

Appendix B. Methodology

This study complemented the data collected in the 2003 Physical Activity Monitor for adults. The 2003 Monitor provided a synopsis of variables that were relevant to the development of communication strategies for adults.

Questionnaire content

The content of this study and the 2003 Physical Activity Monitor were determined by the Institute in collaboration with partners: the Physical Activity Unit of the Public Health Agency of Canada and the provincial and territorial government departments concerned with fitness, active living, leisure, sport, and recreation through the auspices of the Interprovincial Sport and Recreation Council.

The report was designed to

- provide data on awareness of guidelines for physical activity among children and youth
- describe knowledge and beliefs of parents concerning aspects of physical activity
- describe potential barriers and some of the other considerations that would be useful in developing communications to increase physical activity among children and youth.

Data collection

Data for this report were collected from parents responding to the 2003 Physical Activity Monitor. The Institute for Social Research at York University in Ontario conducted the telephone interviews capturing the data directly using the CATI (computer-assisted telephone interviews) system.

Survey design

The 2003 sample for the Physical Activity Monitor was selected using random-digit dialing from household-based telephone exchanges. The full 2003 Monitor sample of households was selected roughly proportional to the population in each province and territory with a minimum sample size of 250 set for each jurisdiction. For each selected household, one adult was selected at random, thus providing a random sample of adults for the 2003 Monitor and for households with children living at home, a random sample of parents in Canada.

The overall response rate obtained in the 2003 Physical Activity Monitor was 51%. In telephone surveys of this type, a response rate of approximately 50–65% has been typical, with the response rates dropping in recent years. The sample take is shown in Table 1.

Table 1

SAMPLE TAKE BY REGION AND PROVINCE		
	Adults 15+	Parents
Canada	7,890	1,128
Atlantic	822	103
Newfoundland	204	25
Prince Edward Island	207	24
Nova Scotia	206	26
New Brunswick	205	28
Quebec	1,767	232
Ontario	3,082	481
West	1,732	214
Manitoba	207	19
Saskatchewan	218	18
Alberta	572	72
British Columbia	735	105
North	495	98
Yukon	262	46
Northwest Territories/Nunavut	233	52

When there is non-response, there is the potential for bias if the responses of participants do not represent those of non participants. Potential bias was identified by comparing the demographic variables to the latest Census data. Respondents are more likely to be female and to have a university degree, a common occurrence in telephone surveys.ⁱ In addition, the responses to the survey represent parent’s reports about their knowledge and beliefs about physical activity and their children and may not be a complete reflection of children’s views.

Data analysis

The sample weights were adjusted using a post-stratification adjustment to reflect the latest Census distributions for age and sex. All numbers have a statistical error associated with them by virtue of the random selection of the sample. The first table in the table section (Appendix A) permits statistical tests of significance between percentages, taking into account sample design, design effect, and sample size. It specifies the difference required between two estimates for statistical significance. Caution should be used in interpreting data based on small cell sizes, particularly for provincial comparisons. According to standard practice, data released in the tables have been screened to ensure that each statistic is based on a minimum of 30 individuals. Insufficient sample size is denoted by “-”. Don’t know and refused generally amounts to less than 3 % and are excluded in the tables as they have a negligible effect on estimates.

ⁱ Canadian Fitness and Lifestyle Research Institute. (1996). 1995 Survey methodology. *Progress in Prevention*.