



Active communities,  
healthy Canadians

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*“...Better health for Canadians requires more than just timely access to health care. It requires the promotion of healthy living, addressing risk factors such as physical inactivity and nutrition; the prevention of injury; and integrated disease strategies. The Government will also work with partners to enhance sports activities at both the community and competitive levels...”*

***The Canada We Want  
2004 Speech from the  
Throne***

## *Towards a Physically Active Canada*

**Presented to the Standing Committee on Finance  
Pre-Budget Consultations**

**Submitted by  
The Coalition for Active Living  
November 2004**

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## **Executive Summary**

The *Coalition for Active Living* has identified three priority recommendations for Government action to reduce Canada's physical inactivity epidemic.

1. The Government of Canada, through key Ministries, makes a strategic investment of **\$500 million dollars over 5 years**, similar to the investment to reduce Tobacco consumption<sup>1</sup>, to undertake an aggressive strategy to address the physical inactivity epidemic in Canada.
2. The Government of Canada creates **tax incentives** to encourage physical activity among Canadians.
3. The Government of Canada targets new investments and incentives (recommendations 1 and 2 above) in areas of strategic emphasis. The *Coalition for Active Living* has identified **5 strategic areas for investment**, which will be needed in order to achieve the pan-Canadian goal, agreed to by all 14 Ministers responsible for Physical Activity, of increasing physical activity by 10 percentage points in every province and territory.

The 5 strategic areas needing investment are:

### **Healthy Public Policy**

Government leadership to support collaborative efforts with the voluntary sector to design and implement a Pan-Canadian Physical Activity Strategy.

### **Community Physical Environments**

Investments in the physical environments in Canadian communities are a critical determinant of population health that can either facilitate or discourage physical activity. Allocating a fair share of transportation and infrastructure spending will ensure supportive infrastructure for physically active lifestyles.

### **Supportive Social Environments**

Investments in social environments are critical to supporting physical activity. The social environment is a key determinant of population health, providing the "culture" in which Canadians learn or change many lifestyle behaviours.

### **Public Education**

Investments in public education efforts need to provide information generate discussion, and influence attitudes and values about physical activity and physical activity behaviours. The purpose of public education is to create a climate conducive to social and behavioural change.

### **Research and Knowledge Exchange**

Canada must implement comprehensive research and surveillance systems in order to understand and apply effective strategies and current trends in policies, plans, and practices to reduce physical inactivity.

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<sup>1</sup> Health Canada's Tobacco Strategy currently invests \$480 million over 5 years. An even greater percentage of Canadians are at risk from physically inactive lifestyles.



### **The Coalition for Active Living**

The *Coalition for Active Living* (CAL) is national action group of over 60 organizations advocating for health promotion/disease prevention and the broader determinants of health. The goal of the Coalition is to ensure that the environments in which Canadians live, work, learn and play support regular physical activity. Together, members of the Coalition contribute resources and expertise to develop, implement and evaluate the outcomes of joint actions, which will enable all Canadians to achieve the health benefits of physical activity.

**Our membership urges the Government of Canada, in partnership with the *Coalition for Active Living*, to create a new, aggressive and well-resourced Physical Activity Strategy for Canadians.**

### **The Coalition for Active Living Organizational Members include:**

Action Cancer Ontario,  
Active Healthy Kids Canada,  
Active Living Alliance for Canadians with a Disability,  
Active Living Coalition for Older Adults,  
Active Ontario,  
Alberta Centre for Active Living,  
Alberta Healthy Living Network  
Alberta Northern Lights Wheelchair Basketball Society,  
Alberta Sport, Recreation, Parks and Wildlife Foundation,  
Be Fit for Life Network,  
Better Environmentally Sound Transportation,  
British Columbia Sport Branch,  
Canadian Association for Physical Education, Recreation and Dance,  
Canadian Association for the Advancement of Women in Sport and Physical Activity,  
Canadian Cancer Society,  
Canadian Council for Health and Active Living at Work,  
Canadian Council of University Physical Education and Kinesiology Administrators,  
Canadian Diabetes Association,  
Canadian Fitness and Lifestyle Research Institute,  
Canadian Intramural Recreation Association,  
Canadian Medical Association,  
Canadian Parks and Recreation Association,  
Canadian School Sport Federation,  
Canadian Society for Exercise Physiology,  
Canadian Therapeutic Recreation Association,  
Chronic Disease Prevention Alliance of Canada,  
City of Surrey Parks, Recreation and Culture Department,  
College of Family Physicians of Canada,  
Canadian Cancer Society, Nova Scotia Division,  
Canadian Fitness Education Services Ltd.,  
Cancer Care Ontario,  
Leisure Information Network,  
Lifesaving Society,  
Ministry of Community, Aboriginal and Women's Services, Sport and Physical Activity Branch,  
Manitoba Education, Citizenship and Youth,  
Manitoba High Schools Athletic Association,  
MECY,  
National Fitness Leadership Alliance,  
New Brunswick Council for Fitness and Active Living,  
New Brunswick Council for Fitness and Active Living,  
New Brunswick Sport, Recreation and Active Living Branch – Culture and Sport Secretariat,  
Newfoundland and Labrador Coalition for Active Living,  
Newfoundland Dept. of Health and Community Services,  
Nova Scotia School Athletic Federation,  
Nova Scotia Sport and Recreation Commission,  
Newfoundland & Labrador Coalition for Active Living,  
Ontario Ministry of Tourism and Recreation,  
Ontario Physical and Health Education Association  
Osteoporosis Society of Canada,  
Ottawa Heart Beat,  
Ontario Rope Skipping Organization,  
ParticipACTION,  
PEI Active Living Alliance,  
PEI School Athletic Association,  
PEI Strategy for Healthy Living,  
Physical Activity Transition Project,  
Physical Medicine Research Foundation,  
Recreation and Parks Association of the Yukon,  
Recreation Nova Scotia,  
Regional Niagara Public Health Department,  
Renfrew County and District Health Unit,  
Schools Come Alive,  
Special Needs Equipment Exchange Service,

## *Towards a Physically Active Canada*

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Choices 4 Health,  
City of Hamilton, Public Health and Community  
Services Dept.,  
City of Regina,  
Diabetes Association (Brooks & District),  
Dietitians of Canada,  
Elgin St. Thomas Health Unit,  
Ever Active Schools Program,  
FitPro Lifestyle Consultants,  
Fitzgerald Consulting,  
Go for Green,  
Government of Nunavut, Recreation and Leisure  
Division,  
Government of Nunavut - Dept. of Culture, Language,  
Elders and Youth,  
Health Canada Physical Activity Unit,  
Hamilton Public Health & Community Services,  
Heart and Stroke Foundation of New Brunswick,  
Inter Provincial Sport and Recreation Council,  
Industrial Accident Prevention Association (IAPA),  
Kendrith Bentley and Associates Ltd.,

Sport Matters Group,  
Saskatchewan Health,  
Saskatchewan Physical Education Association,  
Saskatchewan Southwest Regional Recreation Assoc.,  
Sport Manitoba,  
Sport New Brunswick,  
Town of Petawawa, Parks and Recreation Department,  
Toronto Public Health,  
University of Alberta Be Fit For Life Centre,  
University of Alberta, Faculty of Physical Education and  
Recreation - Provincial Fitness Unit,  
University of Saskatchewan, College of Kinesiology,  
Vancouver Area Cycling Coalition,  
Whitehorse General Hospital,  
YMCA Canada,  
YWCA of Canada



## Context

### Investment in Physical Activity is Critical

Compelling evidence identifies the importance of increasing Canadian physical activity levels. In response to this evidence, the *Coalition for Active Living* urges the Government of Canada to make a strategic investment of \$500 million dollars over five years to enable the voluntary sector to undertake an aggressive strategy to address a national physical inactivity epidemic.

While the Government of Canada acknowledges the risks and costs associated with a sedentary society, its current investment in preventing this Chronic Disease risk factor, is less than 3.2 million dollars annually.

*“For the majority in our society, a sedentary lifestyle constitutes a major health risk...and will be the source of an almost incalculable burden on our health and social systems in the future.”*

**Dr. Andrew Pipe,**  
**Ottawa Heart Institute**

### The Physical Activity Status of Canadians

Through the 1990s, research revealed that most Canadians were not active enough to receive the health-related benefits of regular physical activity. Today, the level of physical inactivity is unacceptable.

According to the 2000/01 Canadian Community Health Survey (CCHS),

- **half of Canadians** 12 years of age and older **are physically inactive**;
- inactive Canadians face an **increased risk of chronic disease and premature death** due to physically inactive lifestyles;
- more women (54%) than men (44%) are physically inactive;
- above age 65, physical activity rates are the lowest (34%).

Other key findings of the CCHS include the following:

- A substantial number of **Canadians in every province are insufficiently active**, with the highest rates of inactivity in Newfoundland and Labrador, Prince Edward Island, New Brunswick, and Manitoba, and the lowest in Ontario, Alberta, and British Columbia.
- 2.8 million Canadians aged 20 to 64 are **obese** (this equals 15% of the population or **one in seven people**).
- Although they are the most in need of physical activity, obese people are the least active (33%).



### **Inactive Children and Youth**

- The majority of Canadian children and youth, aged 12 to 17, are **not active enough for optimal growth and development** (according to international guidelines).
- Canadian girls are less active than boys, with only 12% of girls (compared with 20% of boys) considered active enough using these guidelines (*Canadian Fitness and Lifestyle Research Institute, 2001*).
- The average Canadian child is **sedentary for three to five hours a day** in front of a television.
- A study in the Canadian Medical Association Journal also showed that between 1981 and 1996, the prevalence of overweight boys increased from 15% to 35.4% (the prevalence of overweight girls increased from 15% to 29.2%). During this same time, **the prevalence of obesity in children tripled**, from 5% to 16.6% for boys and from 5% to 14.6% for girls. (*Tremblay & Williams, CMAJ 2000 Canadian Medical Association Journal*)

### **The Cost of Physical Inactivity**

Increased physical activity levels can save health-care dollars.

- **\$2.1 billion**, or about 2.5% of the total direct health-care costs, can be attributed to physical inactivity. This figure mirrors results reported for the United States. (*Katzmarzyk, Gledhill, Shepard, CMAJ 2000 November 28;163 (11): 1435-1440*)
- Conservative estimates suggest that reducing the prevalence of physical inactivity by 10% would **save \$150 million annually**. This saving does not include indirect costs such as lost productivity due to illness, premature death, or a range of other health conditions, including mental illness and poor quality of life. (*Katzmarzyk, Gledhill, & Shepard, 2000*)

Investment in strategies to increase physical activity levels is critical.

- According to the Canadian Council for Tobacco Control ([www.cctc.ca](http://www.cctc.ca)), 5.4 million Canadians smoke (2001 stats). This represents 22% of the population aged 15 and over. Health Canada's Tobacco Strategy is currently investing \$480 million over five years. This strategy aims to reduce smoking from 25% to 20% of Canadians. This funding represents a cost of \$11.63 per year per smoker (or \$58 per ex-smoker per year if the strategy is successful).
- According to the Canadian Diabetes Association's Website ([www.diabetes.ca](http://www.diabetes.ca)), 2 million Canadians have Type II diabetes, a condition that is preventable through proper exercise and diet. The federal government has invested \$115 million over five years to address this disease, representing a cost of \$13.50 per person with Type II diabetes.
- Over 21 million Canadians are not active enough to benefit from a physically active lifestyle. A strategic investment of \$500 million over five years to address this physical

**The Federal Government has understood that investments in tobacco strategies and strategies to reduce diabetes require upstream investments in prevention. Similar investments will be needed in a National Physical Activity Strategy if we are to prevent chronic disease by increasing physical activity levels among Canadians.**



inactivity epidemic equals a cost of less than \$5 per inactive Canadian per year. (from 2001 CFLRI Physical Activity Monitor statistic that indicates 57% of Canadian adults are insufficiently active for optimal health benefits).

### **Physical Activity and Sport — Complimentary but Different**

Physical Activity and Sport are interconnected and mutually supportive, but different.

**Physical Activity begins its work with the inactive**, and encourages participation of each and every Canadian in physical activity both within and beyond a sport perspective. It embraces physical activity as an essential ingredient in a healthy and balanced life. Its most important focus, from a health perspective, is to move Canadians from being sedentary to being at least moderately active.

**Interventions to achieve a more physically active lifestyle may include culture, transportation, play, sport, nature, recreation, and education. Physically active lifestyles begin with activities as important as walking, gardening, wheeling, skating, and taking the stairs. These activities are part of our physical culture and are important to the well being of every Canadian.**

At the community level, Physical Activity and Sport are closely linked through the community-based delivery of sport, recreation departments, school physical education, intramurals and team sports, and are often run from a common budget. However, physical activity is also encouraged through supportive infrastructure for play, active transportation and green spaces, and through various health promotion strategies.

The Sport system offers opportunities for competitive involvement in athletics and excels at supporting the development of specific skills among those who have chosen to participate, at various sport levels. Sport offers important avenues for physical activity, and the *Coalition for Active Living* endorses the efforts of the Sport community in Canada (through the *Sports Matters* group), to increase federal funding for sport to \$180 million annually. **But investments in Physical Activity must be a priority.**



### **Physical Activity and Healthy Living**

Physical activity (as a personal health practice) is a key health determinant. Other determinants of health, such as education, income, gender, and environment influence participation in physical activity. An active lifestyle can positively influence other health determinants, while an inactive lifestyle can have the opposite effect.

Ultimately, most Canadians make a personal choice about whether they will be active and about the kinds of physical activity in which they will participate. But these choices do not exist in a vacuum. Many Canadians face barriers and inequities that make it more difficult to be regularly active.

The population-health approach suggests that educating people about physical activity is not enough. Individual behaviour changes are important, but need to be balanced with strategies for environmental change. Environmental and policy interventions that address all of the interacting determinants of health and healthful behaviour are required.

**Physical Activity has been identified as a ‘New Area of Emphasis’ as part of Health Canada’s Healthy Living Strategy. However, there is a serious gap between the resources allocated to this ‘new emphasis’, and its importance as a preventative health practice.**

The 2002 World Health Report on "Risks to Health - Promoting Healthy Living" highlights the significant contribution of these risk factors, including physical inactivity to the overall burden of chronic diseases worldwide. A combination of improper diet, insufficient physical activity and tobacco use are estimated to be the cause of up to 80% of premature coronary heart disease. In populations as diverse as in China, Finland and in the USA (several ethnic subgroups), studies have shown that even relatively moderate changes in behaviours toward healthy living, especially by increasing physical activity and improving diet, are sufficient to prevent the development of almost 60% of Type II diabetes cases. Up to one-third of cancers can be prevented by maintaining a healthy diet, normal weight and physical activity throughout one's life.<sup>2</sup>

Two-thirds of Canadians have at least one modifiable risk factor, which put them at risk for chronic disease.<sup>3</sup> At a population level, the risk factors of physical inactivity and unhealthy eating habits contribute to being overweight, high blood pressure, high blood cholesterol, and diabetes. They are therefore primary risk factors, which need to be given focused attention in any Healthy Living Strategy.

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<sup>2</sup> The World Health Organization, World Health in Transition, The Increasing Burden of Preventable Noncommunicable Diseases Worldwide [www.who.int/hpr/physactiv/world.health.shtml](http://www.who.int/hpr/physactiv/world.health.shtml)

<sup>3</sup> The Chronic Disease prevention Alliance of Canada, The Case for Change [www.cdpc.ca/content/case\\_for\\_change/case\\_for\\_change.asp](http://www.cdpc.ca/content/case_for_change/case_for_change.asp)

### Socio-Behavioral Risk Factors for Chronic Disease<sup>4</sup>

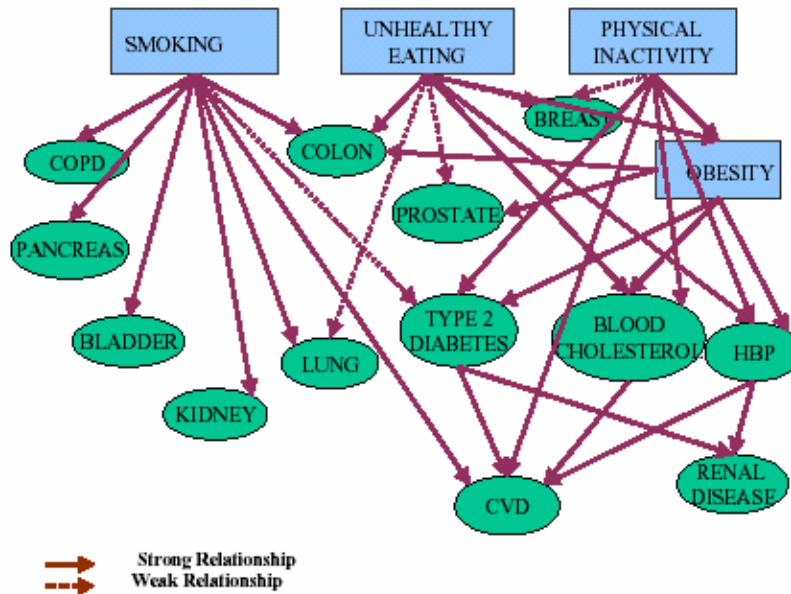


Figure 1. Harvey, Hook, Koziniak, Selvanathan, March 2002

<sup>4</sup>Harvey, Hook, Koziniak, Selvanathan, Building the Case for Chronic Disease Prevention – for Centre for Chronic Disease Prevention and Control, Health Canada; March 2002



### **Current Investment in Physical Activity**

**The 14 Ministers responsible for Physical Activity in Canada have committed to an increase in physical activity of 10 percentage points in each province and territory by 2010. However, Federal Government investment in Physical Activity has declined from approximately \$10 million dollars ten years ago to less than \$3.2 million dollars today.**

Despite this, many of the physical activity interventions developed by these organizations are nationally and internationally acclaimed, though severely strained by lack of resources.

Provincial and territorial government investments in physical activity declined in the 1990's. However, there have been significant re-investments in physical activity occurring in a number of provinces, including Quebec, Ontario, Alberta, Saskatchewan, Prince Edward Island and Nova Scotia. Over the past two years, these strategic investments have been undertaken as a means to develop appropriate chronic disease prevention strategies which include targeted initiatives for low income Canadians, girls and women, youth and aboriginals.

**The federal government has been absent in supporting or matching these provincial/territorial efforts despite having a direct benefit from a reduction in health care costs.**

### **Building Capacity for a Physically Active Canada**

Over the past 18 months, the *Coalition for Active Living* (CAL) has taken leadership in the development of a framework for a Pan-Canadian Physical Activity Strategy (attached).

**The membership of the *Coalition for Active Living* urges the Government of Canada, in partnership with the CAL, to create a new, aggressive and well-resourced Physical Activity Strategy for Canadians. Lack of priority and reduced resources for physical activity nationally has coincided with increased rates of physical inactivity in certain populations, increased rates of obesity and huge growth in rates of Type II diabetes.**

The membership of the *Coalition for Active Living* is well positioned to make a significant contribution to reducing physical inactivity in Canada and raising the profile of physical activity on the public agenda. It looks forward to working in close cooperation with the *Ministers responsible for Physical Activity and Sport (Ministers Bennett and Owens)* to maximize current and future opportunities, and find creative solutions to reduce current barriers and obstacles to a healthy, active Canada.

One Minister must assume a lead role to champion Physical Activity in Canada. Leadership that inspires others to work in ways that focus on the physical activity needs of Canadians, rather than jurisdictions, will be welcomed.



## Priority Recommendations

The *Coalition for Active Living* has identified three priority recommendations for Government action to reduce Canada's physical inactivity epidemic.

1. The Government of Canada, through key Ministries, makes a strategic **investment of \$500 million dollars over 5 years**, similar to the investment to reduce Tobacco consumption<sup>5</sup>, to undertake an aggressive strategy to address the physical inactivity epidemic in Canada.
2. The Government of Canada creates **tax incentives** to encourage physical activity among Canadians.
3. The Government of Canada must target new investments and incentives (recommendations 1 and 2 above) in areas of strategic emphasis. The *Coalition for Active Living* has identified **5 strategic areas for investment**, which will be needed in order to achieve the pan-Canadian goal, agreed to by all 14 Ministers responsible for Physical Activity, of increasing physical activity by 10 percentage points in every province and territory.

Areas needing this strategic investment are:

### **Healthy Public Policy**

Government leadership to support collaborative efforts with the voluntary sector to design and implement a Pan-Canadian Physical Activity Strategy through:

- Policy and legislation—federal/provincial/territorial/ and municipal
- Coordinated public, private, and voluntary sector actions
- Coordinated and integrated physical activity strategies for:
  - chronic disease prevention/health promotion
  - sport, culture, and environment
  - treatment and rehabilitation
- Training and development
- National leadership and capacity in the voluntary/public/private sectors
- Delivery of programs and services
- Focus on communities

### **Community Physical Environments**

Investments in the physical environments in Canadian communities are a critical determinant of population health that can either facilitate or discourage physical activity. Allocating a fair share of transportation and infrastructure spending will ensure supportive infrastructure for physically active lifestyles.

Supportive infrastructure investments include:

- Urban design and municipal master plans

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<sup>5</sup> Health Canada's Tobacco Strategy currently invests \$480 million over 5 years. An even greater percentage of Canadians are at risk from physically inactive lifestyles



- Infrastructure for community mobility and active transportation
- Indoor and outdoor sport and recreation facilities
- Roadways and transportation corridors
- Accessible and convenient trails and pathways

### **Supportive Social Environments**

Investments in social environments are critical to supporting physical activity. The social environment is a key determinant of population health, providing the “culture” in which Canadians learn or change many lifestyle behaviours. Priorities include:

- Health behaviour change programs that are adapted for individual needs
- Targeted populations, e.g.,
  - children and youth
  - older adults
  - persons with disabilities
  - Aboriginals
- Interventions in workplaces, schools, and neighbourhoods
- Culturally sensitive approaches to reach specific inactive populations
- Evidence-based interventions based on best practice, e.g., prompts and incentives
- Addressing socio-economic barriers

### **Public Education**

Investments in public education efforts need to provide information generate discussion, and influence attitudes and values about physical activity and physical activity behaviours. The purpose of public education is to create a climate conducive to social and behavioural change. Needed public education investments include the following:

- Increased emphasis on physical education in the school system
- Social marketing, e.g.,
  - community-wide campaigns
  - mass media strategies
  - targeted messaging for inactive and priority sedentary populations
  - common physical activity messages for all sectors

### **Research and Knowledge Exchange**

Canada must implement comprehensive research and surveillance systems in order to understand and apply effective strategies and current trends in policies, plans, and practices to reduce physical inactivity. The 2003 Roundtable on Physical Activity Research in Edmonton identified the following areas where research must be supported:

- Cost-benefit analyses of physical activity/inactivity
- Interventions to increase physical activity behaviour
- Increasing and sustaining physical activity in children and youth
- Barriers to physical activity participation
- Increasing community capacity to support physical activity



### **Benefits for Canada**

People need to be active to be healthy. Our modern lifestyle and all of its conveniences have made us sedentary - and that's dangerous for our health. Sitting around in front of a television set or a computer, riding in the car for even a short trip to the store, and using elevators instead of stairs or ramps all contribute to our inactivity. Physical inactivity is as dangerous to our health as smoking.<sup>6</sup>

Conservative estimates suggest that reducing the prevalence of physical inactivity by 10% would save \$150 million annually.

Experts in physical activity recommend 60 minutes of physical activity every day to stay healthy or improve health. This goal can support and promote efforts to enable Canadians to incorporate physical activities into daily routines, adding it up in periods of at least 10 minutes each throughout the day.

**If physical inactivity was suddenly eliminated in Canada, 21,000 premature deaths would be avoided every year... 58 deaths each day would be unnecessary,<sup>7</sup> and millions of Canadians would add life to their years through healthy living.**

**By making a strategic investment in physical activity, the Government of Canada, Voluntary Sector Organizations, Provincial/Territorial governments and Municipal governments will be in a position to design and implement a Pan-Canadian, comprehensive, integrated, and collaborative Physical Activity Strategy. This strategy can improve health through increasing the physical activity levels of all Canadians by 10% by 2010 in each province and territory. It can help Canada reach the target that has been set as by Federal and Provincial Ministers responsible for physical activity.**

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<sup>6</sup> Health Canada, 2003

<sup>7</sup> Video presentation to the Ministers of Sport and Recreation, Bathurst New Brunswick, 2003