can follow the guidelines.
- People who are *very* confident are also more likely to be physically active.
- Men are more likely than women to be *very* confident that they can follow each of the recommended activity patterns.
- Being *very* confident in one's ability to follow the guidelines increases with higher income level, it generally decreases by age group.
- The higher the education level, the more likely adults were to be *very* confident that they could accumulate 30 minutes of at least moderate intensity activity on a minimum of three days a week.

### ***The majority of Canadians hold strong beliefs that a healthy lifestyle and physical activity contributes to health benefits and the reduction of chronic disease.***

#### **Beliefs about the benefits of lifestyle behaviours**

- Two-thirds of Canadians *strongly* agreed that a healthy lifestyle contributes to long-term health benefits, while few disagreed (5%).
- Residents in British Columbia are most likely to hold strong beliefs about lifestyle, whereas those in Nunavut are the least likely to do so.
- Women are more likely than men to strongly believe in the benefits of a healthy lifestyle.
- Older adults are less likely than others to hold strong positive beliefs.
- People who have higher income levels and education levels are more likely to hold strong beliefs about the health benefits of a healthy lifestyle.
- Unemployed and retired individuals are less likely than those who work to hold strong beliefs about their health outcomes of lifestyle.

#### **Beliefs about the benefits of physical activity**

- Two-thirds of adults *very strongly* agree that being active regularly prevents heart disease and the majority also hold strong beliefs that it helps to reduce stress (65%) and maintain functional ability with age (64%). Only 24% *very strongly* agree that regular physical activity prevents cancer.
- Residents of the Yukon are more likely to *very strongly* agree that being active helps reduce stress than those living elsewhere.
- People who are active are most likely to hold strong beliefs.

- Women are more likely than men to hold strong beliefs about the benefits of physical activity, particularly its potential to reduce stress.
- Holding strong beliefs about the benefits of regular physical activity in preventing heart disease is most prevalent among those who are 25 to 64 years old.
- With the exception of beliefs about cancer, holding strong beliefs generally increases in groups with higher income and education levels.

***The majority of Canadians intend to be active and believe that they have a high level of control over their choice to be active. However, the lack of time, energy and motivation are still cited as important barriers.***

### **Future intention**

- The majority of Canadians *fully* intend to be active in the next six months.
- Those living in Nunavut are less likely and those in British Columbia are more likely, to *fully* intend to be active in the future than others.
- The proportion of Canadians who *fully* intend to be active in the future is higher in more active groups.
- Men are more likely than women to fully intend to be active in the future.
- Fully intending to be active is higher in those with greater levels of income and education.

### **Perceived control over choice to be active**

- Almost 40% of adults stated that they have *complete* control over their decision to be active, 25% said they had *a lot* of control and another 27% reported *moderate* control.
- The more active the individual, the more likely they were to say that they had complete control over their decision to be active.
- The likelihood of having complete control increases in older age groups and to some extent as income level increases.
- Adults are much more likely to say that they have complete control over their choice to be active than they did several years earlier.

### **Barriers to physical activity**

- Lack of time, energy and motivation are most frequently rated as *important* barriers to being active by Canadian adults, followed by long-term illness or disability, cost, feeling uncomfortable or ill at ease, lack of skill and fear of injury.
- In Quebec, the proportions of individuals reporting feeling ill at ease and having fear of injury were lower than in other regions.
- In Nunavut, residents were more likely than other to report these two barriers as well as lack of skill.

- Women are more likely than men to cite lack of energy or skill as barriers to an active lifestyle.
- Teenagers are more likely to cite feeling ill at ease or lack of skill compared to others.
- Those with higher education and income levels are less likely to report barriers.

***One third of Canadians view supportive services, and public education as being very important in helping them to be active.***

**Public education**

- One-third of Canadians hold strong beliefs that information on physical activity, health and well-being would make it easier for them to be physically active.
- Equal proportions of Canadians rate ‘help in planning their daily schedule to include some physical activity’ (23%), and ‘professional help in choosing what types of activities are best for them (23%), as very important in making it easier for them to be physically active.
- Women are more likely than men to rate advice on scheduling physical activity into daily life and choosing the most appropriate activities as very important in making it easier for them to be physically active.
- The proportion rating information on physical activity, health, and well-being as very important increases with age.
- The likelihood of rating information or help (professional and otherwise) as very important decreases for individuals with higher education and income.

**Supportive services**

- Canadians view affordable supportive services as very important (33%) in helping them to be active, followed by convenient transportation (26%), services to link up participants (22%), and specific instruction or coaching (21%).
- Residents of Quebec are more likely to rate specific instruction or coaching as very important than other Canadians, whereas those in the Northwest Territories are less likely than Canadians in general to rate convenient transportation as very important.
- Women are more likely than men to rate affordable supportive services, convenient transportation, services to link up participants, and specific instruction or coaching as important in being active.
- Younger (aged 18–24) and older (older than 65) adults are more likely than others (aged 25–64) to rate convenient transportation as important.
- The proportion of Canadians who rate *all* of the supportive services as important is lower among households of higher incomes.
- The proportion of Canadians who report convenient transportation, services to link up participants, and specific instruction or coaching decreases with education.

***Almost half of Canadians view supportive infrastructure, as very important in helping them be more active. Yet one-third do not have many safe places to walk and the majority lack safe places to bicycle.***

### **Supportive infrastructure**

- About half of Canadians view access to safe streets and public spaces as *very* important (48%) in helping them to be active, followed by affordable facilities and programs (43%) and access to paths, trails and green spaces (42%).
- People who view supportive infrastructure as very important are more likely to be more physically active.
- Women are more likely than men to rate safe streets and public places, and affordable facilities, as very important to being active.
- Those with university education are generally less likely to rate safe streets and public places as very important, and along with those with less than secondary education, affordable facilities.
- Affordable facilities are less likely to be viewed as important by the highest income earners.
- Residents of small communities (<1,000 residents) are less likely than others to rate affordable facilities as important in helping them to be active.
- Canadians are less likely to rate supportive infrastructure as important to helping them be active than they were in 1997.

### **Safe places to walk and bicycle**

- Two-thirds of Canadian adults report that there are many safe places to walk in their communities, including sidewalks, paths and walking trails. Very few report an absence of safe places to walk.
- Only 37% report many safe places to bicycle, such as bicycle paths or lanes, and 16% report that there are none.
- Whereas the likelihood of reporting safe places to walk generally increases from East to West, the likelihood of having safe places to bicycle is lowest in the East and highest in Quebec.
- Fewer women than men report that there are many safe places to walk and bicycle in their community and with the exception of teenagers, access to safe places to walk decreases with older age groups.
- People with higher incomes, education and who live in larger communities are more likely to report safe places to walk and bicycle.

### **Trails and physical activity facilities**

- Over 40% of Canadian adults report that there are many public facilities for physical activity in their communities and 28% report having many public multi-purpose trails.

- The reported availability of physical activity facilities generally increases from East to West whereas the reported availability of multi-purpose trails is higher in the Yukon and lower in Nunavut and the East.
- Canadians who are sedentary are less likely to report availability to physical activity facilities and trails while the most active Canadians are most likely to report availability of recreational facilities and trails.
- Fewer women than men report availability of multi-purpose recreational trails in their community.

***Many Canadians believe that governments should increase tax spending on physical activity opportunities.***

**Support for government investment**

- Almost two-thirds of Canadians think that government should increase tax spending to provide opportunities for physical activity and 19% say that *much more* should be spent in this area.
- There is a regional trend from East to West, with residents of Eastern Canada being most likely to call for increased investment.
- Residents in Nunavut are also more likely than other Canadians to say that more tax dollars should be spent on opportunities for physical activity.
- More active individuals are more likely to say that more, or much more, tax dollars should be spent.
- Men are slightly more likely than women to think that government should invest more in opportunities for physical activity.

**Key government responsibilities**

- Three-quarters of Canadians think that governments have a major role to play in ensuring that daily physical education is mandatory in schools; 68% in setting of safety standards; and 63% in ensuring that community development includes areas for physical activity, such as walking and bicycling paths. Roughly half rate the promotion of good health and well-being, the provision of services, programs, and facilities to help people be active, and the provision of information on the benefits of activity as key responsibilities for governments.
- Residents of the Northwest Territories are *less* likely than other Canadians to cite the promotion of good health and well-being, and the provision of opportunities for physical activity as key, but are *more* likely to report that ensuring mandatory daily physical education and setting safety standards should be key responsibilities.
- Women are more likely than men to report that governments should play a key role in ensuring mandatory daily physical education, setting safety standards, providing services, programs, and facilities to encourage physical activity, and ensuring that community development includes physical activity opportunities.

- Teenagers are less likely than others to cite mandatory daily physical education as a key governmental responsibility, however, parents are more likely to rate this highly than adults without children.
- Adults with higher education and income levels are less likely to report that governments should promote good health, and provide information on the benefits of physical activity.
- Compared to 1997,<sup>8</sup> Canadians are less likely to say that government has a key role in setting safety standards and ensuring physical activity areas in development.

***Physical activity opportunities appear to be readily available to children both at school and in their community. However, the ability of these opportunities to meet children's needs is varied.***

#### **Physical education classes**

- According to their parents, 46% of children and youth *really* enjoy physical education classes. Another 32% *quite* enjoy them.
- 43% of parents state that the physical education classes meet the needs of their children *quite or very well* and another 31%, *moderately* well. However, 27% state that physical education classes meet the needs of children and youth to only *some* degree or *not at all*.
- The likelihood of enjoying physical education is reportedly higher among children than among teenagers and among boys than among girls.
- Parents rate the adequacy of physical education classes equally for boys and girls and for children and teenagers.
- Parents who have completed university are less likely than others to say that their children *really* enjoy physical education classes.
- The likelihood of reporting that these classes meet their children's needs decreases with increased levels of parental education and income.

#### **Physical activity programs outside of physical education classes**

- Seven in ten children reportedly have access to physical activity programs outside of physical education classes at their school.
- Overall, 41% of programs are reported as meeting the needs of children *very well* or *quite* well. However, an equal proportion are reported as inadequate, meeting children's needs only somewhat well to not at all.
- Access to physical activity programs at school appears to be higher for teenagers than younger children.
- Parents of boys are more likely than parents of girls to rate programs as *quite* or *very* adequate.

### **Public facilities and programs for children**

- Most parents report that there are public facilities and programs available for their children locally. However, this is less likely to be the case in the Eastern provinces.
- Three in five parents report that these facilities and programs meet their children's needs *very* or *quite* well.
- Two in five parents report that the programs are inadequate, meeting needs only somewhat or not at all well, and this is more likely to be reported by Quebec residents.
- The reported availability of local programs increases with community size and household income.

### ***Implications***

#### ***Provide a comprehensive strategy for promoting physical activity to Canadians***

A comprehensive strategy to promote physical activity participation among Canadians would target action at the population level through legislation and healthy public policy, and at the community level including clinical settings. Recognizing interventions which include determinants from the social and physical environment and individual aspects, as well as the interactions between these, are important.

A current model<sup>9</sup> summarizes the need to examine the social determinants of chronic disease. They state that three levels of public health interventions can be addressed when examining disease:

- (1) “Downstream” which represents more “curative” interventions or those which reflect changes to individual lifestyle;
- (2) “Midstream” which are more preventative in nature. These would include interventions in the environment, community, workplace, or through a health setting; and,
- (3) “Upstream” represents policy-related interventions such as those that are typically government directed.<sup>9</sup>

The emphasis of resources is on downstream interventions, however, a balance of these three levels are required.<sup>9</sup> The concentration of a large amount of resources on downstream interventions leaves little for the other two levels of intervention. If resources were shifted to midstream and upstream interventions, there will be greater benefit to the majority rather than the minority of the population, and as a result, more cost-effective to the public health care system—even if the change in behaviour of the majority is small.<sup>9</sup>

***How can GOVERNMENTS create an environment that motivates, encourages, and supports Canadians to pursue a physically active lifestyle?***

**Provide healthy public policy (“Upstream approaches”)**

An “upstream” approach focuses on public policy related to health. This can include policies set by governmental bodies. As an example, governments could:

- invest sufficient dollars to develop a comprehensive, well-resourced Physical Activity Strategy as part of a larger Healthy Living Strategy;
- develop and implement policy and legislation that will increase appropriate financial investment, to support integrated national, provincial and municipal actions supportive of physical activity as a “Canadian cultural norm”;
- target strategies for specific sub populations to ensure that all Canadians pursue physical activity.
- understand and then eliminate barriers to physical activity from the physical and social environments.

***How can KEY SETTINGS (such as schools, home, workplaces, and clinical settings) create an environment that motivates, encourages, and supports Canadians to pursue a physically active lifestyle?***

**Focus on preventative approaches (“Midstream”)**

In McKinley and Marceau’s hierarchy, a “midstream” approach focuses on prevention. This can include individual behaviour change interventions targeted through the key settings that will have most impact in the lives of Canadians. The following are a few select examples of strategies for key settings. Additional examples are provided in the *Making a Difference* section later in this report.

**For the individual**

- Tailor programs to a person’s readiness for change or interests.<sup>10</sup>
- Provide messages targeted to individual risk factors, as well as stage of change. One study found that motivationally tailored interventions were more effective than standard self-help interventions in promoting physical activity.<sup>11</sup> Furthermore, stage-related intervention material should contain information that is based on theory, and is easy to read and attractive.<sup>12</sup>

**In the education system**

- Ensure that physical education programs are taught by physical education specialists or other teachers qualified through appropriate training in physical education.
- Encourage school personnel to be physically active during recess, lunch hours, before and after school. These individuals are in a position to act as role models for appropriate physical activity behaviour.<sup>13</sup>
- Promote physical activity programs and physical education classes that not only involve participation in physical activities, but teach lifelong skill-building and

confidence-building behaviours to children and youth,<sup>14</sup> including decision-making skills, teamwork, discipline, leadership, self-esteem, equity, lifelong physical activity, participation, and fair play.

### **For children and youth via the home setting**

- Encourage parents to reduce or regulate children's inactive behaviours, including television viewing or video games. Television viewing habits of children need to be reviewed on a regular basis by parents, as high levels of television viewing has been associated with obesity.<sup>15,16</sup>
- Encourage parents to model appropriate physically active behaviour, help children establish physical activity goals, reinforce physical activity with rewards when goals are achieved, and organize family activities that include physical activity.

### **In the workplace**

- Encourage workers to participate in physical activity outside of work or working hours, for example in community recreational activities.
- Adopt policies to reinforce alternative or indirect supports in the workplace that encourage physical activity and healthy behaviours. These include job sharing, telecommuting, smoking bans, and healthy food choices in vending machines or in the cafeteria.

### **In the community**

- Examine community by-laws and policies to ensure that they do not restrict opportunities to be active. This includes a wide range of regulations and practices including those for land use, urban design, transportation and facility, trail and sidewalk maintenance.
- Choose interventions that are well suited to community needs and abilities. Set priorities based on community goals and objectives.<sup>10</sup>
- Develop cooperative agreements between school boards and municipalities to share use of facilities and human resources (e.g., community access to school facilities or school access to community facilities). Community health departments could work in conjunction with educators to ensure that physical activity facilities are used effectively and that barriers to physical activity for children and youth are reduced.<sup>17</sup>

### **In health care settings**

- Provide education and interventions directed towards promotion of physical activity through the health care system. Health care professionals could explain the risk factors of chronic conditions in later life associated with sedentary behaviour in youth, help families guide and tailor physical activity programs for children and youth, and describe the role of physical activity in weight management, skill development and building self-esteem.
- Help identify barriers to physical activity, and provide concrete steps on how to overcome such barriers.
- Provide advice to patients on how to effectively and safely increase physical activity levels.