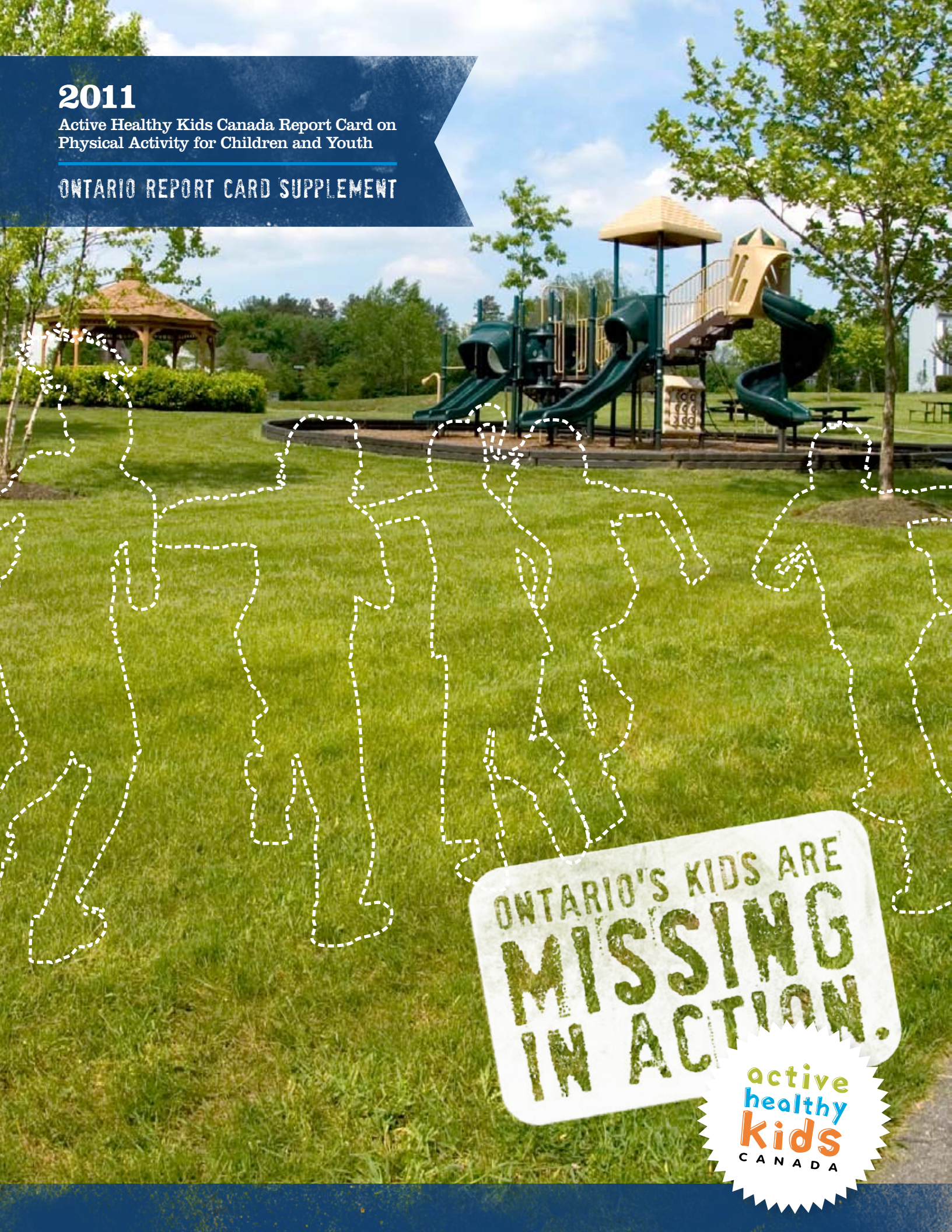


2011

Active Healthy Kids Canada Report Card on
Physical Activity for Children and Youth

ONTARIO REPORT CARD SUPPLEMENT



ONTARIO'S KIDS ARE
MISSING
IN ACTION.

active
healthy
kids
CANADA

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REPORT CARD DEVELOPMENT TEAM

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Chair

Art Quinney

Chief Scientific Officer

Mark Tremblay

Scientific Officer

Rachel Colley

Research Manager and Lead Author

Joel Barnes

Research Work Group

Catherine Birken (Hospital for Sick Children, University of Toronto)

Guy Faulkner (University of Toronto)

Meghann Lloyd (University of Ontario Institute of Technology)

Stephen Manske (Propel Centre for Population Health Impact, University of Waterloo)

Art Salmon (Government of Ontario)

Brian Timmons (McMaster University)

Trish Tucker (University of Western Ontario)

Research and Content Development Support

Healthy Active Living and Obesity Research Group, Children's Hospital of Eastern Ontario Research Institute
Michelle Brownrigg

Marketing, Communications and Project Management Support

Ophea

Jennifer Cowie Bonne

Melanie Slade

Design

Joel Barnes

Hightop Studio

THE 2011 ACTIVE HEALTHY KIDS CANADA REPORT CARD ON PHYSICAL ACTIVITY FOR CHILDREN AND YOUTH (ONTARIO SUPPLEMENT)

Every year, Active Healthy Kids Canada releases a report card on the physical activity of Canadian children (5-12 years) and youth (13-17 years). Data are drawn from several sources including the research literature, government agencies and non-governmental organizations. The Report Card summarizes what is currently known about the physical activity of children and youth and does so using an easy-to-understand grading scheme (Table 1).

Table 1. Grading Scheme.

Grade	Interpretation
A	We are succeeding with a large majority of Canadian children and youth (>79%).
B	We are succeeding with well over half of Canadian children and youth (60-79%).
C	We are succeeding with about half of Canadian children and youth (40-59%).
D	We are succeeding with less than half, but some, Canadian children and youth (20-39%).
F	We are succeeding with very few Canadian children and youth (<20%).

A brief example may help explain the grading scheme. If 75% of Ontario children and youth participate in organized sport and physical activity, the Organized Sport and Physical Activity Participation indicator would be given a B since well over half of Ontario children and youth are succeeding in this physical activity component. For more information about the grading process, please visit www.activehealthykids.ca/ReportCard/Methodology.aspx.

The Report Card is national in scope. Since the first release in 2005, it has examined the physical activity of Canadian children and youth from across the country. There is good reason, however, to look more closely at physical activity by geographical region. Many characteristics of Canada's children and youth differ as a function of where they live and physical activity is no exception. This is particularly true for Ontario, a large province both in geography and in population (40% of the Canadian population lives in Ontario) with a diverse population (28% of Ontarians are not born in Ontario¹), a large number of service providers (5,000 public schools attended by 95% of Ontario children and youth and which are organized into 72 school boards, 36 public health units, 444

municipalities and approximately 2.1 million children and youth in Ontario's publicly funded schools) and thousands of stakeholders who share responsibility for providing opportunities for physical activity for Ontario's children and youth.

A provincial focus, then, may help identify specific physical activity concerns and potential strategies to address these concerns. To this end, the 2011 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth (Ontario Supplement) is the first physical activity report card to focus solely on the province of Ontario. (One other regional physical activity report card was published in 2009, which focused on the province of Saskatchewan.)

Figure 1. Relationship Between Components and Influences of Physical Activity.

Common to any report card are the grades. The 2011 Ontario Report Card gives letter grades on 12 different indicators. An indicator is anything that is measurable and which comprises physical activity (e.g., organized sport and physical activity participation, active transportation) or influences it (e.g., physical education, proximity and availability of physical activity programs, parks and playgrounds). Figure 1 illustrates how the components and influences of physical activity relate to each other. The indicators in the 2011 Ontario Report Card play an important role in drawing attention to specific areas where we need to improve the grade. Together they reveal the overall status of physical activity among children and youth in Ontario.

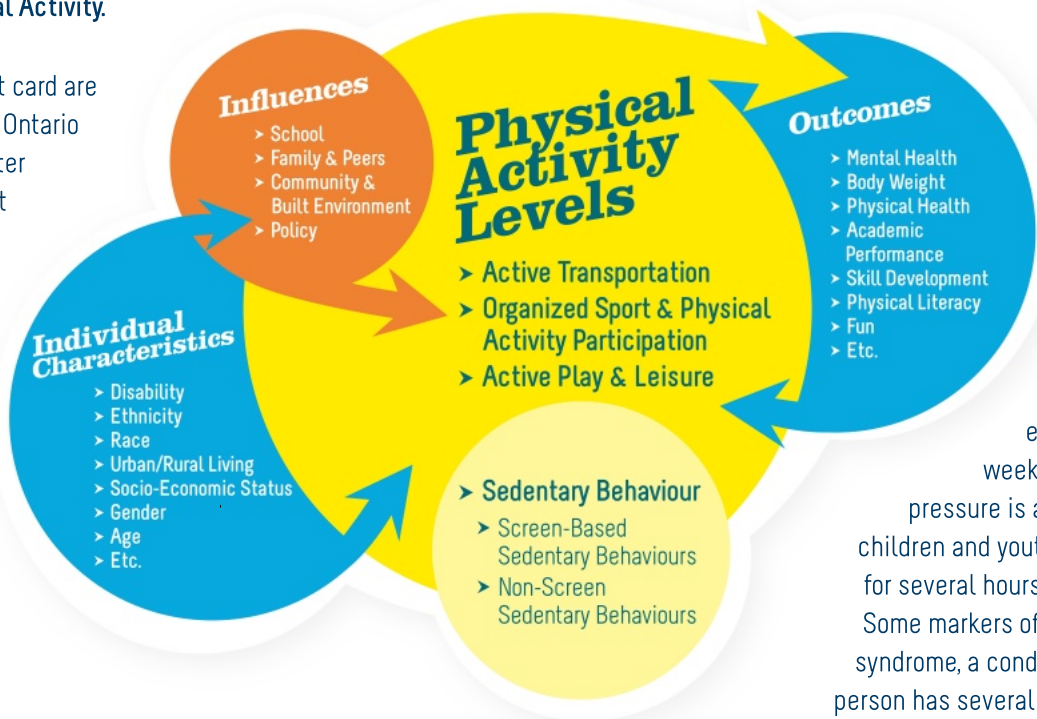
In the 2011 Ontario Report Card, grades from the 2011 National Report Card are presented alongside the Ontario grades in order to give a sense of how Ontario children and youth fare in comparison to their peers from across Canada.

In recent years, obesity and physical inactivity have been major foci of child health concerns in Canada. Evidence suggests the percentage of obese children and youth is on the rise.² Physical inactivity is also very high. These trends in childhood obesity and physical inactivity are a cause for concern due to their negative health consequences, which include the presence of risk factors for cardiovascular diseases and type 2 diabetes.

In the midst of this child health crisis, the importance of physical activity is readily seen in the health benefits it offers to children and youth. In a recent literature review, physical activity was found to have benefits for a broad range of health outcomes. For example, significant improvements to

cholesterol and blood lipid levels are seen in children and youth with high cholesterol and/or obesity who perform several hours of aerobic exercise per week. High blood pressure is also improved in children and youth who exercise for several hours per week. Some markers of the metabolic syndrome, a condition where a person has several risk factors for diseases like diabetes and coronary

heart disease (e.g., abdominal obesity, high cholesterol, high blood pressure, insulin resistance), are also met with improvement through regular aerobic exercise. Improvements in overweight/obesity and symptoms of depression are also seen with regular aerobic exercise. Resistance training, weight-bearing activities and jumping also improve bone density in children and youth. All of these benefits highlight further the importance of physical activity for children and youth and the need to produce the first ever Ontario Supplement to the Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth.



Ontario Can't Be the Healthiest Province in Canada if Our Kids are

MISSING IN ACTION

Ontarians are concerned about the overall state of health and want their government to commit to make Ontario a healthier province. According to a recent Ipsos Reid poll, **9 in 10 Ontarians favour an increased investment in health promotion. Eight in 10 felt so strongly they indicated it would affect their vote in the recent provincial election.**⁴

The **Ontario Chronic Disease Prevention Alliance**, with its membership of over 30 organizations, has been urging the government to **make Ontario the healthiest province in Canada**. One in three Ontarians is affected by chronic disease. Between 1994 and 2005, rates of high blood pressure among Canadians skyrocketed by 77%, diabetes by 45% and obesity by 18% – affecting both younger and older Canadians. It is also estimated that 45% of males and 40% of females in Ontario are likely to develop cancer in their lifetime.⁵

These health issues are highly preventable. Unfortunately, when it comes to active living for health, many Ontario kids are missing in action.

While slightly higher than the national average, the grades of **“D”** for **physical activity levels** and **active play and leisure** are not going to be sufficient to prevent a looming healthcare crisis. A corresponding **“D”** for **physical education** is also troublesome. An **“F”** grade related to the fact that children and youth spend nearly 2/3 of their waking day in **sedentary time** indicates there is notable opportunity for less sitting and more moving each day for Ontario's kids.

While there have been some good strides made with respect to policy and strategy development, more effective support for on-the-ground initiatives is needed to facilitate physical activity participation among children and youth in Ontario.

More effective support for on-the-ground initiatives is needed to facilitate physical activity participation among children and youth in Ontario.

In particular, **there is a need to support strategies that target young people who are not engaged in the typical delivery systems for physical activity, sport and recreation in the province.**

Disparities in gender, socioeconomic status, and age are evident in many indicators. Generally, girls, those with lower family income and parent education levels, and adolescents are less active. There also needs to be consideration of ability level and disability with respect to programming. Those who are considered less competent are often excluded from traditional activities and children and youth with disabilities face many barriers in accessing both specialized and integrated physical activity opportunities. This is often the experience of children who are identified as overweight as well.

It is clear that key leaders in the public and private sector need to act now, work together and take leadership to **make Ontario the healthiest province in Canada. Increased support for Ontario children and youth to be active, healthy kids is needed to meet this goal.**

9 IN 10 ONTARIANS FAVOUR AN INCREASED INVESTMENT IN HEALTH PROMOTION.

Physical Activity and Inactivity

F

D-

PHYSICAL ACTIVITY LEVELS

- ▶ ONTARIO CHILDREN AND YOUTH TAKE AN AVERAGE OF ROUGHLY 12,000 STEPS PER DAY (2009-10 CANPLAY).
- ▶ 32% OF ONTARIO CHILDREN AND YOUTH TAKE AT LEAST 13,500 STEPS PER DAY, WHICH IS CONSIDERED A ROUGH APPROXIMATION OF THE NEW CANADIAN PHYSICAL ACTIVITY GUIDELINES, WHICH RECOMMEND AT LEAST 60 MINUTES OF MODERATE-TO-VIGOROUS PHYSICAL ACTIVITY (MVPA) EVERY DAY (2009-10 CANPLAY).

- ▶ A multi-sector comprehensive effort is needed to get Ontario children and youth "stepping out" at levels that promote health. This should include: vigorous-intensity activities at least 3 days per week and activities that strengthen muscle and bone at least 3 days per week. This provides clear goals that we can work together to achieve where kids, live, learn, work and play.
- ▶ It is necessary to ensure that effective mechanisms and systems are in place to monitor and evaluate progress towards meeting these guidelines. A system that facilitates learning (e.g., what works, what doesn't, how to implement new knowledge) needs to be integrated.

C

B-

ORGANIZED SPORT AND PHYSICAL ACTIVITY PARTICIPATION

- ▶ 75% OF ONTARIO PARENTS SAID THEIR 5-17 YEAR-OLDS PARTICIPATED IN SPORT IN THE LAST 12 MONTHS (2010 PAM).
- ▶ 32% OF ONTARIO PARENTS ALSO SAID THEIR 5-17 YEAR-OLDS PLAY IN ORGANIZED SPORT OR PHYSICAL ACTIVITY DURING THE AFTER-SCHOOL PERIOD, WHICH SPANS FROM THE END OF THE SCHOOL DAY TO SUPPERTIME (2010 PAM).

- ▶ There is a need for consistent tracking of sport participation rates by all sport organizations, which is available publicly and consolidated by a centralized mechanism. This would allow for the review of temporal trends in sport participation rates.

F

D

ACTIVE PLAY AND LEISURE

- ▶ 32% OF ONTARIO CHILDREN AND YOUTH TAKE AT LEAST 13,500 STEPS PER DAY, WHICH IS CONSIDERED A ROUGH APPROXIMATION OF THE NEW CANADIAN PHYSICAL ACTIVITY GUIDELINES, WHICH RECOMMEND AT LEAST 60 MINUTES OF MVPA EVERY DAY (2009-10 CANPLAY). THIS INDIRECTLY SUGGESTS FEW CHILDREN ARE GETTING ADEQUATE AMOUNTS OF ACTIVE PLAY.

- ▶ Parents should restrict television viewing, video and computer games during the after-school period (3-6 p.m.).
- ▶ Encourage children and youth to play outdoors.
- ▶ Kids need time to run around and explore, build, imagine and let loose with friends and family.

D

C

ACTIVE TRANSPORTATION

- ▶ WALKING TO (49%) AND FROM (58%) SCHOOL APPEARS TO BE THE MOST COMMON MODE OF TRANSPORTATION FOR CHILDREN AND YOUTH IN ONTARIO (2008-09 FIS).
- ▶ 22% OF GRADES 7-12 STUDENTS IN ONTARIO SAID THEY USE ACTIVE MODES OF TRANSPORTATION TO SCHOOL IN THE MORNING; 32% REPORTED USING ACTIVE MODES OF TRANSPORTATION TO GET HOME FROM SCHOOL IN THE AFTERNOON (2009 OSDUHS).

- ▶ Consider legislative or policy approaches that encourage active transportation to school even among those who are bussed (e.g., dropping students 400 meters from the school).
- ▶ School travel planning should include and encourage opportunities for active transportation.
- ▶ Better collaboration/planning between school boards (who are responsible for school travel) and municipalities (who are responsible for transportation in general), school bus operators (who could make adjustments to things like routes that allow for students to walk part of the way) and parents (who make choices about transport) to enhance safety and viability of active transportation.

Physical Activity
and Inactivity

F

F

SEDENTARY BEHAVIOUR

► 6-19 YEAR-OLDS IN CANADA SPEND AN AVERAGE OF 8.6 HOURS PER DAY, OR 62% OF THEIR WAKING HOURS, IN SEDENTARY PURSUITS (2007-09 CHMS).

► Adopt and promote common measures for sedentary behaviour (i.e., a minimal data set) to permit easier comparison of results.

► Limit recreational screen time to no more than 2 hours per day; lower levels are associated with additional health benefits.

► Limit sedentary (motorized) transport, extended sitting and time spent indoors throughout the day.

PHYSICAL ACTIVITY LEVELS

GRADE

D-

The grade for the Physical Activity Levels indicator is a **D-** because less than half of children and youth in Ontario appear to be meeting the new Canadian Physical Activity Guidelines for Children and Youth. The **minus sign** reflects age and socioeconomic disparities in this indicator.

KEY FINDINGS

- The physical activity levels of Canadian children and youth have been measured since 2005 through the Canadian Fitness and Lifestyle Research Institute's (CFLRI) CANPLAY study. The purpose of CANPLAY, or the Canadian Physical Activity Levels Among Youth survey, is to objectively measure the physical activity of 5-19 year-olds in Canada by using pedometers to count the number of steps they take on a daily basis. A unique advantage of CANPLAY is its ability to provide provincial- and territorial-level estimates of physical activity, something not possible with any other data source currently available in Canada. This level of resolution is critically important for policymakers at the provincial and territorial level.⁶
- Based on the 2009-10 cycle of CANPLAY, Ontario children and youth take an average of roughly 12,000 steps per day.⁷ This number is not significantly different from the national average of 11,800 steps per day. It does, however, represent an improvement from the Ontario average of roughly 11,300 steps per day in 2005-06 (Figure 2). Still, only 32% of Ontario children and youth are taking at least 13,500 steps per day, which is considered a rough approximation of the new

Canadian Physical Activity Guidelines, which recommend at least 60 minutes of moderate-to-vigorous physical activity (MVPA) every day.

- On January 19, 2011 Statistics Canada released the first ever physical activity data on a nationally representative sample of Canadians as measured by accelerometers.⁸ Data were collected between 2007 and 2009 as part of the Canada Health Measures Survey (CHMS) and included a sample of 1,608 6-19 year-olds. Only 7% of Canadian children and youth (9% of boys and 4% of girls) are getting at least 60 minutes of MVPA on at least 6 days of the week. Since Ontario children and youth represent a significant proportion of the Canadian child and youth population, these low numbers paint a less optimistic picture than the CANPLAY data and suggest that the majority of these children and youth are not meeting the new guidelines.

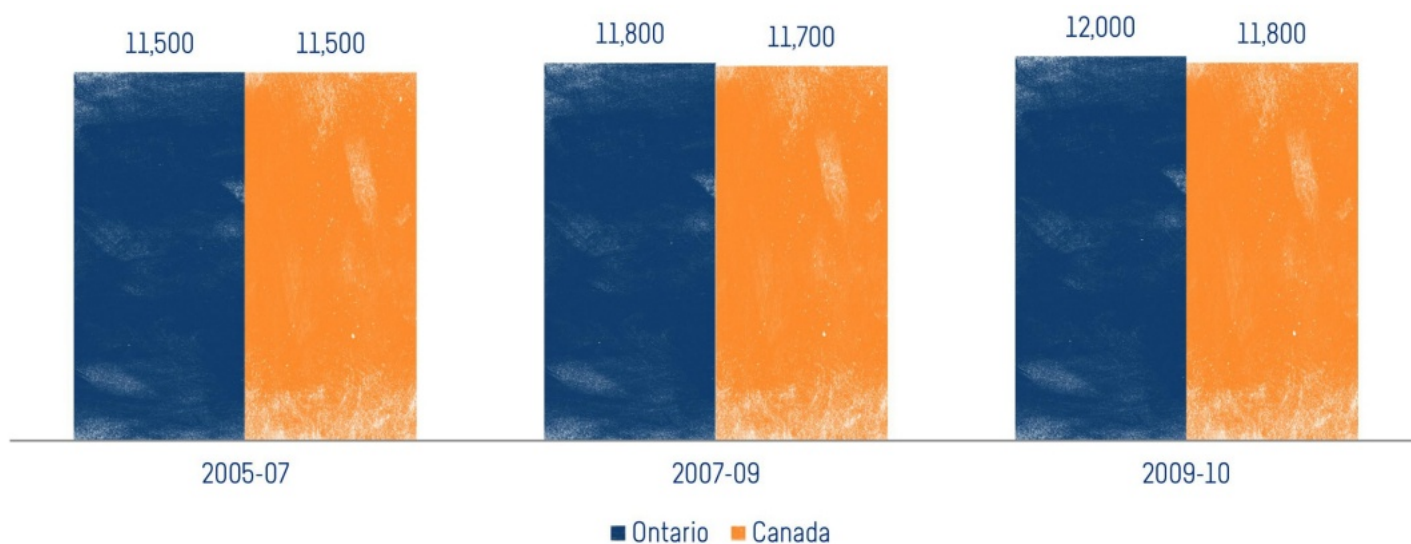


Figure 2: Average Daily Steps Taken by 5-19 Year-Olds in Ontario and Canada (Source: 2009-10 CANPLAY, CFLRI).

DISPARITIES

There are a number of differences in the physical activity levels of Ontario children and youth. One disparity consistently highlighted is the age-related differences in physical activity. As seen in Figure 3 below, there is a large decline in physical activity between 5-14 year-olds and 15-19 year-olds in Ontario.⁹

Disparities also exist along socioeconomic lines. Children and youth in Ontario with university-educated parents tend to take more daily steps compared to those with a secondary school education. The same is true for those from the highest income households ($\geq \$100,000$ per year) when compared to those from the lowest income (\$20,000-\$29,999 per year).⁹

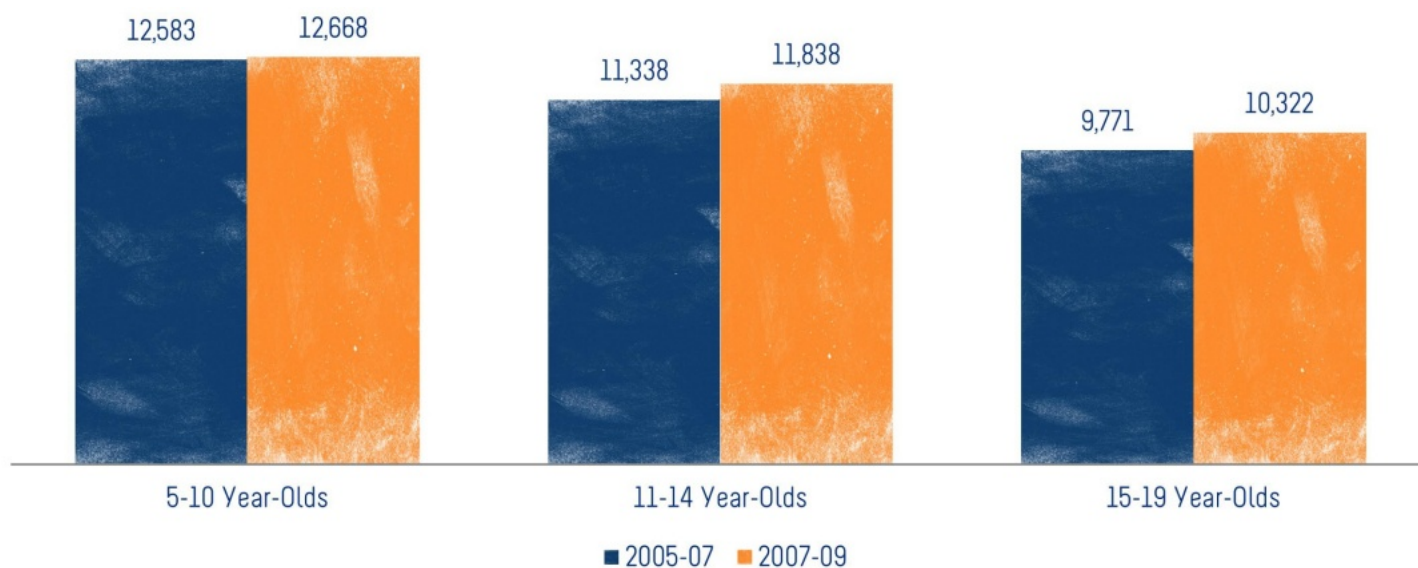


Figure 3: Average Daily Steps Taken by Ontario Children and Youth (Source: 2005-09 CANPLAY, CFLRI).

The New Canadian Physical Activity Guidelines for Children and Youth

In January 2011, the Canadian Society for Exercise Physiology (CSEP) released new physical activity guidelines for all apparently healthy children (5-11 year-olds) and youth (12-17 year-olds). **For health benefits, children aged 5-11 years and youth aged 12-17 years should get at least 60 minutes of MVPA daily. This should include: vigorous-intensity activities at least 3 days per week and activities that strengthen muscle and bone at least 3 days per week. More daily physical activity provides greater health benefits. For more information, visit www.csep.ca/english/view.asp?x=804.**

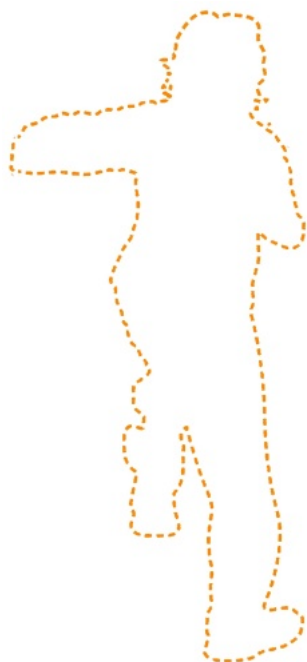
Physical Activity and Disabilities

Cerebral palsy (CP) is an umbrella term for a number of disorders that first appear in infancy or early childhood and affect body movement and muscle coordination. It is believed that children and youth with CP get less physical activity than their peers. Ontario researchers have recently published the first paper on exercise participation rates according to gross motor function in 11-18 year-olds with CP. Physical activity was self-reported and Ontario adolescents were considered to be meeting physical activity recommendations if they were getting at least 420 minutes of moderate-intensity physical

activity per week (1 hour per day). Anywhere between 1-419 minutes of moderate-intensity physical activity per week was considered “some activity.” Results from the study showed that participation rates were very low in general. Only 9% of adolescents got at least 420 minutes of moderate-intensity physical activity per week. Physical activity participation tends to drop off as mobility decreases.¹⁰ These results call further attention to the need for the development of physical activity guidelines for children and youth with disabilities.

RESEARCH GAPS

- Since preschool-aged children are often assumed to be physically active, little attention has been given to the physical activity levels of this population, but this may not be the case. Further research is required.¹¹



ORGANIZED SPORT AND PHYSICAL ACTIVITY PARTICIPATION

GRADE

B-

The grade for the Organized Sport and Physical Activity Participation indicator is a **B-** because three quarters of Ontario children and youth participated in sport in the previous 12 months according to their parents. The **minus sign** reflects age, gender, socioeconomic and regional disparities in this indicator.

KEY FINDINGS

- In the 2010 Physical Activity Monitor (PAM) survey by CFLRI, 75% of Ontario parents said their 5-17 year-olds participated in sport in the last 12 months. The majority of this participation (80%) was primarily in a structured environment. 32% of Ontario parents also said their 5-17 year-olds play in organized sport or physical activity during the after-school period, which spans from the end of the school day to supertime.¹² The importance of this participation is seen in that Ontario children and youth who participate in organized sport and physical activity take approximately 1,800 more steps per day than those who do not participate.⁹ To put this in perspective, if each additional step taken is at a slow speed and covering only 1 meter of ground,¹³ those extra 1,800 steps would equate to approximately 2 additional kilometres of movement per day. Research also shows that organized sport during childhood is positively associated with frequent leisure-time physical activity in early adulthood.¹⁴

Despite the encouraging proportion of Ontario children and youth who report participating in organized sport and physical activity, the low levels of overall physical activity (see the Physical Activity Levels indicator on page 7) suggest that organized sport and physical activity participation, though reported to be high, is not having a large influence on overall physical activity levels. This may signal the need to stress the importance of unstructured physical activity. Less structured forms of physical activity, such as playing outdoors, are just as important as organized sport and physical activity participation in contributing to the overall quantity of physical activity. For example, the national Report Card reveals that children and youth who are outdoors during the after school period accumulate 2,000 more steps per day compared to children and youth cocooned indoors. This finding suggests that unstructured outdoor play is at least equal, if not better, than participating in organized sport and physical activity.

DISPARITIES

Gender, socioeconomic status and regional differences are often observed in organized sport and physical activity participation at the national level and this is no different in Ontario. In the 2010 PAM, more boys than girls in Canada (81% vs. 70%) participated in sport in the last 12 months. Relatively more children and youth from high income households (\$100,000+ per year) participated in sport (83%) than those from the lowest household incomes (< \$50,000 per year) (66%). In addition, children and youth with college- (76%) or university-educated (79%) parents participated in sport more than children and youth from families where their parents had not completed high school (61%).¹² In addition, both boys and girls were more likely to participate in organized physical activity if they had a parent with post-secondary university and/or lived in a higher income household. Living in an urban area was associated with greater likelihood of weekly participation in organized physical activity for girls.¹⁵

Pan Am Toronto 2015

The Toronto 2015 Pan/Parapan American Games (Pan Am Games) are the world's third-largest international multi-sport event. Only the Olympic Summer Games and the Asian Games are larger. The Pan Am Games are held every 4 years for the athletes of the 42 Pan American Sports Organization member nations. Canada has hosted the Games twice (1967 and 1999), both times in Winnipeg, Manitoba. The combination of the Pan American and the Parapan American Games in Toronto in 2015 will feature 48 different sports.

The vision for Pan Am Toronto 2015 includes the following:

- Inspiring children to participate in sport.
- Engaging local communities to embrace the Games as their own.
- Celebrating and involving Toronto's multicultural population.
- Connecting the Pan American region through summits, conferences and workshops.
- Leaving a Games legacy of sustainable excellence.

The Games provides an opportunity to boost interest and participation in sport and physical activity. For more information, visit www.toronto2015.org.

Support for Amateur Sport in Ontario

The Ontario Ministry of Health Promotion and Sport operates a number of programs that promote sports participation and provide financial assistance to athletes. This includes funding to Provincial Sport Organizations and Multi-Sport Organizations, the Sport Alliance of Ontario, the Canadian Sport Centre Ontario and the Coaches Association of Ontario. Support totalled \$23.1 million in 2009-10. In 2010-11 the

Government is providing \$23 million to Provincial Sport and Multi-Sport Organizations and other partners to promote participation and excellence in sport throughout Ontario. This is an increase of 133% in funding from 2003. (For more information on provincial investment in sport, see the Provincial Investments indicator on page 40.)

RESEARCH GAPS

- Despite numerous calls in the last 35 years for increased participation by Canadians in sport and physical activity, there appears to have been little change in overall participation in sport and physical activity. There also appears to be little understanding of the factors that encourage or prevent participation. Specifically, it is not known what children are doing, how to measure their sport participation, what barriers they face and what effective programming is for children. There is also no research assessing the effects of interventions to increase sport participation.¹⁶
- In order for such questions to be answered and knowledge gaps filled, there must be considerations of how participation in sport and physical activity is measured in order to identify successful interventions and programming. There is an ongoing need to identify appropriate, useful and precise measurement methods in addition to implementing these tools to determine Ontario's physical activity and sport participation. With increasingly sophisticated measures of physical activity, it is becoming apparent that there is a disconnect between what parents report for their children's sport and physical activity participation and what the objectively measured activity tells us. This indicates that more research needs to investigate how sport participation actually influences overall physical activity levels. There is a need to integrate sport participation, time-use and physical activity surveys "to gain more insight into the correlation between physical activity and sporting behaviour." This would require a coordinated approach to promote the collection of standardized data.¹⁶

ACTIVE PLAY AND LEISURE

Active play refers to any play that involves bursts of physical activity, whether jumping, climbing a jungle-gym or running around.

GRADE



The grade for the Active Play and Leisure indicator is a **D** because very few children are meeting the new Canadian Physical Activity Guidelines. This indirectly suggests few children are getting adequate amounts of active play.

KEY FINDINGS

- ▶ One part of the day that is garnering more interest and attention for opportunities for physical activity promotion is the after-school period. This period runs from approximately 3-6 p.m., from the end of the school day to suppertime. Part of the explanation for the prior lack of emphasis on the after-school period may involve the difficulty with monitoring what children and youth are doing after school due to the unstructured nature of their activities from 3-6 p.m., in addition to the lack of adequate physical activity measurement tools. This has changed with improvements to physical activity measurement tools and researchers are now calling the time after school a critical period.¹⁸ In fact, children and youth may get a large portion of their daily physical activity after school, even as much as 30%.¹⁹ Research also suggests the physical activity of children and youth after school has an influence on their overall physical activity. Children and youth who are physically active after school tend to be more active throughout the day.²⁰⁻²¹ This points to the after-school period as a possible window of opportunity during which physical activity promotion may lead to considerable improvements in the daily physical activity of children and youth.²²
- ▶ In the 2010 PAM, 65% of Ontario parents said their 5-17 year-olds play in unorganized physical activity or sport between the time school ends and suppertime. 67% also said their children and youth play outdoors during this period.¹² Other activities are summarized in Figure 4. Though encouraging, these results do not provide clarity around the frequency and duration of active play in the after-school period. The clearer picture provided by the CHMS and CANPLAY results (see the Physical Activity Levels indicator on page 10) suggest many children are not frequently active in play nor do they play for very long. (For more information on the after-school period, please see the 2011 National Report Card.)
- ▶ In the first Canadian study to measure physical activity participation and outdoor play opportunities in preschoolers, Ontario researchers found preschoolers spent more time in high-intensity indoor play (41 minutes per day) compared to high-intensity outdoor play (32 minutes per day). Childcare providers said preschoolers had access to approximately 2 hours of outdoor playtime per day.²³ These results may suggest that low levels of active play begin early in life. This is a cause for concern given the positive association between active play and overall physical activity.²⁴

RESEARCH GAPS

- ▶ Data continue to be needed that provide a picture of how much active play Ontario children and youth are getting, when they are getting it and how frequently.
- ▶ There is a need for better ways to measure active play. This may require the combined use of accelerometers and log books so that researchers can determine what proportion of light-intensity movement registered on an accelerometer represents active play.
- ▶ More research exploring the relationship between active play and health and behaviour outcomes is required, both in the presence and absence of organized sport and activity participation.
- ▶ Outdoor time may be a useful proxy for estimating time spent in active play and should be studied more.

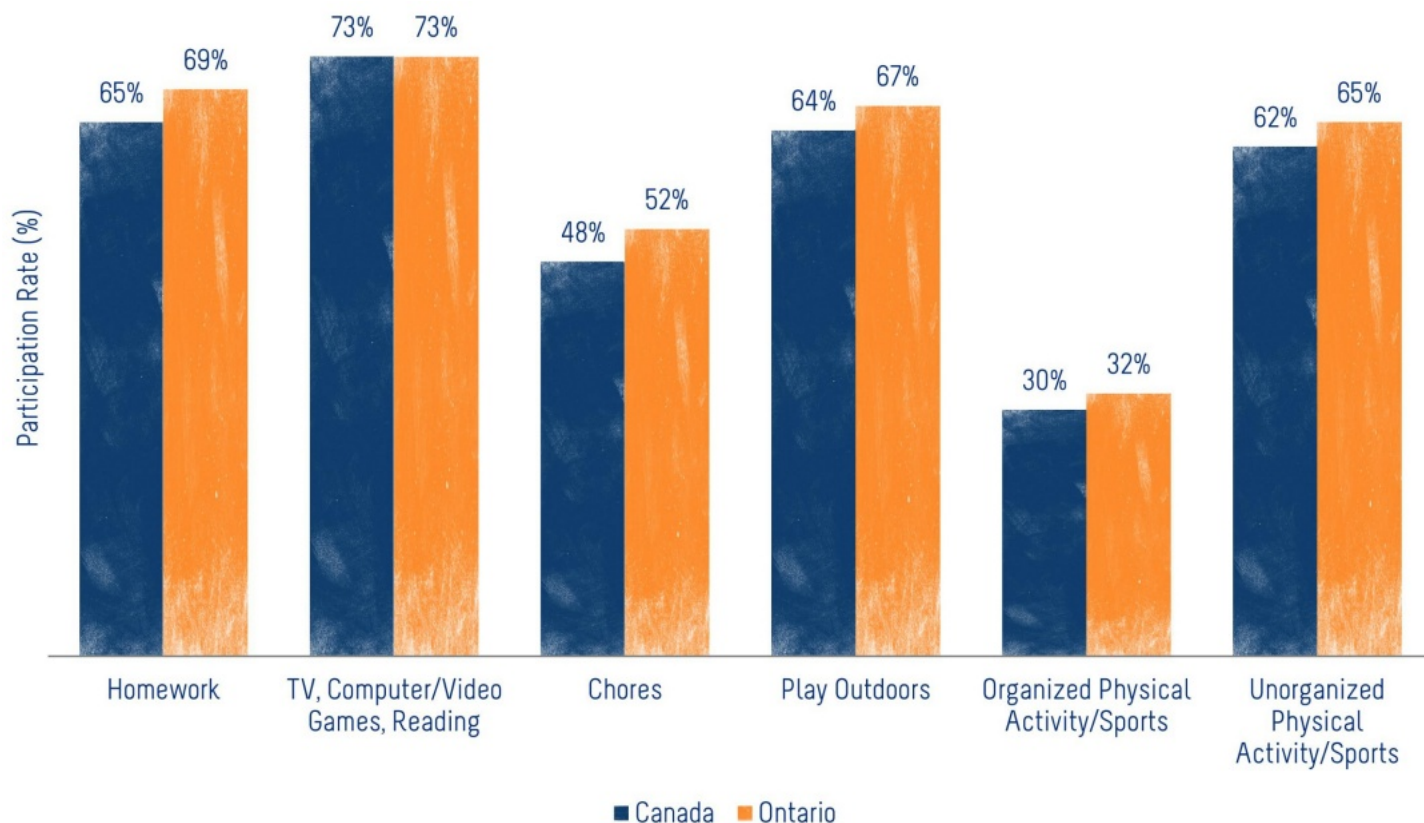


Figure 4: Typical Activities of 5-17 Year-Olds in the After-School Period (Source: 2010 PAM, CFLRI).

A Day in the Life of a Canadian Child

Recent results from the 2007-09 CHMS show that in the after-school period (180 minutes from approximately 3-6 p.m.), 6-19 year-olds in Canada are getting only 14 minutes of MVPA. By contrast, they are spending an average of 107 minutes in either light activity (e.g., light play, walking less than 3.2 kilometres per hour) or sedentary pursuits (e.g., motorized transportation, sitting, standing idle).⁸

Figure 5 presents a breakdown of the

percentage of time Canadian young people are spending in physical activity, light activity and sedentary pursuits after school. This is clearly a cause for concern with no

reason to believe that Ontario children and adolescents are any different. Positive

change in active play in the after-school period will involve spending two-thirds of the time currently spent in sedentary pursuits in MVPA and light activity.

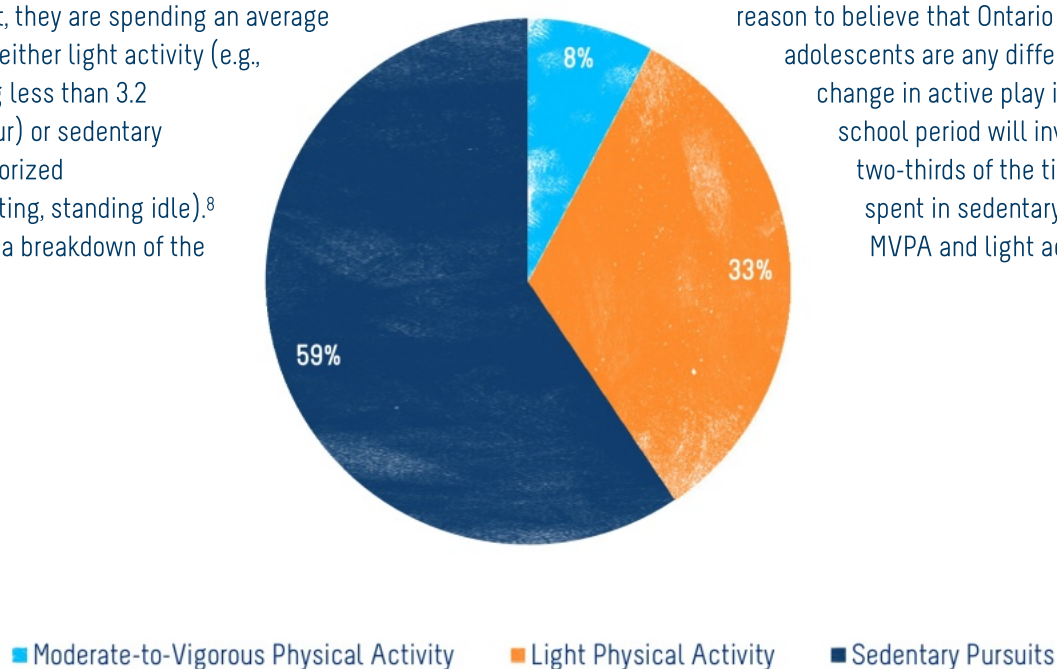


Figure 5: The Percentage of Time 6-19 Year-Olds in Canada Spend in Physical Activity and Sedentary Pursuits from 3-6 p.m. (Source: 2007-09 CHMS, Statistics Canada).

ACTIVE TRANSPORTATION

GRADE



The grade for the Active Transportation indicator is a **C** because approximately half of Ontario children and youth engage in active school transportation.

KEY FINDINGS

- ▶ Based on self-report data from several hundred Ontario families in the 2008-09 Family Intervention Survey (FIS), walking to (49%) and from (58%) school appears to be the most common mode of transportation for elementary schoolchildren in Ontario. Out of 4 provinces (British Columbia, Alberta, Ontario and Nova Scotia), Ontario has the highest rate of active school transportation (walking and cycling) both to and from school.
- ▶ The Ontario Student Drug Use and Health Survey (OSDUHS) by the Centre for Addiction and Mental Health is the longest ongoing survey of adolescents in Canada and the second

longest in North America. The survey has been conducted every 2 years since 1977. In the 2009 cycle of OSDUHS, 22% of grades 7-12 students in Ontario said they use active modes of transportation to school in the morning; 32% report using active modes of transportation to get home from school in the afternoon. Efforts to increase rates of active school transportation will likely be met with success if these “mode-shifters” (i.e., children and youth who get a drive to school in the morning but walk home from school in the afternoon) are targeted and encouraged to use active modes of transportation for trips both to and from school.²⁵

DISPARITIES

Current data on active transportation in Ontario suggest there are age, time and geographic disparities. The 2009 cycle of the OSDUHS reveals a higher prevalence of active transportation to/from school for elementary students (grades 7-8) than secondary school students (grades 9-12). Active transportation also varies by geographic region. Among elementary school students, the prevalence of active transportation is lowest in Eastern Ontario and highest in Toronto. Among secondary school students, the prevalence of active transportation is lowest in the North and highest in Toronto. Disparities in active transportation are also observed during the day with a 10% increase in active transportation occurring in the afternoon. Data from the 2006 cycle of the Transportation Tomorrow Survey show 11-13 year-olds in the suburbs walk less to school (36%-42% of trips) than their 11-13 year-old peers in Toronto (48%). However, 14-15 year-olds in Toronto walk less (38% of trips) but use transit more (45% of trips) than their 14-15 year-old peers in the suburbs.

Stepping It Up

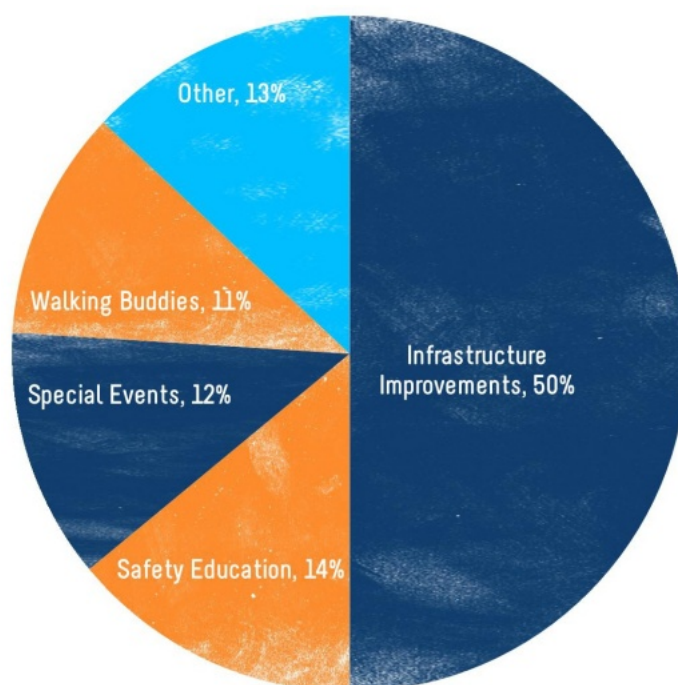
The Stepping it Up pilot project is led by Metrolinx in partnership with the Region of Peel, the City of Hamilton, Green Communities Canada and the University of Toronto with funding from Transport Canada's ecoMOBILITY program. The 2.5 year project will focus on identifying the possibilities for enhancing and encouraging use of active and sustainable travel options for students and staff, such as walking, cycling and carpooling. Stepping it Up will began rolling out school-based activities at participating elementary schools in the Fall 2009. By the pilot project's end in December 2011, 30 schools will be participating in project activities.

The objective of Stepping it Up is to help address issues of sustainability, climate change, personal and traffic safety, air pollution and health by promoting more walkable environments in and around schools. Project activities use a collaborative, community-based approach involving school boards, municipalities, police, public health professionals, transportation providers and professionals, parents, educators and children. For more information, visit www.metrolinx.com/mx/schooltravel/default.aspx.

Most Effective School Travel Program Activities

In the 2008-09 FIS, parents said the 3 most effective school travel program activities that improve or facilitate active transportation to and from school are infrastructure improvements, safety education and special events (Figure 6).

Figure 6: The Most Effective School Travel Program Activities According to Parents (Source: 2008-09 FIS).



SEDENTARY BEHAVIOUR

Sedentary behaviour can be conveniently divided into 2 components: screen-based and non-screen-based sedentary behaviours. There is, however, very little data available on non-screen-based sedentary behaviour in Ontario children and youth. Therefore, the Sedentary Behaviour indicator focuses primarily on screen-based sedentary behaviour.

GRADE

F

The grade for the Sedentary Behaviour indicator is an **F** because the 2007-09 CHMS, the best available data, shows the average 6-19 year-old in Canada spends well beyond the recommended 1-2 hours per day in sedentary pursuits.

KEY FINDINGS

- ▶ The 2007-09 CHMS shows that 6-19 year-olds in Canada spend an average of 8.6 hours per day, or 62% of their waking hours, in sedentary pursuits (e.g., looking at screens, standing idle, using motorized transportation). Since other data show that children and youth get as much as 6 hours of screen time per day, most of these 8.6 hours are likely spent in front of various screens (e.g., TV, computer, smart phones).⁸ Future research should combine accelerometers and time-use data to determine the make-up of sedentary time.
- ▶ In the 2009 cycle of OSDUHS, 40% of grades 7-12 students in Ontario said they spend no more than 1-2 hours per day in screen-related pursuits (e.g., watching TV and movies, playing computer and video games). This incongruence with the CHMS data is likely explained by the self-report nature of the OSDUHS, which probably represents an underestimation of sedentary pursuits.

DISPARITIES

In the first release of the accelerometer data from the CHMS, sedentary time did not vary according to age, gender or body weight status (e.g., healthy weight vs. overweight or obese).⁸ This indicates that future research needs to examine new ways of looking at sedentary time to determine what it is about sedentary behaviour that leads to poor health. Evidence from adult research suggests the number and duration of sedentary breaks throughout the day may have more influence on health than simply the total amount of time spent in sedentary pursuits. Whether this is also true in children and/or differs from adults remains an unexplored area of research.²⁶

The Health Risks of Sedentary Behaviour

Over the past several decades, the physical activity and fitness of Canadians has decreased whereas overweight/obesity and their associated co-morbidities have increased.²⁷ To date, public health agencies have focused on physical activity and have paid little attention to the mounting evidence pointing to sedentary behaviour as a distinct health issue. Growing evidence suggests that increased sedentary time, independent of physical activity, is associated with increased risk of chronic disease and a variety of physiological and psychological problems.²⁸⁻³⁰ Therefore more research is needed on the health benefits of reducing sedentary time in children and youth.

A recent review of the research shows increased time spent in sedentary behaviour (primarily television viewing) is associated with unfavourable body composition, decreased physical fitness, increased risk for metabolic syndrome and cardiovascular disease, decreased self-esteem, behavioural problems and decreased academic achievement. This relationship increases in a dose-response manner meaning that as sedentary time increases, so do health risks.²⁶ This is a cause for concern given the large amount of time among Canadian children and youth spend being sedentary (2007-09 CHMS).

Canadian Sedentary Behaviour Guidelines

On February 15, 2011 CSEP released the first Canadian Sedentary Behaviour Guidelines for Children and Youth. These guidelines are relevant to all apparently healthy children (5-11 year-olds) and youth (12-17 year-olds), irrespective of gender, race, ethnicity or familial socioeconomic status. Children and youth are encouraged to limit sedentary behaviour and to participate in physical activity that supports their natural development and which is enjoyable and safe. Children and youth should limit recreational screen time (e.g., television, computer, video games), motorized transportation, indoor time and extended sitting in the context of family, school and community (e.g., volunteer, employment) activities. Following these guidelines can improve body composition, cardiorespiratory and musculoskeletal fitness, academic achievement, self-esteem and social behaviours. The benefits of reduced sedentary time exceed potential risks. For those with screen time levels in excess of 2 hours per day, it is appropriate to start to progressively reduce screen time as a stepping stone to meeting the guidelines.

For health benefits, children (aged 5-11 years) and youth (aged 12-17 years) should minimize the time they spend being sedentary each day. This may be achieved by:

- **Limiting recreational screen time to no more than 2 hours per day; lower levels are associated with additional health benefits.**
- **Limiting sedentary (motorized) transport, extended sitting and time spent indoors throughout the day.**

For more information, visit www.csep.ca/english/view.asp?x=804.



School

C-

D

PHYSICAL EDUCATION

- ▶ IN 2010, ONTARIO RELEASED A REVISED HEALTH AND PHYSICAL EDUCATION (H&PE) CURRICULUM FOR ELEMENTARY SCHOOLS
- ▶ 84% OF PARENTS CONSIDER PE VERY IMPORTANT FOR THEIR ELEMENTARY SCHOOL CHILD, BUT ONLY 44% ARE VERY SATISFIED WITH THE QUALITY OF THEIR CHILD'S PE CLASS (IPSOS REID 2010).
- ▶ IN 2011, ONLY 43% OF ONTARIO'S ELEMENTARY SCHOOLS HAVE A H&PE SPECIALIST (THE ANNUAL REPORT ON ONTARIO'S PUBLICLY FUNDED SCHOOLS 2011).

- ▶ Educators and community leaders involved in the implementation of Ontario's H&PE Curriculum (2010) need to be supported with training and resources.
- ▶ H&PE is most effective when delivered in "healthy schools" and when student learning is supported by school staff, families and communities. We need to support efforts that encourage school boards and schools to adopt health promoting schools approaches as per Ontario's Foundation for a Healthy School Framework.
- ▶ Strategies are needed to determine how to increase the time spent being physically active in PE classes.
- ▶ We need to look at creative solutions to encourage participation in H&PE beyond the 1 mandatory credit in secondary school.
- ▶ Increase consistency and time for pre-service teacher training related to H&PE in Ontario's Faculties of Education.
- ▶ Evaluation of the new H&PE Curriculum in Ontario is needed.

SPORT AND PHYSICAL ACTIVITY OPPORTUNITIES AT SCHOOL

- ▶ 81% OF ELEMENTARY SCHOOLS REPORTED HAVING AN INTRAMURAL PROGRAM WHILE 87% OF ELEMENTARY SCHOOLS REPORTED HAVING AN INTER-SPORT PROGRAM.³²
- ▶ 66% OF SECONDARY SCHOOLS REPORTED HAVING AN INTRAMURAL PROGRAM AND 97% REPORTED HAVING AN INTER-SCHOOL SPORTS PROGRAM.³³

- ▶ Although many students do not participate in formal H&PE courses, the H&PE Curriculum provides a solid philosophy and framework which could be incorporated into other school-based opportunities to ensure that students can still achieve some key health and learning outcomes associated with H&PE.
- ▶ Provide opportunities for informal participation in physical activity (e.g., permanent equipment such as playgrounds and basketball courts, which could also be accessed outside of school hours, weight room/space to do Fitness DVDs that secondary students can access during study periods).
- ▶ Student input and leadership are critical to increasing participation in physical activity at school from students who are less engaged.
- ▶ School-based physical activity should reflect the diversity of cultures and abilities of Ontario's students so that all students can "see themselves" in it.

PHYSICAL EDUCATION

GRADE



The grade for the Physical Education indicator is a **D**. In 2010, Ontario released a revised Health and Physical Education (H&PE) Curriculum for elementary schools which addresses a comprehensive range of topics including physical activity, safety and injury prevention, healthy eating, substance use and mental health. While this is encouraging, the D grade reflects the fact that there continues to be a limited picture as to how well the province is doing with the implementation of H&PE. The major issue concerns the lack of accountability and evaluation of physical education (PE). The majority of elementary schools do not have H&PE specialists, only 1 H&PE credit is required to graduate high school, Quality Daily Physical Education (QDPE) is not mandated, number of minutes of PE is not mandated, there is no “dose” associated with it and there is limited evaluation of PE. The first step to improving PE in Ontario is to understand the quality and quantity of what is presently in place.

KEY FINDINGS

- ▶ From a recent Ipsos Reid poll, 84% of parents consider PE very important for their elementary school child, but only 44% are very satisfied with the quality of their child’s PE class.⁴ According to the People for Education’s Annual Report on Publicly Funded Schools 2011, only 43% of Ontario’s elementary schools had a H&PE specialist in 2011.³⁴

HP&E in Elementary Schools

On October 6, 2005, Ontario launched a Daily Physical Activity (DPA) policy which mandated that “twenty minutes of sustained moderate to vigorous physical activity during instructional time must become an essential part of the school day for all elementary students” (grades 1-8).

In 2010, Ontario released a revised H&PE Curriculum for elementary schools. The vision of this policy, when fully implemented, is to enable children and youth in Ontario to acquire the knowledge and skills to participate in and make a

lifelong commitment to healthy active living. The 2010 H&PE Curriculum incorporates DPA requirements into the curriculum policy.

It is important to note that DPA is only 1 component of a quality H&PE program. DPA mandates the minutes of physical activity each day while, unlike other provinces, Ontario does not mandate a specific number of minutes for H&PE (or other subject areas for that matter). DPA is not aimed to replace H&PE.

HP&E in Secondary Schools

Adolescent participation in PE is important because greater participation is linked to higher levels of leisure-time physical activity.¹⁴ In Ontario, although a wide range of H&PE courses are available for Grades 9-12, students only require 1 credit at the secondary level to graduate. A recent study found average enrollment in PE classes to be 62% in Ontario high schools with some schools reporting rates less than 30% while other schools report rates as high as 81%. Most differences in PE enrollment can be explained by differences in student preferences. There are, however, differences between schools that contribute to low PE enrollment and may be of interest to educators and policymakers. Providing daily PE is an opportunity to ensure access and opportunities for secondary students to be physically active. Additional research is needed to examine the impact of larger PE class sizes on the

teachers’ ability to accomplish course objectives including improving fitness and motor skills in students. The study also bears replication across other jurisdictions.

The current Ontario H&PE Curriculum for the secondary level was developed in 1999-2000, and a revised secondary H&PE Curriculum is currently pending. In 2007, revisions were made to compulsory credit requirements to secondary school program and curriculum requirements to increase the flexibility and options for students so that they can create personalized pathways based on their interests and needs within graduation requirements that continue to maintain high expectations and standards for all students. With these revisions, students have the flexibility to take more than 1 Healthy Active Living Education course for credit in each of

grades 10, 11 and 12. In addition, schools may offer more than 1 Grade 9 Healthy Active Living Education course, and a student may take 1 or more of those courses for credit. Courses include personal and fitness activities, large-group activities, individual

and small group activities, aquatics, rhythm and movement and outdoor activities. Evaluation is needed to examine the impact of this policy change on increasing physical activity opportunities for students.

DISPARITIES

Age and gender differences exist for PE participation among Ontario children and youth. In a study of 474 secondary schools in Ontario, PE enrollment decreased from 98% in grade 9 to 36% in grade 12 likely due to the fact that H&PE is not required past grade 9.³³ Data from the 1999-2005 OSDUHS reveal male students are more likely than female students to be enrolled in PE, attend PE class each day and participate in vigorous physical activity during PE class in secondary school.

Think Kids Are Active During PE Class? Think Again.

Are children being physically active during their PE classes? Though limited, available data suggest most children spend as little as 10% of their PE class actually being physically active.³⁷ When this is combined with the low levels of overall physical activity that children and youth are getting (see the Physical Activity Levels indicator on page 7), it seems clear that opportunities to get children and youth active during PE class are being missed. Strategies are needed to determine how to increase the time spent being physically active within physical education classes.

Healthy Schools

Over a 5-year period (2003-08), Ophea, a non-profit organization that supports healthy schools and communities in Ontario, implemented and evaluated the Living School initiative, which came to an end in 2008. Living School was a truly comprehensive approach to school health. It focused on creating vital partnerships and shared responsibility to help create lasting, sustainable change in school communities. Living School used the school environment as a hub to bring together entire school communities (e.g., students, parents, teachers, administrators, boards of education, public health, sport and recreation organizations, community coalitions, local businesses and municipal governments) to enhance healthy, active living for the community's children and youth.

Evaluation results consistently demonstrated that Living School increased student physical activity levels both inside and outside of school. Living Schools also showed an increase in student attendance, attentiveness and alertness and a reduction in behavioural issues and significant improvements in Educational Quality and Accountability Office (EQAO) test scores, especially in comparison with schools not participating in the Living School initiative.

Living School Highlights:

- 35 elementary schools were supported by Ophea in Ontario, thanks to funding from the Ontario Trillium Foundation.
- 95+ types of Health Promoting School Community Programs and Services were created or facilitated through the engagement of community partners. These ranged from sport and recreation programs to nutrition education and nourishment programs, mentorship/leadership programs and anti-bullying and health education initiatives.
- Living School moved beyond programs and services to create healthy and supportive school community environments. Activities included the creation and enhancement of facilities and equipment, the implementation of awareness and recognition strategies and the launch of various events, clubs, challenges, committees and community engagement strategies. It is noteworthy that student leaders factored prominently in many of the initiatives.
- 32 effective healthy policies and guidelines were established by Living Schools including the timetabling of H&PE and the development of school nutrition policies. All Living Schools scheduled DPA into class time and fully implemented this policy.
- 27 types of professional development activities took place through Living School, supporting staff in delivering quality health and physical education programs.

Implementation Support for DPA

To support implementation, the Ministry of Education provided school boards with funding support in 2005-06, 2006-07, 2007-08 and 2008-09 to support the purchase of equipment and resources as well as professional development. The Ministry also provided Resource Guides for teachers, principals and school boards as well as online support via the Ministry web site.

Following the announcement of the original mandate, Ophea developed a strategy to make DPA a reality in school communities across Ontario. Similarly, some school boards initiated various supports to facilitate DPA implementation. Beginning in 2006-07, Ophea launched a province-wide strategy to support a collaborative, consistent and quality approach to implementing DPA. A key element of this strategy was Ophea's Daily Physical Activity Training and Support Services Subscription which has been offered to school boards to support implementation of DPA over the past 4 years.

Ophea's Daily Physical Activity Training and Support Services Subscription entailed the development and delivery of resources to teachers from subscribing schools including:

- Over 250 DPA Activity Cards suitable for Primary, Junior or Intermediate divisions and their support materials (e.g., mission sheets, fitness station cards). In order to address educator challenges around time and priorities, many of the activities allow educators to meet curriculum expectations in H&PE, Language, Mathematics, Science and Technology and the Arts at the same time as meeting DPA requirements. These activities have been developed and tested by experts in the field and make DPA as well as other subjects fun and interactive for both teachers and students.
- Two DPA Music CDs to provide upbeat, energizing music to get students excited to get moving during DPA. All of the songs complement the DPA Activity cards.
- A DPA Dance DVD that includes step-by-step instructions of 50 essential dance movements along with 4 dances for the classroom and bonus video clips of students demonstrating the 50 Fitness Activities
- A DPA Implementation DVD that provides step-by-step demonstrations by students of the integrated curriculum activities.

Over a 4-year period:

- A total of 2.4 million DPA activity cards were distributed to teachers across the province.
- Over 124, 875 teachers were reached with the DPA activity cards.
- A total of 52 (of 60) school boards subscribed to Ophea's Daily Physical Activity Training and Support Services.
- All French-language school boards also received DPA support as a result of a grant from the Ministry of Education.

Ophea also conducted a program evaluation of the support services in the first year of implementation. This evaluation included responses from 336 educators who received Ophea support services in year one through their school boards. Program evaluation results show that the DPA Training and Support Services proved to be efficient in maximizing resources and avoiding duplication, and in supporting teachers to meet the requirements of the DPA mandate.

Additional highlights of this initiative include:

- 97% of principal respondents felt that the DPA activity cards were valuable.
- 92% of teacher respondents agreed that the DPA activity cards increased their comfort level in implementing DPA.
- 94% of program evaluation participants agreed that the students enjoyed these activities.

In 2007-08, 98% of Ontario elementary schools reported implementing DPA in a provincially representative survey.³⁵ However, little is known about the quality of either the policies or their implementation. Making DPA challenging and consistent was identified by schools as one of the single most important changes required to improve physical activity among children at school. One solution is to better integrate the DPA within the H&PE curriculum as has now been accomplished in the 2010 H&PE Curriculum policy. In the same provincial survey, elementary schools indicated that approximately 20% of H&PE teachers are specialists, who might be expected to provide enhanced DPA opportunities. If we hope to capitalize on the broader focus of H&PE curriculum to increase physical activity (e.g., skill development to learn how to be active), Ontario will need improved supports or more efforts to train all educators.

HP&E Study

As a foundation to learn from the supports being offered to help implement the Interim Revised Elementary School Health and Physical Education Curriculum, data were collected in the 2010-11 school year from school board contacts, principals and teachers. This study was commissioned and funded by Ophea. The following presents a preliminary look at how we are doing:

Who participated? Respondents included 29 school board contacts (20 English, 9 French). Within these boards, 91 principals (66% English; 26% French, 8% not recorded), participated. Within these schools, 159 teachers participated. Whereas schools were randomly selected within boards, the school principal identified teachers with primary responsibility for implementing H&PE in their school.

What time is spent teaching H&PE? Teachers reported spending just under 10% of curricular time on H&PE with only slight variation across English and French schools. Seven to 8% of curricular time is devoted to PE in these elementary schools. Principal reports are consistent with their teachers.

What are the qualifications of those responsible for PE? Formal qualifications are a gauge of how well the system is prepared to support H&PE. At the board level, just half of English respondents have a PE-related degree. No French contacts have both H&PE degree and specialist qualifications, while 41% of English contacts have both. In the classroom, among respondents who were selected because they have primary responsibility for implementing the H&PE curriculum, just 21% have PE-related degree. Up to another 34% have specialist or additional qualifications. **But that means almost half of H&PE teachers do not have proper training.**

How comfortable are teachers with teaching the revised HPE curriculum? On average, teachers report feeling “comfortable” teaching H&PE. French teachers are more comfortable than English teachers with teaching both PE and HE. A key factor associated with higher comfort is previous experience. Additional training assists with PE implementation while formal education credits help with HE among both French and English teachers. Unfortunately, **almost 12% of those teaching H&PE report feeling very uncomfortable teaching the curriculum.**

Implementation Support for H&PE

Ophea has initiated a provincial strategy by developing a comprehensive set of resources to support school boards and teachers in implementing the revised elementary H&PE Curriculum. The Ophea H&PE Curriculum Resources: Grades 1-8 include over 1,000 lesson plans and supporting materials in English and French. Development of these resources was possible thanks to seed funding from the Ministry of Children and Youth Services and partnerships with 63 (of 72) school boards across the province, 12 public health units and significant in-kind support from over 150 provincial and community organizations and individuals! It truly was a provincial effort, with commitment from across the health and education sectors, but continued efforts are needed to support training and professional development and to evaluate ongoing implementation and implementation support efforts.

RESEARCH GAPS

- There is a major gap in evaluation data on how often and how well PE is being implemented in schools.
- Similarly, we have little information on the contribution of initiatives to increase physical activity (e.g., DPA) or the determinants of its effective implementation.
- Research is needed to document the public health impact of quality H&PE.
- We lack evidence on the extent to which pre-service education addresses initiatives like DPA or the capacity of new teachers to implement DPA.
- Systems that facilitate the collection of data relevant to classroom teachers, administrators and other levels of the education and health systems can contribute to learning about what is effective, for whom and under what circumstances.
- Additional research that looks at how larger PE classes affect the accomplishment of course objectives, such as improving fitness and motor skills, are needed.
- Additional research is needed to determine why students are not taking PE beyond the mandatory 1 credit in secondary schools, and what their suggestions are to increase opportunities.

SPORT AND PHYSICAL ACTIVITY OPPORTUNITIES AT SCHOOL

GRADE

B-

The grade for the Sport and Physical Activity Opportunities at School indicator is a **B-** because there appears to be intramural and inter-sport programs at school for well over half of Ontario children and youth. The **minus** sign reflects the inability to assess the duration and time spent in these programs and whether or not it is the same small group of active children accessing the programs.

KEY FINDINGS

► A study of 512 elementary schools in Ontario found that 81% of schools reported having an intramural program while 87% of schools reported having an inter-sport program.³⁹ Results from a study of 474 secondary schools in Ontario reported that 66% of schools had an intramural program and 97% had an inter-school sports program.³³ An important caveat with intramural program data is that these programs typically last for only 6 weeks at a time. These numbers, then, may provide a slightly misleading picture of actual sport and physical activity opportunities throughout the school year.

Participation in Sport and Physical Activity at School

Though participation rates do not factor into the grade for this indicator, they are still important. According to the Ontario Federation of School Athletic Associations (OFSSA), 200,000 students participate in interschool athletics. Data from the 2009 School Health Action, Planning and Evaluation System (SHAPES) in Thunder Bay reveal that a higher proportion of high school students who participate in school sports meet the previous physical activity guidelines (defined as at least 90 minutes of physical activity per day) than among those students who do not participate in school sports (Figure 7).

Results from the SHAPES study that looked at grades 9-12 students in Hamilton showed 44% participating in physical activity at school. 31% (32% males, 30% females) participate in school-organized non-competitive activities (e.g., intramurals). 38% (42% males, 33% females) participate in school-organized competitive sports (e.g., varsity). 71% reported participating in other physical activities at school. 84% said the indoor facilities at school meet the physical activity needs of students. 78% said the outdoor facilities at school meet the physical activity needs of students.

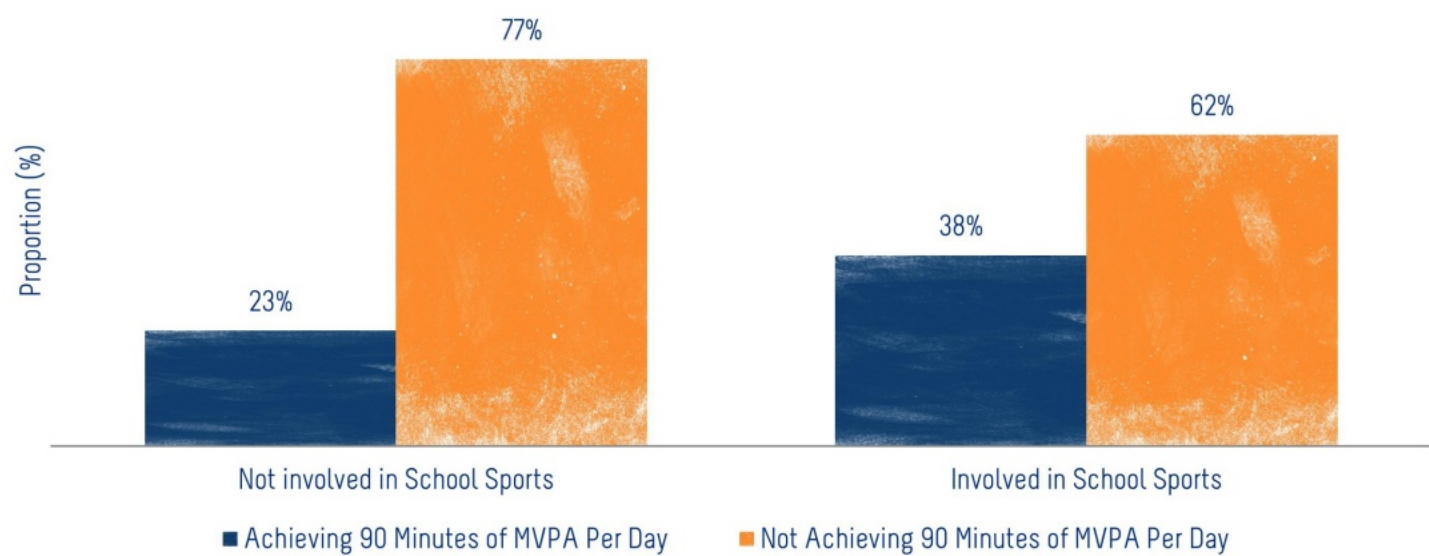


Figure 7: Physical Activity of Students Based on Their Involvement in School Sports (Source: SHAPES).

Pay to Play

According to a recent report from People for Education, activity and sports fees are on the rise in Ontario high schools. Some secondary schools charge as little as \$5 for student activity fees while others charge up to \$100 per student. The average fee has increased from \$22 in 2000-01 to \$38 this year. Not only do students pay student activity fees, but many also pay fees to play after-school sports. These athletic fees have also increased steadily over the last 10 years. This year, athletic fees ranged from a low of \$10 to a high of \$1,800. The highest fee this year is more than 20 times higher than the top fee in 2000-01. These increases create disparities and barriers to student participation in sports.⁴⁰

Decline in Sports Participation at School Over Time

Consistent with previous research, the Tell Them From Me (TTFM) survey continues to reveal a big drop in school sports participation as students enter high school. Though not specific to Ontario students, a marked decline in participation occurs between grades 8 and 9 (59% vs. 50%) and this decline continues throughout high school (Figure 8).

TTFM results also reveal several potential benefits associated with participation in school sports. Both boys and girls involved in school sports or clubs are less likely to report problems with anxiety and depression. They are also more likely to report positive friendships and have a positive sense of belonging. These benefits of school sports participation continue to highlight the importance of providing sports opportunities at school despite earlier evidence that it does not necessarily prevent the overall decline in activity seen in adolescence.⁴¹

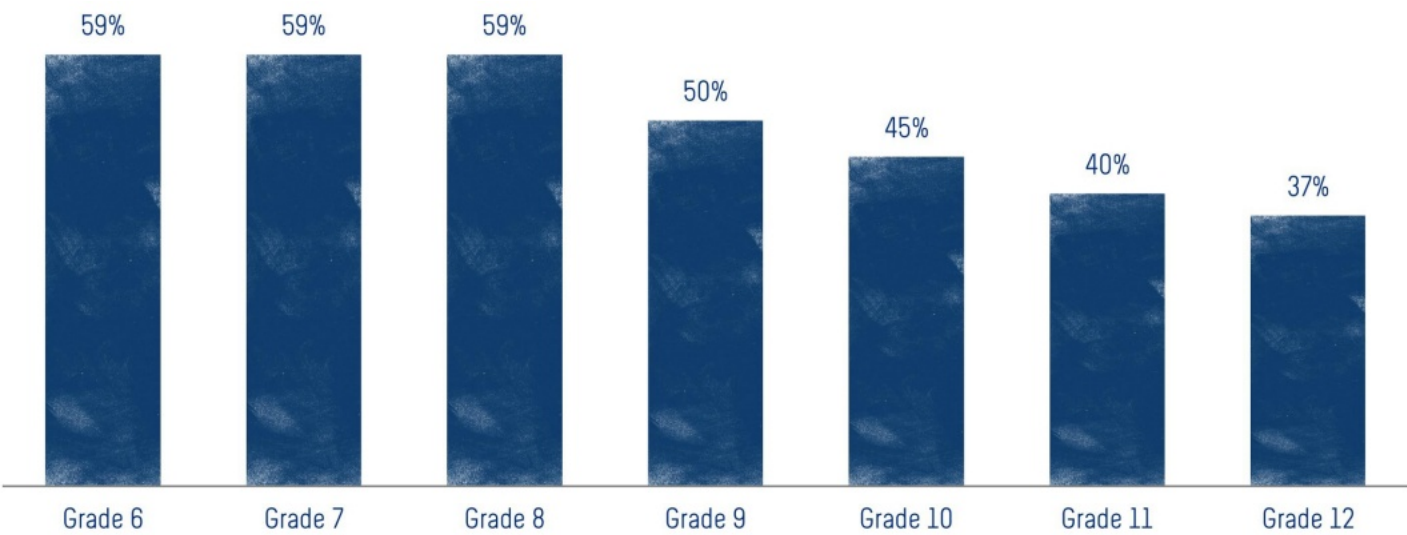


Figure 8: Percentage of Grades 6-12 Students in Canada Who Participate in School Sports (Source: TTFM).

RESEARCH GAPS

- A more complete picture of the time children and youth spend in non-PE physical activity at school is needed.
- Evidence quantifying the contribution of school sports to achieving recommended levels of physical activity could assist in making the case for more involvement.
- Clarification is needed around what disparities are decreased or increased through school sport.
- Data are needed to determine how many schools provide activity opportunities for students not participating in interschool athletics.
- There is a need for better tracking of participation rates in interschool athletics.

Family

D+

C

FAMILY PHYSICAL ACTIVITY

► 64% OF ONTARIO PARENTS TAKE THEIR CHILDREN PLACES TO BE PHYSICALLY ACTIVE OFTEN OR VERY OFTEN (2010 PAM).

► ONLY 15% OF CANADIAN ADULTS MEET THE NEW CANADIAN PHYSICAL ACTIVITY GUIDELINES FOR ADULTS (2007-09 CHMS).

► Parents need to role model healthy active living behaviour. As part of Ontario's response to the Curbing Childhood Obesity Strategy, ensure that family modeling of physical activity has prominence.

► Create family opportunities for activity – more family passes and involvement of parents in activities where their children participate.

► Provide and encourage uptake of opportunities for parents to exercise while children are physically active (e.g., walking tracks around hockey rinks or swimming pools).

► Develop studies that examine the relationship between parent and child physical activity levels to better determine barriers and facilitators.

FAMILY PHYSICAL ACTIVITY

GRADE

C

The grade for the Family Physical Activity indicator is a **C**. Though well over half of Canadian parents directly influence the physical activity of their children and youth – that is, while two-thirds of parents support their children by taking them places to be physically active often or very often – just 15% model appropriate physical activity for their children.

KEY FINDINGS

- Though many factors influence physical activity participation in children and youth, few have as much impact and are as direct, long-term and broad – and, therefore, as important – as family influences. These influences can be direct or indirect. Examples of direct family influences include verbal encouragement from parents to be physically active or logistical support, such as driving children to places where they can be physically active. Indirect family influences on physical activity include parents' attitudes and beliefs about physical activity, their socioeconomic status and their own patterns, or role modeling, of physical activity. Family influences on the physical activity of children and youth, whether direct or indirect, depend on the physical activity in question. For example, verbal encouragement from parents may have a different impact in the context of organized sport compared to active transportation to school.⁴²
- Results from the 2010 PAM show that parents tend to do a good job with some forms of direct influences on their children's physical activity. Well over half of parents in Ontario said they play active games with their children and take them places to be active (Figures 9-10). There was no

restriction on the mode of transportation to "taking children to be active." We suspect car/van is by far the most common. However, this should be replaced where possible by more active modes of transportation such as walking and biking. Further, 21% of Ontario parents said they have supervised recess or helped with a physical activity or sporting event at their child's school in the past 12 months. Additionally, 34% of Ontario parents said they have volunteered to help with their children's physical activities or sporting events in the past 12 months. A vast majority of Ontario parents (82%) said they have purchased equipment, a membership or fee, or coaching/instruction for their children and youth in the past 12 months.

- Results from SHAPES in both Hamilton and Thunder Bay also reveal more than half of parents directly influence the physical activity of their adolescents. Roughly 70% of high school students in these regions reported having parents who both encouraged and supported them in physical activity.

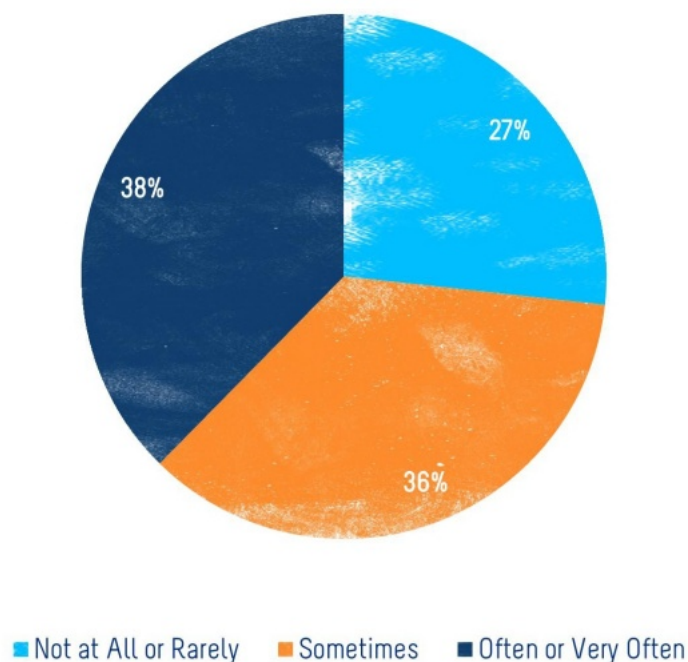


Figure 9: How Often Ontario Parents Play Active Games With Their Children (5-12 Year-Olds) (Source: 2010 PAM, CFLRI).

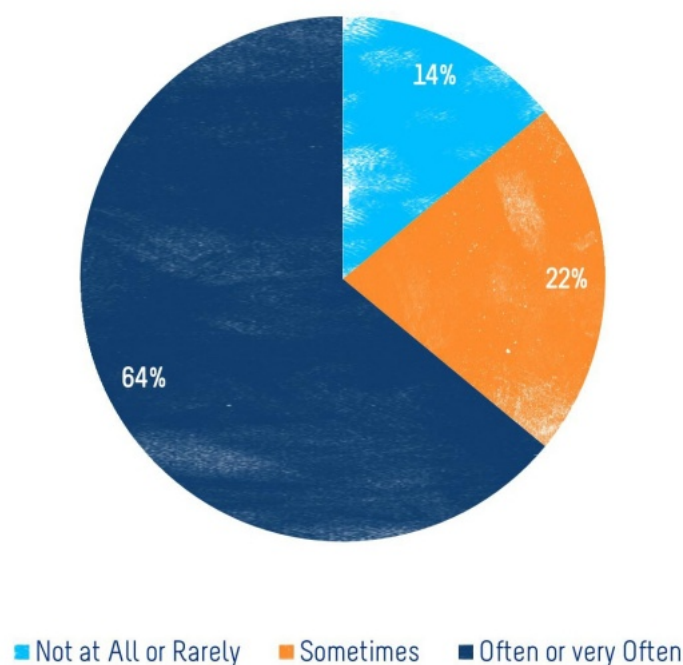


Figure 10: How Often Ontario Parents Take Their Children (5-12 Year-Olds) Places to be Active (Source: 2010 PAM, CFLRI).

What keeps this grade from reaching a B is the less encouraging picture around parents' indirect influences on their kids' physical activity, particularly their role modeling of physical activity. The new Canadian Physical Activity Guidelines for Adults (18-64 year-olds) recommend that adults get at least 150 minutes of MVPA per week. This physical activity should be accumulated in bouts of 10 minutes or more. The inclusion of activities that strengthen muscle and bone at least 2 days per week is also beneficial. The more physical activity that adults get, the more health benefits they get as well.⁴³ The 2007-09 CHMS reveals only 15% of Canadian adults meet the new guidelines. If the number of adults getting at least 30 minutes of MVPA on at least 5 days of the week is tallied (i.e., to reflect engagement in regular physical activity), only 5% meet this criterion. Roughly half of Canadian adults (53%) get at least 30 minutes of MVPA on 1 or more days of the week. There is no reason to think that Ontario adults are dramatically different from adults in the rest of Canada.

A-

A-

PROXIMITY AND AVAILABILITY

- ▶ 94% OF ONTARIO PARENTS SAID PUBLIC FACILITIES AND PROGRAMS FOR PHYSICAL ACTIVITY AND SPORT ARE AVAILABLE LOCALLY (2010 PAM).
- ▶ 94% OF ONTARIO PARENTS SAID PARKS AND OUTDOORS SPACES FOR PHYSICAL ACTIVITY AND SPORTS ARE AVAILABLE LOCALLY (2010 PAM).
- ▶ 75% OF ONTARIO PARENTS SAID A PARK OR PLAYGROUND IS LESS THAN A KILOMETRE FROM THEIR HOUSE (2010 PAM).

- ▶ Support and advance community planning and funding that ensures communities are safe and supportive of active living.
- ▶ Raise the profile/awareness of existing facilities, programs, parks and playgrounds.
- ▶ Continue to invest in facilities and programs (and transportation options to get there) to ensure access to physical activity for all.
- ▶ Priority should be given to ensuring smaller/rural communities have access to parks and outdoor recreation opportunities.

USAGE OF FACILITIES, PROGRAMS, PARKS AND PLAYGROUNDS

- ▶ 59% OF ONTARIO PARENTS SAID THEIR CHILDREN USE PUBLIC FACILITIES AND PROGRAMS AT LEAST SOMETIMES, IF NOT OFTEN OR VERY OFTEN (2010 PAM).
- ▶ 69% OF ONTARIO PARENTS SAID THEIR CHILDREN USE PARKS AND OUTDOOR SPACES AT LEAST SOMETIMES (2010 PAM).

- ▶ Priority should be given to creating, or ensuring access, to school playgrounds/parks to maximize after-school recreation opportunities.
- ▶ Changing how adolescents view their community and built environment may help improve their physical activity.⁴⁵
- ▶ Studies consistently demonstrate an association between green space and physical activity among children. There needs to be greater advocacy for green space within communities.
- ▶ Current park space in communities, including micro-parks, need to be well maintained to feel welcoming and safe.

PROXIMITY AND AVAILABILITY

GRADE

A-

The grade for the Proximity and Availability indicator is an **A-** because public facilities and programs for physical activity as well parks and outdoor spaces are available for a large majority of Ontario children and youth. The grade has a **minus** sign because the close proximity of parks and playgrounds is a reality for slightly less than a large majority (75%) of Ontario children and youth.

KEY FINDINGS

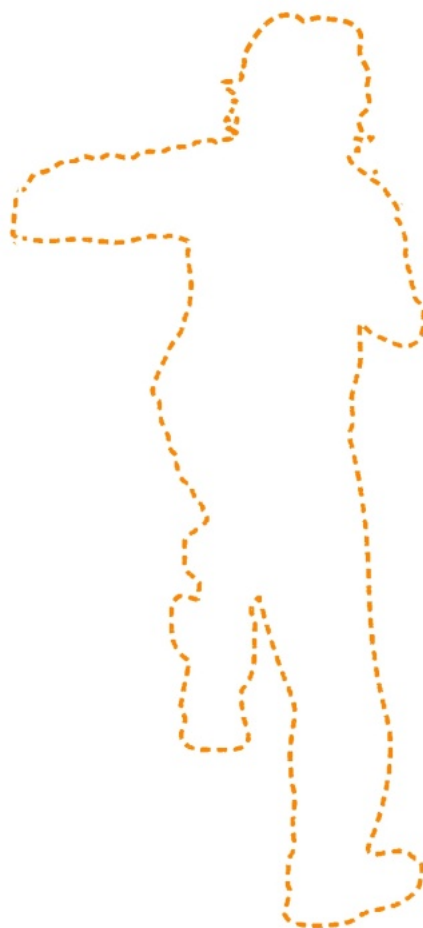
- ▶ In the 2010 PAM, 94% of parents said public facilities and programs for physical activity and sport are available locally while 94% of Ontario parents said parks and outdoors spaces for physical activity and sports are available locally. Though this is very encouraging, the proximity of outdoor spaces could be improved. 75% of Ontario parents said a park or playground is within a kilometer (km) or less of their house.¹²

DISPARITIES

Several disparities exist within this indicator. For example, in Canada fewer parents from the smallest communities (less than 1,000 residents) said that local public facilities and programs, private facilities and programs, and parks and green spaces are available in their local community compared to those in large communities. Nationally, more parents with a university education said a playground or park is a relatively short distance away for their children (1-2 blocks), whereas more parents with less than a high school education indicate a greater distance (2 or more km).¹²

How Well Do Facilities and Programs Meet Children's Physical Activity Needs?

Having facilities and programs nearby is not sufficient for physical activity. It is also important that infrastructure and programming meet the physical activity needs of children (e.g., children with disabilities, skate board parks for adolescents). In the 2010 PAM, 62% of Ontario parents said public facilities met the physical activity needs of their children quite well or very well. 61% of parents said parks and outdoor spaces met the physical activity needs of their children quite well or very well. Finally, 41% of parents said other places (e.g., schoolyards after hours) met the physical activity needs of their children quite well or very well.



USAGE OF FACILITIES, PROGRAMS, PARKS AND PLAYGROUNDS

GRADE



The grade for the Usage of Facilities, Programs, Parks and Playgrounds indicator is a **C** because somewhere between half to 69% of Ontario children and youth use facilities, spaces and programs that are designed for physical activity.

KEY FINDINGS

- In the 2010 PAM, 59% of Ontario parents said their children use public facilities and programs at least sometimes, if not often or very often. 69% of Ontario parents said their children use parks and outdoor spaces at least sometimes. 48% of Ontario parents said their children use other places (e.g., schoolyards after hours) at least sometimes.¹²

DISPARITIES

There are many disparities within this indicator. Nationally, more parents of boys than girls report that their child uses public facilities and programs often or very often. Relatively more parents with a high school education indicate that their child rarely or never uses public facilities and programs compared to university-educated adults. Relatively more parents with a university education said that public facilities meet their child's needs quite or very well compared to those with a high school education. Relatively more parents of teens (13-17 year-olds) said their child rarely or never use public facilities and programs, private facilities and programs, parks and outdoor spaces and other community facilities (e.g., schoolyards after hours), whereas more parents of younger children indicate that their children use public facilities, parks and outdoor spaces and other community facilities often or very often. A greater proportion of older parents (45-64 year-olds) said that their child rarely or never use public facilities and programs, parks and outdoor spaces and other community facilities (e.g., schoolyards after hours) compared to those aged 25-44 years.

Factors That Encourage Park Use

Researchers in London, Ontario, visited 235 parks in the city in the late afternoon and early evening. 29 parks (12%) had children (<= 13 years old) playing in them. Parents who were interviewed said they attended the park of their choice between 1-7 times per week with the average being 2.5 times per week. Only 49% of respondents frequented the park closest to their starting destination (home or daycare facility), and the majority travelled more than 4 km to get to the park. For those who chose to travel a significant distance to attend their park of choice, park location was not as important as the amenities they desired. Parents' main reasons for choosing parks were water attractions, shade, swings and cleanliness. The current study provides useful insights on park use with potentially important implications for increasing physical activity among children. Incorporating parents' preferences

into strategies for creating or modifying city parks will help to ensure that limited public resources are being targeted most effectively in support of children's physical activity.⁴⁶

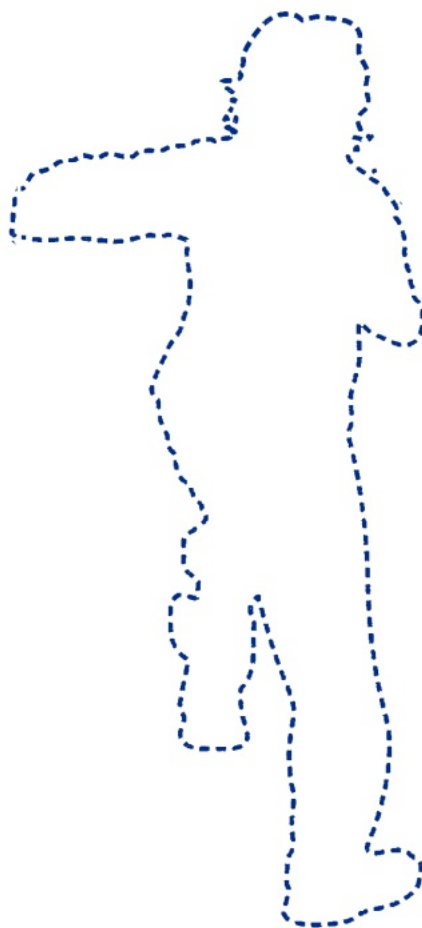
Recently, Canadian researchers reviewed qualitative research (involving focus groups, personal interviews or observation) from 6 different countries, including Canada, on the characteristics of parks that influence their use. 21 studies published from 1995-2008 were subject to review. Results aligned with quantitative research in that the proximity, look (e.g., dirty, upkeep, ground uneven and overgrown, wrecked playgrounds, overflowing garbage bins), amenities (e.g., footpaths, wading pool, picnic tables, water fountains) and safety of the park are important in encouraging park use.⁴⁷

Community Use of Schools

Ontario's schools are community hubs where citizens can gather to learn and participate in a range of activities offered by community organizations. Funding is being provided to all school boards so school facilities are more affordable for use after hours. Both indoor and outdoor school space is available to not-for-profit community groups at modest rates, outside of regular school hours. In addition, not-for-profit groups have free after-school access at 175 "priority schools." This means eligible not-for-profit groups can offer more affordable or free programs in communities where the need for access is greatest. For more information, visit www.edu.gov.on.ca/eng/general/elemsec/community/.

RESEARCH GAPS

- An important area for future research is to determine why the usage of facilities, spaces and programs designed for physical activity is as low as it is.



Policy

B+

B

PROVINCIAL STRATEGIES

- THERE ARE SEVERAL POLICIES IN ONTARIO THAT CAN SUPPORT INCREASED PHYSICAL ACTIVITY FOR CHILDREN AND YOUTH.
- IN OCTOBER 2009, THE ONTARIO GOVERNMENT LAUNCHED THE \$10 MILLION AFTER-SCHOOL PROGRAM TO PROVIDE ONTARIO'S YOUNG PEOPLE IN GRADES 1 TO 12 WITH ACCESS TO SAFE, ACTIVE AND HEALTHY AFTER-SCHOOL (BETWEEN 3 AND 6 P.M.) ACTIVITIES.

- Ontario has a number of promising policies that can support physical activity. Investment is needed to support implementation of these policies so that benefits can be realized.

PROVINCIAL INVESTMENTS

- MORE THAN 760 PROJECTS ACROSS THE PROVINCE ARE MOVING FORWARD THANKS TO A JOINT FEDERAL-PROVINCIAL INVESTMENT OF MORE THAN \$380 MILLION UNDER THE RECREATIONAL INFRASTRUCTURE CANADA (RINC) PROGRAM IN ONTARIO AND THE ONTARIO RECREATION PROGRAM (ONTARIO REC).

- In order to improve the health of Ontarians, investment in health promotion must be increased to at least match British Columbia and Québec's investment.

C-

C

- THE ONTARIO GOVERNMENT INVESTS ONLY \$7.40 PER PERSON PER YEAR IN HEALTH BEHAVIOUR STRATEGIES, AS COMPARED TO BRITISH COLUMBIA'S \$21.00 PER PERSON PER YEAR, AND QUEBEC'S \$16.80 PER PERSON PER YEAR.
- AT PRESENT, BRITISH COLUMBIA AND QUEBEC ARE THE ONLY PROVINCES WITH WELL-RESOURCED PUBLIC HEALTH AGENCIES (THE PUBLIC HEALTH AGENCY OF BRITISH COLUMBIA AND THE INSTITUT NATIONAL DE SANTE PUBLIQUE DU QUEBEC). THOUGH ONTARIO IS RANKED 3RD, BRITISH COLUMBIA AND QUEBEC ARE SPENDING BETWEEN 3 AND 8 TIMES MORE ON PROGRAMS COMPARED TO ONTARIO.

- Government investment needs to be enhanced with resources from other sectors as well.

PROVINCIAL STRATEGIES

GRADE

B

The grade for the Provincial Strategies indicator is a **B** to reflect the encouraging number of policies in Ontario that support physical activity in children and youth.

KEY FINDINGS

- The table below provides a list of some of the most significant policies in Ontario that can support increased physical activity for children and youth.

Table 2: List of Some of the Policies Which Support Physical Activity for Children and Youth in Ontario.

Policy	Year	Description
Early Learning Curriculum (DRAFT)	2010	In 2010 the Ministry of Education released The Full-Day Early Learning – Kindergarten (ELK) Program to support the implementation of full-day ELK. The purpose of the program is to establish a strong foundation for learning in the early years, and to do so in a safe and caring play-based environment that promotes the physical, social, emotional, and cognitive development of all children. This curriculum document includes a health and physical activity component which includes a number of overall and specific expectations and encourages children to participate daily in a range of engaging, developmentally appropriate physical activities and supports them in making responsible, informed choices that contribute to a healthy, safe lifestyle. Currently this program is being offered in 600 elementary schools and is expected to be available in all elementary schools by 2015. www.edu.gov.on.ca/eng/curriculum/elementary/kindergarten_english_june3.pdf
Integrated Before and After-school Program for the Early Learning – Kindergarten Program	2010	<p>The integrated before- and after-school program provides children with more opportunities to learn and grow and provides a seamless day with fewer transitions for children and families.</p> <p>It is available in some full-day kindergarten schools during the 2010-11 school year. Boards are not required to offer the before- and after-school programs if there is not enough demand. It is offered from about 7 to 9 a.m. and 3:30 to 6 p.m. – although the exact time for this program may vary at different schools. Parents can choose to enrol their child in the before-school, the after-school or both programs, or not at all. Some schools may offer before- and after-school programs run by a third-party child care provider, and some schools may offer programs for older children as well. The integrated before- and after-school program complements what happens during the regular school day.</p> <p>Registered early childhood educators are responsible for the before- and after-school programs. They plan a play-based program that is connected to the learning that happens during the regular school day. The program includes a mix of exploration, guided and independent activities, quiet times and outdoor play. There will be, at most, a ratio of one early childhood educator for every 15 children. If there are more than 15 children enrolled in the before- and after-school program, a second adult will support the early childhood educator. The second adult may receive additional training to work in the program, but he or she is not required to be a registered early childhood educator. www.edu.gov.on.ca/kindergarten/whathappensbeforeandafter-school.html</p>
The Ontario Curriculum, Grades 1-8: Health and Physical Education, Interim Edition, 2010 (revised)	2010	The revised Health and Physical Education curriculum is based on the vision that the knowledge and skills acquired in the program will benefit students throughout their lives and help them to thrive in an ever-changing world by enabling them to acquire physical and health literacy, and to develop the comprehension, capacity, and commitment needed to lead healthy, active lives and to promote healthy, active living. The revised curriculum places a strong emphasis on student learning, participation and enjoyment and reflects the needs of all students, including students with different abilities, English language learners, Francophones, First Nations, Métis and Inuit students, rural and urban students, and public and Catholic school students. www.edu.gov.on.ca/eng/curriculum/elementary/healthcurr18.pdf
Ontario Public Health Standards	2008	<p>The Ontario Public Health Standards (OPHS) establish requirements for fundamental public health programs and services, which include assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. The OPHS include directives for public health units to provide health programs and services to schools. www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/ophs_2008.pdf</p> <p>In 2010, guidance documents related to specific areas of the OPHS were created to further support public health units. Included are a Healthy Eating, Physical Activity and Healthy Weights Guidance Document (www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/HealthyEating-PhysicalActivity-HealthyWeights.pdf) and a School Health Guidance Document (www.mhp.gov.on.ca/en/healthy-communities/public-health/guidance-docs/SchoolHealth.pdf).</p>

Table 2: Continued.

Policy	Year	Description
Daily Physical Activity - Policy/Program Memorandum No. 138	2005	School boards must ensure that all elementary students, including students with special needs, have a minimum of twenty minutes of sustained moderate-to-vigorous physical activity each school day during instructional time. The goal of daily physical activity is to enable all elementary students to improve or maintain their physical fitness and their overall health and wellness, and to enhance their learning opportunities. All activities must be adapted, as appropriate, to be inclusive of all students in the classroom. www.edu.gov.on.ca/extra/eng/ppm/138.html
Community Use of Schools		The Community Use of Schools program supports and promotes healthy, active lifestyles for community youth. Funding is provided to all 72 Ontario school boards so they can make school space more affordable for use after hours. Indoor and outdoor school space is available to not-for-profit community groups at reduced rates, outside of regular school hours. In addition, not-for-profit groups have free after-school access at 175 "priority schools" within 32 school boards, allowing eligible not-for-profit groups to offer more affordable or free programs in communities where the need for access is greatest. www.edu.gov.on.ca/eng/general/elemsec/community/

Ontario's After-School Initiative

In October 2009, the Ontario Government launched the \$10 million After-school Program to provide Ontario's young people in grades 1-12 with access to safe, active and healthy after-school (between 3 and 6 p.m.) activities. Programs in each site operate for a minimum of 9 hours to a maximum of 12 hours per week. Programming guidelines require 30% physical activity, 20% nutrition education/healthy snack and 20% health and wellness. The remaining time is to be used at the organization's discretion. This means all participants are offered a minimum of 162 minutes per week to a maximum of 270 minutes per week of physical activity.

As of December 15, 2010:

- 323 sites currently deliver after-school programs in the province.
- 123 organizations are funded, including 11 First Nation communities.

- More than 18,000 children and youth have been reached. Children range in age from 6 to 18 years.
- 56% of the programs are operating in school sites; the remaining vary from community centres to resource centres to churches to housing complexes.

When it comes to the types of physical activity practiced in the after-school program, the majority (59%) of sites do a variety of movement, sports and games. Organized sport accounted for 21% of the physical activity implemented in the program.

The After-School Program links to a number of other Ontario government initiatives. These include the Ministry of Education's Community Use of Schools Program as well as the government's Poverty Reduction Strategy, which was developed to help break the cycle of poverty by giving young people the tools and supports they need to reach their full potential.

Other After-School Initiatives

YMCA Ontario and Boys and Girls Clubs of Canada have a long history of providing after-school programs for children and youth. With funding from the Public Health Agency of Canada and the Ontario Ministry of Health Promotion and Sport, these organizations saw an opportunity to enhance physical activity and healthy eating during the after-school period by collaborating to launch the Coordinated Approach to Child Health (CATCH) Program in Ontario. Program evaluation results indicate that the 8,000 program participants from across the province learned a wide variety of health-related information, spent more time in MVPA, benefited from a wider range of nutritious food choices for snacks and became more effective in making healthy choices for themselves.

There have also been significant efforts underway in Ontario to provide financial support to children and youth in order to increase

access to physical activity, sport and recreation programming. For example, in 2010, Canadian Tire Jumpstart^(R) provided \$244,000 in grants to help 30,800 financially disadvantaged kids participate in more than 65 activities. In addition, KidSportTM was able to provide more than 6,000 kids in Ontario with the opportunity to play and participate in organized sports leagues and clubs after school and on weekends. Specifically, more than 1,800 kids were recipients of KidSportTM registration and equipment grants in 2010.

Recently, key provincial organizations have formed an "after-school collaborative" to implement a series of activities that leverage existing provincial policies, programs and initiatives to enhance the quality of after-school programming in the province with \$1.2 million in funding support from the Public Health Agency of Canada.

PROVINCIAL INVESTMENTS

GRADE



The grade for the Provincial Investments indicator is a **C**, which reflects good investment in several areas with room for improvement.

KEY FINDINGS

- More than 760 projects across the province are moving forward thanks to a joint federal-provincial investment of more than \$380 million under the Recreational Infrastructure Canada (RInC) Program in Ontario and the Ontario Recreation Program (Ontario REC). The governments of Canada and Ontario teamed up to support Ontario's communities and create jobs by improving recreational infrastructure since these types of projects also encourage higher levels of participation in physical activity and community building. Tables 3-5 breakdown the funding by different categories. For more information on this initiative, please visit www.rinc-on.ca.

Table 3: Funding in Ontario by Facility (Source: RInC and Ontario REC).

Category	Number	Total Eligible Cost	Provincial Share
Arena	180	\$174,460,905	\$51,095,813
Gymnasium	26	\$60,243,007	\$13,598,152
Other multi-purpose facilities	182	\$136,602,421	\$40,997,856
Parks, fitness trails and bike paths	150	\$89,109,105	\$26,278,189
Sports fields	97	\$71,671,296	\$23,185,360
Swimming pools	75	\$98,705,789	\$25,062,360
Sport-specific courts	52	\$24,876,342	\$8,130,826
Total	762	\$649,668,864	\$188,348,556

Table 4: Funding in Ontario by Organization (Source: RInC and Ontario REC).

Organization Type	Number	Total Eligible Cost	Provincial Share
Local or regional governments	597	\$460,594,164	\$135,959,536
First Nations governments	52	\$47,427,717	\$15,005,282
Not-for-profit organizations	109	\$132,684,035	\$34,862,756
Provincial governments	4	\$8,962,948	\$2,520,983
Total	762	\$649,668,864	\$188,348,556

Table 5: Funding in Ontario by Region (Source: RInC and Ontario REC).

Region	Number	Total Eligible Cost	Provincial Share
Central	108	\$119,404,461	\$37,112,700
Eastern	151	\$118,886,150	\$32,149,118
North	134	\$76,932,205	\$24,386,695
South Central	57	\$85,261,262	\$1,999,547
South West	176	\$139,005,962	\$42,897,358
Toronto	136	\$110,178,824	\$29,803,139
Total	762	\$649,668,864	\$188,348,556

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Healthy Communities Fund

The Healthy Communities Fund (HCF), delivered by the Ministry of Health Promotion and Sport, is a provincial program designed to build and support healthy communities across the province where organizations and individuals work together to address multiple risk factors to good health. Now in its third year of operation, the HCF is a one-window approach to supporting community partnerships to plan and deliver integrated programs that prevent chronic diseases and improve the health of Ontarians.

The HCF contains 3 main components including a Grants Project Stream, a Partnership Stream, and a Resource Stream. Each stream is designed to assist organizations in addressing the Ministry's core health promotion priorities including physical activity, sport and recreation, healthy eating, tobacco use/exposure, substance and alcohol misuse, mental health promotion and injury prevention.

The Grants Project Stream is a cost-sharing grant program that supports local, regional and provincial organizations to deliver non-capital health promotion initiatives that address 2 or more of the 6 priority areas mentioned above. More than 360 organizations have received grant funding through this stream since the first year of the program in 2009, which equates to a total investment of approximately \$22 million. Of this total investment, approximately 80% of the organizations who have received funding identified physical activity, sport and recreation as 1 of at least 2 health promotion priorities addressed by their projects. 131 projects addressing this priority also targeted children and youth, representing \$7.4 million in HCF grant funding since 2009.

For more information on the HCF program, visit www.mhp.gov.on.ca/en/healthy-communities/hcf/default.asp.

Spark Together for Healthy KidsTM

The Heart and Stroke Foundation of Ontario (HSFO) created Spark Together for Healthy KidsTM (Spark), a substantial, multi-year investment to increase access to healthy eating and physical activity opportunities more accessible to children to improve their health and well-being. Spark focuses on 3

strategies: advocacy, public awareness and partnerships. A key initiative is the Spark Advocacy Grants which provide financial support to groups to advocate for and implement increased opportunities for physical activity and ensure better access to nutritious foods for our children. Grants of up to

\$25,000 are awarded in a bi-annual competition, with the goal of igniting and empowering change within Ontario's diverse communities.

Over the past 4 years HSFO, through the Spark Advocacy Grants, has funded 110 advocacy projects grants totaling \$1.3M. These include:

- 48 recreation/physical activity grants
- 11 healthy communities grants
- 18 healthy schools grants
- 17 diversity grants
- 12 youth engagement grants
- 26 healthy food grants

For more information, visit www.heartandstroke.ca/spark.

Support for Amateur Sport

Between 2003 and 2010, the government of Ontario increased support for amateur sport by 133% when funding is adjusted for inflation (2002 CPI). In 2010-11, the Government is providing \$23 million to provincial sport and multi-sport organizations and other partners to promote participation and excellence in sport throughout Ontario. In the 2010 budget the Government is providing continued funding of \$10 million to the Quest for Gold program bringing the total investment in the program to almost \$53 million since 2006. The Government of Ontario provided \$2.5 million to Own the Podium in support of the development of high-performance athletes over 2 years starting in 2007-2008.

Investment in Leading Health Jurisdictions

In a report from the Institute of Clinical Evaluative Sciences (ICES), it was observed that adequate and sustained investment in population and health behaviour programs was present in leading health jurisdictions. This kind of investment allows governments and their partners to establish and maintain fully implemented strategies.

At present, British Columbia and Québec are the only provinces with well-resourced public health agencies (the Public Health Agency of British Columbia and the Institut National de Santé Publique du Québec). These provinces are spending between 3 and 8 times more on programs compared to Ontario (ranked third) and the other provinces/territories. Figure 11 shows the money spent per capita on healthy behaviour strategies.

The Ontario Agency for Health Protection and Promotion (OAHP) is an arm's-length government agency dedicated to protecting and promoting the health of all Ontarians and reducing inequities in health. As a hub organization, OAHP links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge from around the world. OAHP provides expert scientific and technical support relating to infection prevention and control; surveillance and epidemiology; health promotion, chronic disease and injury prevention; environmental and occupational health; health emergency preparedness; and public health laboratory services to support health providers, the public

health system and partner ministries in making informed decisions and taking informed action to improve the health and security of Ontarians.

The following investment numbers were used in the ICES Report to make its calculations:

In British Columbia: \$665,000 (BC School Fruit and Vegetable Snack program), \$30,000 (Early Years Specialization), \$40 million (LocalMotion), \$1.5 million (Action Schools! BC), \$1.3 million (for schools to purchase sports equipment), \$950,000 (Healthy Schools Network), \$280,000 (Healthy Living for Families booklets), \$17 million (Healthy Kids Program), \$1.27 million (Quit Smoking Now!), \$275,000 (Cooking and Skill Building Project), \$91,667 (Aboriginal Youth FIRST Outdoor Leadership Program), \$50,000 (Get Outdoors Program), \$26,000 (Healthy Ecosystems Healthy People), \$2,500 (Work Bike Program).

In Québec: \$56.3 million (Investing for the Future – direct government funding), \$40 million (\$20 million from La Fondation Chagnon and \$20 million matched funding from Québec government).

In Ontario: \$90 million includes funding for: Smoke-free Ontario, Healthy Eating Active Living, Communities in Action Fund, some programs directed at chronic conditions; this estimate excludes mandatory public health programs.⁴⁸

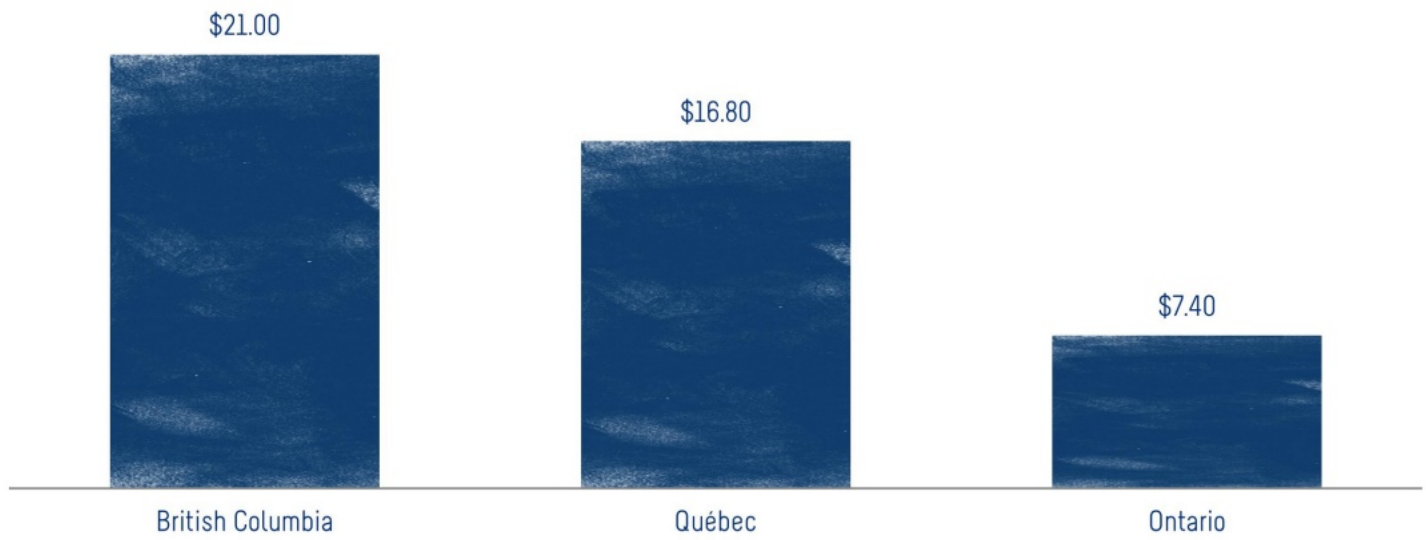


Figure 11: Per Capita Spending on Health Behaviour Strategies by Province (Source: ICES Report).



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Visit www.activehealthykids.ca/ontario to download the long and short versions of the Ontario Report Card Supplement and access other materials that will help you further understand and share the findings with others.

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ACTIVE HEALTHY KIDS CANADA
2 Bloor Street East, Suite 1804
Toronto, ON M4W 1A8

WHAT ARE SOME OF THE SOLUTIONS?

Canada's Ministers of Health and Health Promotion/Healthy Living recently declared that the promotion of health and the prevention of disease, disability and injury are a priority and necessary to the sustainability of the health system. Current investment in health promotion only comprises 0.35% of the Ontario budget. The Ontario government invests only \$7.40 per person per year in health behaviour strategies, as compared to British Columbia's \$21.00 per person per year and Quebec's \$16.80 per person per year. At the current level of investment, spending on healthcare would take up 80% of the province's program budget by 2030, up from 46% of the current spending on healthcare.

In order for Ontario kids to meet Canada's Physical Activity Guidelines of at least 60 minutes of MVPA each day as a fundamental "step" toward Ontario becoming the healthiest province in Canada we need to:

- **BUILD ON ASSETS** - Sustained, comprehensive approaches are critical to long-term success. Implementing the Canadian Ministers of Health declaration and framework for action to address childhood obesity and supporting the implementation of the new Health and Physical Education curriculum within the context of the Healthy Schools Framework are key first steps. There are many strategies and policies in place that need less analysis and more action on implementation!
- **BOOST INVESTMENT** - Government needs to commit to increase Ontario's overall investment in health promotion to match British Columbia's and to ensure ongoing investment in its early childhood, education, and afterschool strategies that currently promote physical activity. This needs to be enhanced with resources from other sectors as well.
- **TARGETED APPROACHES** - All stakeholders, government and non-government, need to commit efforts to target our most inactive populations as part of the overall population-based physical activity promotion efforts. We need to reach out to those who feel they cannot engage in our current structures, systems and programs, and work with them directly to design initiatives that meet their needs and support them with active, healthy living. To reach diverse populations and those who are less engaged, we need to engage children and youth in the solutions!
- **ASSESS PROGRESS** - All stakeholders need to commit to the development, implementation and sharing of quantitative and qualitative evaluation regarding policy, program, investments, and awareness campaigns for physical activity, as well as overall surveillance of physical activity levels for Ontario children and youth. Ongoing gathering and sharing of knowledge is critical to ensuring physical activity promotion efforts are being sustained and improved over time. If you can't measure it, you can't manage it.