



TORONTO STAFF REPORT

June 4, 2003

To: Board of Health

From: Dr. Sheela V. Basrur, Medical Officer of Health

Subject: Physical Activity and Public Health: A Call To Action

Purpose:

This report identifies physical activity as a significant public health issue requiring concerted City-wide action. The strong connection between physical activity and health is presented and physical activity is examined in the context of the determinants of health, emphasizing the need to address the social, physical, political and economic conditions that affect physical activity participation. The key role of municipal government in increasing physical activity is established, as is the need for enhanced coordination and collaboration among City departments and the numerous community and institutional partners by ensuring action to eliminate the barriers to physical activity for all Toronto residents.

Financial Implications and Impact Statement:

Secretariat and initial planning support for the proposed Leadership Group will be provided by Toronto Public Health (TPH) through reallocation within the approved 2003 operating budget for the Chronic Disease Prevention program and the Heart Health Program. Any additional resource requirements for planning support will be referred to other participating organizations for consideration.

The initial focus for program delivery will be on the consolidation and coordination of existing resources and enhanced collaboration among participating organizations.

There will be no new budget pressures from Toronto Public Health in 2004 arising from participation in this initiative. Any new initiatives that do require additional resources will be reported through the 2005 operating budget process.

Recommendations:

It is recommended that:

- (1) the Medical Officer of Health initiate a Call to Action by convening a Physical Activity Leadership Group involving key community and institutional stakeholders to plan and implement inter-sectoral action to increase physical activity in the population as a whole, beginning with children, youth and their families;
- (2) the Physical Activity Leadership Group develop an action plan to improve physical activity levels across the City and that this be reported back to the Board of Health through the Medical Officer of Health in early 2004;
- (3) the Board of Health endorse the Medical Officer of Health's Call to Action and forward this report for information and appropriate action to Community Services Committee, Economic Development and Parks Committee, Planning and Transportation Committee and City Council;
- (4) this report be forwarded for information and appropriate action to the relevant federal and provincial departments, ministries, and groups, including Health Canada and Sport Canada, the Ontario Ministries of Health and Long-Term Care, Tourism and Recreation, and Community, Family and Children's Services; the Ontario Public Health Association, the Ontario Physical and Health Education Association and the Association of Local Public Health Agencies; and
- (5) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background:

Each year the Board of Health receives a report from the City's Medical Officer of Health on current trends in health and key issues for Toronto Public Health. The report serves to highlight some of the significant issues that the Board must address to reduce health disparities and to maintain an effective and efficient public health infrastructure. While many health challenges remain constant new ones are always emerging. SARS is only the latest reminder of how important it is to have strong and stable health systems that have the flexibility to respond to unforeseen pressures. At the same time, we cannot forget about more "hidden" health issues that may take many years to manifest disease and that can create a large burden of illness on the population as a whole.

This report focuses on one such critical public health issue – physical inactivity and health. The report makes the case that our sedentary society faces increased health risk and premature death related to major chronic diseases. The impact of this situation on the health of the entire population will be reviewed, with particular concern for the children and youth who are not physically active enough and are at increased risk for early onset of chronic disease. The ways in which a physically active population can contribute to social health by infusing society with the

energy and vitality of participation that are markers of a livable and vibrant City, are also examined. Finally, a Call to Action by the Medical Officer of Health is outlined through which key stakeholders will come together to take timely action on this urgent public health issue. The first phase of this united action will focus on children, youth and their families. Significant potential for improvements in physical activity and health can be achieved in Toronto by reducing the barriers and inequities described in this report.

Comments:

North American society can be defined as a “culture of inactivity” with its environment dominated by motor vehicle use, growing automation and reliance on “labour saving devices” (in both homes and workplaces), pressing work and family schedules, diminishing and sedentary leisure time (TV, computers, video games), and a decreasing sense of neighbourhood safety. In today’s society, the requirement for physical movement in the tasks of daily life is rapidly decreasing. The social and physical conditions that support physical activity are eroding and the values, skills and habits that support lifelong physical activity are under threat. This creates a highly sedentary population, which results in increased risk for ill health and premature death related to the major chronic diseases. It also diminishes the social health and vitality of our community because physical activity brings people out of their homes to be active in public spaces such as parks, playgrounds and streets.

Physical Activity Defined:

Physical activity refers to virtually any sustained bodily movement that expends energy. Physical activity can be undertaken in a wide range of structured (eg. fitness classes) or unstructured (eg. pick-up ball hockey), planned (eg. regular jogging) or incidental forms (eg. taking the stairs). Examples of varying levels of physical activity include vigorous activity such as aerobic workouts or basketball; moderate activity such as brisk walking or bicycling; and light activity such as easy gardening or slow pace walking. (See Appendix I for guidelines in Canada’s Physical Activity Guide to Healthy Active Living)

Magnitude of the Issue:

The majority of Ontario’s population is affected by the risk factor of physical inactivity. About 55% of adults are not physically active enough for optimal health and 57% of youth aged 12-19 years are not sufficiently physically active for optimal growth and development (1). National data indicate that almost half (49%) of Canadian children aged 5 to 12 years are not active enough to receive health benefits (2).

The problem is even greater in Toronto. The rate of physical activity was 33% in the most recent national survey (Canadian Community Health Survey, 2000/01). This is significantly lower than Canadian and Ontario rates which are both 42.6%. As well, Toronto’s rate is the lowest among health units in the province. Toronto has a higher proportion of population groups with barriers to physical activity (e.g. low-income groups, recent immigrants, people who are homeless, people who speak neither English nor French). These groups tend to be underrepresented in

national surveys. Therefore the magnitude of the problem is likely worse in Toronto than is suggested by the comparisons drawn from national surveys (3).

Physical inactivity is of particular concern in relation to the rate of children who are overweight or obese. The 1998/99 National Longitudinal Survey of Children and Youth revealed that over one-third of Canadian children are overweight and about half of these (16%) are considered obese (4). Children who are obese are at significantly increased risk for early onset of chronic disease, the most alarming of which is the emergence of type 2 diabetes in children, which is an obesity-linked condition previously seen primarily in adults.

Coronary heart disease (CHD) is the leading cause of death and disability in North America. People who are physically inactive are almost twice as likely to develop CHD as those who are at least moderately physically active on a regular basis (5, 6). Canadian researchers have determined that physically inactive Canadians are 90% more likely to acquire coronary artery disease, 60% more likely to suffer from osteoporosis, and 40% more likely to experience a stroke, hypertension, colon cancer, or type 2 diabetes (13). Regular physical activity is now recognized as being as important as non-use of tobacco in decreasing the risk of CHD (7).

A recent study of the economic burden of physical inactivity in Canada estimates that a 10% increase in the proportion of Canadians who are physically active could save \$150 million annually in health care costs for coronary heart disease, stroke, type 2 diabetes, colon cancer, breast cancer and osteoporosis; the costs of which will increase as the Canadian population ages. Researchers calculate that 2.5% of total direct health costs in Canada (\$2.1 billion) and 21,000 premature deaths were attributable to physical inactivity in 1999 (8).

Importance of Physical Activity to Health:

The 1996 U.S. Surgeon General's Report on Physical Activity and Health presented a rigorous review of the scientific literature on the relationship between physical activity and health. This report was a watershed document that irrefutably established physical activity as a key factor in reducing overall mortality rates, in reducing the incidence and premature mortality related to the leading chronic diseases and in the overall enhancement of physical and mental health for people of all ages. Simply put, the more physically active people are, and the more energy they expend doing so, the longer they are likely to live (9). Even people who are only moderately physically active on a regular basis have lower mortality rates than those who are the least active.

Public health experts emphasize that the most effective approach to achieving lifelong physical activity, is to lay a foundation for physical activity in the childhood years that will be carried through adolescence and into adulthood (10). However, health benefits are achieved even when activity is adopted in older middle age (11, 12), with some risk reduction evidenced within two years (11).

Chronic Disease Prevention:

Regular physical activity reduces the risk of dying prematurely from heart disease, developing diabetes, developing high blood pressure, and developing colon cancer. It also assists in achieving and maintaining a healthy weight, building and maintaining healthy bones, muscles and joints and reducing blood pressure in people who already have high blood pressure.

Maintaining a healthy weight is a critical factor in preventing a number of chronic diseases, and in supporting a person's social and psychological well-being. Physical activity is an essential component of strategies to achieve healthy weights across the population. The healthy weight concept promotes healthy eating (as opposed to dieting), regular physical activity, and social acceptance of a wider range of weights and body sizes. The key message is "eat well, be active, feel good about yourself".

Ensuring that children and youth develop the foundational skills and habits for lifelong physical activity is a primary strategy in chronic disease prevention and in stemming exponential increases in overweight and obesity among children and adults.

The Effect of Physical Activity on Healthy Growth and Development:

Physical activity is a fundamental requirement for healthy growth and development among children and youth. Participation in well-guided physical activity opportunities enables children to develop the fundamental skills in body movement and control that enable them to progress with competence and confidence to activities of adolescence and adulthood. Children who fall behind in the acquisition of these basic skills can find it difficult to catch up to their peers in later years. The wide-ranging benefits of physical activity for all aspects of health, well-being and vitality are summarized in World Health Organization (WHO) materials promoting "Move for Health" day:

"Regular physical activity provides young people with important physical, mental and social health benefits. Being active has the potential to help children and young people develop coordination; build and maintain healthy bones, muscles and joints; control body weight and reduce fat; and develop efficient function of the heart and lungs. Play, games and other physical activities give young people opportunities for self-expression, building self-confidence, feelings of achievement, social interaction and integration. It also helps prevent and control feeling of anxiety and depression".

Physical Activity, Mental Health and Enhanced Quality of Life:

Over fifty years ago the WHO broadened the concept of health beyond the simple absence of disease and disability to a multi-faceted state of positive physical, mental, and social well-being, viewing health as an asset for everyday living. This led to the development of the concept of Health Related Quality of Life (HRQL), which encompasses cognitive, social, physical and emotional functioning, personal productivity and intimacy. The U.S. Surgeon General's report identified the significant potential of physical activity to have a positive influence on all aspects of HRQL (7).

Studies have shown that persons who are inactive are twice as likely to have symptoms of depression than those who are more active. In addition, physical activity may not only relieve symptoms of depression, but may protect against its development. Physical activity is also beneficial in relieving symptoms of anxiety and in improving mood (7).

Enhanced self-esteem for both children and young adults is an established outcome of being physically active, as is improved psychological well-being among younger persons and middle to older-aged adults (7). A review of Canadian studies found that physically active youth experience a range of positive psycho-social outcomes including improved self-esteem and self-concept, acceptance among peers, and self-empowerment (14). There is also strong research reporting that youth who are physically active are at significantly reduced risk for tobacco use (15, 16).

Regular physical activity in adulthood helps to prevent and reduce functional declines associated with aging, thereby enhancing quality of life as people enter old age (17). Even if adopted in later adulthood, appropriate levels of physical activity help older adults to become stronger and more mobile, thus enhancing their capacity to perform tasks of daily life and to live independently.

Societal Benefits of Participation in Physical Activity:

The Canadian Parks and Recreation Association identifies the benefits of participation in sport and recreation as going beyond enhancing individual physical and mental health to include areas such as the facilitation of racial harmony, building community involvement and citizenship, and advancing the interests of disadvantaged groups. This perspective is supported by survey findings of the Canadian Fitness and Lifestyle Research Institute that show Canadians strongly believe that physical activity opportunities make a positive contribution to the quality of life in their communities. It is believed that such opportunities increase citizen involvement and help people of different backgrounds to get along (17).

Canadian research has provided good evidence of a positive relationship between physical activity and improved academic performance (18). It has been found that youth who participate in structured recreation are less likely to drop out of school or to demonstrate deviant behaviour. Participation in structured recreation reduces boredom; a factor associated with deviant and unhealthy behaviour (14). Such research findings support the inclusion of child and youth recreation initiatives in local and national community safety strategies.

In a review of the findings of four national surveys, the Canadian Council on Social Development concluded that youth participation in organized recreational activity is generally associated with higher levels of volunteering and community service. Recreational participation was identified as a possible contributor to civic competence and the likelihood of participating in community life (19).

The importance of physical activity in improving the physical, psycho-social and societal health of a population is reflected in the identification of play, recreational and leisure activity as a fundamental human right in the 1990 United Nations Convention on the Rights of the Child. Ensuring opportunities for regular engagement in physical activity cannot be viewed by governmental or institutional decision-makers as an optional frill. It is a vital component in achieving healthy populations and ensuring safe, participatory and civic communities.

Federal and Provincial Role:

Within Canada, federal policy-makers began to recognize physical activity as a factor in improving health in the 1970's. The social marketing organization ParticipACTION Canada was created to raise awareness of the importance of physical activity to overall wellness. The release of the report "A New Perspective on the Health of Canadians" (1974), identified how factors within the broader environment such as physical activity were key contributors to the health of the population. In 1980, the Canadian Fitness and Lifestyle Research Institute (CFLRI) was established, with support from Health Canada, to undertake research and disseminate reliable information regarding physical activity practices and trends among Canadians and the implications for population health.

In Ontario, physical activity promotion was introduced as a new area for public health involvement in the 1989 Mandatory Health Programs and Services Guidelines. This represented major progress in recognizing physical activity as an important public health issue.

In 1997 the Federal-Provincial/Territorial Ministers responsible for Fitness, Active Living, Recreation and Sport released a report "Physical Inactivity: A Framework For Action: Towards Healthy, Active Living for Canadians". Physical activity was framed as a significant health and social issue, requiring attention and action beyond the domain of recreation, fitness and sport. The need to address the social, physical, public policy and economic conditions affecting physical activity participation was emphasized, as was the requirement for inter-ministerial and inter-governmental collaboration.

Continued high-level and nation-wide support for a broader framing of the physical activity issue is recently evidenced in the report of the Commission on the Future of Health Care in Canada (37). This report recommends that all governments should adopt and implement the strategy developed by the Federal, Provincial and Territorial Ministers Responsible for Sport, Recreation and Fitness to improve physical activity in Canada.

Since the development of its "Framework for Action" the federal government has undertaken initiatives to address physical inactivity. Health Canada has released a series of public information materials entitled Canada's Physical Activity Guide to Healthy Active Living, with separate guides for specific age groups: children, youth, adults and older adults. These materials raise awareness of the health benefits of physical activity, and provide guidelines for appropriate physical activity, emphasizing that benefits can be obtained through accumulation of short (10 to 15 minutes) physical activity sessions over the course of the day (see Appendix I for an overview of these Guides). An additional federal initiative is the Pan-Canadian Healthy Living Strategy, which was announced in September 2002 and will begin with a focus on physical activity and

healthy eating, and their relationship to healthy weights. The strategy will be implemented through a population health approach that addresses the determinants of health through inter-sectoral collaboration and inter-governmental response.

The Province of Ontario has also committed resources to addressing the issue of a highly sedentary population. Examples of this include: the physical activity promotion program mandate of public health units; the inter-ministerial Active Ontario initiative to develop multi-sectoral policies and programs that promote increased physical activity; the Ontario Heart Health Partnerships administered through public health units, and the Diabetes Prevention Active Schools initiative.

Federal and provincial policy makers are elevating the issue of physical inactivity on the public health agenda, and are collaborating to determine the strategies and actions that will achieve a more physically active population. However, since municipal jurisdictions are most closely connected with the daily lives of Canadians, municipalities must take a leadership role and be recognized, supported and resourced as pivotal players.

Municipal and Community Context:

Municipalities, as the level of government closest to the community, have a major role in shaping the physical and social environments that support physical activity. Planning and policy processes undertaken by municipal departments determine most of the physical aspects required for a “physical activity friendly” city: sidewalks, bicycle lanes, parks and playgrounds, recreation facilities, neighbourhood traffic calming and lighting, walking trails, air quality measures and shade provision. Toronto has a rich physical activity infrastructure, examples of which include approximately 200 municipal or community-operated recreation centres/clubs, 140 public swimming pools, 100 public skating arenas/rinks, 195 kilometres of pedestrian/bicycle paths, 1500 parks, and 90 kilometres of paved trail through parks. The City’s Pedestrian Committee and Cycling Committees, monitor and advocate for improved infrastructure to support walking and cycling.

The City of Toronto Parks and Recreation Division (Parks and Recreation) is the largest provider of physical activity programming across the City. Parks and Recreation delivers 54,000 recreation programs annually for all age groups, and collaborates with hundreds of community sports leagues enabling grassroots community involvement in a wide range of sports. The Division’s Children and Youth Recreation Strategies and Access and Equity program serve to increase participation in physical activity by diverse populations across Toronto. City Council has established a divisional “Welcome Policy” to reduce financial barriers to participation in recreational programming for people living on low-incomes.

Thousands of additional physical activity programs for all age groups are provided by well-established service agencies such as the YMCA, YWCA, Boys and Girls Clubs and neighbourhood settlement houses. These organizations also develop programs and initiatives to respond to the unique needs of the communities they serve and are involved in initiatives to address the barriers to physical activity faced by their communities. In addition, numerous

private clubs offer programs and independent volunteer-led sports leagues are organized throughout the city.

Over the past decade Toronto Public Health has played an important role in physical activity promotion. Collaborative work with recreational and childcare service-delivery systems, boards of education, and community organizations has helped improve opportunities for people across Toronto to be more physically active. One important area of focus has been addressing barriers related to low-income and ethno-racial diversity. The inter-sectoral partnerships initiated by Toronto Public Health have placed child and youth physical inactivity on the municipal health agenda through the City's Children and Youth Action Committee (CYAC). This is demonstrated by the CYAC's adoption of a Vision for Physically Active Children and Families (Appendix II), which enhanced municipal funding to increase children's physical activity in collaboration with key community partners.

Toronto's eight hundred publicly funded schools are a key channel through which children and youth engage in physical activity within the Health and Physical Education Curriculum and through before and after-school sports and recreation activities. In addition, over the past five years Toronto Children's Services Division has strongly encouraged increased physical activity in childcare programming across the licensed childcare sector (approximately 800 centres in Toronto). Toronto Community Housing Corporation is the largest social housing provider in Canada, with over 95,000 housing units. The provision of recreational programming is a fundamental component of the healthy community approach recently established by the Corporation's Tenant Services Division.

While much has been accomplished in the City of Toronto, we have seen that the most recent Canada Health Survey data indicate that Toronto has rates of physical activity well below national and provincial rates. Reversing this trend, and moving Toronto's population to higher rates of physical activity will require change in the structures, environments, policies and programs that mitigate against a more physically active population.

Public Health's Physical Activity Promotion Mandate – A Population Health Approach:

Public health practice is undertaken through a population health approach, with the goals of improving the health status of the entire population and reducing inequities in health status between population groups. Since 1989 physical activity promotion has been a mandated program under the Health Protection and Promotion Act in the area of chronic disease prevention (Appendix III outlines the specific objectives and the extensive Toronto Public Health (TPH) activities related to this program area). Public health units *promote* increased physical activity through a population health approach that involves:

- (a) Collecting, analyzing and interpreting data and identifying trends related to physical activity
- (b) Analyzing the determinants of health, health inequities, and the root causes of this health threat
- (c) Providing credible, accessible and effective information, public awareness and education materials

- (d) Working across sectors and with all levels of government and engaging public involvement to: support effective program development and delivery; reduce or eliminate barriers and create supportive social and physical environments; and achieve a public policy framework that supports increased physical activity across all segments of the population.

The delivery of actual physical activity *programming* is the domain of service delivery channels mentioned above (eg. City of Toronto Parks and Recreation, Boys and Girls Clubs). Through their programs and advocacy, many of these organizations also promote physical activity.

The Experience of Other Jurisdictions:

Over the past five years, a number of jurisdictions across Canada have initiated projects to increase physical activity in their population. These include Nova Scotia's Active Kids, Healthy Kids; the Ottawa Actif project; and Saskatoon in Motion. All these initiatives are based on municipal and/or provincial government's recognition of physical inactivity as a public health priority requiring inter-sectoral planning and action. Common themes include: significant key stakeholder consultation and determination of priorities for action; addressing access and equity issues related to socio-economic status, ethno-racial diversity, gender, and disability; establishing public awareness and support; enhancing and/or creating safe and supportive physical environments; strengthening the capacity of the school channel; establishing research and evaluation processes that draw from best practices, measurement of improvements and monitoring of program efficacy. These planning frameworks and processes draw from those being implemented in international jurisdictions such as Australia and the United States.

Toronto is learning from the initiatives in other jurisdictions. However, there are significant differences in our municipal context that may lead to different approaches as inter-sectoral partners determine how to advance this issue in our city. Some of the unique challenges that characterize Toronto are:

- (i) a population more than three times the size of the next largest "model" jurisdiction;
- (ii) a high degree of ethno-racial diversity;
- (iii) higher rates of poverty, growing income inequality and persistent child poverty; and,
- (iv) a larger and more complex service delivery system.

An effective Toronto strategy must address barriers related to income inadequacy, language, culture, religion, and issues of racism and discrimination. Such barriers are potential causes of unequal participation in physical activity for close to half of Toronto's residents, and are connected with the perpetuation of health inequities among and between population groups in our City.

The Need to Reduce Barriers:

Although all levels of government have supported initiatives to promote public awareness, education and skills development initiatives, the majority of the Canadian population is

physically inactive. An analysis of this situation is presented in the Canadian Fitness and Lifestyle Research Institute 1997 Physical Activity Monitor:

“The stalling of recent progress [to reduce physical inactivity] reinforces the need for concerted effort to address the issue of inactivity, not just by making active pursuits more appealing to individuals, but more importantly by making the social and physical environments in which people work, live and play more conducive to physical activity. Being active must be a feasible – indeed a relatively easy – option” (12).

This assessment is shared by organizations in Toronto that are working to increase physical activity across the population. There is tremendous concern about the diminishing ability of Toronto’s public institutions and service systems to reduce or eliminate barriers to physical activity. The shifting of responsibilities for public education and municipal service delivery, coupled with budget cuts and the amalgamation of large service systems (municipal divisions and the Toronto District School Board), has resulted in reduced resources and opportunities for physical activity. For example, the requirement to pay permit fees to use public facilities that were formerly available at no or minimal cost combined with the closing of school buildings to after-hours use, has resulted in termination or reduced enrollment affecting many community recreation programs across the City. This deprives many individuals of the health benefits of program participation and contributes to the erosion of strong, inclusive communities that characterize a healthy City (20, 21).

The introduction of user fees for recreational programs to cover operational costs, when there is already a lack of funding across organizations for language and outreach services to engage ethno-racially diverse groups in culturally appropriate physical activity programs, could exacerbate inequitable access to physical activity opportunities. This is compounded by the uneven distribution of recreational infrastructure across the amalgamated City.

Public schools are the channel through which the large majority of children and youth across the City can be reached. The enormous challenges currently faced by Boards of Education in fulfilling the Health and Physical Education Curriculum are a concern, as is the current policy requiring only one Health and Physical Education credit from grades 9 to 12. Some of these challenges are a result of pressures to focus on provincial EQAO test results and the related emphasis on numeracy and literacy skills, coupled with persistent reductions in physical education staff specialists due to budget cuts. In such a context, the fulfillment of the physical education curriculum can easily fall toward the bottom of the educational agenda. Strong partnerships with Boards of Education to develop common strategies for required policy and program changes at the local and provincial levels, is essential to increasing physical activity amongst Toronto’s children and youth.

Key Barriers to Physical Activity in Toronto:

(1) Income Inadequacy

Income and education are major determinants of physical activity. Statistics Canada reports that compared to the wealthiest and most highly educated groups, physical inactivity rates are 30%

higher in the lowest education and lowest income groups (22). The evidence also reveals a clear differential in physical activity participation by children and youth living in poverty. Analyses of the Statistics Canada National Longitudinal Survey of Children and Youth for 1994 and 1996 showed that children in the lowest income families were more than 30% less likely to participate in sports with a coach or in dance/gymnastics than children in the highest income families (19).

According to the 2001 Census, 23% (552,300 persons) of all City residents are defined as low-income and 25% of adults have less than high school education. Between 1990 and 2000, income disparity has widened, reinforcing a social environment of “haves and have-nots”. The impact of continuing and deepening income inequality on physical activity participation is outlined in a recent report on recreation and social inclusion:

“...the increasing inequity in the distribution of wealth among Canadians...may constitute the single most important barrier to access to physical recreation, and may undermine most of the proposed initiatives to overcome other barriers” (23).

The barriers to physical activity participation faced by individuals and families who live on inadequate incomes have been well documented, and have persisted over time. A 1998 CFLRI report indicates that barriers are much more significant for families living on low incomes, with differences of at least 20 percentage points between high and low-income earners regarding requirements for such things as convenient public transportation; affordable coaching, instruction and classes; availability of outdoor spaces for activity; access to safe streets and public places; and access to facilities, services and programs at school as well as outside school (24).

Additional barriers affecting Toronto’s population include inadequate community outreach to engage socially marginalized groups, and a strong need for programming appropriate to ethno-racial diversity (25, 26). A low-income, new immigrant family with three children living in a dense high-rise neighbourhood characterized by community safety issues faces multiple barriers to being physically active in their local neighbourhood, as well as difficulty accessing existing resources and facilities across Toronto.

Over the past five years, leaders in recreation, sport and health policy across Canada have given priority to the issue of the dramatically unequal participation of children and youth living in poverty. In response to this concern, the Children and Youth Living in Poverty Initiative was established, with the Canadian Parks and Recreation Association as the lead organization. The extensive research, issue analysis, and tools for change that have been developed through this multi-sectoral initiative will assist municipalities to increase physical activity among children, youth and their families living in poverty.

(2) Gender Inequity and Physical Activity

Throughout the lifecycle, females’ participation in physical activity is approximately 10% less than that of males. Based on national survey results, the CFLRI reports that between the ages of 5 and 12 years, 53% of boys were considered physically active enough for good health, compared to only 44% of girls (1). It appears that diminished physical activity participation by

girls is a social norm that is perpetuated into adolescence and adulthood. This is a long-standing situation, as evidenced in the following statement from a 1988 national task force report:

“Females, beginning at an early age, under-value and underestimate their capacity (and potential) for competency in physical activity. As a result, girls’ physical activity skill levels constantly fall further behind their male peers’ ...By the time they are six, girls have lower fitness levels and less skill competence than boys of the same age. This lack of skill compounds itself with each passing year” (27).

Moving into the adolescent years (ages 13 – 17), there is a decline in physical activity for both sexes. But girls are again significantly less active than boys, with 40% of boys active enough for good health compared 30% of girls (2). Differential rates of participation based on gender continue into adulthood (ages 18 – 64) with 59% of women defined as physically inactive, compared to 52% of men. An alarming difference in physical activity participation is seen in older adulthood (65 years and over) when 67% of women are classified as inactive compared with 55% of men (1).

Women express greater concern than men regarding barriers to physical activity, including excessive costs and lack of safe places, skills, and energy (28). The City of Toronto programs “Women in Action” and “Girls Unlimited” identify many barriers for adolescent females: lack of time due to family responsibilities; not enough programs specifically for girls; boys dictate what gets played; costs related to fees, transportation, clothing; sex role stereotypes that sports and competition are not the realm of females; lack of public interest and support for female sport; boys favoured for team leadership; harassment in relation to images of femininity, sexual objectification; and cultural norms regarding modesty.

The lifelong continuation of unequal participation in physical activity by females means that this population group has inequitable access to the broad range of physical, psycho-social and societal benefits of physical activity participation described in this report. Older women, whose post-menopausal status places them at higher risk for cardiovascular disease and osteoporosis, are the least likely of all population groups to participate in physical activity, notwithstanding its benefits in offsetting these diseases.

(3) Work/Family Stress and Social Support

Differences in social support contribute to inequalities in physical activity. Statistics Canada reports that family and community support (e.g. information, transportation and child care), being socially involved, and having a higher sense of control in one’s life increase the odds that adults will become and stay physically active (29). Children are more likely to be involved in sports if they have parents who are involved and supportive (30). Today’s families often face a “time crunch,” with stress, fatigue, and difficulty balancing job and family responsibilities. In Toronto in 2001, two-thirds of female parents and over 90% of male parents work outside the home. Compared to the rest of the GTA, Toronto families are 60% more likely to be lone parents (22). The need for child care and community support to begin and sustain improvement in physical activity may be even greater among groups such as low income, lone parent and recent immigrant families reporting lower levels of social support.

(4) Barriers Related to Diversity

The Toronto population represents approximately 200 countries, 80 religions, and speaks more than 160 languages and dialects.

Canadian studies show disparities in recreation participation, as well as in the risk for certain chronic diseases such as heart disease and diabetes where physical activity plays an important role, among Aboriginal and ethno-racial groups (31, 32, 33). Recent immigrants on average have lower rates of smoking and lower rates of heavy drinking and higher consumption of fruits and vegetables but 50% higher rates of physical inactivity (34).

Systemic barriers need to be addressed to enable equitable access to physical activity that is safe, free from discrimination or harassment, and respectful of diversity. For example, some Toronto pools accommodate Muslim women by having a female only swimming time slot with a female lifeguard. Physical activity programs need to integrate ethno-specific, culturally relevant forms of activity and to recognize the complex, multiple challenges and hardships that many families face (e.g. linguistic and cultural isolation, racism, discrimination, lack of social support). Supporting and building on the leadership of Toronto organizations that work with ethno-racially diverse communities is a fundamental element of reducing barriers and their associated health inequalities described above.

To engage and effectively reduce barriers to participation by socially marginalized groups such as people with disabilities, people with low literacy, gender identity, and sexual orientation, consideration must be given to remove bias and ensure clear language to effective outreach and communication. Local organizations estimate that 10% of Toronto adults are gay or lesbian. Approximately 3% of children, 10 % of adults and 40% of seniors have a disability or activity limitation. The physical inactivity rate of people with disabilities is 25% higher than the Canadian rate with cost, distance and inaccessible facilities the most frequent barriers (35). Special provisions must be made to ensure a level of comfort in participation and to ensure that participation is possible.

(5) Supportive Physical Environments

Neighbourhood characteristics influence peoples' ability to participate in physical activity. For example, road traffic, sidewalk safety, air quality, proximity to parks and playgrounds, bike paths, lighting and neighbourhood safety can either support or create barriers to physical activity participation. Public education and legislation (e.g. cycling safety and helmet use) combined with family and neighbourhood supports and proactive urban planning (land use, transportation, built environment) can help to promote equitable access to physical activity and its positive health benefits. The Ontario Women's Health Council (2000) recommends putting environmental interventions in place before educational interventions. A review of 44 health promotion programs in Canada showed that half had not incorporated physical environment supports at all (36). Unless physical and social environments are supportive of physical activity, interventions could have the unintended result of widening health inequities.

Toronto's Official Plan envisions and promotes physical environments that are more supportive of a physically active population. This is achieved by increasing use of public transit and developing new parks and improving streets, sidewalks, bikeways and pathways in priority neighbourhoods; protecting, improving and adding to green space across the City, including a commitment that the waterfront become a network of publicly accessible open spaces that offers a range of leisure activities, connected by a continuous waterfront trail. Safety, security and universal access are important considerations in the design of buildings and public spaces.

Time for Action:

Key stakeholders are alarmed that while the impact of physical activity on all aspects of health is clear, opportunities for physical activity are decreasing in many of Toronto's public institutions and service systems. The reduction or elimination of barriers to participation seem beyond our reach. This situation poses an unacceptable risk to the immediate and long-term health of Toronto's population. Change is required and this cannot be achieved by any single organization.

As Medical Officer of Health for Toronto, I am therefore declaring physical activity as a priority public health issue for our City, and I am issuing a Call to Action to achieve concerted, timely and effective change. The goal of the Call to Action strategy is to increase physical activity amongst all residents of Toronto, beginning with children, youth, and their families.

The decision to focus on this segment of the population is based on a number of considerations:

- (i) support by leaders in chronic disease prevention for early lifecycle intervention as the priority approach to prevention;
- (ii) existing inter-sectoral collaboration to promote physical activity amongst children, youth and their families in Toronto; and,
- (iii) the strategic intelligence of "building on success" by breaking a complex long-term change process into achievable phases. A large proportion of Toronto's population faces a broad array of barriers to participation in physical activity. A commitment to respond effectively to Toronto's diverse population will be a fundamental principle of the Call to Action strategy.

Through this report, I am calling for the formation of a Physical Activity Leadership Group which will have the capacity to influence policy and practices in the wide array of systems that affect physical activity participation, and that can draw public attention and support to the issue. The members of the Leadership Group will determine the specific areas of action to be addressed through the Call to Action strategy. They will lead, guide and resource multi-sectoral action groups that will develop and implement plans across several delivery systems, to maximize opportunities and reduce or eliminate barriers to enable a more physically active population. This process will begin with the founding meeting of the Leadership Group this June and will continue over a three-year period. An initial report back to the Board of Health with recommended action plans will be submitted in early 2004.

Conclusion:

This report describes the links between physical inactivity and the growing burden of illness and associated costs arising from obesity and chronic diseases such as cardiovascular disease, diabetes and osteoporosis. Regular physical activity is now recognized as being as important as non-use of tobacco in decreasing the risk of Coronary Heart Disease. In addition to the "culture of inactivity" that is the hallmark of today's society, many segments of Toronto's population also face sociocultural, economic and environmental barriers to participation in physical activity.

Chronic Disease Prevention is a provincially mandated program under the Health Protection and Promotion Act. As a preventable risk factor for many chronic diseases, physical activity has become an increasing area of focus and concern within the community. There is a compelling need for public health responses that are commensurate with the magnitude of these health risks. This is particularly important given the corresponding opportunities for improvements in the health of our population, especially among children and youth. The complex and systemic roots of this public health issue will require a comprehensive response that is broad-based and inclusive.

It is recommended that a Physical Activity Leadership Group of key community and institutional stakeholders be convened to develop concrete action plans with an initial emphasis on the coordination of existing programs and resources. The Leadership Group will report back to the Board of Health through the Medical Officer of Health in early 2004. TPH will provide secretariat and initial planning support to this process through reallocation within the existing operating budgets for the Chronic Disease Prevention program and the Heart Health program. There will be no additional budget pressures arising from TPH's participation in this initiative during the 2004 operating budget process.

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List of Attachments:

Appendix I – Canada’s Physical Activity Guide for Healthy Active Living: Summary of Guidelines

Appendix II – Vision for Physically Active Children and Families

Appendix III – Physical Activity Promotion by Toronto Public Health

References:

- (1) Canadian Fitness Lifestyle Institute. (2001). 2001 Physical Activity Monitor.
- (2) Craig, C.L., Cameron, C., Russell, S.J., and Beaulieu, A. (2001). Increasing Physical Activity: Supporting Children's Participation. Ottawa, Canadian Fitness and Lifestyle Research Institute.
- (3) Statistics Canada. (2002) Health Indicators: Leisure-time Physical Activity. 2000/01 Canadian Community Health Survey.
www.statcan.ca/english/freepub/82-221/01002/nonmed/behaviours3.htm
- (4) Statistics Canada. (2002). National Longitudinal Survey of Children and Youth: Childhood Obesity. October 2002.
- (5) Berlin, J., Colditz GA. (1990). A meta analysis of physical activity in the prevention of coronary heart disease. *American Journal of Epidemiology*; 132:612-628
- (6) Blair, S.N. (1994). Physical activity, fitness and coronary heart disease. In Bouchard C, Shepherd R, Stephens T (Eds). *Physical activity, fitness and health*. Human Kinetic Publications, Illinois. Pp 579-591.
- (7) U. S. Department of Health and Human Services. 1996. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion: pp. 85 – 172..
- (8) Katzmarzyk, P. T., Gledhill, N., & Shephard, R. J. (2000). The economic burden of physical inactivity in Canada. *Canadian Medical Association Journal*; 163, 1435-1440.
- (9) Lee, I. M., & Paffenbarger, R. S. (2000). Associations of light, moderate, and vigorous intensity physical activity with longevity: the Harvard Alumni Health Study. *American Journal of Epidemiology*; 151, 293-299.
- (10) Centers for Disease Control and Prevention, Department of Health and Human Services. (2003). *Promising Practices in Chronic Disease Prevention and Control, A Public Health Framework for Action*.
- (11) Blair SN, Kohl HW, Barlow CE et al. (1995). Changes in physical fitness and all cause mortality: a prospective study of healthy and unhealthy men. *JAMA*; 273:1093-1098.
- (12) Paffenbarger R, Hyde RT, Wing AL, et al. (1993). The association of changes in physical activity level and other lifecycle characteristics with mortality among men. *New England Journal of Medicine*; 328: 538-545.

- (13) Spence, J., (2001) *Compilation of Evidence of Effective Active Living Interventions: A Case Study Approach, A Report Submitted to Health Canada on Behalf of the Canadian Consortium of Health Promotion Research.*
- (14) Canadian Council on Social Development. (2001). *Four Hypotheses About the Public Policy Significance of Youth Recreation.*
- (15) Higgins, J.W., Gaul C., Gibbons, S., Van Gyn, G. (2003). *Factors Influencing Physical Activity Levels Among Canadian Youth. Canadian Journal of Public Health; 94 (1), 45-51.*
- (16) Rainey, C., McKeown, R.E., Sargent, R.F., Valois, R.F. (1996). *Patterns of Tobacco and Alcohol Use Among Sedentary, Exercising, Nonathletic, and Athletic Youth. Journal of School Health; 66 (1), 27- 32.*
- (17) Canadian Fitness and Lifestyle Research Institute. (1997). *Foundation for Joint Action: Reducing physical inactivity. Physical Activity Monitor.*
- (18) Keys, J., Allison, K, (1995). *The Effects of Regular Moderate to Vigorous Physical Activity on Student Outcomes: A Review. Canadian Journal of Public Health; 86 (1), 62-65.*
- (19) Canadian Council on Social Development. (2001). *Learning Through Recreation (Data Analysis and Review): A Report to the Laidlaw Foundation.*
- (20) City of Toronto and the United Way of Greater Toronto. (2002). *Community Use of School and City-owned Space: Summary Report of Survey Findings.*
- (21) United Way of Greater Toronto. (2002). *Opening the Doors: Making the Most of Community Space.*
- (22) Statistics Canada, *Census of Canada, 2001.*
- (23) Donnelly, P., Coakley, J. (2002). *The Role of Recreation in Promoting Social Inclusion. Laidlaw Foundation.*
- (24) Canadian Fitness and Lifestyle Research Institute. (2002). *Progress in Prevention: Helping Kids to Be Active. Bulletin No. 30.*
- (25) Hughes, C., Griffiths, S. (1992). *No Level Playing Field: Recreation and Poverty in Scarborough.*
- (26) Toronto Cancer Prevention Coalition, Physical Activity Working Group. (2000). *Community Needs Assessment to Determine Key Informants' Perceptions About Interventions to Support Child and Family Physical Activity in the Ethno-racially Diverse Communities of Toronto.*

- (27) Dahlgreen, W. (1988). A Report of the National Task Force on Young Females and Physical Activity. Ottawa, Department of Fitness and Amateur Sport.
- (28) Canadian Fitness and Lifestyle Research Institute. (2001). Progress in Prevention: Barriers to Physical Activity. Bulletin No. 4.
- (29) Chen, J. and Millar, W. (2001). Starting and Sustaining Physical Activity, Health Reports; 12(4), 33-48. Statistics Canada.
- (30) Kremarik, F. (2000). Canadian Social Trends, Autumn; Statistics Canada, Canadian Community Health Survey, 2000/01. 20-24. Statistics Canada.
- (31) Husbands, W. and Idahosa, P. (1995). Ethnicity and Recreation Behaviour: A Review and Critique of the Literature. Canadian Ethnic Studies 27(1), 84-98.
- (32) Manuel, D. and Schultz, S. (2002). Diabetes Health Status and Risk Factors in Ontario in Diabetes in Ontario: Practice Atlas. Chapter 4, Ontario Institute for Clinical Evaluative Sciences.
- (33) Tjepkema, M. (2002). The Health of the Off-Reserve Aboriginal Population. Health Reports, 13 (Supplement),73-88. Statistics Canada.
- (34) Parez, C. (2002). Health Status and Health Behaviour Among Immigrants. Health Reports, 13 (Supplement) 89-100. Statistics Canada.
- (35) Government of Canada, Human Resources Development Canada (2002). Advancing the Inclusion of Persons with Disabilities. www.hrdc-drhc.gc.ca/hrib/sdd-dds/odi/documents/AIPD.
- (36) Ontario Women's Health Council. (2000). Literature Review – Best Mechanisms to Influence Health Risk Behaviour.
- (37) Building on Values: The Future of Health Care in Canada – Final Report (2002). Roy J. Romanow, National Library of Canada.

Appendix I

Canada's Physical Activity Guide for Healthy Active Living: Summary of Guidelines

The recommended amount of physical activity to stay healthy or improve health ranges from 20 to 60 minutes daily or on most days of the week for adults and older adults, depending on the light, moderate or vigorous levels of activity. Substituting vigorous activity for light effort reduces the recommended minimum amount of time for daily physical activity. It is recommended that children and youth be physically active for 90 minutes daily, through a combination of moderate and vigorous activities.

The recommended daily total of physical activity does not have to be achieved in a single session, but can be accumulated through a few short sessions (a minimum of ten minutes) over the course of the day. This is a very positive factor, given that time constraints are one of the major barriers sighted by Canadians regarding their regular participation in physical activity.

Guidelines for Older Adults:

Older adults are encouraged to undertake 30 to 60 minutes of moderate activity on most days of the week. Participation in endurance activities such as walking, swimming, dancing and cycling is recommended for 4 – 7 days of the week. Daily flexibility activities, examples of which include stretching, gardening, mopping the floor, and bowling are also advised. Exercises to increase strength and balance such as lifting weights, carrying the laundry and/or groceries, climbing stairs are suggested 2 to 4 times per week.

Guidelines for Adults:

Adults are advised to accumulate at least 60 minutes (daily) of light physical activity, examples of which are light walking, easy gardening, and stretching. Another option is to undertake 30 to 60 minutes of moderate activity, a requirement for only 4 days per week. Moderate activity may include brisk walking, biking, raking leaves, and dancing. Adults may also choose to be vigorously active for 20 to 30 minutes on four days of the week, which could include activities such as aerobics, jogging, hockey basketball or fast swimming.

Guidelines for Children and Youth:

It is recommended that children and youth be physically active for 90 minutes each day through a combination of 60 minutes of moderate activity such as brisk walking, skating and bicycling, and 30 minutes of vigorous activity such as running and playing sports such as soccer or basketball.

Appendix II

VISION FOR PHYSICALLY ACTIVE CHILDREN & FAMILIES

*Endorsed by the City of Toronto Public Health, Parks & Recreation, and Children's Services Divisions; and by the Toronto Children's Advocate and the Children & Youth Action Committee
June, 1999*

The Issue:

Today, high levels of physical inactivity amongst Canadian children pose threats to their health and vitality. Children are raised in a culture of inactivity in which 67.4% of adults are inactive, and television, computers, cars, busy schedules, and safety concerns discourage children's physical activity. Sixty percent of Canadian children do not meet average fitness standards, and childhood obesity has doubled since 1980. The Canadian Pediatric Society has issued a Call for Action, urging the community to protect children's health by increasing opportunities for children's physical activity. Within the last year, significant collaboration has occurred amongst City of Toronto Divisions to begin addressing this problem.

Vision:

- i) That **all** children in Toronto achieve levels of physical activity that support their optimal health and well being
- ii) That **all** children in Toronto have opportunities to build the skills and habits that assist their development into physically active adults
- iii) That Divisions within the City of Toronto (eg. Parks & Recreation, Public Health, Children's Services) **co-ordinate** and **collaborate** to reach children and their parents/guardians/caregivers, to increase levels of children's physical activity. This may be accomplished through joint efforts in the areas of: program development, research, training, sharing of resources, promotion, outreach and awareness efforts.

Appendix III

Physical Activity Promotion by Toronto Public Health

Background

Toronto Public Health (TPH) is mandated to promote physical activity under the Health Protection and Promotion Act in the area of chronic disease prevention. The goal of the Chronic Disease Prevention program is to reduce premature mortality and morbidity from preventable chronic diseases including ischemic heart diseases, stroke, Type 2 diabetes, hypertension, and osteoporosis. Objectives specific to physical activity promotion are:

To increase to 50% the proportion of all adults, by the year 2010, who include at least one of the following:

- 60 minutes of light activity daily
- 30-60 minutes of moderate activity 4 days per week
- 20-30 minutes of vigorous activity 3 days per week

To increase to 60% the proportion of youth, especially adolescent girls, by the year 2010, who include at least 30 minutes of accumulated, moderate physical activity on most, if not all, days of the week.

To increase the proportion of children who are active.

To achieve these objectives, TPH plans, delivers, and evaluates quality physical activity programs/initiatives using a Population Health Promotion approach to address both city-wide and local/regional health needs. These programs/initiatives strive to increase physical activity among Toronto's population by utilizing comprehensive health promotion strategies including education and skill-building, community action, awareness raising, partnerships and intersectoral collaboration, and advocacy for healthy public policies and supportive environments. Guided by principles of social justice and equity, public health aims to reduce individual and socio-economic barriers to physical activity to ensure that all who live and work in Toronto have equal access to programs and opportunities to be physically active. Working in partnership both internally and externally with other service systems such as Children's Services, Parks and Recreation, Toronto School Boards, OPHEA, Boys and Girls Clubs, and other community-based agencies has contributed to efficient and effective programs/initiatives and continues to be a factor for success.

The following is a scan of current Toronto Public Health initiatives that promote physical activity among our primary target groups: children, youth, and adults (target groups are based on the mandatory program objectives):

Current TPH Physical Activity Programs/Initiatives

Children (ages 3-12)

1. ***Rainbow Fun*** is an adult-led physical activity program for children ages 3 to 7. The resource includes activities and exercises that provide a complete physical activity workout for children in 20 minutes. Training is provided for childcare workers and teachers to equip them with the tools to motivate and lead the children in structured physical activity 3 to 5 times per week. As of 2000, over 11,600 children have been reached through childcares and schools.
2. ***Outdoors:*** The Ultimate Playground is a resource that includes fifty games for children ages 6-12 along with supplementary material to encourage inclusive structured outdoor physical activity. The games support the building of fundamental movement skills that can contribute to life long physical activity. Training and distribution is centred on providers who work with this age group including childcares, schools, Parks and Recreation, and other community-based agencies.
3. ***Active Schools*** is an elementary school-based program developed by OPHEA and implemented by Public Health. The aim of the program is to build healthy and active school communities by rewarding and recognizing elementary schools for their physical activity programs and events. Public Health staff also provide support to help teachers implement the Physical Activity Education Curriculum. There are 750 elementary schools enrolled in the Active Schools Program across Ontario.
4. ***Active and Safe Routes to School*** is a community action program that brings together parents, the elementary school community (teachers, principals, trustees), police services, traffic engineers, and city councillors. The goal of the program is to work in partnership to create safe community environments and supportive networks that encourage and enable students to walk to school with parents or older students. Encouraging parents and children to walk to school instead of driving helps contribute to a healthier environment, safer school community, and active living for children and their families.
5. The goal of the ***Daily Physical Activity Communications Strategy*** is to increase physical activity levels of children in grades JK to 8 on daily basis at home, at school, and in the community through various awareness raising projects. For example, Public Health staff deliver Physical Activity Presentations for Parents to parents councils at schools. These presentations aim to raise awareness about the issue and to provide tips on how to advocate for changes in the school and broader community. Public Health is also planning physical activity awareness raising projects for the community at large in partnership with community organizations and other health care professionals.
6. ***Go Outside the Box*** is week-long campaign organized in partnership by Public Health, the School Boards, Parks and Recreation, Toronto Libraries, Toronto Zoo, and Toronto Culture. The campaign is intended to raise awareness about the need for children, youth, and their families to

be more physically active at home, at school, and in the community by reducing “screen time” in front of the television and computer.

7. ***Be Active Be Healthy*** is an awareness raising campaign that builds on the partnership between Public Health and Park and Recreation. The ***Family Fit Kit*** for parents and caregivers was the first initiative. It included information materials (in English) to encourage increased family physical activity and was distributed at Parks and Recreation facilities. The second stage of this project is to modify the resources so that they are appropriate for use by parents and caregivers in ethno-racially diverse and low-income communities.

8. ***Eastview Pilot Project (Building Active Families, Overcoming Barriers)*** is a community development project in Southeast Scarborough that aims to increase child and family physical activity in ethno-racially diverse and low-income communities. A multi-sectoral community action group comprised of local schools, Boys and Girls Club, Public Health, Parks and Recreation, and Native Child and Family Services of Toronto was formed to assess the needs and build the capacity of the local community. Funding is currently being sought to support Aboriginal-specific programming in the local area.

Youth (ages 11-17)

9. ***Girls Unlimited*** is a community mobilization project to enhance physical activity opportunities and reduce the barriers identified by teenage girls. By working in collaboration with female youth, Parks and Recreation, other community-based agencies (e.g. YWCA, Boys and Girls Clubs, Family Resource centres, community health centres, youth organizations, etc.) Girls Unlimited networks aim to increase physical activity among female youth ages 13-17 by identifying and responding to local needs through joint initiatives. There are currently four regionally-based Girls Unlimited networks in the city.

10. The ***Who Are You? Body Image Display*** is an interactive educational display for youth ages 11-17. It was developed by the TPH Body Image workgroup as a tool to raise awareness about active living, healthy eating, and self-esteem through youth-friendly messages. The Body Image workgroup continues to create education and awareness raising projects to promote these key messages, including a web-site.

11. ***Go Girls!*** is a “Healthy Bodies, Healthy Minds” mentoring program developed by OPHEA for girls in grades 7 and 8 and young women in university. Public Health staff from the Body Image workgroup are collaborating with OPHEA during its pilot stage by delivering training sessions for the university mentors, following up with mentors throughout the program, and providing feedback on the contents and key messages of the Go Girls! manual. The program is being piloted in schools and promotes physical activity, balanced eating, and self-esteem for girls ages 12-14.

Adults

12. ***Workplace Challenge 2002*** was a Toronto Public Health initiative to promote physical activity in the workplace and encourage adults to be more physically active. By building on

Health Canada's Summer Active campaign, workplaces could choose to participate in any number of activities from four categories: 1) awareness raising, 2) one workplace event, 3) a series of events and 4) ongoing activities. Workplaces that participated in the Challenge were awarded with plaques and recognition items.

13. **Heartwalk** is a mall walking program for adults and seniors that currently operates in several West region malls. There are approximately 900 participants currently registered in the program. In addition to organizing walking groups, Public Health, program partners, and community volunteers co-ordinate educational health promotion and safety seminars along with social events for program participants.

Heart Health Initiatives

Toronto Public Health's Heart Health program aims to reduce morbidity and mortality caused by heart disease and stroke in Toronto by reducing the prevalence of modifiable risk factors (i.e. physical inactivity, tobacco use, and unhealthy eating). Given this, physical activity promotion is also a fundamental part of Public Health's Heart Health initiatives. Current Heart Health initiatives by Toronto Public Health include the following:

14. The **ESL Heart Health Resource** aims to promote awareness of the heart health risk factors to new immigrant adult-learners by integrating an educational component into the ESL curriculum. Public Health provides training for ESL instructors to support them in using the ESL Heart Health Resource with their students.

15. The **Adventures of Heartman** is a fun and creative educational program for children ages 4-9 to increase their awareness and knowledge of the heart health risk factors. The Heartman Activity Package includes an interactive script, and activity book, character picture posters, suggested class activities, and a heart health resource list. The program is currently being promoted through elementary schools.

16. **Heart Health Games** is an interactive educational program that incorporates physical activities for students in grades K-3 to raise awareness about the three heart health risk factors. The program is promoted in elementary schools and co-facilitated by teachers with the support of Public Health staff.

Toronto Public Health is also a partner organization and the administrator for the Toronto Heart Health Partnership (THHP), a program that has been allocated special funds from the Ministry of Health and Long-Term Care to promote Heart Health. The THHP is a group of organizations within the city that develop, plan, implement and evaluate heart health programs in Toronto. The mandate of the THHP is to address the issues of tobacco use, unhealthy eating, and physical inactivity and to increase community capacity to address these issues. The THHP has developed over 85 programs and initiatives in the city. The following highlights only a few of the initiatives that incorporate physical activity promotion as a major component. All of these initiatives are developed and implemented in partnership with other city departments and divisions and community stakeholders committed to the THHP.

17. ***The Love Your Heart! Heart Health Resource for Family Centres*** is an activity and educational resource for daycare providers who work with children ages 3-12. It is designed to increase the number of daycare staff, parents, families and individuals who are aware of heart health risk factors and to provide support to daycare providers to implement activities with children ages 3-12. The resource has been disseminated at supplementary train-the-trainer sessions to approximately 550 daycare providers.

18. ***The THHP Social Marketing Campaign*** is a mass media campaign that has been running for five years to increase awareness about the three risk factors among the community at-large, with special emphasis on women. A renewed campaign will be developed in 2003 and launched in 2004.

19. The THHP organizes many ***Special Events*** to promote physical activity in communities throughout the city. Some examples include the *Jingle Bell Skate*, *Winter and Summer Heart Hikes*, *WinterActive*, *Hike Ontario Week* activities, and *International Women's Day* activities.

20. The THHP provides small partnership initiative ***Grants*** to support community groups that are motivated to promote physical activity, healthy eating, and tobacco use reduction in their communities. Some examples of physical activity projects that are being funded include youth at-risk basketball tournaments; Yoga for Health for the Tamil community; Intergenerational Sensational (physical activities designed for seniors and youth); swims, walks and aerobics for Muslim women; seniors softball; community gardening; and many more.

21. The ***THHP Walking Initiative*** aims to promote walking, to reduce the barriers to walking, and to create infrastructures supportive of walking. Some of the activities have included the creation and distribution of the Toronto Parks and Trails map, inventory and distribution of a list of city-wide indoor and outdoor walking clubs, and a training manual to assist Parks and Recreation Summer camp staff in integrating walking and walking-based activities into their summer curriculum. Future plans include the development of regular walking groups at local community recreation centres with trained walk leaders, and the development and placement of clearer signage on existing city trails.