



PHYSICAL ACTIVITY STRATEGY FOR PRINCE EDWARD ISLAND 2004-2009



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Co-Chairs, Steering Committee
PEI Physical Activity Strategy

RE: Physical Activity Strategy for PEI

Dear Sirs:

I am pleased to present our Final Report of the captioned study.

It has been a pleasure working with you. We thank the Steering Committee for the support and direction it has provided and trust the Final Report is fully to your satisfaction.

Yours truly,

Douglas MacArthur
PRESIDENT

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EXECUTIVE SUMMARY

BACKGROUND

With the recent release of the Provincial Healthy Living Strategy, and the decision by Federal-Provincial-Territorial Ministers responsible for sport on new physical inactivity reduction targets, now is an appropriate time to evaluate the current situation and plan the future direction for the physical activity agenda in PEI.

The PEI Department of Community and Cultural Affairs and other key Island stakeholders, who together comprise the Steering Committee, expect the current study to provide a framework for the physical activity delivery system for the next five years. The study should also reflect a forward-thinking (*outside the box*) approach to the delivery of physical activity opportunities and reflect best practices of other jurisdictions.

The study process has consisted of the following:

- group and one-on-one meetings with the Steering Committee;
- review of secondary research across Canada and worldwide to determine the existing situation and best practices;
- broad-based community focus groups in O’Leary, Summerside, Charlottetown, and Montague;
- focus groups with particular target groups (e.g., children/youth, seniors) across PEI;
- one-on-one meetings and other communications (e.g., telephone, e-mail) in PEI and off-Island;
- progress and final reports to the Steering Committee.

Throughout the study process, the consultant team has received a high level of interest and input from all stakeholders. We are confident that there is a strong consensus across PEI that a major and comprehensive physical activity strategy can be of great benefit to Islanders.

PHYSICAL ACTIVITY OVERVIEW

Regular physical activity that is performed on most days of the week reduces the risk of developing or dying from some of the leading causes of illness and death. Regular physical activity improves health in the following ways:

- Reduces the risk of dying prematurely.
- Reduces the risk of dying from heart disease.
- Reduces the risk of developing diabetes.
- Reduces the risk of developing high blood pressure.
- Helps reduce blood pressure in people who already have high blood pressure.
- Reduces the risk of developing colon cancer.
- Reduces feelings of depression and anxiety.
- Helps control weight.
- Helps build and maintain healthy bones, muscles, and joints.
- Helps older adults become stronger and better able to move about without falling.
- Promotes psychological well-being.

Regular physical activity also provides young people with substantial physical, mental and social benefits, including:

- Engagement in play and sport gives young people opportunities for natural self-expression, self-confidence, relief of tension, achievement, social interaction and integration, as well as for learning the spirit of solidarity and fair play.
- Some studies show that among adolescents, the more often they participate in physical activity, the less likely they are to use tobacco or to become involved in juvenile crime. It has also been found that children who are more physically active show higher academic performance. Team games and play promote positive social integration and facilitate the development of social skills in young children.
- Patterns of physical activity acquired during childhood and adolescence are more likely to be maintained throughout the life span, thus providing the basis for an active and healthy life. On the other hand, unhealthy lifestyles—including sedentary lifestyle, poor diet and substance abuse, adopted at a young age, are likely to persist in adulthood.

Physical inactivity has become a major problem and some would say a crisis. Examples of the implications of physical inactivity among the general population include:

- Preliminary data from a World Health Organization (WHO) study on risk factors suggest that inactivity is one of the 10 leading global causes of death and disability.
- By not doing the recommended levels of physical activity – 30 minutes of moderate exercise, five times a week, a person is at twice the risk of coronary heart disease and three times the risk of suffering a stroke.
- Physical activity can reduce the risk of colon cancer by as much as 50%. Research also shows that physical activity may protect against breast cancer in women.
- Eleven percent of Canadian women and men over the age of 65 suffer from diabetes, with the disease accounting for over 5,000 deaths annually. Diabetes results in over \$1-billion annually in direct and indirect costs. Physical activity can reduce the risk of developing type 2 diabetes by as much as 50%.
- The risk of osteoporosis is reduced through regular physical activity among children and adolescents, and there is also evidence for maintenance of bone mass through physical activity and calcium supplementation in adulthood.
- Regular physical activity improves function and relieves symptoms among people with osteoarthritis and rheumatoid arthritis.
- Physical activity affects body composition and weight favourably by promoting fat loss. Obesity increases the risk of coronary heart disease, type 2 diabetes, osteoarthritis, and various cancers. It also increases the risk of back injuries that are a significant cost to industry.
- PEI's incidence of chronic disease is even worse than the national average.
- PEI has the highest hospitalization rates for heart attacks in the country.
- PEI's cardiovascular disease mortality rate of 267.1 per 100,000 is well above the national average of 245.9.
- 38% of Islanders are overweight, compared to the national average of 33%; a further 19% are obese, compared to the national average of 15%.

Children & Youth

- Nearly half of youth aged 12 – 21 are not vigorously active on a regular basis.
- About 14% of young people report no recent physical activity, and inactivity is more common among females than males.
- Participation in all types of physical activity declines strikingly as age or grade in school increases.
- In the USA, only 19% of all high school students are physically active for 20 minutes or more, five days a week, in physical education classes.
- North Carolina notes that overweight/obesity is the first chronic disease spreading at

epidemic rates. At its current rate, it will soon become the costliest disease, surpassing cardio-vascular disease. The percentage of children who are overweight in the United States doubled in the past two decades and the percentage of overweight adolescents tripled.

- Inactivity among children and youth is reaching alarming proportions in Canada. The following table provides the percentage of Nova Scotia students who accumulated that province's recommendations of 60 minutes of moderate or vigorous exercise each day:

2000-02	Grade 3	Grade 7	Grade 11
Male	90%	45%	8.7%
Female	92.3%	28%	4.3%

SECONDARY RESEARCH HIGHLIGHTS

Particularly in the more developed countries of the world, there is recognition that increased investment in physical activity has major economic benefits, especially in terms of reduced health care costs, increased productivity, and healthier physical and social environments. Economic consequences of physical inactivity affect individuals, businesses, and nations. There is also a recognition that the "return" on a dollar invested in physical activity (the preventative side of health) can be much greater than a dollar invested on the sickness/disease side of the health care system.

Some of the secondary research from around the world on economic costs and benefits related to physical activity include:

- A recent study in Scotland estimates that approximately one-third of all deaths in that country from coronary heart disease, stroke, and colon cancer for those aged 16 to 74 years of age can be attributed specifically to lack of regular physical exercise.
- Cardio-vascular disease alone claims the lives of 79,500 Canadians annually and costs the health care system over \$7.3-billion in direct costs, plus many billions more in indirect costs.
- A PEI Strategy for Healthy Living document estimates direct and indirect costs of chronic disease in PEI are \$25-million related to diabetes; \$9-15-million related to obesity; \$10.2-million related to smoking.
- Analysis by a number of sources, including the U.S. Surgeon General and the Centers for Disease Control, conclude that physically active individuals save an estimated US\$500 per year in health care costs, based on 1998 data.
- Workplace physical activity programs in the USA can reduce short-term sick leave (by 6-32%), reduce health care costs (by 20-55%), and increase productivity (by 2-52%). In companies with employee physical activity programs/initiatives, a benefit of US\$513 per worker per year can be reached from changes in productivity, absenteeism, turnover, and injury.
- In Canada, according to recent statistics, physical inactivity accounts for about 6% of total health care costs. In the PEI case, this would mean that physical inactivity is directly costing our health care system approximately \$25-million per year.
- In the USA, an investment in physical activity of \$1.00 leads to \$3.20 in medical cost savings.

It is obvious from the foregoing that increased government investment in physical activity can offer outstanding returns in terms of reducing the growth in health care expenditures. There are also many other public and personal benefits of such investment. In fact, governments throughout the developed world are now recognizing the merit in such investment. Without a dramatic improvement in physical activity and obesity levels and generally improved healthy living, our health system may not be sustainable, given an ageing population and sedentary lifestyles.

CONSULTATIONS WITH PEI STAKEHOLDERS

Issues

The following issues were raised in the PEI consultations:

- There just isn't enough time, especially for parents with kids. And, in terms of students, the school curriculum is already so full, is it really possible for schools to expand their physical education classes?
- There is a lack of both personal and parental responsibility in addressing physical activity needs.
- For many, money is a major issue – just not enough to go around. Also, economic pressures, such as seasonal employment, insecure employment, low wages, leave the worker so preoccupied with earning a living that there is too much stress to regularly exercise. Shortage of dollars for programs is another type of money issue.
- Transportation is an issue for many people, particularly in rural communities.
- Fear is an issue in that parents are often too protective of their children, especially if their children have disabilities. Similarly, some seniors fear injury from physical activity, and women have personal safety concerns.
- Insecurity or low self-esteem is an issue, as many people think they are too uncoordinated, too heavy, or too inept to try many physical activities.
- Motivation is an issue, as many people don't have the will to stay with an activity on a sustainable basis. We haven't built or structured a society that wants to be fit.
- Lack of awareness of the importance of physical activity is an issue.
- Often there is no place to refer people who need physical activity.
- Lifestyles are an issue, with both parents working, buses to school, families not sharing meals. And there are too many distractions in the form of television, the Internet.
- We are too traditional in the way we do things; we need to think outside the box.
- There are occupational barriers. For example, workplace physical activity programs are not designed for some blue-collar activities. Similarly, workplace programs may be fine for 8 – 5 jobs, but are not adaptable to night shifts or other non-traditional work shifts. Also, sometimes people are too tired from work to exercise.
- Six months of winter is a big issue.
- Inaccessible schools for physical activity are a barrier. Absence of facilities is an issue, especially in rural areas.
- Unlike our urban areas, there is no one in rural areas to speak to the need for physical activity in a sustained, effective way.

Roles

- It should be emphasized that roles and other aspects of this physical activity strategy must build on and complement the overall Healthy Living Strategy. The Healthy Living Strategy was created to bring together groups dealing with risk factors to ensure inclusion and yet avoid duplication. The following roles are suggested and finalized roles and coalitions should be established through a collaborative approach among the various stakeholders.
- Government's role should be primarily that of true leadership: that is, building the capacity of other groups to do things and empowering groups and individuals to assume responsibility. Government must be more visible in advancing physical activity.
- Regional networks need to be strong, and the four healthy living co-ordinators should play key roles, including responsiveness to issues/needs in their region.
- Needs to be strong and ongoing linkages with the PEI Medical Society and its Health Promotion Committee.
- The school system has to play a major role in delivery of physical activity, including expanded community access to facilities.

- There is an important role for all stakeholders, including: leadership by communities and the Federation of PEI Municipalities, advocacy for school changes by the PEI Home and School Federation, and delivery of training by the Island Fitness Council, etc.
- Existing sport and recreation systems should be key deliverers of programs and must reach out to non-participants, with Active Living Alliance being a lead advocate for increased physical activity, but not necessarily delivering programs.
- There needs to be people on the ground (e.g., animators) across the province to plan and deliver programs that fit unique community needs.
- Need to strengthen some natural alliances, such as between Department of Veterans Affairs and seniors.
- Community Health Centres can become a key player in the strategy at the community level.

RECOMMENDATIONS

Overview

The recommendations which follow are based on the premise that PEI must take strong action to deal with our physical activity challenge. Our province is one of the most physically inactive in Canada, and Canada is far from the front in responding to physical activity needs of its population. We simply cannot get the job done by making marginal changes.

There is an urgent need to recognize the seriousness of physical inactivity. In the Secondary Research section of this report are cited examples of other jurisdictions that have declared the situation a crisis, and governments throughout the world now are taking concerted and, in some instances, radical action to address the problem. As was stated in a focus group for this study, *“When someone says we can’t find time in the school day for regular physical activity, do they realize what they are saying? Not receiving adequate physical activity may compromise my son’s health and, in the longer term, maybe even his life. So move over math and history.”*

In addressing the physical activity challenge and the recommendations that follow, the focus is on doing things better: making better use of existing resources, rather than only relying on major additional resources that may be brought to bear. Doing things better is not meant in any way as a criticism. In fact, key stakeholders in PEI are in the forefront of doing things well. However, the magnitude of the task at hand requires them to do even better. This means, for example, that:

- There needs to be greater personal and parental responsibility related to physical activity. Parents and individuals need to do parenting better and manage their personal lives better, and this should be part of the strategy
- There are only so many hours in the day and in the school day. Individuals need to use their time better, and there needs to be changes in the existing school day to more fully accommodate physical activity needs of our children and youth.
- Our municipalities/communities need to do even more in providing programs and facilities that meet the physical activity needs of their residents
- There is a similar requirement for employers and government to do better. And it is in the vested interest of both to do so. A healthy workforce pays major dividends to its employer. Similarly, a healthy population can slow the escalating, out of control, health costs of a health system based on treatment of disease rather than disease prevention.
- All of the many excellent stakeholder organizations, including those represented on the Steering Committee for this study, need to do even more – to turn their performance up a notch, so they can play a full role in planning and implementing an ambitious, yet doable, physical activity strategy.

CHILDREN & YOUTH

Recommendation #1: To mandate daily physical activity from Grades 1 to 12 inclusive. It is recognized that this recommendation presents major challenges and competing priorities for the school system, but it is essential to the strategy.

Recommendation #2: To ensure that physical activity programs for young people have a strong element of fun and play.

Recommendation #3: To develop many additional, low cost, conveniently located facility options to provide venues for physical activity.

Recommendation #4: To provide some individualized physical activity strategies for youth, which may need to incorporate individual, non-team activity with the latest trends or “*what’s cool*” in physical activity. An important consideration will be convenient locations, whether for a skate park, or soccer, or outdoor basketball parks, etc.

Recommendation #5: To initiate summer recreation programs in smaller rural communities across PEI where children to, say, age 13, would be supervised (likely by government funded personnel utilizing human resource development programs).

Recommendation #6: To emphasize physical activity in the school environment, which will provide adequate exercise and which will also encourage lifelong participation in physical activity

ADULTS

Recommendation #7: To put in place, at the community level, infrastructure/facilities that will expand the opportunities for informal physical activity by adults. In some cases, this may involve new facilities, but there also needs to be better and consistent across-the-province access to school buildings and community facilities that enable safe participation in physical activity.

Recommendation #8: To identify and work to reduce/eliminate barriers to participation in physical activity (such as providing childcare, offering free/low cost activities, and promoting peer group activities, including socialization opportunities for older adults).

Recommendation #9: To schedule community activities that promote physical activity on a regular basis and at convenient times. There is a related need to establish more community coalitions that promote physical activity.

Recommendation #10: To encourage participation in physical activity by the family unit and to concurrently refocus responsibility on adult family members for maintaining a physical activity regime for all members of the family. Participation at the family level should include intergenerational (e.g. parents and children, or grandparents and grandchildren) participation and should ingrain physical activity as a cornerstone of family life.

Recommendation #11: To introduce a province-wide program, possibly called “PEI Fitness 200” that provides 200 events across the province in a year (e.g. Confederation Trail spring, summer, fall walks; spring outdoor clean-up day; family activity days; neighbourhood walk days; intergenerational days; how to play sports days; “Do you Wanna Dance” days; Christmas lights walkabouts; “Fit Parade” walkers, bikers, joggers, dancers becoming part of the Gold Cup Parade, Souris Santa Clause Parade, etc.). Award prizes at the end of the year for the Islanders who participated in the most PEI Fitness 200 events. Provide ongoing

awareness of upcoming events through the media (e.g. Boomer Gallant on Canada Now nightly weather forecasts).

Recommendation #12: To encourage workplace policies and practices that promote physical activity (such as flexible hours, activity breaks, and incentives).

Recommendation #13: To continue to develop and promote partnerships between employers and key facility/program partners, such as health clubs and community recreation programs (e.g. lunchtime fitness).

Recommendation #14: To publicly recognize employers who introduce and maintain high quality workplace physical activity programs.

Recommendation #15: To ensure that special consideration required in one or two regions of the province to ensure the physical activity strategy can be as effectively implemented there as in the rest of the province.

AT RISK GROUPS

Recommendation #16: To develop programs specifically designed for particular at risk groups consistent with the particular health needs of the group and delivered at the local community level, including our smaller rural communities.

Recommendation #17: To ensure that people with disabilities are involved at all stages of planning and implementing community physical activity programs. Also, ensure that environments and facilities conducive to being physically active are available and accessible to people with disabilities.

Recommendation #18: To encourage healthcare providers to talk routinely and at every opportunity to patients with disabilities about incorporating physical activity into their lives. Provide support structures (e.g. a physical activity referral person in a medical clinic) so that the medical practitioner can easily refer the person, rather than unduly tying up his/her time giving specific physical activity advice. *NOTE: This recommendation applies to all individuals, not only people with disabilities.*

SENIORS

Recommendation #19: To provide more community based physical activity programs that offer aerobic strengthening and flexibility components, specifically designed for older adults.

Recommendation #20: To ensure that facilities for physical activity accommodate and encourage participation by seniors. Also encourage malls and other indoor or protected locations (e.g. community centres, churches) to provide safe places for walking in any weather.

Recommendation #21: To develop physical activity programs involving seniors interacting with other target groups, including children and youth, adults, and people with disabilities.

WOMEN

Recommendation #22: To develop programs in communities that can make it easier for women to participate in physical activity. Examples include:

- Providing environmental inducements to physical activity for women, such as safe, accessible, and attractive trails for walking.
- Opening schools for community recreation and form neighbourhood watch groups and take other initiatives to provide safe places for walking or other physical activities in any weather.
- Providing targeted programs to meet the needs of older women, women with disabilities, women of racial and ethnic minority groups, and women with low incomes.
- Including childcare arrangements to encourage the participation of women with children.

COMMUNICATIONS

Recommendation #23: To hold a PEI Healthy Living Summit of stakeholders to discuss best practices, rank key actions, identify priorities, and establish consortia. This will enable physical activity and healthy eating initiatives to be advanced in a coordinated, collaborative, and cost-effective fashion.

Recommendation # 24: To increase awareness through social marketing of the importance of physical activity, available resources, and how to get involved in enjoyable, lifelong physical activity.

Recommendation #25: To conduct formative research to identify best approaches to different target populations with a goal to making physical activity the norm.

Recommendation #26: To integrate key physical activity messages into existing parent education initiatives and encourage personal and parental responsibility in reducing physical inactivity.

IMPLEMENTATION STRATEGY AND TIMETABLE

The Steering Committee, with some possible modifications (e.g. add a representative from the PEI Medical Society), should be kept in place for the life of the Strategy. Its role would change from its present one of guiding the development of the Strategy to that of managing the implementation and monitoring of the Strategy. The multi-faceted nature of the problem, and the strategy being proposed to address it, require a comprehensive approach to implementing the Strategy.

Year One: Year One should be devoted to three activities:

1. Defining the specific role of each stakeholder and securing a firm commitment of the stakeholder to that role.
2. Developing a framework for a Social Marketing Campaign and identifying potential funders for such a campaign.
3. Identifying and prioritizing pilots and other initiatives to be undertaken in Years Two, Three and Four.

Years Two to Five should focus on fully implementing the recommendations of the strategy. Year Five should also be devoted to reviewing the findings to date and to determining which initiatives should be sustained over the long term.

Year Five should be devoted to reviewing the findings from the previous years of activities, and to determining which initiatives will be sustained over the long term.

1.0 Background

1.1 Events Leading to this Study

In February 1995, the then Ministers responsible for recreation and sport in Canada recognized the major health risks attributable to sedentary lifestyles and unanimously agreed to collectively channel resources to help combat problems typically associated with physically inactive Canadians.

In 1995, the Government of PEI adopted the Provincial Active Living Policy, the first province/territory to do so.

In 1997, the release of the federal document Physical Activity Benchmarks set the stage for the Active Living movement in PEI. Compiled by the Fitness and Lifestyle Research Institute, the report indicated that, among other things, 68% of Islanders were not active enough to experience the health benefits afforded through physical activity. Realizing the urgent need to respond, the Government of Prince Edward Island, through the Department of Community and Cultural Affairs, decided to focus on educating the public about the relationship between physical activity, personal enjoyment, and long-term wellness (physical, mental, emotional, social, and economic).

NOTE: For purposes of this study, physical activity is defined as exercise or movement including walking, running, sport, or other daily activities such as household chores, yard work, or walking the dog. It is generally recommended that adults get at least 30 minutes and children get at least 60 minutes, of moderate physical activity most days of the week. Moderate physical activity is any activity that requires about as much energy as walking two miles in 30 minutes.

In 1998, the PEI Active Living Alliance was formed and began to put in place action plans to address many of the issues that prevent Islanders from living a more active lifestyle.

PEI has been successfully involving other stakeholders within government and non-government sectors in the physical activity agenda, the most recent being the partnership of the Department of Health and Social Services, Department of Education, and Department of Justice in the development of a Healthy Living Strategy for PEI.

1.2 The Current Study

With the recent release of the Provincial Healthy Living Strategy, and the decision by Federal-Provincial-Territorial Ministers responsible for sport on new physical inactivity reduction targets, now is an appropriate time to evaluate the current situation and plan the future direction for the physical activity agenda in PEI.

The PEI Department of Community and Cultural Affairs and other key Island stakeholders, who together comprise the Steering Committee, expect the current study

to provide a framework for the physical activity delivery system for the next five years. The study should also reflect a forward-thinking (*outside the box*) approach to the delivery of physical activity opportunities and reflect best practices of other jurisdictions.

In August 2003, MacArthur Group Inc. with Don LeClair, Associate, was retained to undertake the current study. Direction for the study is being provided by a Steering Committee with representation from.

- PEI Department of Community and Cultural Affairs (co-chair)
- Provincial school system (co-chair)
- PEI Active Living Alliance
- Sport PEI
- PEI Recreation and Facilities Association
- PEI Division of the Canadian Cancer Society
- Island Fitness Institute
- UPEI Director of Wellness
- Federation of PEI Municipalities
- PEI Home and School Federation
- PEI Department of Health and Social Services
- Federal Department of Veterans Affairs.

The study process has consisted of the following:

- group and one-on-one meetings with the Steering Committee;
- review of secondary research across Canada and worldwide to determine existing situation and best practices;
- broad-based community focus groups in O'Leary, Summerside, Charlottetown, and Montague;
- focus groups with particular target groups (e.g., children/youth, seniors) across PEI;
- one-on-one meetings and other communications (e.g., telephone, e-mail) in PEI and off-Island;
- progress and final reports to the Steering Committee.

Throughout the study process, the consultant team has received a high level of interest and input from all stakeholders. We are confident that there is a strong consensus across PEI that a major and comprehensive physical activity strategy can be of great benefit to Islanders.

2.0 Physical Activity Overview

2.1 Benefits of Physical Activity

Regular physical activity on a daily basis reduces the risk of disease or death.. Regular physical activity improves health in the following ways:

- Reduces the risk of dying prematurely.
- Reduces the risk of dying from heart disease.
- Reduces the risk of developing diabetes.
- Reduces the risk of developing high blood pressure.
- Helps reduce blood pressure in people who already have high blood pressure.
- Reduces the risk of developing colon cancer.
- Reduces feelings of depression and anxiety.
- Helps control weight.
- Helps build and maintain healthy bones, muscles, and joints.
- Helps older adults become stronger and better able to move about without falling.
- Promotes psychological well-being.

Health benefits of physical activity for children and youth:

- helps build and maintain healthy bones, muscles, and joints;
- helps control weight, builds lean muscle, and reduces fat;
- prevents or delays the development of high blood pressure, and helps reduce blood pressure in some adolescents with hypertension.

Non-health benefits of physical activity for children and youth:

Regular physical activity also provides young people with substantial physical, mental and social benefits, including:

- Engagement in play and sport gives young people opportunities for natural self-expression, self-confidence, relief of tension, achievement, social interaction and integration, as well as for learning the spirit of solidarity and fair play.

- Some studies show that among adolescents, the more often they participate in physical activity, the less likely they are to use tobacco or to become involved in juvenile crime. It has also been found that children who are more physically active show higher academic performance. Team games and play promote positive social integration and facilitate the development of social skills in young children.
- Patterns of physical activity acquired during childhood and adolescence are more likely to be maintained throughout the life span, thus providing the basis for an active and healthy life. On the other hand, unhealthy lifestyles—including sedentary lifestyle, poor diet and substance abuse, adopted at a young age, are likely to persist in adulthood.

Health benefits to persons with disabilities:

- Reduces the risk of dying from coronary heart disease and of developing high blood pressure, colon cancer, and diabetes.
- Can help people with chronic, disabling conditions to improve their stamina and muscle strength.
- Reduces symptoms of anxiety and depression, improves mood, and promotes general feelings of well-being.
- Helps control joint swelling and pain associated with arthritis.
- Can help reduce blood pressure in some people with hypertension.

2.2 Magnitude of the Physical Activity Challenge

General Population

Physical inactivity has become a major problem and some would say a crisis. Examples of the implications of physical inactivity among the general population include:

- Preliminary data from a World Health Organization (WHO) study on risk factors suggest that inactivity is one of the 10 leading global causes of death and disability.
- By not doing the recommended levels of physical activity – 30 minutes of moderate exercise – 5 times a week, a person is at twice the risk of coronary heart disease and three times the risk of suffering a stroke.
- Physical activity can reduce the risk of colon cancer by as much as 50%. There were 5,900 deaths in Canada from colorectal cancer in 1997, with an estimated 17,000 new cases occurring in 2000. Research also shows that physical activity may protect

against breast cancer in women. Over 2,300 Canadian women died of breast cancer in 1997, with an estimated 19,200 new cases in 2000.

- Eleven percent of Canadian women and men over the age of 65 suffer from diabetes, with the disease accounting for over 5,000 deaths annually. Diabetes results in over \$1-billion annually in direct and indirect costs. Physical activity can reduce the risk of developing type 2 diabetes by as much as 50%. Diabetes is also a contributing factor in health disease and stroke.
- Some 25% of women over age 50, and half over age 70, will develop osteoporosis. Seven in ten fractures in those over age 45 are due to this disease. The risk of osteoporosis is reduced through regular physical activity among children and adolescents, and there is also evidence for maintenance of bone mass through physical activity and calcium supplementation in adulthood.
- Arthritis affects over four million Canadians and is a leading cause of disability in more than 600,000 people. Muscular-skeletal conditions, including arthritis, account for \$15.5-billion in indirect costs to the Canadian economy annually. Regular physical activity improves function and relieves symptoms among people with osteoarthritis and rheumatoid arthritis.
- Physical activity affects body composition and weight favourably by promoting fat loss. Obesity increases the risk of coronary heart disease, type 2 diabetes, osteoarthritis, and various cancers. It also increases the risk of back injuries that are a significant cost to industry. Over half of Canadians carry some excess weight and two-thirds of these are considered to be at probable health risk.
- PEI's incidence of chronic disease is even worse than the national average. For example, PEI has one of the highest lung cancer incidence rates among males, 88 per 100,000, compared to the Canadian average of 74. Also, PEI has one of the highest lung cancer mortality rates among males at 78 per 100,000 compared to the Canadian average of 67.
- 16.2% of Islanders over 19 years of age report having high blood pressure, compared to the national average of 14.4%.
- PEI has the highest hospitalization rates for heart attacks in the country.
- PEI's cardiovascular disease mortality rate of 267.1 per 100,000 is well above the national average of 245.9.
- 38% of Islanders are overweight, compared to the national average of 33%; a further 19% are obese, compared to the national average of 15%.

Children & Youth

- Nearly half of youth aged 12 – 21 are not vigorously active on a regular basis.
- About 14% of young people report no recent physical activity, and inactivity is more common among females than males.
- Participation in all types of physical activity declines strikingly as age or grade in school increases.
- In the USA, only 19% of all high school students are physically active for 20 minutes or more, five days a week, in physical education classes.
- North Carolina notes that overweight/obesity is the first chronic disease spreading at epidemic rates. At its current rate, it will soon become the costliest disease, surpassing cardio-vascular disease. The percentage of children who are overweight in the United States doubled in the past two decades and the percentage of overweight adolescents tripled.
- The percentage of Arizonans who are physically active decreased from 76.3% in 1994 to 48.7% in 1999. The Arizona Department of Health Services has declared an epidemic of sedentary lifestyle due to the high numbers of individuals who report no physical activity.
- Inactivity among children and youth is reaching alarming proportions in Canada. The table on the following page provides the percentage of Nova Scotia students who accumulated that province's recommendations of 60 minutes of moderate or vigorous exercise each day:

2000-02	Grade 3	Grade 7	Grade 11
Male	90%	45%	8.7%
Female	92.3%	28%	4.3%

Only 15% of Nova Scotia high school students take physical education. Only 25% of Nova Scotia students, aged 5-17 years, walk or bike to school every day.

Persons with Disabilities

- People with disabilities are less likely to engage in regular moderate physical activity than people without disabilities, yet they have similar needs to promote their health and prevent unnecessary damage.

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- The U.S. National Center on Physical Activity and Disability notes that, “*people with disabilities have received little (physical activity) consideration. . . . A major constraint to creating specific exercise guidelines for persons with disabilities is the lack of scientific literature on this topic. A second major barrier is the fact that many health professionals currently do not associate terms such as wellness, exercise, and health promotion with persons with disabilities. There is a severe lack of data available on ways of adapting physical activity and exercise programs to meet the needs of persons with specific disabilities. Similarly, there is very little available information concerning how to integrate persons with moderate and severe disabilities into community-based fitness programs.*”

Seniors

- The loss of strength and stamina attributed to aging is in part caused by reduced physical activity.
- Inactivity increases with age. By age 75, about one in three men, and one in two women, engage in no physical activity.

Women

- More than 60% of women do not engage in the recommended amount of physical activity.
- More than 25% of women are not active at all
- Physical inactivity is far more common among women than men.

2.3 Trends

- A lack of leisure time is twice the barrier to outdoor recreation for people than a lack of money.
- Two out of every three adults began their favourite activity as a child.
- Partnerships with the private sector will be an increasingly important means of developing recreation programs.
- Risk/adventure pursuits are gaining in popularity.
- Use of recreational equipment is booming.
- The “pay to play” philosophy is being increasingly accepted as the norm.
- 61% of recreationists desire recreational instructional programs to teach skills.

- Society is shifting from conformity and uniformity to customization and individuality.
- Our fast pace of life leaves people frantic even when they are trying to have fun.
- Among adults aged 65 or older, walking and gardening or yard work are, by far, the most popular physical activities.

2.4 Provincial Government Roles Across Canada

As part of the physical activity overview of this section, it is useful to review the structure and activities of other provincial jurisdictions across Canada in addressing physical activity needs of their population.

- The first goal of the recently developed Newfoundland and Labrador strategic health plan is a wellness strategy. The Newfoundland Department of Tourism, Culture, and Recreation has a Recreation and Sport Division that includes “active living and recreation programs in support of healthier lifestyles and community-based organizations, as well as support for provincial and national sports programs”.
- Nova Scotia in 2003 formed an Office of Health Promotion (OHP) of which enhanced physical activity is a major component. The Sport and Recreation Division of the OHP delivers the physical activity component as the lead for a number of government departments and agencies. Although the Sport and Recreation Division continues to be under the direction of the Minister who is also responsible for the Department of Tourism and Culture, the Executive Director of OHP (and the Sports and Recreation Division) reports to the Deputy Minister of Health.
- In New Brunswick, the Sport, Recreation and Active Living Branch of the N.B. Culture and Sport Secretariat is involved with a number of initiatives to decrease physical inactivity. The Branch also manages special projects and programs that are delivered on a regional or provincial basis (e.g. Canada Games).
- The Quebec Ministry of Municipal Affairs, Sport, and Leisure has a total staff of 60 in its Secretariat of Leisure and Sport. Its four strategic orientations are: 1) combat inactivity, 2) support the development of leisure and sport, 3) ensure safety in sport and leisure activities, and 4) support excellence in sport.
- The Ontario Ministry of Tourism and Recreation, Sport and Recreation Branch supports the Province’s priorities, “...in health, education, job creation, economic growth, and promotion of volunteerism”. Increasing physical activity levels is a major objective. In fact, there is currently a major study underway involving possible reorganization to address an enhanced physical activity focus.
- The Manitoba Department of Culture, Heritage and Tourism: Recreation and Regional Services Branch “strives to improve individual well being and to foster the

social and economic health of communities through recreation, physical activity and wellness promotion”.

- Saskatchewan Sport and Recreation Branch is committed to increasing physical activity by 10% by 2005. In August 2001, the department released “A Physically Active Saskatchewan – A Strategy to Get Saskatchewan People in Motion”.
- Alberta Department of Community Development: Sport and Recreation Branch “contributes to the quality of life by collaborating with communities to promote healthier and more active lifestyles, supports athletic achievement, and encourages the preservation of natural environments and community parks”.
- The BC Ministry of Community, Aboriginal and Women’s Services, Sport and Physical Activity Branch points out that BC is the most physically active province in Canada and the Branch “supports the goal of building stronger communities and healthier individuals from the recreation participant to the high performance athlete.

In summary, all of the provinces (including PEI) have a major focus on physical activity. Although the health benefits of physical activity increasingly appear to be driving the physical activity agenda in each province, all provinces to date have avoided placing the physical activity lead role in the health department, instead opting for it to be delivered by a non-health sport and recreation division/branch. However, increasingly, new physical activity funding is coming from the health budget of provinces.

3.0 Secondary Research Highlights

3.1 Economic Benefits

In the more developed countries of the world, there is recognition that increased investment in physical activity has major economic benefits, especially in terms of reduced health care costs, increased productivity, and healthier physical and social environments. Economic consequences of physical inactivity affect individuals, businesses, and nations. There is also a recognition that the “return” on a dollar invested in physical activity (the preventative side of health) can be much greater than a dollar invested on the sickness/disease side of the health care system.

Some of the secondary research from around the world on economic costs and benefits related to physical activity include:

- The recent Romanow Report concludes that *“For too long, Canada’s health-care system has been overly focused on treatment rather than prevention.”*
- A recent study in Scotland estimates that approximately one-third of all deaths in that country from coronary heart disease, stroke, and colon cancer for those aged 16 to 74 years of age can be attributed specifically to lack of regular physical exercise.
- According to a Federal-Provincial-Territorial Ministers submission to the Romanow Commission, *“Physical inactivity costs the Canadian health-care system at least \$2.1-billion annually in direct health-care costs.”*
- Cardio-vascular disease alone claims the lives of 79,500 Canadians annually and costs the health care system over \$7.3-billion in direct costs, plus many billions more in indirect costs. Regular physical activity reduces the risk of high blood pressure, stroke, and coronary heart disease - the latter by as much as 50%.
- A PEI Strategy for Healthy Living document estimates direct and indirect costs of chronic disease in PEI are \$25-million related to diabetes; \$9-15-million related to obesity; \$10.2-million related to smoking. A 1999 study for PEI estimates that physical inactivity costs PEI \$12.2-million per year, and this figure may be understated, given the costs of physical inactivity elsewhere for comparable population sizes.
- Analysis by a number of sources, including the U.S. Surgeon General and the Centers for Disease Control, conclude that physically active individuals in the US save an estimated US\$500 per year in health care costs, based on 1998 data. And, the costs associated with inactivity and obesity in the USA in 1995 accounted for 9.4% of national health expenditures and are a significantly higher percentage today. Inactivity alone contributed as much as US\$75-billion to American medical costs in 2000. *Note: There are significant differences in the American and Canadian*

healthcare systems, so care must be taken in quantifying the Canadian situation based on American data.

- Workplace physical activity programs in the USA can reduce short-term sick leave (by 6-32%), reduce health care costs (by 20-55%), and increase productivity (by 2-52%). In companies with employee physical activity programs/initiatives, a benefit of US\$513 per worker per year can be reached from changes in productivity, absenteeism, turnover, and injury.
- In Canada, according to recent statistics, physical inactivity accounts for about 6% of total health care costs. In the PEI case, this would mean that physical inactivity is directly costing our health care system approximately \$25-million per year.
- In the USA, an investment in physical activity of \$1.00 leads to \$3.20 in medical cost savings.
- In Canada, the Canadian Public Health Association notes that “*Healthy populations need treatment less often and respond more effectively when treatment is required.*”

It is obvious that increased government investment in physical activity can offer outstanding returns in reducing the growth in health care expenditures. There are also many public and personal benefits of such investment. Governments throughout the developed world are now recognizing the merit in such investment. Without a dramatic improvement in physical activity and obesity levels and generally improved healthy living, our health system may not be sustainable, given an ageing population and sedentary lifestyles.

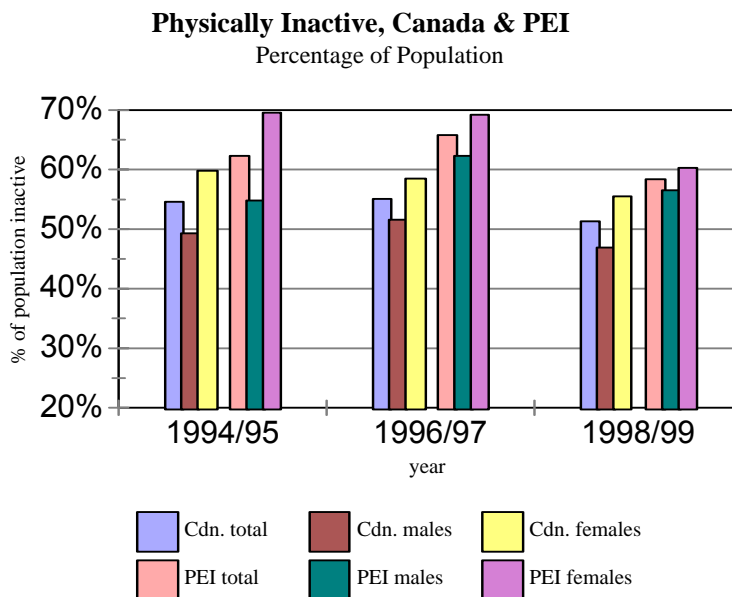
3.2 Changing Public Attitudes/Behaviour

There is a wealth of evidence worldwide that recognizes and documents the many difficulties in changing public attitudes/behaviour. The Centers for Disease Control in Atlanta, for example, have undertaken many studies and concluded that change is indeed possible, but it can be a difficult process. At the individual level, it may take six months or more before a new physical activity regimen becomes part of one’s daily life. Additionally, different initiatives are needed to motivate and maintain the interest of people. Delivery mechanisms, support from family and friends, and physical activity infrastructure are all key to successful interventions. Successful examples abound, as is evidenced in the following Section 3.3.

In the PEI case, the following points are relevant:

- The PEI Division of the Canadian Cancer Society notes that for many years, Islanders were among the heaviest smokers in Canada. Over 60% of those aged 45 and over are current or former smokers. As recently as 1985, 43% of Islanders smoked. A major ongoing initiative by health groups and others over recent years has seen the decline in smoking to 27% in 1999 and 23% in 2003. This is a reduction

of almost 50% in less than 20 years, proving that it is indeed possible to bring about dramatic change over time.



- There also has been some recent improvement in physical activity of Islanders in recent years. Almost 60% of Islanders are physically inactive, more than 7% higher than in Canada overall. The chart above demonstrates that while Islanders are less physically active than other Canadians, there has been significant improvement over the last several years. The proportion of PEI females, aged 12 and over, who were physically inactive, decreased by over 9% from 1994/95 to 1998/99. The proportion of physically inactive PEI males dropped almost 6% during this period. This improvement, however, has been mainly an increase in activity level among those who previously had been moderately active. A large segment of the population continues to make no change in their level of physical activity.

3.3 Programs

A wide variety of programs around the world focus on physical activity ranging from broad all-inclusive initiatives to those that target specific segments of the population. Following are several unique, or outside-the-box, approaches to combating physical inactivity.

3.3.1 Children and Youth

Ultimately, children are the most important focus area for improving physical fitness. By encouraging active ideals in children, we have a far greater chance of having these ideals upheld through their entire lifetimes. Following are examples of programs with children and youth as their target audience.

Fitness Fever (Minnesota, USA)<http://www.fitnessfever.com>

- Fitness Fever, with its motto “Jump on Board”, is a program that was developed in Minnesota in 1995 and is changing the way young children and adults think about activity and nutrition. This free program had more than 245,000 students in 700 schools as participants in 2003. Participants receive various materials such as calendars to track progress, information and instructional resources, journals with games and learning sections, and guides with helpful advice for teachers and parents.

The program has won many national and state awards and is successful because:

- It's focused on FUN! This is reinforced through attractively designed thematic materials, posted participant submissions, and an upbeat and positive attitude reflected through all of the programming. Almost 90% of fifth graders surveyed said that they liked to be active because it's fun.
- It has the support of major agencies throughout Minnesota.
- Schools and worksites can adapt the program to meet their needs.
- It encourages participation of students, teachers, food service staff, and others.

Active Healthy Kids (Canada)www.activehealthykids.ca

The Foundation for Active Healthy Kids was established as a national charitable organization in 1994. The Foundation has assumed a role as a physical activity authority and is proactively communicating key messages to media. While focusing on providing a platform to encourage positive change for Canada's children and youth, the Foundation has developed the following programs:

- **Youth Summit** – The Active Healthy Schools Symposium engages students and professionals from the health, education, and recreation sectors to speak out about ways to better attract and involve youth in more active, healthy lifestyles.
- **Activ8** - This school-based initiative has motivated 3,500 Ontario schools, 3,000 teachers, and 1,000,000 students to participate in the Activ8 program since 1996. Over 270,000 kids in more than 890 schools across Canada responded to a Foundation challenge and did the "Hokey Pokey" simultaneously in 2002 (setting a world record), and in 2003 more than 245,000 students at over 800 schools across Canada put on their dancing shoes and did the Conga Across Canada.
- **Ready, Set, Go** - readyssetgo.org is a fun, interactive web site where both parents and kids can quickly and easily find an array of sports information including tips, articles, and answers on topical issues, plus countless ways to get kids active in the

community. Since launching in 2000, readyssetgo.org has partnered with more than 800 organizations.

Sport Nova Scotia

Sport Nova Scotia has devised an awareness quiz to help parents determine factors that affect the fitness and health of their child. See Appendix 2 for the Awareness Quiz.

3.3.2 Women

Lack of physical activity is a major risk factor for heart disease and stroke, the number one and three killers of American women. Almost one in every two women will die of heart disease or stroke. Education is also a factor, as studies have found that only 8% of American women consider heart disease and stroke their greatest health threats, and less than 25% of women identify not exercising as a major cause for heart disease.

Women traditionally have lower rates of involvement in physical activities than men. Women today typically have the least time available to focus on fitness, yet they are arguably the biggest influence on the activities of their households. The following program targets adult women and shows how they can fit physical activity into their busy life while helping themselves and their families to be healthier and happier.

Choose to Move (AHA, USA)

<http://www.choosetomove.org/>

The **American Heart Association's** free ***Choose to Move: Energy for a Better Life*** program, sponsored by Bayer Aspirin, is innovative in its target group focus, consideration for lifestyle elements within that group, and gradual building of healthy activity through the self-paced 12 week program. The program began in 1998 and has posted steadily increased enrollment through the years, growing from 13,000 participants in 1998 to 46,300 in 2002, and totalling 121,800 participants over those years.

3.3.3 Seniors

In our fast aging world, older people can play increasingly important roles through volunteer work, transmitting experience and knowledge, helping their families with caring responsibilities, and increasing their participation in the labour force. Furthermore, health care costs for aging people are a significant part of health expenditures. If older persons enjoy adequate levels of health, then society as a whole can accrue many benefits.

The Canadian Centre for Activity and Aging (Ontario) <http://www.uwo.ca/actage>

Since the inception of the Centre for Activity and Aging in 1989, it has developed an extensive community outreach arm to develop strategies to promote the independence of older adults. These initiatives include physical activity programs, lectures (e.g. ***How Much Exercise is Enough?*** and ***Choosing Proper Footwear***), leadership training

courses for older adults, a gymnasium for the development of model community physical activity programs and for the training of fitness leaders, and more.

3.3.4 General Population

Many programs either do not target a specific group, or have a collection of resources depending upon which segment of the population participants belong to. The following are examples of wide reaching physical activity initiatives.

Go Outside the Box, etc. (Toronto, Canada)

http://www.city.toronto.on.ca/health/pa_gooutsidethebox.htm

The City of Toronto has launched a program through the City's website called "Physical Activity, Go Outside the Box". The program supports a robust website with links to materials and related programs, a Toronto Health Connection hotline (416-338-7600), plus various other sources of information through partnerships and related projects, for example:

- Fact sheets such as: **Your Feet Were Made For Walking, Active Living Has Something For All**, and **Active Living Makes a Difference at Any Age**;
- Publications including:
 - Fun and Physical Activity
 - Moving on the Spot
 - *Health Canada* Guides for Children, Teachers, and Families for Physical Activity
 - Walking - The Activity of a Lifetime
 - Heart and Stroke's Heart Smart Family Fun Pack

Northeast Utilities WellAware (New England, USA) <http://healthproject.stanford.edu/koop/webenabled.html>

Northeast Utilities is New England's largest utility system and developed the **WellAware** workplace program that began in 1994 and has had over 10,000 individual participants. The components of the program include:

- Health Risk Assessment as the "ticket" into the program;
- Incentive program drives participation in programs that address targeted risks;
- Telephonic high risk intervention;
- Telephonic smoking cessation counselling and rebate for purchasing smoking cessation aids;
- Flexible program formats allow accessibility to all employees and spouses via on-site

programs, communication of community programs, guidebooks, videos, and telephonic intervention programs;

- Quarterly health newsletter mailed to all homes;
- Internet site allows access at both work and home;
- Toll free hotline allows participants to request materials, ask questions;

2,577 participants between 1998-2000 had their average lifestyle score improved to 73 from 70 at baseline. Individuals also experienced significant risk reductions, including:

- 31% decrease in smoking
- 29% decrease in lack of exercise
- 16% decrease in mental health risk
- 11% decrease in cholesterol risk
- 10% improvement in eating habits
- 5% decrease in stress

Conservatively, the return on investment for the WellAware program, in its first 24 months, was 1.6, and proponents' future expectations for the program are even greater.

European Network for the Promotion of Health Enhancing Physical Activity [HEPA] (Europe) http://europa.eu.int/comm/health/index_en.htm

Two major works have been published through the HEPA network: ***Guidelines for National Health-Enhancing Physical Activity Promotion Programs***, and ***Promotion of Transport Walking and Cycling in Europe: Strategy Directions***.

The HEPA guidelines identify good practices for program preparation, development, design, implementation, and evaluation. They are the result of a thorough analysis conducted of four national programs:

- *The Netherlands on the Move!* (The Netherlands)
- *Allez Hop* (Switzerland)
- *Fit for Life* (Finland)
- *ACTIVE for LIFE* (England)

World Health Organization – Move for Health Day, etc. (global)

<http://www.who.int/hpr/physactiv/>

The **World Health Organization** (WHO) has at least two initiatives (many others are related, e.g. ***Process for a Global Strategy on Diet, Physical Activity, and Health***; 2003's ***Health and Development Through Physical Activity and Sport***) that are directly aimed at increasing the level of physical activity in world populations: ***Move for Health Day*** and ***Sedentary Lifestyle: A Global Public Health Problem***.

WHO points out that increasing physical activity is a societal, not just an individual, problem and demands a population-based, multi-sectoral, multi-disciplinary, and culturally relevant approach that takes into account educational, sport, health, urban planning, cultural, transport, recreation, as well as other environmental and development factors.

US Department of Transportation Walkability Checklist

The Walkability Checklist is included as Appendix 1 of this report. It was designed by the US Department of Transportation to be used by parents and their children to decide if their community is a friendly place to walk and, if not, what they should do about it.

4.0 Consultations with PEI Stakeholders

4.1 Issues

The following issues were raised in the PEI focus group consultations and are presented in summary fashion by subject matter:

- There just isn't enough time, especially for parents with kids. And, in terms of students, the school curriculum is already so full, is it really possible for schools to expand their physical education classes? And, can the medical profession find the time to ensure their respected advice as to physical activity needs actually reaches their patients and the general population?
- There is a lack of both personal and parental responsibility in addressing physical activity needs.
- For many, money is a major issue – just not enough to go around. Also, economic pressures, such as seasonal employment, insecure employment, low wages, leave the worker so preoccupied with earning a living that there is too much stress to regularly exercise. Shortage of dollars for programs is another type of money issue.
- Transportation is an issue for many people, particularly in rural communities.
- Fear is an issue in that parents are often too protective of their children, especially if their children have disabilities. Similarly, some seniors fear injury from physical activity, and women have personal safety concerns.
- Insecurity or low self-esteem is an issue, as many people think they are too uncoordinated, too heavy, or too inept to try many physical activities.
- Motivation is an issue, as many people don't have the will to stay with an activity on a sustainable basis. We haven't built or structured a society that wants to be fit.
- Lack of awareness of the importance of physical activity is an issue.
- Often there is no place to refer people who need physical activity.
- Lifestyles are an issue, with both parents working, buses to school, families not sharing meals. And there are too many distractions in the form of television, the Internet.
- We are too traditional in the way we do things; we need to think outside the box.

- There are occupational barriers. For example, workplace physical activity programs are not designed for some blue-collar activities. Similarly, workplace programs may be fine for 8 – 5 jobs, but are not adaptable to night shifts or other non-traditional work shifts. Also, sometimes people are too tired from work to exercise.
- Six months of winter is a big issue.
- Inaccessible schools for physical activity are a barrier. Absence of facilities is an issue, especially in rural areas.
- Unlike our urban areas, there is no one in rural areas to speak to the need for physical activity in a sustained, effective way.

4.2 Outside the Box Ideas

The following non-traditional ideas were brought forward in focus groups and one-on-one meetings as initiatives to advance the physical activity agenda in PEI. Although there may not be total agreement from all respondents on each of the following ideas, there is a considerable degree of consensus to move forward with the following types of initiatives.

Schools

- Mandatory physical activity in the schools from Grade 1 to Grade 12.
- Each student in a class could act as the physical activity co-ordinator for the day.
- Longer gym classes would help obese children to become and stay fit. Statistics Canada found that if obese children, age 4 – 11, took physical activity classes of 18 minutes or longer, they were more likely to increase and maintain physical activity levels over time.
- Physical education is currently the only subject in school that involves no homework. Physical education homework (maybe call it physical activity assignment or family activity) should be given regularly to the student in the form of getting one hour's exercise on Saturday and Sunday, going with an adult for a 30-minute walk in the evening, etc. This may be as valid in terms of homework as history or math assignments.
- Need to develop Adopt an Athlete program whereby older people (or younger) often without their own children at home could help one or more young people pursue sport or other physical activity by providing transportation, helping with costs, encouraging regular participation.

- Need to test student fitness at the first of the year, **give an exercise prescription**, monitor the progress during the year, and test again at the end of the year. If they still have fitness issues, they should attend a summer fitness program.
- One of the most successful school programs has been to have all kids in the class/school walk a few kilometres together on a regular basis.
- Need to start fitness challenges between schools.
- Need Safe Routes to School Program.
- Mandatory physical activity should be required for those students who aren't taking part in active sports programs.
- Need to award schools that have the most participants in a physical activity, not just the school that wins a competition.
- Need expanded summer day camp programs.
- Should re-institute "late busses".
- Schools should be available for unstructured "fun activities" in the evenings.

Workplace

- Expand the work time lunch break to two hours, so participating employees can exercise for one hour a day at the workplace.
- In the workplace, encourage employers to recognize fit employees as an important asset of the organization. This recognition would take into consideration the increased productivity of physically fit workers.
- Need to develop corporate plans by which employers will be highly pro-active in introducing and maintaining workplace physical activity initiatives.
- Need to have a payroll deduction plan for health facilities, as many people can't afford to pay up front or in 2 – 3 installments.

Community

- Municipalities should take all bicycles in the local police station, which are auctioned off annually, and, instead, paint them green, set up bicycle racks in different parts of the community, and encourage citizens to use the bikes at no charge to go from one part of the community to another.

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- Seniors need more social activity clubs with a physical activity component, such as the *Souris Silver Threads* and the *Montague 50 Plus Club*.
 - Churches can be a great way to get people out for physical activity in rural communities. Women's Institute could also play a major role, as could Allied Youth.
 - Why not put the community recreation director's office right in the school? When school physical activity is finished for the day, the recreation director would run community programs in the school to ten or twelve o'clock at night and on weekends.

Facilities

- We need to stop building "Cadillac versions" of physical activity facilities and instead focus on outdoor rinks, ball fields in real fields, beach swimming, etc.
- Trails should be maintained for walking in the winter and not turned over to snowmobilers.
- Need to create more facilities across PEI that are proven to work, like boardwalks in our coastal communities and skateboard parks for our youth.
- Need to ensure that the 2009 Canada Games results in some new physical facilities being built in communities other than Charlottetown and Summerside.
- Should be a track around every rink. Doesn't make sense to keep building rinks for males to play hockey when women and other target groups have major physical activity needs. We can't afford single-use facilities any more.

Awareness and Recognition

- Need to expand award and recognition programs for physical activity, such as Canada Fitness Awards.
- Need to do a lot more fitness workshops across the province, led by an organization like Island Fitness Council.
- While a young person is in school, the only way to ensure fitness is by compulsory physical education on a daily basis; after he/she becomes an adult, a similarly broad approach would be tax breaks for achieving/maintaining a high level of fitness and for expenditures that are fitness related.
- There needs to be time management training/seminars/communications programs that show people how to fit fitness into their daily activities.

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- Need better communications as to what physical activities are taking place – why not a detailed physical activity website for the community?
 - Need to create public awareness, through two-minute vignettes on CBC TV or on Cable TV, plus develop local real life models in physical activity commercials.
 - Need to encourage programs that offer rewards to oneself.
 - Monitor and document results, progress, and milestones of individuals in their physical activity.

Family

- Every evening we need to turn off everything in the house – computer, TV – and participate in family based physical activity, such as walking.
- We need to be encouraging much more intergenerational linkages in which children and their grandparents each encourage, and jointly undertake, physical activity.
- The parent must take primary responsibility for the physical fitness of family members, and not download that responsibility to the school or community.

Other

- Should be doing much more with dance, whether square dancing, line dancing, or whatever. Great way to keep physically active.
- Because winter can be difficult, set up Nordic ski programs and other outdoor fitness programs across PEI.
- Why not introduce one day a week memberships at health clubs and other physical activity centres. Maybe a person could have several one-day a week memberships at different facilities. Over time, the person could either maintain this variety or find that he/she wants to spend more time at a particular facility.
- We need to build more fitness into sport.
- We need to change our values: Why will we always subsidize hospitals but not subsidize physical activity? We need to have the respected voice of the PEI medical community directing their patients and the general population to embrace physical activity as one of the most important initiatives they can possibly take.

4.3 Structural and Delivery Considerations

The following considerations are based on secondary research findings and consultations across PEI.

4.3.1 Approaches

- There is a need for a comprehensive outreach approach to those who are not physically active.
- Broad-based environmental change must occur in the social as well as physical environment. There needs to be recognition that the scale of the task requires a cultural change, not just a set of programs. It is essential that a major focus be on changing attitudes – individually, politically, and systemically.
- There is a need to strengthen personal and parental responsibility if the physical activity strategy is to achieve its potential at the individual and school levels.
- Barriers of rural and urban environments must be identified and addressed.
- The Physical Activity Strategy must be linked to the Healthy Living Strategy, and also to other strategies, such as the PEI Strategy for Cancer Control, the Pan Canadian Physical Activity Strategy, and the Pan Atlantic Wellness Strategy.
- There needs to be ongoing monitoring and evaluation and periodic reality checks to ensure the physical activity initiative is proceeding in the right direction on all fronts.
- The structure and delivery must ensure a highly supportive environment for the physical activity initiative. There is a need for delivery mechanisms that focus on some of the most promising target group opportunities, such as the school system, work place, family unit. Although an increased linkage between the community and the school is essential, so is an increased linkage between the family and the school.
- Need to develop a second sport stream that would be totally recreation based, rather than competitive based.
- The seven primary settings for delivery of the strategy should be community, work place, schools, homes, recreation, sport, and health.
- The strategy should be responsive to the three key life stage groups: children and youth, adults of working age, adults in later life.

- The strategy should be responsive to a number of cross-cutting trends including:
 - a long-term approach should be adopted;
 - ensure the promotion of equality, recognizing the requirements of specific population groups;
 - provide sufficient resources to support the strategy;
 - consider infrastructure developments (facilities, environment, transport, physical access, and child care);
 - build capacity (by providing staff, volunteers, resources, and training);
 - identify support from relevant organizations and individuals at the national, provincial, regional, and local levels;
 - recognize the role of research, monitoring, and evaluation;
 - link the strategy to other work (such as the Healthy Living Strategy);
 - consider the co-ordination, consultation, and communications requirements of the strategy;
 - allow local areas to identify local needs and priorities.

4.3.2 Overview of Roles

It should be emphasized that roles and other aspects of this physical activity strategy must build on and complement the overall Healthy Living Strategy. The Healthy Living Strategy was created to bring together all the groups working with risk factors and the government departments to ensure inclusion and yet avoid duplication. The following specific roles are recommended with the foregoing in mind. Additionally, finalizing roles and coalitions should be a collaborative approach with the various stakeholders each having input into their optimum role in the physical activity strategy.

- Government's role should be primarily that of true leadership: that is, building the capacity of other groups to do things and empowering groups and individuals to assume responsibility. Government should be more visible in advancing physical activity.
- Regional networks need to be strong, and the four healthy living co-ordinators should play key roles, including responsiveness to issues/needs in their region.
- Needs to be strong and ongoing linkages with the PEI Medical Society and its Health Promotion Committee.
- The school system has to play a major role in the structure and in physical activity delivery, including opening up of school facility access to the community on a vastly expanded basis.
- There is an important role for all possible stakeholders, including community leadership by Federation of PEI Municipalities and individual communities, as an

advocacy role for PEI Home and School Association in bringing about changes at the school level, Island Fitness Council in fitness program delivery, etc.

- Existing sport and recreation system should be key deliverers of programs and should reach out to non-participants, with Active Living Alliance being a lead advocate for increased physical activity, but not necessarily delivering programs.
- There needs to be people on the ground (e.g., animators) across the province to plan and deliver programs that fit unique community needs.
- Need to strengthen some natural alliances, such as between Department of Veterans Affairs and seniors.
- Community Health Centres can become a key player in the strategy at the community level.

4.3.3 Roles of Provincial Organizations in Physical Activity Strategy

PEI Physical Educators Association

Present Role: To provide quality professional development to the physical educators in the province, and to represent their interest with other provincial and national organizations. Primary focus is the delivery of a quality curriculum. Also, physical educators should be physical activity advocates in their schools.

Proposed Future Role: In addition to its present role, the Physical Educators Association, as a professional organization, should consider advocating for the development of a provincial policy that establishes a minimum requirement of 30 minutes of daily physical activity for all students (grades one-twelve). It should also encourage the revising of the existing physical education curriculum so that it places more emphasis on the introduction of students to more lifelong activity initiatives. The association could also develop a position paper in respect to the balance necessary in physical education between getting the student fit today, and teaching him/her how to stay active throughout their lifetime.

PEI Active Living Alliance

Present Role: To educate and promote the benefits of physical activity and to make opportunities available to all residents to be physically active. To encourage all residents to lead an active healthy lifestyle.

Proposed Future Role: The primary role of the Alliance should continue to be to raise the awareness of Islanders of the necessity/benefit of being physically active, and to educate the public about easy, inexpensive, enjoyable, accessible ways to be physically active. To address this role, the Alliance should continue to explore new and interesting initiatives, such as its present Small Steps to Big Changes, and Stepping Out projects. The Alliance should research, introduce and pilot new initiatives. It should evaluate such

pilots. It should train leaders in respect to the new program, and it should identify and develop partners to carry on the activity after the pilot is completed. The Alliance should place a priority on research which is tailored to Island needs. It could also strengthen the network of its membership, and explore ways by which the obvious strength and range of its membership can be fully utilized.

The Alliance should continue an emphasis on advocacy, both publicly and politically, for strong healthy public policy in support of physical activity. The Alliance should collaborate with Healthy Eating Alliance to advocate for a strong Atlantic social marketing campaign in support of healthy living. The Alliance should encourage its members, particularly, the Island Fitness Council and the PEI Recreation and Facilities Association, to work collaboratively to raise the awareness of Islanders of the continuum nature of the progression from a sedentary lifestyle, to moderate activity and toward high intensity fitness programming. The Alliance should work with the Recreation Association, the Healthy Eating Alliance, and other appropriate groups to pilot the creation of community capacity in support of healthy living.

PEI Recreation and Facilities Association

Present Role: To promote, coordinate and encourage all facets of recreation and facility management in Prince Edward Island. To provide the opportunity for all in the field to meet, to present their views and concerns, to discuss, and exchange ideas, methods and techniques. To offer leadership development for managers, volunteers and practitioners through conferences, seminars and workshops.

Proposed Future Role: To provide professional advice, both solicited and unsolicited, to the Federation of PEI Municipalities, the Active Living Alliance, appropriate government departments and others as to the contribution which community recreation programs and facilities can make to improving the long term health of Island residents. It should carry out necessary research as to best methods to reach those presently not involved in recreation-based physical activity, and regarding the most effective interventions to bring about social change at the individual level.

The facilities component of its mandate should be enlarged to include having significant input to any considerations of new facility development. It should become the professional resource when advice is needed regarding the broad community health benefit to be obtained from facility construction. Toward the realization of this objective, the Association should encourage more professionals in the field of facility development/construction to join its membership.

The Recreation Association should provide the leadership in encouraging the creation of many more diverse opportunities for physical activity for residents of all ages. The Association should work collaboratively with the Active Living Alliance, and Sport PEI to identify new opportunities to be piloted in the province. The Association should encourage Holland College to develop modules designed to teach recreation practitioners and volunteers regarding an outreach approach to various target groups among the inactive. In collaboration with the PEI Health Research Institute, Holland College, UPEI Wellness, and the Active Living Alliance, the Recreation Association

should encourage research and piloting of effective interventions to bring about social change at both the community and individual levels.

Sport PEI

Present Role: To promote increased activity through focusing on increasing participation in sport at all age levels through a number of strategies.

Proposed Future Role: Sport PEI should work collaboratively with its member associations, the Active Living Alliance, the Recreation Association, Sport and Recreation Division, UPEI, and others to create a new sport culture in the province. This culture should have as its primary focus the increase in the number of sport participants at all ages. It should also carefully assess the degree to which existing sport programs contribute to the physical activity levels of its participants. Fun and fitness should become the hallmarks of sport in addition to the current important priorities of skill development, staging of competitions, and the winning of championships. For the province to move toward this objective will require strong leadership by Sport PEI, and the support of sport leaders at all levels, both within the community and the school. Sport PEI is very well respected by both the public and the sporting community, and has the capability to bring about this much needed change if sport is to realize its full potential to impact on reducing the number of inactive Islanders. Sport PEI needs to collaborate with other groups to realize this objective, particularly the Recreation Association and the School Athletic Association.

Future Roles for Other Key Stakeholder Groups

PEI Home and School Federation: While it plays a quite limited role at present, the Home and School Federation can provide a significant leadership role if we are to achieve goals such as requiring daily physical activity for all students, opening the school for full community use at the end of the school day, and encouraging more parental responsibility for their children's fitness. The membership of the Home and School Federation constitutes a significant and respected portion of the voting public of the province, and includes much of both the formal and informal leadership in many of the communities of the province.

Federation of PEI Municipalities: Needs to play a greater role in the promotion of physical activity. It is well positioned to play a leadership role in the future. Buy-in by the membership of the Federation is critical if PEI is to achieve success at increasing physical activity opportunities for a number of our prime target groups: the non-joiner, the economically or educationally challenged, the physically and mentally challenged, and the disenfranchised youth. Communities must be encouraged to contribute to solving the physical inactivity crisis. They can do so by broadening program opportunities, encouraging recreation leaders to introduce new and creative concepts, putting more emphasis on increasing participation numbers and less emphasis on managing already successful initiatives, by designing affordable facilities which can serve the physical activity needs of their citizens, and by making equipment/facilities available for people to use in a non-structured fun environment.

Island Fitness Council: Presently play a critical leadership and promotional role in respect to fitness programming. A future role, as indicated earlier, could be to collaborate with the Recreation Association to raise the awareness/understanding on the part of the general public of the continuum nature of involvement in physical activity. For the non-active there must be a safe, enjoyable, inexpensive entry point, but this must be seen for many as being the starting point, not the final destination. For many moving along the continuum will lead to fitness, rather than minimum physical activity for health purposes.

PEI Department of Health and Social Services: This Department has had limited involvement in the promotion of physical activity to date. The principal involvement has been in supporting the Stepping Out program.

In the future, the Department should play a much larger role. It should ensure coordination between the Healthy Eating Strategy, The Healthy Living Strategy and the Physical Activity Strategy, at the provincial level. At the regional level, it should coordinate links between the provincial strategies and the Pan Atlantic Wellness Strategy. Nationally, it should coordinate, within government, the links to the National Healthy Living Strategy. This department should assume much of the government responsibility for the development of either an Atlantic, or a Prince Edward Island, comprehensive social marketing campaign in support of the twin pillars of healthy eating and physical activity. Such a campaign is critical to the successful implementation of this strategy, but responsibility for such a campaign is too much for any single organization. An organization like the Active Living Alliance could be given the mandate to coordinate the development and implementation of the campaign, but a provincial government department like Health and Social Services needs to coordinate the securing of the necessary resources at the provincial and federal levels.

PEI Department of Community and Cultural Affairs: This department must continue its role of providing leadership within and outside of government in respect to the promotion of physical activity. However, its future role should be strongly oriented toward advocating within government for the necessary public policy and resources to bring about the changes suggested within this strategy. It should work closely with the Department of Health and Social Services in securing the required provincial and federal resources needed to implement this strategy. Community and Cultural Affairs, through its Sport and Recreation Division, should lead the implementation of this strategy and facilitate the necessary collaboration and cooperation between various organizations in the implementation.

Department of Veterans Affairs/UPEI Wellness: To date these two groups have played limited roles in promoting physical activity to Islanders. In the future, it can be very important that their specific strengths in respect to research, evaluation, and working with special groups, including seniors and university students, be utilized to its fullest advantage.

If this physical activity strategy is to be successful, and if we are to have a meaningful impact on reducing the number of physically inactive Islanders, organizations cited here and others (i.e. PEI Medical Society, Holland College, the PEI Department of Education, the regional school and health boards, the chronic disease/health charities and various

professional organizations) should be encouraged to make a firm commitment to support this strategy and to work co-operatively. To win the battle with physical inactivity is going to take a collaborative effort on the part of all key stakeholder groups.

5.0 Recommendations

5.1 Overview

The recommendations which follow are based on the premise that PEI must take strong action to deal with our physical activity challenge. Our province is one of the most physically inactive in Canada, and Canada is far from the forefront in responding to physical activity needs of its population. We simply cannot get the job done by making marginal changes.

There is an urgent need to recognize the seriousness of physical inactivity. In the Secondary Research section of this report are cited examples of other jurisdictions that have declared the situation a crisis, and governments throughout the world are now taking concerted and, in some instances, radical action to address the problem. As was stated in a focus group for this study, *“When someone says we can’t find time in the school day for regular physical activity, do they realize what they are saying? Not receiving adequate physical activity may compromise my son’s health and, in the longer term, maybe even his life. So move over math and history.”*

In addressing the physical activity challenge and the recommendations that follow, the focus is on doing things better: making better use of existing resources, rather than only relying on major additional resources that may be brought to bear. Doing things better is not meant in any way as a criticism. In fact, key stakeholders in PEI are in the forefront of doing things well. However, the magnitude of the task at hand requires them to do even better. This means, for example, that:

In reviewing the recommendations, it is important to keep in mind that:

- There needs to be greater personal and parental responsibility related to physical activity. Parents and individuals need to do parenting better and manage their personal lives better, and this should be part of the strategy. If successful, it can lighten the load for teachers, recreation directors, and others who will then be able to focus on what they, in turn, can do better.
- There are only so many hours in the day and in the school day. Individuals need to use their time better, and there needs to be changes in the existing school day to more fully accommodate physical activity needs of our children and youth.
- Our municipalities/communities need to do better in providing programs and facilities that meet the physical activity needs of their residents. The objectives of the physical activity strategy can be reached without major new capital investments, but they cannot be reached unless we do things better at the community level.
- There is a similar requirement for employers and government to do better. And it is in the vested interest of both to do so. A healthy workforce pays major dividends to its

employer. Similarly, a healthy population can slow the escalating, out of control, health costs of a health system based on treatment of disease rather than disease prevention.

- All of the stakeholder organizations, including those represented on the Steering Committee for this study, need to do better – to turn their performance up a notch, so they can play a full role in planning and implementing an ambitious, yet doable, physical activity strategy.
- Even with outstanding performance by all, there will need to be additional resources found to address the need/opportunity. For example, the PEI Active Living Alliance is specifically referred to as having a major role in 16 of the 26 recommendations. Obviously, the Alliance and other key stakeholders will require additional resources.
- Finally, the decisions on roles/responsibilities relating to each recommendation should be finalized by the various stakeholders as part of Year One activities.

Vision

The vision which drives the recommendations and implementation of the strategy should be:

“Prince Edward Island is a place in which opportunities to be physically active are available, accessible, affordable, and enjoyable for all, in a variety of settings where Islanders live, learn, work, and play.”

5.2 Children & Youth

Recommendation #1: To mandate daily physical activity from Grades 1 to 12 inclusive. It is recognized that this recommendation presents major challenges and competing priorities for the school system, but it is essential to the strategy.

Rationale: There are so many external factors in their lives over which children and youth have little or no control that it is unfair to expect them to undertake and maintain regular physical activity on their own. The children and youth physical activity crisis has become so severe that immediate, sustained, and substantial initiatives must be taken. A mandatory physical activity program of at least 30 minutes per day for all students in Grades 1 to 12 would have a major impact in addressing the current children and youth physical inactivity crisis.

In an Ipsos-Reid survey conducted in September 2003, for *Today's Parent* magazine, 94% of respondents agreed that the number of overweight and inactive children is a serious health

issue in Canada, and 91% said that provincial governments should make at least 30 minutes of physical activity mandatory for all students from kindergarten to Grade XII. Alberta's Learning Minister recently said that he would like to make at least half an hour of physical activity a mandatory part of the curriculum within two years.

It is important to make the distinction between physical education and physical activity. While physical education in the schools is essential in teaching and ingraining the benefits of lifelong physical activity, Recommendation #1 is specifically to ensure at least 30 minutes of physical activity/exertion daily by the student.

Roles/Responsibilities: Primary responsibility rests with PEI Department of Education, regional school boards, Home and School Federation, and Physical Educators Association. Active Living Alliance should play a support role.

Recommendation #2: To ensure that physical activity programs for young people have a strong element of fun and play.

Rationale: Many young people are not looking for highly competitive or highly structured activities; such activities can sometimes actually drive the children away from physical activity. However, if the physical activity involves fun and an element of play, it can often result in the child happily participating and receiving the physical activity he/she needs.

“Growing for Gold” is a recent program in Australia for young people aged 6 – 14. It introduces young people to active recreation and sport activities through “come and play” styled sessions at local venues. The program has three primary aims:

- To provide an avenue through which local active recreation and sport clubs can promote the programs and services they offer to young people.
- To provide young people with an opportunity to participate in physical activity based programs that present them with a positive experience.
- To increase the number of young people actively involved in long-term, community-based, and physical activity based programs.

Built into the “Growing for Gold” program is an incentive scheme that aims to encourage young people to try a variety of different active recreation and sport activities:

- The program is free to participants.
- The focus of the program sessions is on “play” and achieving personal success.

- A bronze certificate is awarded if two different activities are tried, a silver for three or more activities.
- A gold medal and/or certificate is awarded at a special ceremony if a young person joins a participating sport club.

Roles/Responsibilities: Active Living Alliance should research, pilot test and create partnerships. Sport PEI, PEI Recreation Association, and Federation of PEI Municipalities should provide support through the identification of pilot communities. Departments of Community and Cultural Affairs and Health and Social Services are needed to resource pilots.

Recommendation #3: To develop many additional, low cost, conveniently located facility options to provide venues for physical activity.

Rationale: One of the challenges in dealing with physical activity and obesity is to recognize and make it possible for fitness to be fun, affordable, and accessible to all.

In a recent newspaper article, Summerside physician, Dr. Doug Carmody, noted: “*Our community’s health depends on promoting and maintaining physical activity and fitness and towards that we have to be very creative and proactive*”. Dr. Carmody is encouraging the City of Summerside to explore the idea of outdoor hockey and skating rinks. He emphasizes that state-of-the-art facilities are not required; just places to go out and have fun being physically active.

Roles/Responsibilities: Federation of PEI Municipalities should encourage member communities to endorse concept; Recreation/Facilities to encourage members to implement; and Community and Cultural Affairs to support communities.

Recommendation #4: To provide some individualized physical activity strategies for youth, which may need to incorporate individual, non-team activity with the latest trends or “*what’s cool*” in physical activity. An important consideration will be convenient locations, whether for a skate park, or soccer, or outdoor basketball parks, etc.

Rationale: Some youth have no interest in organized sport or in other organized activities but, instead, wish to pursue individual interests. Often such youth are also looking for leading edge experiences and activities that challenge them and respond to their particular values and interests. In the case of Charlottetown, the Victoria Park skateboard facility is proving to be a highly popular and much appreciated facility by area

youth. Skateboarding provides excellent physical activity opportunities and many participants use it on a daily basis.

The City of Whyalla, Australia, built a “*Risk it Park*” Extreme Sport Facility for local youth. It was designed in consultation with youth in the community, and its features include freestyle skating area, lip trick ramp, mogul, quarter pipe, fun boxes, vertical ramp, and grinding rails. Since its opening in April 2002, it has been well supported with upwards of 40-50 youth using the facility on a daily basis. The City is now considering a range of new programming options for the facility, including skill development workshops, accredited coaching clinics, and the hosting of annual extreme sports events.

There is also a need to recognize that physical activity strategies that gain the participation and support of youth commonly reap other benefits, which go well beyond the physical activity objective. For example, the Idaho Department of Parks reports that juvenile crime in the area was reduced by 58% when school/community recreation facilities were available to youth until late at night.

Roles/Responsibilities: Federation of PEI Municipalities should encourage member communities to endorse concept. Recreation/Facilities Association to encourage members to serve as pilot sites. Active Living Alliance to research, develop, implement, and evaluate pilots, and to identify appropriate partners. Community and Cultural Affairs to support pilot sites.

Recommendation #5: To initiate summer recreation programs in smaller rural communities across PEI where children to, say age 13, would be supervised (likely by government funded personnel utilizing human resource development programs).

Rationale: It is often much more difficult for rural children to participate in organized physical activity than it is for urban children. There is a need to bring physical activity programming to the smaller local communities that do not have a recreation director or facilities.

The State of Illinois Rural Recreation Development Program is an eight-week comprehensive summer recreation program, specifically designed for small, rural communities. It combines rural recreation, youth leadership development, workforce development, and community volunteerism for a memorable summer experience for children aged 6 – 13. Activities include arts and crafts, sports, games, camping and hiking, environmental education, field trips, dancing, family potluck suppers, and many other events/activities. Each community program is led by an adult leader and three youth leaders (age 14-16), with the latter working 15 hours per week and receiving a small stipend.

Roles/Responsibilities: The Sport and Recreation Division should collaborate with Sport PEI the Recreation/Facilities Association and individual communities to address this recommendation.

Recommendation #6: To emphasize physical activity in the school environment, which will provide adequate exercise and which will also encourage lifelong participation in physical activity. Initiatives should include:

- Provide and promote intramural programs that offer diverse, developmentally appropriate physical activities, both competitive and non-competitive.
- Enhance the qualifications of teachers, coaches, recreation and healthcare staff, and other school personnel to encourage lifelong physical activity by our children and youth.
- Require and increase school time, such as recess and regular activity breaks throughout the school day, for unstructured physical activity.
- Promote safe spaces and facilities for physical activity, including safe routes to increase walking to school and safe after-school play places.

Rationale:

A comprehensive and sustained approach to physical activity in the school system can provide major short-term and lifelong benefits to our children and youth. The current physical inactivity crisis is so serious that marginal or incremental changes will not address the magnitude of the problem. Our school system should embrace physical activity needs of the student with the same priority it attaches to academic development of the student.

Roles/Responsibilities: The Physical Educators Association should work with the Department of Education and the School Boards to address this recommendation. It is imperative that the Home and School Federation strongly endorse and support this recommendation.

5.3 Adults

Recommendation #7: To put in place, at the community level, infrastructure/facilities that will expand the opportunities for informal physical activity by adults. In some cases, this may involve new facilities, but there also needs to be better and consistent across-the-province access to school buildings and community facilities that enable safe participation in physical activity.

Rationale: As is evidenced by the success of boardwalks in Charlottetown and Summerside and by the Confederation Trail and other non-organized facilities, Islanders are often looking for unstructured, informal physical activities. For example, there is a wealth of anecdotal evidence that newly constructed boardwalks in PEI entice many previously inactive adults to become physically active, and they indeed often maintain this physical activity regimen by using the boardwalk on a regular basis.

In Pine Shire, Australia, when residents were asked about sport and recreation, they listed as their priorities:

- more bikeways or walkways;
- more facilities or activities for youth aged 13 and over;
- more recreation trails;
- more parkland for recreation.

The focus of these priorities is casual recreation with low levels of organization.

Roles/Responsibilities: This recommendation is sufficiently all encompassing so as to require the support and contribution of all groups represented on the Steering Committee if it is to be successfully implemented. A number of departments in the provincial government would need to cooperate through the coordination of Community and Cultural Affairs. The Federation of Municipalities and the Recreation/Facilities Association should strongly encourage their members to address this recommendation.

Recommendation #8: To identify and work to reduce/eliminate barriers to participation in physical activity (such as providing childcare, offering free/low cost activities, and promoting peer group activities, include socialization opportunities for older adults).

Rationale: There are actual and/or perceived barriers that may be keeping many adults from engaging in regular physical activity. Ways must be found to renew/reduce these barriers to reach as many as possible of the 60% of people who are not sufficiently active.

Roles/Responsibilities: The Active Living Alliance, as the group most specifically mandated to increase physical activity levels, should undertake the required research and develop pilot projects designed to address these barriers. A Population Health Approach, and a strong consideration of the determinants of health are critical to the addressing of this recommendation.

The Department of Health and Social Services should provide support, in-kind and in cash, to this initiative. Health Canada should be approached in respect to this initiative as the knowledge to be gained from these pilots could contribute to the addressing of a national problem.

Recommendation #9: To schedule community activities that promote physical activity on a regular basis and at convenient times. There is a related need to establish stronger community coalitions that promote physical activity.

Rationale: Just as the school system is the obvious source for providing physical activity opportunities for children and youth, the community sport and recreation system is a primary provider of adult (and family) physical activity opportunities. There is a need for better organizational resources at the community level and more user-friendly programming.

Roles/Responsibilities: The Recreation/Facilities Association and the Federation of Municipalities should encourage their respective memberships to address this recommendation. Community leaders should be reminded of the municipal responsibilities inherent in the National Recreation Statement (1988). The Sport and Recreation Division could use the recommendations of the Rural Recreation Report to address this recommendation. There is also a major role for development of coalitions through the Healthy Living Strategy model, the healthy living co-ordinators, and the regional networks.

Recommendation #10: To encourage participation in physical activity by the family unit and to concurrently refocus responsibility on adult family members for maintaining a physical activity regime for all members of the family. Participation at the family level should include intergenerational (e.g. parents and children, or grandparents and grandchildren) participation and should ingrain physical activity as a cornerstone of family life.

Rationale: Because of modern lifestyles (e.g. both spouses working, single parent families), there has been an increasing tendency to shift responsibility for physical activity of children and youth to the school system and to community organizations. Similarly, the same modern lifestyles and pace of life have often reduced the quality time that family members spend together. Bringing the primary responsibility for physical activity back to the family and the home can result in stronger families, increased physical activity, and alleviate the increasing pressure on teachers, community recreation directors, and other non-family physical activity interests.

Roles/Responsibilities: The Active Living Alliance should collaborate with Health and Social Services to address this recommendation. Home and School Federation can also play an important role, as can Sport PEI and the PEI Recreation and Facilities Association.

Recommendation #11: To introduce a province-wide program, possibly called “PEI Fitness 200” that provides 200 events across the province in a year (e.g. Confederation Trail spring, summer, fall walks; spring outdoor clean-up day; family activity days; neighbourhood walk days; intergenerational days; how to play sports days; “Do you Wanna Dance” days; Christmas lights walkabouts; “Fit Parade” walkers, bikers, joggers, dancers becoming part of the Gold Cup Parade, Souris Santa Clause Parade, etc.). Award prizes at the end of the year for the Islanders who participated in the most PEI Fitness 200 events. Provide ongoing awareness of upcoming events through the media (e.g. Boomer Gallant on Canada Now nightly weather forecasts).

Rationale: Because so many people seem to respond to special events related to physical activity (e.g. Fixed Link Walk) and because it can take six months or more to change physical activity lifestyles (Source: U.S. Surgeon General), the proposed type of program can be very effective. For example, North Carolina has launched a year-long series of events to encourage physical activity. One of the events is “The Longest Day of Play” on June 21st and crams every possible minute of daylight with fun and play on the longest day of the year.

Roles/Responsibilities: The Active Living Alliance, utilizing its broad membership, should undertake action to address this recommendation by members sponsoring different events related to their capacity and mandate. Virtually all other stakeholder organizations should also play roles relating to specific events.

Recommendation #12: To encourage workplace policies and practices that promote physical activity (such as flexible hours, activity breaks, and incentives).

Rationale: The workplace is an obvious venue for promoting physical activity for the personal benefit of the employee, and for the financial benefit of the employer. Workplace programs in PEI are generally not well developed, and there are particular issues, ranging from the small size of most firms to the seasonal nature of employment. However, there can be a major opportunity for the PEI workplace to significantly advance the physical activity agenda.

Roles/Responsibilities: The Active Living Alliance, in collaboration with Health and Social Services, Sport and Recreation, Veterans Affairs and the Island Fitness Council, could provide the leadership and coordination required to address this recommendation. Business organizations, such as the Chamber of Commerce, could also play an important role. The Heart and Stroke Foundation of PEI should be an integral partner given their interest and recent activity in workplace wellness.

Recommendation #13: To continue to develop and promote partnerships between employers and key facility/program partners, such as health clubs and community recreation programs (e.g. lunchtime fitness).

Rationale: Because of the small size of most Island workplaces, it may be difficult to fulfill the workplace goals of the strategy at the worksite. However through partnerships, the workplace can facilitate health club and community facility use at reasonable cost to the employee; can provide payroll deduction plans so the employee can budget physical activity costs; and can provide rewards to the employees reaching certain physical activity goals.

Roles/Responsibilities: The Island Fitness Council and the Recreation/Facilities Association should address this recommendation.

Recommendation #14: To publicly recognize employers who introduce and maintain high quality workplace physical activity programs.

Rationale: Recognition can be an important reward for doing something well. This is particularly true in a small place like PEI. Adequate recognition will not only reward the successful employer and encourage the firm to continue the practice, but can also encourage other employers to introduce workplace physical activity programs.

Roles/Responsibilities: The Provincial Government, possibly through the proposed Premier's Council could provide additional stature to recognition activities. This could build on the workplace activity awards and community activity awards currently provided each year by the PEI Active Living Alliance.

Recommendation #15: To ensure that special consideration required in one or two regions of the province to ensure the physical activity strategy can be as effectively implemented there as in the rest of the province.

Rationale:

The Eastern Kings region may be an example of a region that does not have the physical activity facilities that are found in most other regions of the province. The point has been made that because the region lacks the facilities, it has never attracted the human resources that manage such facilities. The result is a lack of facilities, human resources, and other infrastructure necessary to play a full role in the physical activity strategy.\

Putting in place, and funding, areas of the province requiring special attention can make it possible for a region to launch and maintain many projects that are consistent with the rural nature of the area, including:

- Turning several local community halls, seniors' residences, churches, and other facilities into local physical activity centres.
- Encouraging residents of the area to donate physical activity equipment they may have in their basements/garages to outfit the local physical activity centres.
- Expanding the role of community organizations (e.g. Souris Striders) and facilities (e.g. tennis courts, outdoor rinks) to accommodate physical activity programming.
- Reaching out to those with disabilities, the isolated, and other at risk groups through targeted programming initiatives that can involve stakeholders ranging from health professionals to the clergy.

Roles/Responsibilities:

The Sport/Recreation Division and the Recreation/Facilities Association should address this recommendation. It is essential that any resultant regional council/coalition be connected through the Healthy Living Strategy regional networks and the Healthy Living Co-ordinators.

5.4 At Risk Groups

While many of the foregoing recommendations apply to all target groups, there are some specific initiatives required for at risk groups, seniors, and women.

Recommendation #16: To develop programs specifically designed for particular at risk groups consistent with the particular health needs of the group and delivered at the local community level, including our smaller rural communities.

Rationale: Often individuals who are particularly at risk are reluctant (because of fear of injury/health damage or of insecurity) to participate in strenuous or high technique physical activities. Additionally, at the smaller community level, there may simply be no organized physical activities in place.

In Newham, England, the Health and Leisure Project has been in place since 1994 and has achieved national recognition as a means of using physical activity to reduce health inequalities and improve quality of life. The aim of the project is to increase physical activity as a preventative strategy against circulatory disease (CD) and improve quality of life by:

- The delivery of an exercise referral program for clients identified as “at risk” or currently suffering from CD (hypertension, diabetes, etc.) and referred to the program by primary health professionals.
- Provision of community based physical activity opportunities and outreach through delivery of physical activity opportunities such as specific classes for diabetic and chest clinic clients, management of the Newham Striders Walking Groups, exercise classes within residential and daycare settings.
- Provision of physical activity based health promotion and education opportunities, such as events, presentations, and seminars to promote health through physical activity.

The target groups for these services are those identified as “at risk” of developing CD, and those with existing health conditions that can be improved or managed by undertaking physical activity. The local health service uses the various physical activity programs noted above to treat their patients with physical activity. Some elements of the program commonly have waiting lists of patients to be treated by physical activity.

Roles/Responsibilities: The Active Living Alliance, working through its extensive membership, particularly the chronic disease/health charities groups, and in collaboration with Health and Social Services and Community Affairs could address this recommendation.

Recommendation #17: To ensure that people with disabilities are involved at all stages of planning and implementing community physical activity programs. Also, ensure that environments and facilities conducive to being physically active are available and accessible to people with disabilities.

Rationale: People with disabilities know how their physical activity needs can best be met. Also, wherever possible, people with disabilities should be a welcome participant in community-

based physical activity programs. The increasing numbers of people looking for “fun-based” rather than “competitive-based” physical activity would seem to present an increased opportunity for people with disabilities to be a valued fun-based participant. Integrated activities, including people with disabilities, should be the norm to enjoy a range of physical activities including modified sports (e.g. goal ball).

Roles/Responsibilities: The Council of the Disabled, Recreation and Sport for the Physically Challenged, Special Olympics, PEI Active Living Alliance (and the Active Living Alliance of Canadians with a Disability Provincial Working Group), and Sport PEI could collaborate in addressing this recommendation.

Recommendation #18: To encourage healthcare providers to talk routinely and at every opportunity to patients with disabilities about incorporating physical activity into their lives. Provide support structures (e.g. a physical activity referral person in a medical clinic) so that the medical practitioner can easily refer the person, rather than unduly tying up his/her time giving specific physical activity advice. *NOTE: This recommendation applies to all individuals, not only people with disabilities.*

Rationale: As an at risk, and sometimes hard to reach group, people with disabilities can benefit greatly from a healthcare provider who has the knowledge and takes the time to recommend physical activity, and who can direct the person with a disability to the appropriate source for such activity. The challenge is to ensure that healthcare providers place a high priority on such direction, and that the support system is there to accommodate the person’s physical activity needs.

Roles/Responsibilities: The Active Living Alliance and Health and Social Services could provide leadership to address this recommendation, with important support roles by organizations such as the PEI Division of the Canadian Cancer Society.

5.5 Seniors

Recommendation #19: To provide more community based physical activity programs that offer aerobic strengthening and flexibility components, specifically designed for older adults.

Rationale: Seniors have specific physical activity needs that can best be addressed by appropriate programs delivered in a community setting.

Roles/Responsibilities: The Island Fitness Council, Recreation/Facilities, and the PEI

Seniors Citizens Federation could collaborate to address this recommendation.

Recommendation #20: To ensure that facilities for physical activity accommodate and encourage participation by seniors. Also encourage malls and other indoor or protected locations (e.g. community centres, churches) to provide safe places for walking in any weather.

Rationale: Seniors generally do not require sophisticated facilities or other amenities, but they do need to feel they are welcome and safe to participate in physical activity.

Roles/Responsibilities: The Active Living Alliance, Recreation/Facilities Association, Sport/Recreation Division could collaborate on this recommendation.

Recommendation #21: To develop physical activity programs involving seniors interacting with other target groups, including children and youth, adults, and people with disabilities.

Rationale: There is an opportunity to more fully integrate seniors into the physical activity agenda, providing not only benefits to seniors, but to other target groups. For example, at the intergenerational level, grandparents and their grandchildren can enjoy physical activity together, for the benefit of both. Similarly seniors can be an integral part of the family unit exercising together, or can play an Adopt an Athlete role as a regular supporter of a young person's sport activities. There can also be a role for seniors interacting with people with disabilities in joint physical activities. Seniors are not only a target group but also can be a major resource for the physical activity strategy.

Roles/Responsibilities: The PEI Senior Citizens Federation, the Physical Educators Association, and Sport/Recreation Division could collaborate to address this recommendation.

5.6 Women

Recommendation #22 To develop programs in communities that can make it easier for women to participate in physical activity. Examples include:

- Providing environmental inducements to physical activity for women, such as safe, accessible, and attractive trails for walking.
- Opening schools for community recreation and form

neighbourhood watch groups and take other initiatives to provide safe places for walking or other physical activities in any weather.

- Providing targeted programs to meet the needs of older women, women with disabilities, women of racial and ethnic minority groups, and women with low incomes.
- Include childcare arrangements to encourage the participation of women with children.

Rationale:

The lives of women can be busy, and often in contrast to men, physical activity for women can involve issues ranging from personal safety to childcare. These factors need to be taken into account in the form of community based physical activity programming, with the particular needs of women recognized and addressed.

Roles/Responsibilities:

The Women's Secretariat, the Active Living Alliance, and Health and Social Services should collaborate to address this recommendation.

5.7 Communications

Recommendation #23:

To hold a PEI Healthy Living Summit of stakeholders to discuss/share good work presently being done, rank key actions, identify priorities, and establish consortia. This will enable physical activity and healthy eating initiatives to be advanced in a coordinated, collaborative, and cost-effective fashion.

Rationale:

There are so many possibilities to be explored in advancing the Healthy Living Strategy and there are such limited resources to be invested, that it is imperative that stakeholders meet on a biannual basis to discuss best practices, establish priorities, create workplans, assign responsibilities, explore resourcing, and measure progress.

Roles/Responsibilities:

The Healthy Eating Alliance, the Active Living Alliance, Health and Social Services, and the Sport/Recreation Division should collaborate on organizing, planning, conducting such a Summit, and ensure representation at the Summit by community groups who are doing good things and by others who are candidates for greater involvement.

Recommendation # 24: To increase awareness through social marketing of the importance of physical activity, available resources, and how to get involved in enjoyable, lifelong physical activity.

Rationale: There is a need for a comprehensive Social Marketing campaign that is based on major social change, at both the community and individual levels. It must move people from "considering being active" to "becoming active" and "continuing to be active". In addition to the comprehensive Social Marketing campaign, there would be merit in creating a user friendly "directory" which addresses both the need/benefit of being active and provides pertinent information as to how, when, and where physical activity opportunities exist.

Roles/Responsibilities: Possibly the Active Living Alliance could take the lead with this recommendation, but given the scope and the cost of implementing this recommendation, the provincial government, through Health and Social Services and Community and Cultural Affairs and various chronic disease/health charities groups should be involved in the planning and implementation of this recommendation.

Recommendation #25: To conduct formative research to identify best approaches to different target populations with a goal to making physical activity the norm.

Rationale: While there is considerable information available in regards to the physical inactivity problem, there is limited research available as to how to address the problem for different target groups, how to overcome barriers, how to provide effective interventions which cause people to become more physically active. While this is a universal problem, we need to begin with seeking "made for PEI" solutions. Thus, considerable research should be undertaken during the life of this strategy to find both short and long-term solutions to physical inactivity.

Roles/Responsibilities: PEI Community and Cultural Affairs, PEI Health and Social Services, PEI Health Research Institute, UPEI Wellness, Active Living Alliance, other stakeholders, and contracted researchers should be involved in this research. The research should have both a pure/ academic, as well as, an applied orientation.

Recommendation #26: To integrate key physical activity messages into existing parent education initiatives and encourage personal and parental responsibility in reducing physical inactivity.

Rationale: Parents need to be informed/educated as to the significant role which they play/should play in increasing the physical activity level of their children.

Roles/Responsibilities: The PEI Home and School Federation, Sport PEI, and PEI Recreation and Facilities Association are well positioned to play lead roles to deliver this message. The PEI Active Living Alliance could help to develop the message.

5.8 Monitoring and Evaluation

Ongoing monitoring and evaluation of the implementation of this Strategy is critical to its success. Every initiative that is being planned should have a built-in monitoring and evaluation component attached to it. Piloting of new approaches and concepts are a critical aspect of the strategy. Such pilots should be carefully monitored and evaluated if knowledge is to be gained from the pilot. In addition to the ongoing monitoring/evaluation of individual initiatives, annual evaluations of the progress being made in implementing the strategy and the results being achieved should be carried out by experts in the field of evaluation and measurement.

6.0 Implementation Strategy and Timetable

The Steering Committee, with some possible modifications (e.g. add a representative from the PEI Medical Society), should be kept in place for the life of the Strategy. Its role would change from its present one of guiding the development of the Strategy to that of managing the implementation and monitoring of the Strategy. The multi-faceted nature of the problem, and the strategy being proposed to address it, require a comprehensive approach to implementing the Strategy.

Year One: Year One should be devoted to three activities:

1. Securing the firm commitment by all groups, as to the role each will play in the implementation of the Strategy.
2. Developing a framework for a Social Marketing Campaign and identifying potential funders for such a campaign.
3. Identifying and prioritizing prospects and other initiatives to be undertaken in Years Two to Five.

Years Two to Five should be devoted to fully implementing the strategy, including a strong social marketing campaign based on the Population Health Approach to target-focused pilots and other projects, and to the building of community capacity to sustain the initiatives.

Year Five should also be devoted to reviewing the findings from the previous years of activities, and to determining which initiatives will be sustained over the long term.

APPENDIX 1 – Walking Checklist

<http://www.walktoschool-usa.org/pdf/walkingchecklist.pdf>

	What you and your child can do immediately.	What you and your community can do with more time.
<p>1. Did you have room to walk?</p> <ul style="list-style-type: none"> ▪ Sidewalks or paths started and stopped ▪ Sidewalks broken or cracked ▪ Sidewalks blocked ▪ No sidewalks, paths or shoulders ▪ Too much traffic 	<ul style="list-style-type: none"> ▪ pick another route for now ▪ tell local traffic engineering or public works department about specific problems and provide a copy of the checklist 	<ul style="list-style-type: none"> ▪ speak up at board meetings ▪ write or petition city for walkways and gather neighbourhood signatures ▪ make media aware of problem ▪ work with a local transportation engineer to develop a plan for a safe walking route
<p>2. Was it easy to cross streets?</p> <ul style="list-style-type: none"> ▪ Road too wide ▪ Traffic signals made us wait too long or did not give us enough time to cross ▪ Crosswalks/traffic signals needed ▪ View of traffic blocked by parked cars, trees, or plants ▪ Needed curb ramps or ramps needed repair 	<ul style="list-style-type: none"> ▪ pick another route for now ▪ share problems and checklist with local traffic engineering or public works department ▪ trim your trees or bushes that block the street and ask your neighbours to do the same ▪ leave nice notes on problem cars asking owners not to park there 	<ul style="list-style-type: none"> ▪ push for crosswalks/signals/parking changes/curb ramps at city meetings ▪ report to traffic engineer where parked cars are safety hazards ▪ report illegally parked cars to the police ▪ request that the public works department trim trees or plants ▪ make media aware of problem
<p>3. Did drivers behave well?</p> <ul style="list-style-type: none"> ▪ Backed without looking ▪ Did not yield ▪ Turned into walkers ▪ Drove too fast ▪ Sped up to make traffic lights or drove through red lights 	<ul style="list-style-type: none"> ▪ pick another route for now ▪ set an example: slow down and be considerate of others ▪ encourage your neighbours to do the same ▪ report unsafe driving to the police 	<ul style="list-style-type: none"> ▪ petition for more enforcement ▪ request protected turns ▪ ask city planners and traffic engineers for traffic calming ideas ▪ ask schools about getting crossing guards at key locations ▪ organize a neighbourhood speed watch program

4. Could you follow safety rules?

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| <ul style="list-style-type: none"> ▪ Cross at crosswalks or where you could see and be seen ▪ Stop and look left, right, left before crossing ▪ Walk on sidewalks or shoulders facing traffic ▪ Cross with the light | <ul style="list-style-type: none"> ▪ educate yourself and your child about safe walking ▪ organize parents in your neighbourhood to walk children to school | <ul style="list-style-type: none"> ▪ encourage schools to teach walking safely ▪ help schools start safe walking programs ▪ encourage corporate support for flex schedules so parents can walk children to school |
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5. Was your walk pleasant?

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|---|---|---|
| <ul style="list-style-type: none"> ▪ Needs grass, flowers, trees ▪ Scary dogs ▪ Scary people ▪ Not well lit ▪ Dirty, litter ▪ Lots of traffic | <ul style="list-style-type: none"> ▪ point out areas to avoid to your child; agree on safe routes ▪ ask neighbours to keep dogs leashed or fenced ▪ report scary dogs to the animal control department ▪ report scary people to the police ▪ report lighting needs to the police or appropriate public works department ▪ talk a walk with a trash bag ▪ plant trees, flowers in your yard ▪ select alternative route with less traffic | <ul style="list-style-type: none"> ▪ request increased police enforcement ▪ start a crime watch program in your neighbourhood ▪ organize a community clean-up day ▪ sponsor a neighbourhood beautification or tree-planting day ▪ begin an adopt-a-street program ▪ initiate support to provide routes with less traffic to schools in your community (reduced traffic during am and pm school commute times) |
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A Quick Health Check

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| <ul style="list-style-type: none"> ▪ Could not go as far or as fast as we wanted ▪ Were tired, short of breath or had sore feet or muscles ▪ Was the sun really hot? ▪ Was it hot and hazy? | <ul style="list-style-type: none"> ▪ start with short walks and work up to 30 minutes of walking most days ▪ invite a friend or child along ▪ walk along shaded routes where possible ▪ use sunscreen of SPF 15 or higher, wear a hat and sunglasses ▪ try not to walk during the hottest time of day | <ul style="list-style-type: none"> ▪ get media to do a story about the health benefits of walking ▪ call parks and recreation department about community walks ▪ encourage corporate support for employee walking programs ▪ plant shade trees along routes ▪ have a sun safety seminar for kids ▪ have kids learn about unhealthy ozone days and the Air Quality Index |
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APPENDIX 2 – An Awareness Quiz for Parents:

How Active is Your Child? (www.sportnovascotia.ca)

1. How does your child get to school in good weather?
a) walks b) by bicycle c) by car d) by bus
2. How does your child get to school in poor weather?
a) walks to school b) bicycle c) by car d) by bus
3. Does your child have regular physical education classes at school?
a) yes b) no
4. How many minutes of physical education instruction does your child get each week?
a) zero b) one to 60 c) 61 to 90 d) 90 or more minutes
5. What percentage of time does your child spend in moderate activity (e.g. brisk walking, skating, bike riding, swimming) during physical education class?
a) less than 10% b) 10 to 30% c) 30 to 60% d) more than 60%
6. During what percentage of physical education class time does your child exercise at a vigorous rate (e.g. running, soccer, basketball)?
a) less than 10% b) 10 to 30% c) 30 to 60% d) more than 60%
7. How many days of the week does your child go outside (or to the gym) for free play during recess, lunch, or before or after school?
a) never b) one day a week c) two days d) 3 days e) 4 or more days a week
8. Does your child participate in community-based physical activities (e.g. YMCA, recreation department, sport club etc.)?
a) yes b) no
9. How many different sport activities does your child play on a regular basis?
a) zero b) one c) 2 or 3 d) more than 3
10. About how many times per week does your child participate in recreational, competitive sport and/or play activities?
a) zero b) 1 to 3 c) 4 to 7 d) more than 7
11. How often is your child's mother active each week (e.g. engaging in 30 to 60 minutes

of moderate activity)?

- a) never b) one day a week c) two days d) 4 days
e) 4 or more days a week f) child doesn't see mother regularly

12. How often is your child's father active each week (e.g. engaging in 30 to 60 minutes of moderate activity)?

- a) never b) one day a week c) two days d) 4 days
e) 4 or more days a week f) child doesn't see father regularly

13. How often are mother and child active together each week (e.g. 30 to 60 minutes of moderate activity)?

- a) never b) 1 day a week c) 2 to 3 days d) 3 to 4 days e) 5 or more days
f) daily

14. How often are father and child active together each week (e.g. 30 to 60 minutes of moderate activity)?

- a) never b) 1 day a week c) 2 to 3 days d) 3 to 4 days e) 5 or more days
f) daily

15. Does your child have positive role models who demonstrate physically active lifestyles?

- a) yes b) no

16. How many hours a day does your child spend in sedentary activities (e.g. watching TV, using a computer, playing video games, etc.)?

- a) less than 2 hours b) 2 to 3 hours c) 3 to 4 hours d) more than 4 hours

17. Do you think your child is active enough to receive health benefits?

- a) yes b) no

18. Does your child think she or he is active enough to receive health benefits?

- a) yes b) no

APPENDIX 3 –Physical Activity Strategy

Focus Group Participants* & One-on-One Meetings

*Regional focus groups were held in O’Leary, Summerside, Charlottetown, Montague, and Souris. Additional special interest group meetings were held as well.

Anderson	Ken
Arsenault	Marguerite
Baker	Cst. Doug
Beaton	David
Bernard	Jeannette
Binns	Dawn
Bree	Barney
Bryanton	Olive
Campbell	Terry
Campbell	Terry
Caron	Francois
Charleton	Pat
Clements	Alexis
Condon	Krista
Connolly	Mike
Conohan	Reg
Corkum	Joanne
Davidson	Allan
Davies	Angela
Dobson	Andrew
Edgecombe	Dennis
Emond	Claudine
Foster	Gordie
Godfrey	Marion
Griffin	Jennifer
Harris	Nancy
Huggan	Lyall
Jenkins-Smith	Myrtle
Kinsman	Neil
Knickle-Currie	Stephanie
Larkin	Irene
Larter	Peter
LeBreck	Louise
Lister	Meaghan
MacDonald	Irene
MacIsaac	Dale
MacLean	Irene

MacLeod	Gerard
MacNeill	Dave
MacPhee	Rhonda
MacPhee	Veronica
Maher	Kathy
Mair	Karen
Martin	John
McIntosh	Kelsey
McNeilly	Gordon
Morrison	John
Mullaly	Barb
Murphy	Nola
Ployer	Janice
Quinn	Frank
Rendell	Elizabeth
Slater	Catherine
Steele	Paul
Tanton	Keith
Tanton	Keith
Taylor	Jon
Taylor	Jon
Thibodeau	Brody
Thomas	Corey
Thorkelson	Myra
Wallace	Joanne
Williams	Ken
Wilson	Barry
