

TORONTO CANCER PREVENTION COALITION; REPORT ON PROGRESS OF THE ACTION PLAN FOR CANCER PREVENTION IN THE CITY OF TORONTO AND STRATEGIES DEVELOPED THROUGH THE ROUNDTABLES ON MAY 1, 2002 TO IMPLEMENT THE ACTION PLAN

Framework for Implementation From Roundtables May 2002				
Risk Factor: Physical Activity				
Action Plan - May 2001	Action Proposed From Framework - May 2001	Examples of Progress to Date	Strategies Developed Through May 2002 Roundtables	New Framework, May 2002
<p>7. In light of expert consensus indicating that people should be physically active on most days of the week to reduce their cancer risk, the City of Toronto should continue to provide, and ensure access to, physical activity programs and facilities for Toronto residents of all ages</p> <p>8. The City of Toronto should challenge the current culture of inactivity by continuing to support and expand City initiatives that encourage physical activity as an early and lifelong habit, including:</p> <p>a) a City of Toronto <i>Vision for Physically Active Children and Families</i></p>	<p>- ongoing role of Parks and Recreation (P&R) Division</p>	<p>Many initiatives in progress between the City and its many partner organizations to promote physical activity</p> <p>- Extensive community consultation process undertaken by physical activity working group to expand “Municipal Vision” to include youth.</p> <p>- Children’s Youth and Action Committee (CYAC) strengthening its role in relation to youth issues.</p>	<p>Ongoing inter-divisional collaboration between Parks and Recreation and Toronto Public Health to support the provision of, and ensure access to physical activity programs for Toronto residents.</p> <p>Re recommendations 8a, b(i),c, d, and e from the Action Plan, two strategies were developed to move these recommendations forward as follows:</p> <p>1. Expansion of Vision for Physically Active Children and Families to include Youth.</p> <p>2. Recommendation for continued inter-divisional (Toronto Public Health, Parks and Recreation, Children’s Services) and community (child care and community agencies serving children) collaboration.</p>	

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<p>b) programs in agencies serving children and in schools</p>	<p>(i)- service delivery by PHNs to fulfill Children and Youth Action Committee (CYAC) initiative to Increase Children's Physical Fitness initiated in 2000</p> <p>ii)-City support for the development of policy requiring Quality Daily Physical Activity (QDPA) in Toronto schools</p>	<p>Ongoing service delivery by PHNs</p> <p>National Roundtable on Active School Communities in October 2001 reported on key evidence on health and physical inactivity; need for immediate action was confirmed</p>	<p>Meeting twice a year to discuss plans and actions to fulfill Municipal Vision for Physically Active Children, Youth and Families</p> <p>A distinctive roundtable on achieving effective QDPA policies and programs was held. The following 3 galvanizing reports were recommended as the outcome of the strategies put in place to move recommendation 8b(ii) forward:</p>	
<p>c) Toronto's <i>Be Active, Be Healthy</i> campaign</p>	<p>- ongoing City commitment to initiatives in the areas & public awareness, program development & implementation to increase child and family physical activity</p> <p>-implementation of pilot project in an elementary school community in 2001-2002 through City of Toronto support</p>	<p>- Family Fit Kit (FFK) campaign was launched on Breakfast Television in Feb. 2001 and initiative has been delivered to approximately 13,000 parents through recreation centres across the City</p> <p>- evaluation of FFK underway through Physical Activity Project out of East Scarborough Boys and</p>	<p>1. A report by the Toronto's Medical Officer of Health (MOH) that cites the 10 most common health risks associated with physical inactivity. This report would be modeled after the successful "Ten Key Carcinogens Report" that was recently released by the MOH and garnered significant attention in the media.</p> <p>2. Each year the MOH for the province releases a report on the incidence of certain diseases and the costs associated with them. The group felt a separate report on physical inactivity and its association with the increased incidence of obese and overweight</p>	

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<p>d) a pilot project to increase children’s physical activity in ethno-racially diverse and socio-economically disadvantaged areas of Toronto</p> <p>e) access to playground structures, safe and affordable indoor space and outdoor environments, low or no-cost programs, and provision of child care and transportation to promote participation.</p>	<p>- 2002-2004 implementation of research project in 3 elementary school communities through funding from research granting agencies, and provision of City staff expertise</p> <p>- 2004/2005 – adoption of program model in elementary school communities across Toronto</p> <p>- continued municipal support to ensure the replacement of playground structures removed by the Boards of Education</p> <p>- continued municipal collaboration with community organizations/programs to reduce or eliminate barriers to participation in physical activity</p>	<p>Girls Club.</p> <p>Pilot Project in South East Scarborough (Eastview) developed by the Physical Activity Working Group of the Toronto Cancer Prevention Coalition in partnership.</p> <p>- Working group carried out literature review, community needs assessment, development of logic model, and community consultation on program logic model.</p> <p>Work in progress re access issues;</p> <p>-City undertaking survey of community use of space in school & City owned sites</p> <p>- P&R: Review of Welcome Policy and training in access and equity for staff & volunteers.</p>	<p>children, youth and adults; the increase in Type II Diabetes among children as young as 10, and the increase in hypertension and heart disease that is occurring in the population should be developed.</p> <p>3. A report be developed (paralleling the U.S. Surgeon General’s 1996 report on Physical Inactivity) under the leadership of an arm’s length body such as the Ontario College of Family Physicians, the Canadian Pediatric Society or the Ontario Medical Association. The report would draw together all of the research evidence around physical inactivity and its contribution to the development of various health problems. As well, it would discuss the research on the positive benefits quality, daily, physical activity provides and the protective role it can play against various risk behaviours. This document would form the basis of a sustainable political advocacy and public information campaign that would mobilize citizens and political decision-makers to advocate for changes.</p>	