

OCDPA's Messages to Address Physical Inactivity

The OCDPA encourages the dissemination, promotion, integration and use of OCDPA's Messages to ensure consistent communication that addresses physical inactivity. Depending on the purpose, please integrate and/or use the information provided below:

1. For Actions at the Individual Level:

Provide individuals a resource to help make wise choices about physical activity:

- Follow the appropriate Canada's Physical Activity Guide, available at:
www.phac-aspc.gc.ca/pau-uap/fitness/downloads.html

2. To Influence System Level Change:

Foster action that supports and encourages active living and physical activity:

- Make active living a priority through the funding and promotion of walking clubs, physical activity initiatives with a focus on youth engagement, programs that use active transportation, and corporate challenges as part of a comprehensive approach to workplace health that includes attention to voluntary health practices, occupational health and safety, and organizational culture. Encourage community agencies and businesses to develop policies that support active living, finance, and actively implement these initiatives.
- Support and advance community planning and funding that ensures communities are safe and supportive of healthy active living by promoting mixed use of land, green spaces, provision and upkeep of safe walking routes.
- Invest in adequate facilities and programs to promote and ensure access to active living and physical activity (i.e. recreation centres, community trails, swimming facilities, playgrounds, bike paths and school facilities).
- Improve access to recreational activities and quality physical education programs for low-income groups and priority populations.

Evidence Supporting OCDPA's Messages

1. Individual Level

Message: Follow the appropriate Canada's Physical Activity Guide.

Several researchers have provided summaries of evidence for the Canada's Physical Activity Guide (Janssen, 2007; Sharratt & Hearst, 2007; Tremblay et al., 2007). Current literature suggests that following the current physical activity guidelines could prevent approximately one third of deaths related to coronary heart disease, one quarter of deaths related to stroke and osteoporosis, 20% of deaths related to colon cancer, hypertension, and type 2 diabetes, and 14% of deaths related to breast cancer (Warburton et al., 2007).

2. System Level

Message: Make active living a priority through the funding and promotion of walking clubs, physical activity initiatives with a focus on youth engagement, programs that use active transportation, and corporate challenges as part of a comprehensive approach to workplace health that includes attention to voluntary health practices, occupational health and safety, and organizational culture. Encourage community agencies and businesses to develop policies that support active living, finance, and actively implement these initiatives.

Informational interventions, behavioral and social interventions, and environmental and policy interventions can effectively increase physical activity levels (Kahn et al., 2002). Research suggests that physical activity promotion strategies should be tailored to enhance people's confidence to engage in physical activity, motivate people to be more active, educate people on physical activity's health benefits and reduce barriers, as well as target different factors for different population groups (Pan et al., 2009).

In addition, physical activity promotion should incorporate cultural shift attempts to support individual health-promotion efforts (Zimmerman, 2009). It is important to make active living a priority through the development of policies, as well as funding and promotion of programming which supports active living and physical activity.

Message: Support and advance community planning and funding that ensures communities are safe and supportive of healthy active living by promoting mixed use of land, green spaces, provision and upkeep of safe walking routes.

Neighbourhood characteristics such as safety and walkability influence physical activity levels. Studies show that access to a safe park is positively associated with regular physical activity and negatively associated with inactivity for adolescents in urban areas (Babey et al., 2008), while neighbourhood walkability is positively associated with active transport and physical activity levels (Frank et al., 2006; Owen et al., 2007; Van Dyck et al., 2009). Living in areas with walkable green spaces is associated with lower body mass index in children (Bell et al., 2008) and positively associated with the longevity of urban senior citizens (Takano et al., 2002). Studies also show that residents from communities with higher density, greater connectivity, and more land use mix have higher rates of walking/cycling for utilitarian purposes than low-density, poorly connected, and single land use neighbourhoods (Saelens et al., 2003). Therefore, it is important to support and advance community planning and funding that ensures communities are safe and walkable by promoting mixed use of land, green spaces, provision and upkeep of safe walking routes.

Message: Invest in adequate facilities and programs to promote and ensure access to active living and physical activity (i.e. recreation centres, community trails, swimming facilities, playgrounds, bike paths and school facilities).

Availability of and accessibility to facilities and programs are important determinants of physical activity (Craig et al., 2001). Barriers for adults and children to become more physically active include skill and ability, cost, information, convenience, program availability, social support, safety and maintenance of facilities (Craig et al., 2001).

Studies show that increasing density of neighbourhood recreational destinations is associated with the use of facilities and participation in sufficient levels of physical activity (McCormack, Giles-Corti & Bulsara, 2007). The perception of greater park availability, quality, and use by friends is associated with greater likelihood of park use (Ries et al., 2009). Moreover, accessibility of facilities and programs (i.e. recreation centres, community trails, swimming facilities, playgrounds, bike paths and school facilities) are important predictors of physical activity (Dunton et al., 2003; Cohen et al., 2006; Evenson et al., 2006; Gordon-Larsen et al., 2006; Norman et al., 2006; Romero 2005; Scott et al., 2007; Timperio et al., 2004; Troped et al., 2001). Raising the profile of existing facilities and programs may help increase physical activity (Scott et al., 2007). Therefore, it is important to invest in adequate facilities and programs to promote and ensure access to active living and physical activity.

Message: Improve access to recreational activities and quality physical education programs for low-income groups and priority populations.

Barriers which low-income families and priority populations face in accessing recreation programs include costly program fees and equipment, distant program locations, lack of transportation, inflexible program structures and schedules, lack of program and subsidy policies awareness, experience with discrimination, and attitudes from staff and other participants (Hanvey, 2001; Ross & Roberts, 1999; Cameron et al., 2007; Determinants of Health Working Group, 2000). Studies show that opportunities for physical activity are relatively less available in communities with lower income and larger proportions of racial/ethnic minority populations (Chaloupka & Powell, 2009). Moreover, children from families of low socio-economic status more frequently indicate the need for an increase in accessible, affordable, safe physical activity opportunities in quality facilities than children from families of high social economic status (Tremblay et al., 2005). Therefore, it is important to improve access to recreational activities and quality physical education programs for low-income groups and priority populations.