



Active communities,
healthy Canadians

Investing in Prevention

A Business Plan to Increase Physical Activity in Canada

AN INITIATIVE OF:
THE COALITION FOR ACTIVE LIVING

SEPTEMBER 2006

“The most important part of health care is prevention, including insuring that Canadians, especially children, have proper diet and exercise.

A Conservative government will promote a wellness and physical fitness agenda to help Canadians and their children stay fit and healthy.

A Conservative government will:

- *Commit to spending at least one percent of total federal health funding annually on physical activity, including amateur sport and programs for school age children such as the Awards of Excellence program.”*

**STAND UP FOR CANADA -
Conservative Federal Election Platform**

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1.0 INTRODUCTION

The Coalition for Active Living (CAL) is proposing that the federal government invest in a capacity building process to create a Coordinated System of Excellence for Physical Activity in Canada to address the current epidemic of disease caused by physical inactivity¹.

This investment would build on the strengths of the voluntary sector, communities, the private sector and the three levels of governments through a coordinated strategy designed to support community action, and thereby increase physical activity among individual Canadians and through families.

This coordinated approach would ensure that the best possible strategies are undertaken to increase physical activity among the greatest possible number of Canadians through initiatives for families and specific inactive populations. It would also ensure that national services meet identified needs, and build capacity in the provinces and territories for communities.

This document provides a business case and plan for the Government of Canada calling on it to provide policy leadership, and fulfil its promise to invest 1% of the Health Care budget to increase physical activity in Canada. **Federal policy frameworks that exist for healthy living, sport, and recreation² do not currently exist for physical activity, and investment has been long neglected by the previous government. This plan supports the new government's intended action.**

The most important part of health care is prevention, including insuring that Canadians, especially children, have proper diet and exercise. A Conservative government will promote a wellness and physical fitness agenda to help Canadians and their children stay fit and healthy. A Conservative government will commit to spending at least one percent of total federal health funding annually on physical activity...

- Stand Up For Canada, Conservative Party of Canada Federal Election Platform, 2006-

The Coalition for Active Living is comprised of over 100 member organizations which believe that a 'wellness and physical fitness agenda' is both needed and possible in Canada. The Coalition for Active Living has a proven ability to rally its members to take collaborative action, and has previously developed the Pan-Canadian Physical Activity Strategy that can serve as a framework upon which to take action on physical activity. The Coalition membership is ready to provide the leadership necessary, and work closely with the federal government and provincial and territorial governments, for the benefit of Canadians.

This business plan to create a Coordinated System of Excellence for Physical Activity in Canada is based on the key elements of the Pan Canadian Physical Activity Framework, which represents the vision of our members, that: *"The environments where all Canadians live, learn, commute, work, and play support the choice to be physically active"*. The Business Plan compliments federal and provincial/territorial strategies in sport and health, and describes what is needed to achieve the physical activity targets as described in the Integrated Pan Canadian Healthy Living Strategy.

By 2015, increase by 20% the proportion of Canadians who participate in regular physical activity based on 30 minutes per day of moderate to vigorous activity as measured by the CCHS and the Physical Activity Benchmarks/ Monitoring Program.

-Integrated Pan Canadian Healthy Living Strategy, Public Health Agency of Canada, 2005-

¹ For further context on physical inactivity in Canada please see Section 4

² Through the Pan-Canadian Integrated Healthy Living Strategy, The National Sport Policy, and the National Recreation Statement

2.0 A COORDINATED SYSTEM OF EXCELLENCE FOR PHYSICAL ACTIVITY

The Coalition for Active Living is proposing that the federal government invest in a process to create a Coordinated System of Excellence for Physical Activity in Canada, and to invest in the processes necessary to make this a reality over the coming year. This coordinated system is necessary to maximize the way in which community and municipal capacity in physical activity is supported and enriched through pan-Canadian cooperation. Local initiatives are the backbone of the delivery of physical activity in Canada, but have strongly signalled their need for support.

A high-level description of this coordinated system of excellence for physical activity is provided below. Roles and responsibilities are based on current delivery mechanisms and may evolve over time and as a result of coordinated planning.

2.1 Coordination

The Coalition for Active Living, which is committed to increasing physical activity in Canada, is prepared to undertake the coordinating role necessary within the voluntary sector, to implement this business plan and achieve its goals. Strategic priorities will be undertaken by lead organizations and governments as agreed to in tri-lateral planning processes. These planning processes require the investment and direction setting of the federal government if they are to be successful.

Partners in planning, management, and monitoring would include the federal government, the Inter-provincial Sport and Recreation Council (ISRC) or other appropriate Federal/Provincial/Territorial (FPT) mechanism, lead NGO partners, and CAL as the coordinating voluntary sector partner. Municipalities would be represented through mechanisms identified by the provinces and territories, including a role for big Cities due to their population concentration and unique characteristics related to large and concentrated low-income populations, and significant ethno-racial diversity.

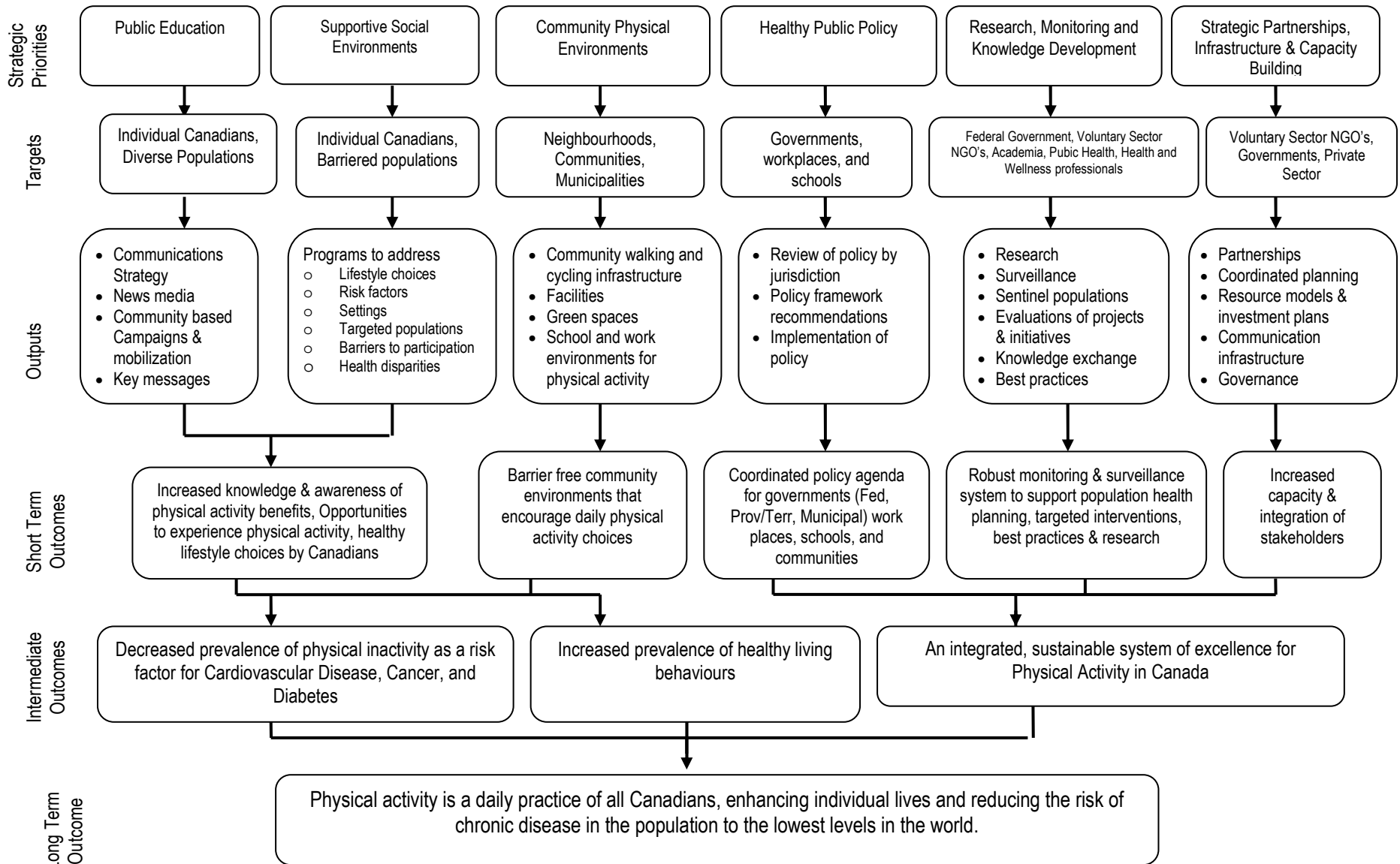
2.2 Logic Model to Impact Canadians

The logic model depicts the set of activities within the Coordinated System of Excellence for Physical Activity that are expected to lead to its intended outcomes. It identifies the linkages between the activities and the achievement of its outcomes, showing the chain of results connecting the activities to the final outcomes and identifying the steps that demonstrate progress towards their achievement. The logic model has the following components:

- **Strategic Priorities:** The broad categories or groups of activities carried out. These answer the question “what do we do?”
- **Targets:** The target group, setting or channel where the activity will be undertaken. This answers the question “who do we want to reach?”
- **Outputs:** The products or services which are produced as a result of the activities. These answer the question “what do we produce?”
- **Short Term Outcomes:** These are the short-term outcomes that stem from the activities and outputs, and answer the question “why do we do this?”
- **Intermediate Outcomes:** The medium-term outcomes that are the next link in the chain of outcomes flowing from the activities and outputs, occurring after the immediate outcomes have been achieved.
- **Long-Term Outcomes:** This is the end result that the program is trying to achieve. They are outcomes that take a longer time to be realized and are subject to influences beyond the program itself.

The following page contains the logic model for the Coordinated System of Excellence:

Coordinated System of Excellence for Physical Activity in Canada – Logic Model



2.3 What Can We Achieve Together?

2.3.1 Vision

Through a Coordinated System of Excellence we can achieve a Canada where physical activity is a daily practice of all; enhancing health and quality of life, and reducing the risk of chronic disease in the population to the lowest levels in the world.

2.3.2 Purpose

Our purpose is to create a partnership of voluntary organizations, governments and the private sector in a Coordinated System of Excellence to remove barriers and create opportunities which ensure that the environments where Canadians live, work, travel and play support daily physical activity.

Annex 2 details the stakeholders and beneficiaries of this approach.

2.3.3 Physical Activity Goals

Through the implementation of this Coordinated System of Excellence, we will achieve the following:

1. We will educate and enable Canadians to improve their health through understanding of the health risks of sedentary lifestyles,

Targets

- To carry out a national physical activity communications strategy over five years through the revitalization of the ParticipACTION model, as relevant to specific regions. To 'build a movement' that calls on all Canadians to be physically active
- To create awareness of healthy physical activity strategies among 80% of Canadians by 2010.
- To create lifestyle change in 20% of Canadians by 2015 (as measured in sentinel populations).

2. We will increase the physical activity levels of all Canadians.

Targets

- To increase by 20% the proportion of Canadians who engage in regular physical activity by 2015.³
- To reduce the number of Canadians who are sedentary⁴ by 50% by 2015.
- To increase the physical activity levels of moderately active Canadians by 10% by 2015.

³ Consistent with the physical activity target of the Integrated Pan-Canadian healthy Living Strategy

⁴ Sedentary as defined by the Canadian Community Health Survey and the Canadian Fitness and Lifestyle Research Institute

- To create opportunities and reduce barriers for Canadians to participate in physical activity on a daily basis.
- To implement priority strategies to increase physical activity among children, including early years.

3. We will begin to address the rate of morbidity, disability and premature mortality due to type II diabetes, cardiovascular disease and some types of cancer, in Canada through increases in physical activity levels.

Targets

- To reduce health care wait times in Canada due to decreased system demand in three of the five benchmark procedures over the next 20 years;
 - Cardiac bypass surgery
 - Hip/knee replacement
 - Radiation therapy for cancer
- To implement physical activity strategies for the prevention, management and control of chronic disease.

4. We will improve the community environments in which Canadians live, work, study, travel and play – to remove barriers to physical activity.

Targets

- To establish a policy and program framework to support workplace environments which promote physical activity, by 2010.
- To establish a policy and program framework to support school environments which promote physical activity, by 2010.
- To establish a policy and program framework to support neighbourhood active transportation corridors (sidewalks, paths, trails, roads etc.) that promote physical activity, by 2010.
- To establish a policy and program framework to address community physical activity facilities by 2010.

5. We will reduce differences in physical activity levels attributable to ability, culture, language, race, gender, age, income, education or geography.

Targets

- To increase physical activity among Aboriginal Canadians to the national average.
- To increase physical activity in girls and young women to the national average.
- To increase physical activity in Canadians with a disability to the national average.
- To increase physical activity in geographically disparate areas of Canada to the national average.
- To achieve equitable participation in physical activity by low-income Canadians
- To achieve equitable participation by Canadians across ethno-racial (cultural, language, race) groups
- To implement priority strategies to increase physical activity among children of all ages.

2.3.4 System Goals

The current delivery system for physical activity in Canada is not coordinated. In reality there are strong functioning parts to the system, but nothing in place to ensure that the parts are working together in ways that maximize effectiveness and efficiency. The public, private and voluntary sectors do not have mechanisms for working together and it is unclear who is doing what with whom.

Components of the system that are important, but which must be better coordinated are:

- Federal departments of health, sport, infrastructure and transportation
- National voluntary sector organizations in physical activity, recreation and health
- National private sector corporations
- Provincial and territorial governments and departments of health, sport, education, and transportation
- Provincial and territorial voluntary sector organizations
- Regional businesses
- Municipal governments
- Local voluntary sector organizations
- Local school boards, schools, workplaces and recreation centres
- Local private sector companies

In order to achieve the Physical Activity Goals above, it will be necessary to undertake strategies to achieve four essential system goals which will establish the systems to coordinate and support the targets described above. These are:

1. To define and establish coordinating mechanisms to increase physical activity in Canada, which will do the following:

Target

- Partners from voluntary sector NGO's, governments and the private sector will develop, and renew annually, an eight year strategic plan to increase physical activity in Canada.
- To establish agreed upon roles for governments, voluntary NGO's and the private sector that recognize and build on the value of all physical activity stakeholders.
- To implement a Coordinated System of Excellence for Physical Activity by 2008.
- To establish tri-lateral (federal, provincial, NGO) physical activity plans.
- To implement comprehensive communications strategies to ensure sharing of information, procedures, decision making, and outcomes.

2. To establish coordinated knowledge development, monitoring, and research systems for physical activity in Canada.

Targets

- Establish three sentinel populations to measure physical activity interventions in different representative Canadian populations.
- Develop annual evaluation strategies to measure the impact and effectiveness of different interventions to increase physical activity.

- To study, understand and promote three best practices annually, to increase physical activity in various populations.
- 3. To undertake strategic healthy policy interventions across Canada, to increase physical activity**
- Targets**
- Identify and implement a new comprehensive policy framework for physical activity in Canada.
- 4. To increase investment and mobilization of resources to address physical activity in Canada.**
- Targets**
- By 2007, implement a working resource model for physical activity in Canada utilizing partner contributions from PHAC, provinces and territories, the private sector, and the voluntary NGO's
 - To leverage an annual \$100 million investment by the federal government to increase the investment in targeted physical activity interventions to \$250 million in Canada by 2015.
 - To create a sustainable resource base for physical activity in Canada by 2015.

2.4 Strategic Priorities and Actions

To achieve the Goals and Vision, the Coordinated System of Excellence will undertake activities in six strategic priority areas. Roles for various lead partners have been proposed, but participation by these partners may be much more extensive. Specific initiatives for each action will be identified by the partners (voluntary sector, governments, and the private sector) based on need, evidence, potential impact and best practice:

2.4.1 Healthy Public Policy

Governments at all levels must provide leadership and collaborative efforts with the voluntary sector to design and implement effective public policy which removes barriers and encourages daily physical activity.

Actions:

- 1. Establish a national Physical Activity Policy coordinated by the federal government.**
- 2. Enact comprehensive tax policy by all governments, which encourages physical activity.**
- 3. Enact provincial legislation for daily physical education and physical activity programs in schools across Canada.**

2.4.2 Community Physical Environments

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

Actions:

- 1. Establish a national strategy to encourage the use of active transportation building on the expertise of Go for Green.**
- 2. Create a municipal infrastructure program for community recreation and sport facilities with support and input from the Canadian Parks and Recreation Association.**

2.4.3 Supportive Social Environments

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

Actions:

- 1. Resource ‘best’ and ‘promising’ programs that increase physical activity for national delivery through interested provinces and territories.**
- 2. Address disparities through targeted initiatives to increase physical activity among girls, people with a disability, ethno-racially diverse populations, and Aboriginal people, with input and expertise from The Active Living Alliance for Canadians with a Disability, The Canadian Association for the Advancement of Women in Sport and Physical Activity, Aboriginal Sport Circle, and big City physical activity promotion initiatives (e.g. Toronto’s *Get Your Move On* campaign, Active Ottawa Actif, Active Edmonton, etc.)**
- 3. Implement a national plan to increase physical activity in schools building on leadership by the Canadian Association for Health, Physical Education, Recreation and Dance.**
- 4. Implement a national plan to increase physical activity in Canadian workplaces.**

2.4.4 Public Education

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

Actions:

- 1. Establish a national communication strategy for physical activity with collaboration between ParticipACTION, provinces and territories, voluntary sector service providers, and municipal physical activity promotion initiatives that becomes the cornerstone of a physical activity movement in Canada.**

2.4.5 Research, Monitoring and Knowledge Exchange

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

Actions:

1. **Establish a national research agenda for physical activity coordinated by the Canadian Fitness and Lifestyle Research Institute.**
2. **Establish three representative sentinel populations to study physical activity interventions and their health impacts.**
3. **Develop and implement a system to translate research into best practice information to enhance the delivery of physical activity in Canada coordinated by the Alberta Centre for Active Living.**
4. **To assess the impact of physical activity on each of the five nationally agreed to priority areas for 'wait times'.**

2.4.6 Strategic Partnerships, Infrastructure and Capacity Building

Canada must strengthen the collaboration, partnership and integration of regional, provincial, and national, as well as public, NGO and private initiatives to increase physical activity. To do this investments and systems must be in place to enable and coordinate the mechanisms necessary to achieve each strategic priority.

Actions:

1. **Establish mechanisms to ensure a coordinated system of excellence working toward common goals for physical activity, coordinated by the Coalition for Active Living.**
2. **Define municipal, provincial and national delivery systems including public, private and NGO components.**
3. **Establish bilateral (F/PT) and tri-lateral (F/PT/NGO) agreements for strategies to increase physical activity.**

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. (page 8)

In Toronto’s Call to Action report (Dr. Sheela Basrur, 2003) identified the key role of municipalities in shaping people’s opportunities to be physically active:

...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.

2.5 Investment Required

2.5.1 Federal Government Investment

The federal government has committed to invest 1% of Health Care funding in physical activity, including amateur sport. This investment equals between \$300 million and \$475 million dollars annually. It is recognized that the federal government will identify various strategies to increase physical activity through participation in sport, awards of excellence etc. However as demonstrated in this business plan, investments in sport alone will not achieve the necessary health benefits needed by Canadians⁵.

The Coalition for Active Living recommends a specific strategic investment of a portion of this 1% in a Coordinated System of Excellence for Physical Activity in the amount of \$100 million annually. This investment is consistent with CAL recommendations to the federal government for the past several years.

An investment of \$100 million will be *the* most effective investment to achieve the Government's goal of disease prevention through increasing physical activity. The investment is urgently needed, and will help to leverage, at least, matching investments in physical activity from other sectors (see budget projections). This will be important because additional resource investments will be required to meet demands.

It is important to point out that CAL member organizations and the provinces are already making significant investments which are of value to achieving an active Canada, and will increase these as they are able to leverage contributions through greater federal investment. These leveraged resources include: financial resources, human resources based on skill sets, investments of time and organizational infrastructure, knowledge resources, a huge volunteer infrastructure, and other resources. Each of these investments will be critical to success.

The following budget summary indicates that an investment of \$100 million annually by the federal government will yield a substantial return on investment from health care, saving \$3 billion annually.

⁵ See section 4.3

2.5.2 Budget Summary

A summary budget for the dedicated federal investment in physical activity is provided below along with projected leveraged investments and cost savings. Detailed line item budgets would be developed in partnership upon approval of this business plan.

	Year 1	Year 2	Year 3	Year 4	Year 5	To Year 2015
National and Provincial/Territorial Partner Investments						
Government of Canada	\$40,000,000	\$100,000,000	100,000,000	100,000,000	100,000,000	100,000,000
Provinces and Territories	\$30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000
Voluntary NGO's (in-kind)	3,000,000	5,000,000	8,000,000	12,000,000	17,000,000	25,000,000
Private Sector Contributions ⁶	5,000,000	10,000,000	15,000,000	20,000,000	25,000,000	50,000,000
Total Investment	78,000,000	145,000,000	153,000,000	162,000,000	172,000,000	205,000,000

We would recommend Year 1 investment by the Federal government would be allocated as follows:

- **Communications** 5 million
- **Maintain Current National Initiatives** 5 million
- **Federal/Provincial/ Territorial activities** 20 million
- **Development of Coordinated System of Excellence** 10 million

⁶ Includes National, Regional and Local business.

Allocation of Federal Investment	Year 1	Year 2	Year 3	Year 4	Year 5	To 2015
Public Education -Establish a national communication strategy for physical activity led by ParticipACTION that becomes the cornerstone of a physical activity movement in Canada	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
Supportive Social Environments -'Best' and 'promising' programs. -Address disparities through targeted initiatives -Implement a school and workplace agenda.	2,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000
Community Physical Environments -Establish a national strategy for Active Transportation -Community recreation infrastructure	2,000,000	25,000,000	25,000,000	25,000,000	25,000,000	25,000,000
Healthy Public Policy -National Physical Activity policy -Comprehensive tax policy, -Daily physical education and physical activity programs in schools		5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
Research, Monitoring and Knowledge Exchange -Establish a national research agenda -Establish representative Sentinel populations - Translate research into best practice	1,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
Strategic Partnerships, Infrastructure and Capacity -Coordinated system of excellence -Define delivery -Establish bilateral (F/PT) and tri-lateral (F/PT/NGO) agreements	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000
Annual Totals	40,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000
Projected Health Care Savings⁷	300,000,000	600,000,000	1,000,000,000	1,500,000,000	2,100,000,000	3,000,000,000

⁷ Based on \$150 million dollars in savings for every percentage point increase in physical activity levels - CFLRI

3.0 MONITORING AND EVALUATION

A Coordinated System of Excellence for Physical Activity in Canada would be committed to a rigorous *performance measurement plan* – detailing how this initiative will be monitored on a regular yearly basis, as well as an *evaluation plan* – which provides a periodic assessment of how well the initiative is achieving its outcomes.

3.1 Monitoring

The performance measurement strategy will be used to illustrate how the physical activity initiatives are doing at any point in time. It will provide periodic “snapshots” of the initiative, enabling decision makers to manage and evaluate its performance over time. These snapshots will be taken by monitoring data from sentinel populations which are representative of Canada. Using the logic model, the performance measurement strategy will identify indicators for outputs. A brief annual report will be prepared to outline progress on implementation of activities and the expected outputs.

Performance measurement indicators, both qualitative and quantitative, provide the information necessary to determine the extent to which the program is achieving its outcomes. Annex 2 contains the details of the performance measurement strategy, including the performance indicators identified for the program as well as their respective data sources and recommended measurement frequency.

3.2 Evaluation

A periodic evaluation will be key for the federal government, with physical activity stakeholders, to determine how the actions are being implemented, whether adjustments are necessary and if progress towards the achievement of the outcomes, and ultimate benefits to Canadians is occurring. Also, after the programs have been in place long enough to achieve some of the outcomes, the evaluation will focus on the degree to which these outcomes and benefits have been achieved as well as the contribution of the program to the achievement of the outcomes and benefits to Canadians. Evaluations are proposed for approximately year three (mid-term) and year five (final) of this initiative.

In accordance with Treasury Board Evaluation Policy, the issues of Relevance, Success, and Cost Effectiveness/Alternative Design and Delivery will be included in the evaluation.

Relevance: Does the program continue to be consistent with current priorities and policies, and does it realistically address an actual need?

Success: Is the program effective in meeting its objectives within budget and without unwanted outcomes? What other significant outcomes (both intended and unintended) are occurring as a result of the program?

Cost-Effectiveness/ Design and Delivery: Are the most appropriate and efficient means being used to achieve objectives relative to alternative design and delivery approaches? Are there ways in which the structure or operation of the program could be improved to make it more efficient or effective? Are there alternative means (i.e. other than this program) of achieving these same program objectives that might be more efficient or effective?

3.2.1 Data Requirements and Data Collection Strategy

In accordance with best practices, the proposed evaluation strategy for this initiative involves the use of multiple lines of evidence and complementary research methods. The suggested methods make use of the ongoing monitoring and evaluation system as well as a number of additional methodologies.

Annex I provides the details of the Evaluation Strategy including data sources, responsibility for collection, and frequency of collection.

3.2.2 Reporting Strategy

There are many potential audiences for the physical activity evaluation information, and the reporting strategy addresses their diverse needs. Stakeholders have different information needs and the information should be provided to these stakeholders in a relevant, timely and cost effective manner.

Each of the evaluation stages has different measures, timing and reporting mechanisms. This information is to be shared with all of the identified stakeholders, including the Federal government, the provinces and territories represented by the ISRC, as well as the voluntary NGO's.

The following reporting table summarizes the Reporting Strategy.

Report	Due Date	Responsibility
Annual Report	End of each year	Coalition for Active Living
Mid-Term Evaluation	March 2009	Coalition for Active Living
Five Year Evaluation	March 2012	Coalition for Active Living
2015 Evaluation	November 2015	Coalition for Active Living

4.0 THE NEED FOR CHANGE

Current levels of physical inactivity in Canada are unacceptably high, leading to chronic disease and other individual and societal costs. Compelling evidence identifies the importance of increasing Canadian physical activity levels. In response to this evidence, the Coalition for Active Living urges the Government of Canada to make a strategic investment of \$100 million dollars annually, as part of its commitment to invest 1% of the total health budget in physical activity and sport. This investment will enable Canada to undertake an aggressive strategy to address a national physical inactivity epidemic.

While the previous government acknowledged the risks and costs associated with a sedentary society, its investment in preventing this Chronic Disease risk factor, decreased annually to the point of insignificance, while health care costs and wait times continued to soar.

Research reveals that most Canadians are not active enough to receive the health-related benefits of regular physical activity. Today, the level of physical inactivity is unacceptable.

4.1 The Cost of Physical Inactivity

Increased physical activity levels can save lives, reduce chronic disease, reduce wait times and save health-care dollars.

Physical activity is a critical public health issue for Canadians. Physical activity helps prevent certain chronic conditions, including heart disease, hypertension, stroke, type II diabetes, osteoporosis, certain cancers, depression, or reduced functional ability with older age. The International Agency of Research and Cancer attributes about one-fourth to one-third of cancers to excess weight and physical inactivity.

If Canadians were to become more active, there would be:

- 26% fewer deaths from type II diabetes;
- 20% fewer deaths from colon cancer;
- 22% fewer deaths from cardiovascular diseases

Current estimates place the cost of physical inactivity in Canada at \$5.3 billion and the cost of obesity in Canada at \$4.3 billion in health care expenditures. This puts the total economic cost at 2.6% and 2.2% respectively of the total health care costs in Canada. There is concern that chronic disease resulting from obesity may threaten or cripple the health care system in Canada.

4.2 Current Investment in Physical Activity

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

Despite this, many of the physical activity interventions developed by the voluntary sector in Canada are nationally and internationally acclaimed, though severely strained by lack of resources.

Provincial and territorial government investments in physical activity declined in the 1990's. However, there have been significant re-investments in physical activity occurring in a number of provinces, including Quebec, Manitoba, Ontario, Alberta, Saskatchewan, British Columbia, Prince Edward Island and Nova Scotia. Over the past two years provincial investments have increased to an estimated \$30 million. These strategic investments have been undertaken as a means to develop appropriate chronic disease prevention strategies which include targeted initiatives for low income Canadians, girls and women, youth and aboriginals.

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

Consider the following:

- According to the Canadian Council for Tobacco Control (www.cctc.ca), 5.4 million Canadians smoke (2001 stats). This represents 22% of the population aged 15 and over. Health Canada's tobacco strategy invested \$480 million over five years. This strategy aimed to reduce smoking from 25% to 20% of Canadians. The funding represented a cost of \$11.63 per year per smoker or \$58 per ex-smoker per year.
- According to the Canadian Diabetes Association's website (www.diabetes.ca), 2 million Canadians have type II diabetes, a condition that is preventable through proper exercise and diet. The federal government has invested \$90 million over five years to address this disease, representing a cost of \$13.50 per person with type II diabetes.
- Over 21 million Canadians are not active enough to benefit from a physically active lifestyle. A strategic investment of \$100 million per year to address this physical inactivity epidemic equals a cost of less than \$5 per inactive Canadian per year⁸. **This investment is needed now.**

4.3 Physical Activity and Sport — Complimentary but Different

Physical activity and sport are interconnected and mutually supportive, but different. The International Consensus Statement on physical activity, fitness and health recognized that physical activity is a general term. It describes movement of the body that uses energy. There are many types of physical activity, including; active living, recreation, sport, dance, transportation, exercise and play.

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

⁸ From 2001 CFLRI Physical Activity Monitor statistic that indicates 57% of Canadian adults are insufficiently active for optimal health benefits.

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

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

The sport system offers opportunities for competitive involvement in athletics and excels at supporting the development of specific skills among those who have chosen to participate, at various sport levels. Sport offers important avenues for physical activity, **however investment in Canadian sport has never been greater and yet the majority of Canadians remain inactive. It is time for dedicated investment in physical activity, if health is a priority.**

4.4 Physical Activity and Healthy Living

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

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

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

Physical activity has been identified as a 'New Area of Emphasis'⁹ as part of Health Canada's Healthy Living Strategy. However, there is a serious gap between the resources allocated to this 'new emphasis', and its importance as a preventative health practice. **There is currently no national Physical Activity Policy or plan in place, and there are no resources dedicated to the issue, by the Public Health Agency of Canada. The federal government's leadership is needed to establish a national Physical Activity Policy.**

Addressing physical activity as a preventable risk factor represents a major opportunity for chronic disease prevention, health care cost savings, improved quality of life, reduction of wait times, and avoidance of unnecessary premature death.

9 Integrated Pan Canadian Healthy Living Strategy, p15, Public Health Agency of Canada, 2005

Annex 1: Stakeholders and Beneficiaries

The matrix below summarizes the benefits that the key stakeholders will realize from the successful implementation of the Physical Activity Business Plan:

Beneficiary	Partnership, Infrastructure and Capacity Building	Supportive Social Environments	Public Education	Research, Monitoring and Knowledge exchange	Healthy Public Policy	Community Physical Environments
Canadians	Coordinated system of excellence to encourage and support daily physical activity Multiple access points	Access to programs that support daily physical activity and reduce the risk of chronic disease Reduced disparities among higher risk populations	Exposure to national communications campaigns Greater awareness of the health benefits of physical activity and its relationship to reducing risk of chronic disease.	Access to research and evidence based opportunities for physical activity. Greater access to proven best practice interventions	Policies and environments which support choices to be physically active	Community, workplace school and transportation environments which encourage daily physical activity

Beneficiary	Partnership, Infrastructure and Capacity Building	Supportive Social Environments	Public Education	Research, Monitoring and Knowledge exchange	Healthy Public Policy	Community Physical Environments
Voluntary Sector NGO's	<p>Increased system capacity</p> <p>Efficiencies to delivery of physical activity</p> <p>Increased resource base and leveraging of resources for greater reach to Canadians</p> <p>Greater service innovation</p> <p>Making the delivery system more sustainable and accountable</p> <p>Coordinated planning</p> <p>Access to expertise</p> <p>Clear roles and responsibilities</p>	<p>Coordinated and integrated interventions across Canada</p> <p>Reduced chronic disease risk in the population</p> <p>Interventions to address specific population disparities</p>	<p>Participation in national communications campaigns</p> <p>Greater reach to the population of physical activity messages</p> <p>Increased efficiency of integrated messaging</p>	<p>Knowledge from Sentinel Population research</p> <p>Access to national research knowledge and monitoring systems</p> <p>Study of integrated population based interventions</p>	<p>Coordinated policy and approaches to create lifestyle change and reduce risk of disease</p>	<p>Access to community, workplace, school and transportation environments which influence daily physical activity</p>

Beneficiary	Partnership, Infrastructure and Capacity Building	Supportive Social Environments	Public Education	Research, Monitoring and Knowledge exchange	Healthy Public Policy	Community Physical Environments
Provincial Territorial Governments	<p>Increased system capacity</p> <p>Efficiencies to delivery of physical activity</p> <p>Increased resource base and leveraging of resources for greater reach to Canadians</p> <p>Greater service innovation</p> <p>Making the delivery system more sustainable and accountable</p> <p>Coordinated planning</p> <p>Access to expertise</p> <p>Clear roles and responsibilities</p> <p>Reduced wait times through reduced demand</p>	<p>Access to adaptable interventions from across Canada</p> <p>Increased cooperation in delivery with other jurisdictions including the NGO sector</p> <p>Reduced chronic disease risk in the population</p> <p>Interventions to address specific population disparities</p> <p>Study of population based interventions</p>	<p>Participation in national communications campaigns</p> <p>Greater reach to the population of physical activity messages</p> <p>Increased efficiency of integrated messaging</p>	<p>Influence in setting the national research agenda</p> <p>Knowledge from Sentinel Population research</p> <p>Access to national research knowledge and monitoring systems</p> <p>Study of population based interventions</p>	<p>Policy frameworks for lifestyle change and risk management which can be applied or adapted elsewhere</p>	<p>Access to community, workplace, school and transportation environments which influence daily physical activity</p>

Beneficiary	Partnership, Infrastructure and Capacity Building	Supportive Social Environments	Public Education	Research, Monitoring and Knowledge exchange	Healthy Public Policy	Community Physical Environments
Government of Canada	<p>Increased system capacity</p> <p>Efficiencies to delivery of physical activity</p> <p>Increased resource base and leveraging of resources for greater reach to Canadians</p> <p>Greater service innovation</p> <p>Making the delivery system more sustainable and accountable</p> <p>Coordinated planning</p> <p>Access to expertise</p> <p>Clear roles and responsibilities</p> <p>Reduced wait times through reduced demand</p>	<p>Access to adaptable interventions from across Canada</p> <p>Increased cooperation in delivery with other jurisdictions including the NGO sector</p> <p>Reduced chronic disease risk in the population</p> <p>Interventions to address specific population disparities</p> <p>Study of population based interventions</p>	<p>Participation in national communications campaigns</p> <p>Greater reach to the population of physical activity messages</p> <p>Increased efficiency of integrated messaging</p>	<p>Creation of Sentinel Population</p> <p>Access to world class , research, monitoring and knowledge</p>	<p>Leadership opportunity to establish a national policy agenda for physical activity</p>	<p>Access to community, workplace, school and transportation environments which influence daily physical activity</p> <p>Multi-department sharing of investments in physical activity through health, transportation and infrastructure</p>
International Stakeholders	<p>National access points to state of the art system of excellence for physical activity</p>	<p>Study of population based interventions</p>		<p>Access to world class information on physical activity</p>	<p>Examination of innovation in frameworks</p>	<p>Examination of physical environments and their impacts on physical activity</p>

Annex 2: Evaluation Methodology

Evaluation Issues	Evaluation Questions	Indicator	Data Source Collection Method	Responsibility for Collection	Frequency of Measurement		
					Annual Report	Mid-term Evaluations	Final Evaluation
Relevance	Is there a clear and relevant vision and objectives for activities under the initiative?	Consistent and well understood goals and objectives for activities	Program documentation, reports	Evaluators			*
	Does the initiative continue to be consistent with physical activity priorities	Program activities ongoing alignment with physical activity priorities	Environmental scan	Evaluators			*
	Is there a continued need for the program?	Ongoing need for capacity or activity	Environmental scan	Evaluators			*
Success	Are planned activities actually being implemented and producing the expected outputs?	As per performance indicators in Performance Measurement Strategy	Program operational and administrative information, annual reports	Evaluators	*		
	Are completed and planned activities meeting, or likely to meet, articulated objectives?	Activities implemented as planned, adjusted as needed and designed to meet objectives	Reviews of operational and administrative information	Evaluators		*	
	Have the expected outcomes and reach been achieved through the activities?	Evidence of increase in physical activity and system implementation	As set out in Performance Measurement Strategy	Evaluators			*
	Have there been any unexpected outcomes?	Changes in direction or outputs from original plans	Annual reports, operational and administrative files	Evaluators		*	*
Cost Effectiveness / Design and Delivery	Are there appropriate management and decision-making structures in place to meet the objectives?	-Established governance structure -Clear roles and responsibilities -Enhanced partnerships and strengthened cooperation with stakeholders	Documentation on roles, organization, agreements, partner interactions and arrangements, etc.	Evaluators		*	*
	Has there been an assessment and strategic use of lessons learned?	Process to collect and use performance information; appropriate changes in approach or activities based on learning	Review of management processes and planning/reporting documents	Evaluators		*	*
	Has there been consideration of options/alternatives to increase cost effectiveness or efficiency of delivery?	Financial management system linked to results management process; Assessment and/or implementation of alternative approaches to improve cost efficiency	Review of financial management systems and decision-making; benchmarking comparison with "similar" programs	Evaluators			*