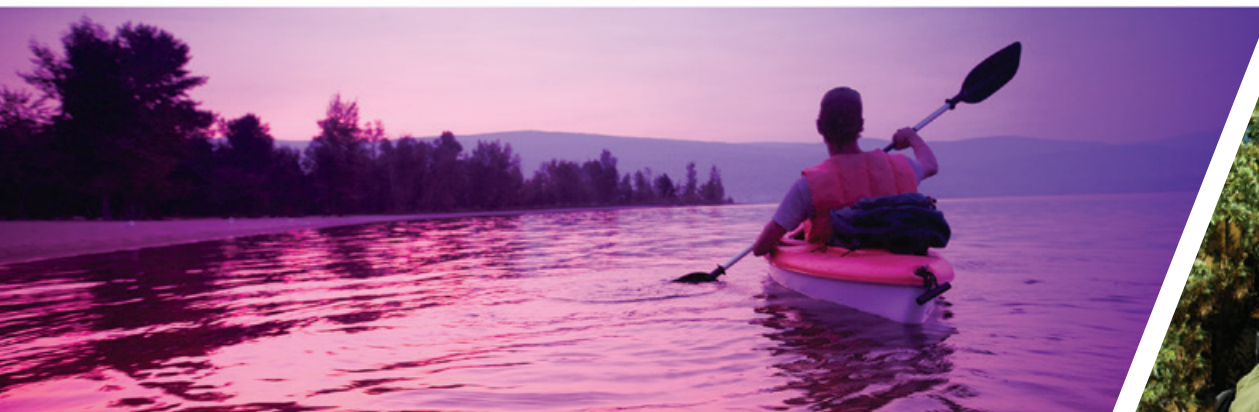




# Active People, Active Places

BRITISH COLUMBIA PHYSICAL ACTIVITY STRATEGY  
NOVEMBER 2015



Healthy  
FamiliesBC 





PRINT: ISBN 978-0-7726-6901-8

ELECTRONIC: ISBN 978-0-7726-6902-5

#### ACKNOWLEDGEMENTS

THE MINISTRY OF HEALTH WOULD LIKE TO ACKNOWLEDGE AND THANK THE MANY PEOPLE AND GROUPS WHO CONTRIBUTED TO THE DEVELOPMENT OF THIS STRATEGY, INCLUDING: THE BC PHYSICAL ACTIVITY LEADERSHIP COUNCIL, PARTICIPACTION, AND THOSE WHO PARTICIPATED IN THE ELECTRONIC SURVEY, THE REGIONAL CONSULTATIONS AND THE ACTION PLANNING PROCESS.

MINISTRY OF HEALTH, NOVEMBER 2015

COPYRIGHT © 2015, PROVINCE OF BRITISH COLUMBIA. ALL RIGHTS RESERVED.

PRODUCTION OF THIS DOCUMENT INCLUDED ENVIRONMENTALLY FRIENDLY BEST PRACTICES. PLEASE REDUCE, REUSE AND RECYCLE.





# Table of Contents

---

|   |           |
|---|-----------|
| <b>EXECUTIVE SUMMARY</b>  | <b>1</b>  |
| <b>INTRODUCTION AND CONTEXT</b>                                       | <b>2</b>  |
| <i>ABOUT THE PHYSICAL ACTIVITY STRATEGY</i>                           | 3         |
| <i>DEVELOPMENT OF THE STRATEGY</i>                                    | 3         |
| <i>BUILDING ON A SOLID FOUNDATION</i>                                 | 4         |
| <i>UNDERSTANDING PHYSICAL ACTIVITY AND INACTIVITY</i>                 | 5         |
| <i>THE BENEFITS OF PHYSICAL ACTIVITY</i>                              | 6         |
| <i>LEVELS OF PHYSICAL ACTIVITY AND INACTIVITY IN BRITISH COLUMBIA</i> | 8         |
| <i>WHY WE NEED A STRATEGY FOR PHYSICAL ACTIVITY</i>                   | 11        |
| <b>PART 1: A FRAMEWORK FOR ACTION</b>                                 | <b>12</b> |
| <i>ACTIVE ACROSS THE LIFE COURSE</i>                                  | 12        |
| <i>EQUITY</i>   | 14        |
| <i>SUPPORTIVE ENVIRONMENTS</i>  | 15        |
| <i>KEY PARTNERSHIPS</i>   | 15        |
| <i>MECHANISMS</i>   | 16        |
| <b>PART 2: MOVING AHEAD — AN ACTION PLAN</b>                          | <b>18</b> |
| <i>ACTIVE PEOPLE</i>  | 20        |
| <i>ACTIVE PLACES</i>  | 21        |
| <i>BRINGING IT ALL TOGETHER: A COLLABORATIVE APPROACH</i>             | 21        |
| <b>APPENDIX</b>   | <b>23</b> |
| <i>ENDNOTES</i>   | 23        |
| <i>PHYSICAL ACTIVITY LEADERSHIP COUNCIL</i>                           | 26        |









## Executive Summary

The *B.C. Physical Activity Strategy* (the strategy) is designed to guide and stimulate co-ordinated policies, practices and programs in physical activity that will improve the health and well-being of British Columbians, and the communities in which they live, learn, work and play. It aims to foster active people and active places.

The strategy provides a collaborative, consistent approach for enhancing participation in physical activity in British Columbia. It acknowledges and builds on the ongoing work of government ministries, local governments, health authorities, non-governmental organizations and the private sector. Successful implementation of the strategy requires action across a broad range of sectors, stakeholders and settings, and a commitment to increase physical activity levels by creating a variety of opportunities and supportive environments.

The state of physical activity and inactivity in B.C. is both encouraging and troubling. Almost 64 per cent of British Columbians (age 12 and over) are active in their leisure time. This percentage is the best of all the provinces in Canada and has risen in the last few years. However, about 1.5 million British Columbians are classified as inactive, and many of those who report being active do not do enough activity to achieve health benefits.

While physical activity in leisure time has increased slightly in the last 10 years, transport, school, work- and domestic-related physical activity has declined. Current technology and our reliance on motor vehicles continue to reduce the need for even light activities. While we are doing well at providing opportunities to be active in some settings, there is room for improvement in others.

Some people face barriers to participating in physical activity due to the unequal distribution of social and economic resources in some geographic locations, and among population groups. Often these factors are interrelated.

Population groups in B.C. (individuals and families) who face constraints to participating in physical activity include First Nations and Aboriginal Peoples, new Canadians, people living in rural and remote areas, people with disabilities, and people with low incomes and low levels of education. This strategy applies an equity lens to address the barriers and inequities faced by these groups of people.

The multiple benefits of physical activity are well documented. Physical activity is good for the health and well-being of individuals, families and communities, as well as for the environment and the economy.





# Introduction and Context

The strategy includes two parts:

- » A framework for action, which describes the key elements underlying the approach for the long-term; and
- » An action plan for the next three years, which outlines concrete actions and strategic investments in two priority areas.

The key elements in the framework include a life course approach, an equity lens, a focus on supportive environments and partnerships, and seven implementation mechanisms. These mechanisms, which provide strategic direction for collective action on physical activity over the next 10 years, are based on the best evidence for effective interventions. They include community design, accessible programs and services, information and education, healthy public policy, evidence and knowledge development, sustained investments, and capacity building.

The *B.C. Physical Activity Strategy* aims to support people to be active by creating environments that foster physical activity and addressing the environmental, social and individual determinants of physical inactivity. In keeping with the *Healthy Families BC Policy Framework* ([www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf](http://www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf)), the strategy uses a settings-based approach to building supportive environments.

The action plan identifies two priority areas for concrete action and strategic investments in the first three years of implementation: active people and active places. Populations and settings for targeted action within these two priorities include children and youth, First Nations and Aboriginal Peoples, older adults and active communities.

As we move forward, there is a need to focus on populations at greatest risk for physical inactivity and poorer health, while empowering all British Columbians to become physically active. We can celebrate the rise in physical activity participation during leisure time and encourage this further. At the same time, we need to address the increase in sedentary behaviour by promoting active choices in daily life.

Addressing this requires a dual focus that helps some people move from zero to light activity, and helps others to achieve and sustain the daily requirements for health set out in the Canadian Physical Activity Guidelines ([www.csep.ca/english/view.asp?x=949](http://www.csep.ca/english/view.asp?x=949)).

## **A Cautionary Tale**

*Until recent times, most British Columbians were active in their daily lives – doing manual tasks on the job and in the home, and walking to school and other destinations. Today, we see a different picture. Manual labour on the farm or in the city has largely been replaced by machines and sedentary jobs. We use dishwashers and dryers instead of washing dishes by hand and hanging clothes on the line.*



*Life is busy. The time crunch of modern living makes it difficult to balance the demands of family and work with a healthy lifestyle. Even children's time is highly scheduled, leaving less opportunity to enjoy active, free play.*

*Almost all our transport is by car. Fewer than 10 per cent of British Columbians walk or cycle to work and only 34 per cent of B.C. children walk or cycle to school. We drive to grocery stores, restaurants, shopping centres and events.*

*Increased access to technologies, including television, computers and wireless devices have been part of creating a culture of sedentary living. All this sitting and lack of physical activity has contributed to increases in heart disease, stroke, high blood pressure, obesity, depression and diabetes.*

*There is some good news. B.C. fares better than the other provinces in Canada, with some 64 per cent of people active in their leisure time. The province is rich with outdoor and indoor places and programs that invite people to be active.*

*At the same time, about 1.5 million British Columbians age 12 and older are inactive. Many of those who report being active do not do enough activity to achieve health benefits. While physical activity in leisure time has increased slightly in the last 10 years, transport-, school- and work-related physical activity has declined.*

*There are many reasons why people are inactive. Some are related to personal factors such as a lack of time, skills or motivation. Others are related to inequities and barriers that restrict access to participation.*

*We can't turn back the clock. It is time to address physical inactivity by fostering active people and active places in the British Columbia we live in today, and want for the next generation.*

## About the Physical Activity Strategy

The *B.C. Physical Activity Strategy* is designed to guide and stimulate co-ordinated policies, practices and programs in physical activity that will improve the health and well-being of British Columbians, and the communities in which we live, learn, work and play. It aims to foster active people and active places.

**Active People:** *Strategies and opportunities that help all British Columbians to be physically active.*

**Active Places:** *Well-planned and designed environments that support and encourage active living.*

The strategy provides a collaborative, consistent approach for enhancing participation in physical activity in British Columbia. It acknowledges and builds on the ongoing work of government ministries, local governments, health authorities, non-governmental organizations and the private sector. Successful implementation of the strategy requires action across a broad range of sectors, stakeholders and settings, and a commitment to increase physical activity levels by creating a variety of opportunities and supportive environments.

## Development of the Strategy

Development of the *B.C. Physical Activity Strategy* was guided by key leaders and organizations across the province who worked collectively to determine the best approach to increasing physical activity rates. Face-to-face and electronic consultations were conducted with people working in physical activity and related fields (e.g., health, recreation, education, environment). The process was guided and directed by a Physical Activity Leadership Council (see *Appendix*).



The next steps will include development of an implementation plan for the actions identified within the action plan, as well as an evaluation framework. The evaluation framework will measure ongoing progress towards achieving the goals and objectives set out in the action plan.

## ***Building on a Solid Foundation***

The World Health Organization identifies physical inactivity as the fourth leading risk factor for global mortality. In many countries, rising levels of physical inactivity have contributed to an increase in diseases such as heart disease, cancer and arthritis, and a decline in the general health of the population.<sup>1</sup> In response to an identified need to increase physical activity and reduce sedentary living in Canada, ParticipACTION led the development of *Active Canada 20/20 — A Physical Activity Strategy and Change Agenda for Canada*. This national strategy document asks all provinces and territories for collaborative, co-ordinated and consistent efforts to make Canada a more physically active country. In B.C., the response to this call to action was shaped by the release of *Promote, Protect, Prevent: Our Health Begins Here — BC's Guiding Framework for Public Health* (the guiding framework). The guiding framework establishes a set of seven goals that promote and protect health and wellness, and together support the vision of *"Vibrant communities in which all people achieve their best health and well-being where they live, work, learn and play."* Goal one, Healthy Living and Healthy Communities, identifies increased levels of physical activity as a key measure of success. Following its release by the Ministry of Health, a consultation with key organizations identified the development and implementation of a provincial physical activity strategy as a public health priority.

*The Healthy Families BC Policy Framework*, released by the Ministry of Health in May 2014, serves to mobilize action in physical activity as one of seven focused intervention streams. The policy framework set the direction for the development of the *B.C. Physical Activity Strategy* and supports progress towards the guiding framework's publicly committed 10 year target for physical activity.

The strategy builds on several important national and international strategies, including:

- » Pathways to Wellbeing: A Framework for Recreation in Canada (2014)  
[www.cpra.ca/UserFiles/File/EN/sitePdfs/initiatives/NationalFramework/PathwaystoWellbeing\\_d3\\_web.pdf](http://www.cpra.ca/UserFiles/File/EN/sitePdfs/initiatives/NationalFramework/PathwaystoWellbeing_d3_web.pdf)
- » Active Canada 20/20 — A Physical Activity Strategy and Change Agenda for Canada (2012)  
<https://docs.google.com/a/activecanada2020.ca/viewer?a=v&pid=sites&srcid=YWN0aXZIY2FuYWRhMjAyMC5jYXxwYWdlMXxneDozNjEyNjVIMjNkZmlwYTA>
- » Canadian Sport Policy 2012  
[http://sirc.ca/sites/default/files/content/docs/pdf/csp2012\\_en\\_lr.pdf](http://sirc.ca/sites/default/files/content/docs/pdf/csp2012_en_lr.pdf)
- » Non-Communicable Disease Prevention: Investments that Work for Physical Activity (2011)  
[http://beactive.wa.gov.au/assets/files/Advocacy/GAPA Investments that Work for PA\\_Eng\\_low\\_.pdf](http://beactive.wa.gov.au/assets/files/Advocacy/GAPA%20Investments%20that%20Work%20for%20PA_Eng_low_.pdf)
- » The Toronto Charter for Physical Activity: A Global Call for Action (2010)  
[www.interamericanheart.org/images/PHYSICALACTIVITY/TorontoCharterPhysicalActivityENG.pdf](http://www.interamericanheart.org/images/PHYSICALACTIVITY/TorontoCharterPhysicalActivityENG.pdf)
- » Aboriginal Sport, Physical Activity and Recreation Strategy (2009)  
[http://aboriginalsportbc.ca/pdf/asrpa\\_strategy.pdf](http://aboriginalsportbc.ca/pdf/asrpa_strategy.pdf)
- » BC Healthy Living Alliance Physical Activity Strategy (2007-2010)  
[www.bchealthyliving.ca/wp-content/uploads/2014/07/BCHLA\\_PhysicalActivityStrategy.pdf](http://www.bchealthyliving.ca/wp-content/uploads/2014/07/BCHLA_PhysicalActivityStrategy.pdf)
- » The Integrated Pan-Canadian Healthy Living Strategy (2005)  
[www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/index-eng.php](http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/index-eng.php)



# Understanding Physical Activity and Inactivity





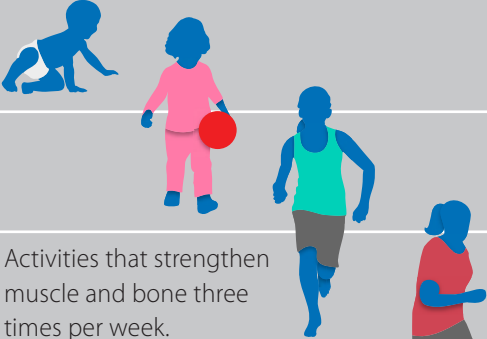

Physical activity is defined as any movement of the body that uses energy.

FIGURE 1: COMMON PHYSICAL ACTIVITIES



FIGURE 2: CANADIAN PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR GUIDELINES

In order to achieve health benefits, the Canadian Physical Activity Guidelines recommend<sup>2</sup>:

|                                    | SEDENTARY BEHAVIOUR  |  | PHYSICAL ACTIVITY  |   |
|------------------------------------|--|--|--|---|
|                                    | Sitting<br> | Screen Time<br> | Physical Activity<br> | Muscle and Bone<br>   |
| Infants, Toddlers and Preschoolers | No more than one hour at a time.   | None for children under two years old.   | Several times per day for children under one.  |   |
| Children 1-4 Years                 | Limit prolonged amounts.   | Less than one hour per day.  | At least 180 minutes per day of moderate to vigorous intensity.  |   |
| Children and Youth 5-17 Years      | Limit prolonged amounts.   | Limit to two hours per day.  | At least 60 minutes per day of moderate to vigorous intensity.   |   |
| Adults 18 Years and Older          | Sit less, move more.   | Limit prolonged amounts.   | At least 150 minutes per week of moderate to vigorous intensity.   | <br>Activities that strengthen muscle and bone two times per week. |



Physical inactivity is often referred to as sedentary behaviour. However, they are not quite the same thing. Inactive is most often used to describe people who are not active enough to meet the physical activity guidelines. Sedentary behaviour is any wakeful activity characterized by low-energy expenditure in a sitting or reclining position (e.g., watching TV, driving).<sup>3</sup> The Canadian sedentary behaviour guidelines ([www.csep.ca/english/view.asp?x=949](http://www.csep.ca/english/view.asp?x=949)) are one of the first in the world to provide clear recommendations for limiting sedentary behaviour for children and youth.<sup>4</sup>

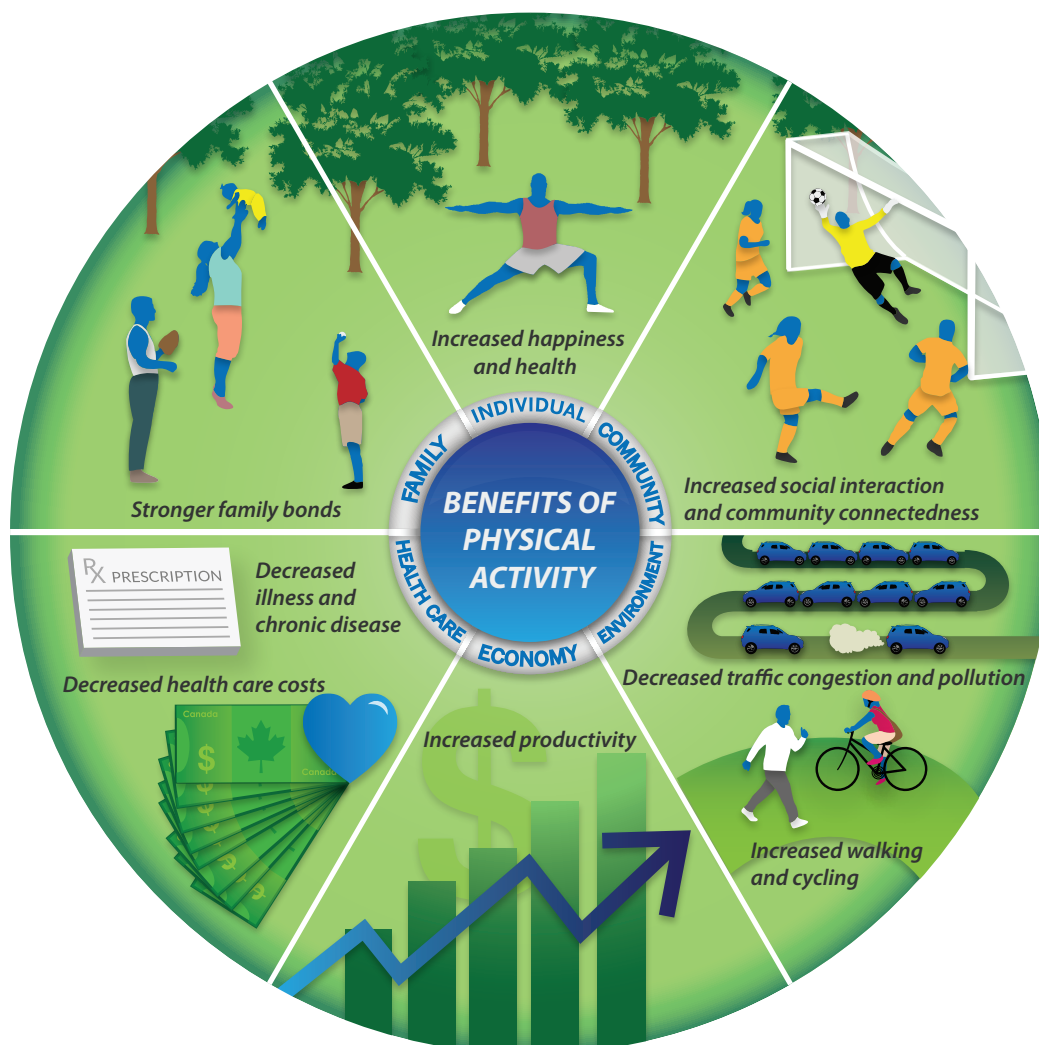
Sedentary behaviour is strongly associated with increased risk of chronic disease, independent of that attributed to a lack of moderate or vigorous physical activity.<sup>5</sup> Among adults, recent studies highlight the link between sedentary living and increased risk for heart disease, obesity, diabetes and other health problems.<sup>6</sup>

The average Canadian adult spends 50 to 70 per cent of their daily lives sitting, and roughly another 30 per cent sleeping.<sup>7</sup> To counter this, researchers suggest we stand and move around at regular intervals throughout the day, in addition to enjoying longer periods of physical activity each day (e.g., a 30-minute walk).<sup>8</sup>

## The Benefits of Physical Activity

There are many benefits to individuals and families who are active, as well as a collective benefit to communities and to the social, economic and environmental conditions in the province.

**FIGURE 3: THE MULTIPLE BENEFITS OF PHYSICAL ACTIVITY**





**Benefits to individuals:** <sup>9, 10, 11</sup>

Being physically active improves physical and mental well-being. It helps reduce chronic diseases and other risk factors such as high blood pressure, and is important in the management of a range of health conditions. Physical activity increases mobility, independence and quality of life in older adults and provides protection from injuries due to falls. It enhances healthy growth and development in children. Overall, physical activity is fun and provides opportunities for creative expression.

**Benefits to families:** <sup>12, 13, 14</sup>

Being active together can promote family bonding and adaptability. It can help children learn valuable life skills and positive attitudes toward an active lifestyle. Intergenerational activities help children, parents and grandparents learn from each other and feel comfortable with diverse ages. Most of all, active family outings can be fun.

**Benefits to population health:** <sup>15, 16</sup>

Physical inactivity is an important risk factor for heart disease, stroke, hypertension, diabetes, cancer, osteoporosis, obesity, depression, anxiety and stress. Increased participation in physical activity can help to prevent and manage these chronic conditions, and to protect against injury. A healthier, more active population will help to reduce growth in health care costs. Currently, it is estimated that physical inactivity costs the British Columbia health care system \$335 million a year in direct costs (hospital, physician, drug, institutional and other costs).<sup>17</sup>

**Benefits to the environment:** <sup>18, 19</sup>

Active transportation (e.g., walking, cycling or wheeling to and from a destination) reduces the use of motor vehicles and therefore the burden of traffic congestion. Well-maintained parks and trails encourage biodiversity and provide habitats for wildlife, in addition to providing people with places to be active in nature.

**Benefits to the community:** <sup>20</sup>

Active people participate in community activities, which in turn strengthen community connectedness. Physical activities encourage friendships, networking and volunteering. Sports and other active events can help build welcoming communities for people and families from diverse cultures, and make communities attractive to people looking for a place to live, work and raise a family.

**Benefits to business and the economy:**

The economic case for investing in physical activity is compelling. With current inactivity rates, B.C.'s direct and indirect cost of physical inactivity is estimated at over \$1.1 billion dollars per year, or \$617 per person. With no change in physical activity rates, the total economic burden will exceed \$1.4 billion by 2031.<sup>21</sup> Worksite programs with a comprehensive approach to employee health, including opportunities to be active, have the potential to positively impact health care costs, absenteeism, productivity, recruitment and retention, culture, business reputation and employee morale.<sup>22</sup>

**ACTIVE AND SAFE**

*Sport and recreation-related injuries can have substantial costs to individuals, overall productivity and the health care system. However, participating in these physically active pursuits need not be avoided. By developing and implementing safe, supportive environments as well as injury prevention policies, programs and resources in school, community and sport settings, we can help British Columbians of all ages remain active and safe.*

*The Canadian Active and Safe initiatives have shown that injury prevention policies, programs and practices (e.g., wearing a helmet when cycling, learning how to be safe when enjoying water sports) can prevent, reduce and mitigate injuries associated with physically active pursuits.<sup>23</sup>*

## Levels of Physical Activity and Inactivity in British Columbia

Physical activity occurs in five different domains: leisure (i.e., freely chosen activities during our non-work, non-chore time), work (paid and volunteer), school and learning, home (i.e., domestic activities such as gardening and housecleaning) and transportation.

Currently, almost 64 per cent of British Columbians (age 12 and over) are active in their leisure time.

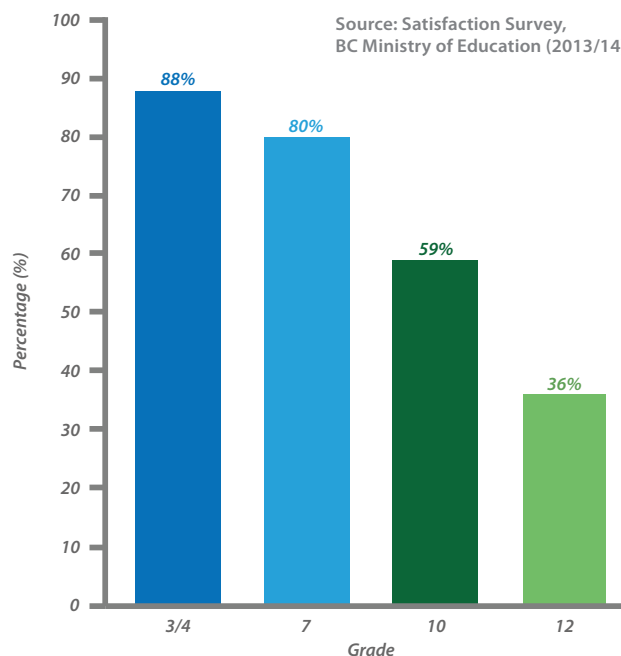
This level of participation is the highest of all Canadian provinces and has gradually increased over the last 10 years. At the same time, transport-, school-, work- and home-related physical activity has declined. Current technology and our reliance on motor vehicles continue to reduce the need for even light activities.

While the majority of children and youth in British Columbia are active, only some 40 per cent of students across all grades are meeting the Daily Physical Activity requirements.<sup>24</sup> ([www.bced.gov.bc.ca/dpa/dpa\\_requirement.htm](http://www.bced.gov.bc.ca/dpa/dpa_requirement.htm))

For example, 88 per cent of students in Grades 3 and 4 report that they get physical activity at school, yet only 44 per cent report doing at least 30 minutes of moderate or vigorous activity each day.

Levels of physical activity vary by age, gender, where people live and among subgroups that face constraints and barriers to participation.

**GRAPH 1: PERCENTAGE OF STUDENTS WHO REPORT THAT THEY GET PHYSICAL ACTIVITY AT SCHOOL**



**GRAPH 2: PERCENTAGE OF STUDENTS WHO REPORT MEETING THE DAILY PHYSICAL ACTIVITY (DPA) POLICY REQUIREMENTS**

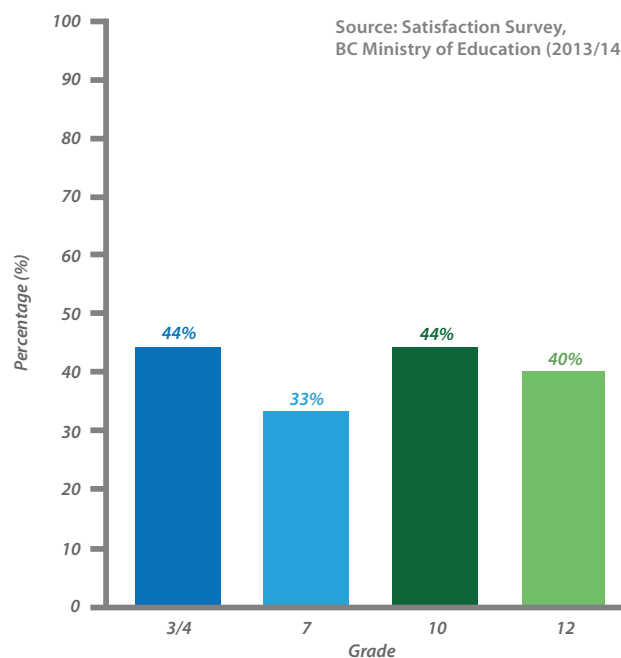




FIGURE 4: LEISURE TIME PHYSICAL ACTIVITY LEVELS IN BRITISH COLUMBIA <sup>25, 26</sup>

It is important to note that these figures are based on self-reported data and that people often overestimate their levels of physical activity.



## PHYSICAL ACTIVITY: HOW MUCH IS ENOUGH?

Physical activity improves physical and mental health. But what type, amount, and intensity of activity are required to achieve health benefits?

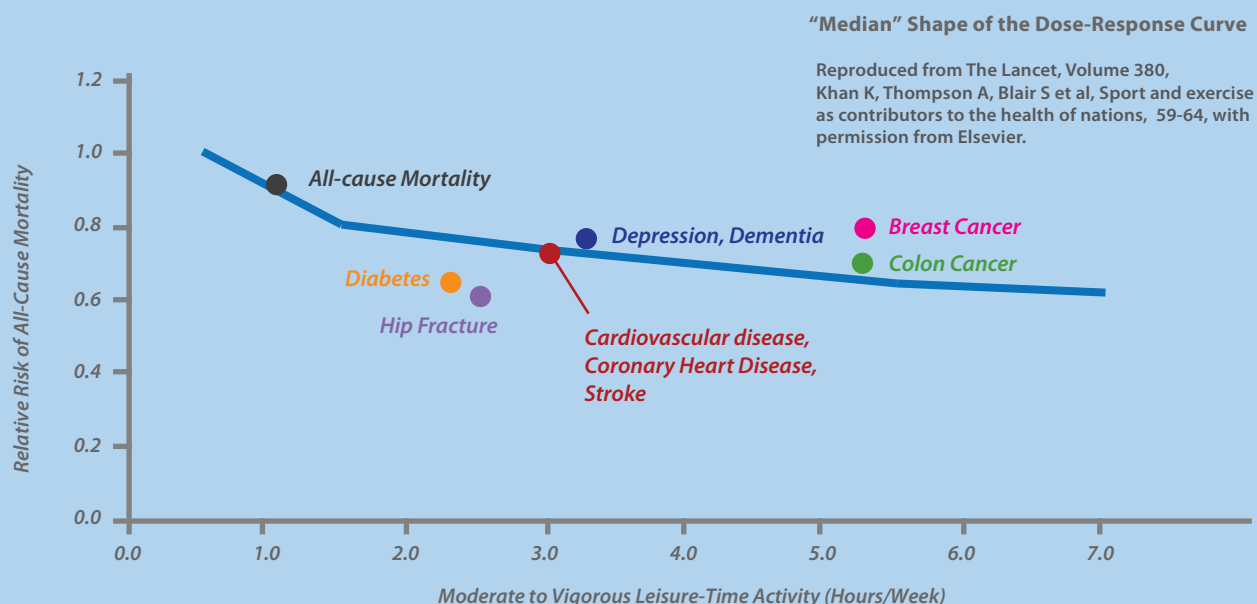
The Canadian physical activity guidelines suggest that children and youth need at least 60 minutes per day and adults require at least 150 minutes per week of moderate- to vigorous-intensity aerobic activity, as well as activities that strengthen muscles and bones (three and two days per week respectively). However, it is also clear that some activity is better than none, and more is better than some.

Encouraging people to move from zero to light activity levels improves health. Gradual increments in intensity and time spent being active will help people to get to the levels of intensity that are known to further improve health and prevent disease.<sup>27</sup>

Figure 5 (below) demonstrates the relationship of physical activity levels and all-cause mortality. There are several noteworthy aspects of the curve including:

- i) There appears to be no lower threshold for benefits, meaning that reductions in the risk of mortality begin with the first increase in activity beyond being sedentary.
- ii) The rate of risk reduction is greatest at the lowest end of the physical activity scale, which reinforces the point that for British Columbians with low levels of physical activity, even small increases can bring substantial health benefits.
- iii) For the general population, there is no apparent upper threshold where benefits begin to diminish as levels of physical activity continue to increase.

**FIGURE 5: RISK OF SELECTED HEALTH EVENTS BY HOURS/WEEK OF MODERATE TO VIGOROUS PHYSICAL ACTIVITY**





## ***Why We Need a Strategy for Physical Activity***

The benefits of a physically active population are clear.

Although we are making progress on the amount of time we are active in our leisure time, the large majority of British Columbians do not achieve levels of physical activity that bring improved health and quality of life.

While we are doing well at providing active places in some environments, there is room for improvement in others.

Today, many of our social norms do not support active living. Shifting a culture and way of living that normalizes sedentary living requires a deliberate plan and co-ordinated collective action.

It requires a focus on both people and places, and efforts to build supportive environments for individuals, families and communities.

It also requires an equity lens that consciously addresses the needs and strengths of vulnerable, less active population groups.



# Part 1: A Framework for Action

The *B.C. Physical Activity Strategy* includes a framework for action to guide collective efforts over the next 10 years. This framework describes the key elements in the strategy: a life course approach, an equity lens, a focus on supportive environments and partnerships, and seven implementation mechanisms.

## Active Across the Life Course

Participation in physical activity is essential and beneficial at all ages and stages of life. The *B.C. Physical Activity Strategy* aims to increase participation in physical activity across the life course. This approach examines physical activity patterns for different age groups and promotes activities of daily living and intentional exercise that are appropriate and safe at various ages. It also focuses attention on age groups who are at risk for inactivity and sedentary living, as well as key transition periods where prevention or behavioural change is known to be most effective.

Physical activity levels decrease across the life course, with significant declines as we enter young adulthood and older adulthood. Participation in physical activity at school drops dramatically from the primary years (81%) to graduation (36%).<sup>28</sup> Young adults move from a phase of life where much of their physical activity is structured through sports and physical education to a phase where they typically need to create or seek out physical activity opportunities.

Older adults may experience barriers to being active, including mobility problems, safety concerns, lack of transportation to facilities, and pain caused by chronic conditions such as arthritis. However, we also know that retirement may be an important transition time for encouraging older adults to get active. They have more time for physical activity and may be more open to an active lifestyle that helps prevent and ameliorate health concerns that often accompany aging. Engaging in physical activity with others can also help replace the loss of social interaction at work and help to build social networks that promote overall health.<sup>29</sup>

The benefits of physical activity are cumulative when sustained over time and incorporated into activities of daily living.<sup>30</sup> This is especially significant in the transition to the oldest years (age 80-plus) when daily stretching, lifting, walking and moving can help prevent falls and declines in functional capacities needed for independent living.

**GRAPH 3: SELF-REPORTED LEISURE TIME PHYSICAL ACTIVITY RATES ACROSS THE LIFE COURSE**

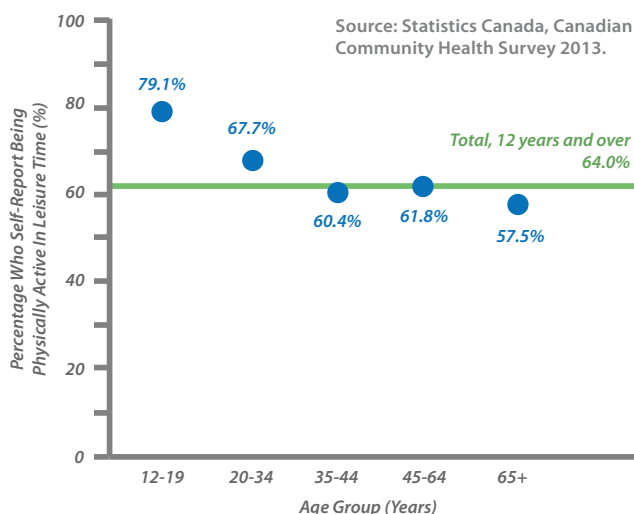
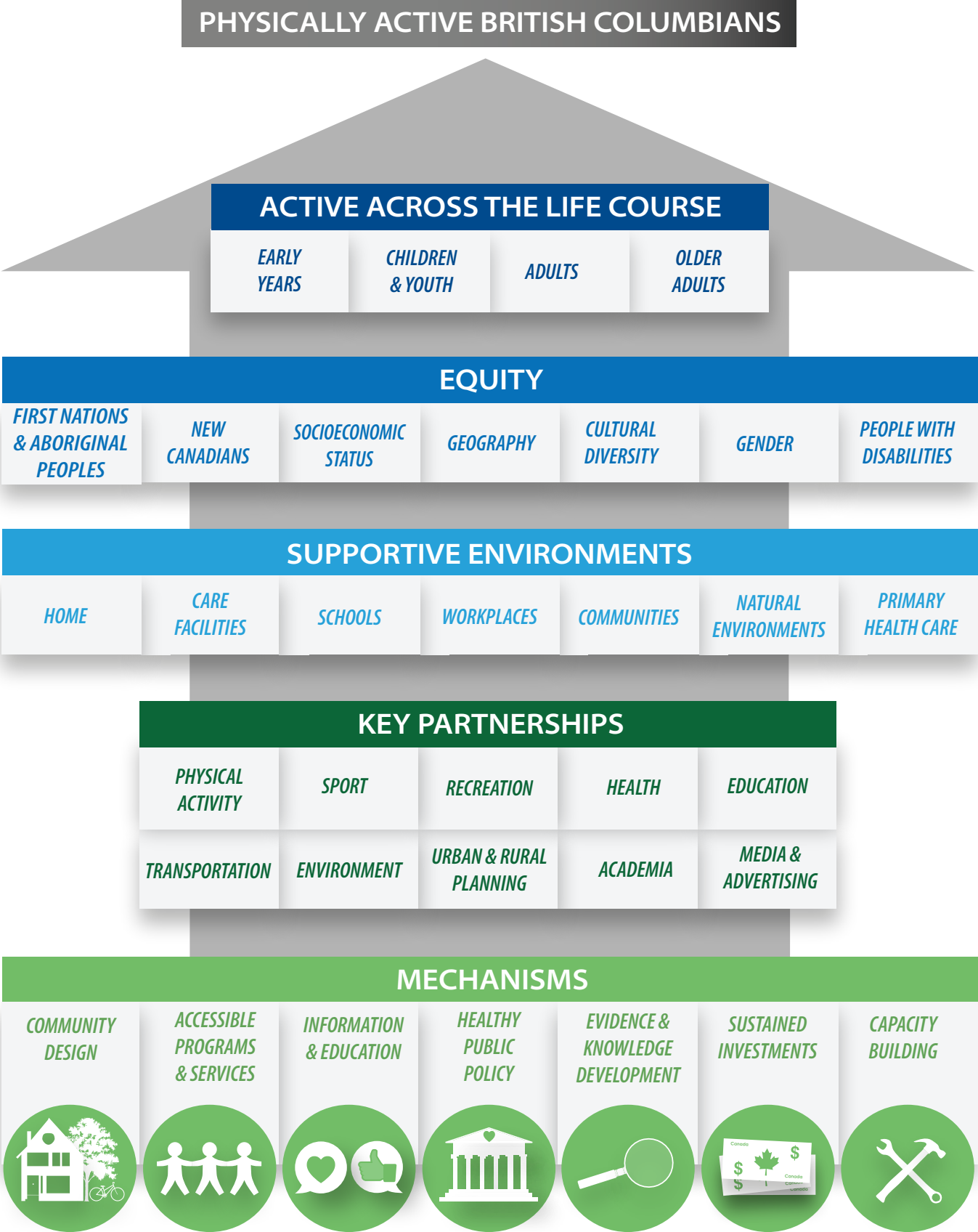




FIGURE 6: B.C. PHYSICAL ACTIVITY FRAMEWORK FOR ACTION



Physical literacy, the ability to move with competence and confidence in a wide variety of physical activities, is key to enjoying lifelong participation in physical activity. Ideally, physical literacy begins in early childhood and is improved across the life course. However, it is not too late for adults to develop physical literacy skills. It can be learned at any age through a variety of activities, including, sport, active recreation, exercise, play and dance.

Safety and accurate perceptions of safety are also essential to help people be active at all ages and stages of life. This requires public information about injury prevention at the various stages of life, and the design and development of safe environments, systems, products and programs for all ages and abilities.

### WHAT IS PHYSICAL LITERACY?

*Physical literacy is the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life. For more information, visit: [www.physicalliteracy.ca](http://www.physicalliteracy.ca).*

*Source: International Physical Literacy Association (May 2015)*

## Equity

The *Healthy Families BC Policy Framework* ([www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf](http://www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf)) identifies the need to address health disparities in a comprehensive approach to improving health. To reduce inequities, physical activity strategies need to be universal and accessible to the whole population, but with an additional focus on those with lower levels of physical activity. The *B.C. Physical Activity Strategy* incorporates this approach by applying an equity lens to policies, programs, environments and practices in physical activity.

### ABORIGINAL SPORT, RECREATION AND PHYSICAL ACTIVITY STRATEGY

*The Aboriginal Sport, Recreation and Physical Activities Partners Council (the partners council) is a legacy of the 2008 North American Indigenous Games and the three founding organizations: First Nations Health Council, the BC Association of Aboriginal Friendship Centres, and the Métis Nation BC.*

*Through a regional engagement process, the partners council developed the Aboriginal Sport, Recreation and Physical Activity Strategy ([www.bcaafc.com/~bcaafc/images/stories/PDFs/asrpa\\_strategy.pdf](http://www.bcaafc.com/~bcaafc/images/stories/PDFs/asrpa_strategy.pdf)).*

*This is a long term plan to support a healthier future for all Aboriginal individuals, families and communities in British Columbia by supporting and encouraging physical activity and expanding access to sport and recreation opportunities.*

*The strategy is organized under five pillars in support of this goal: Active Communities, Leadership and Capacity, Excellence, System Development and Sustainability.*

Participation in physical activity is affected by the unequal distribution of social and economic resources in some geographic locations, between men and women, and among population groups. Often these factors are interrelated.

Several population groups in B.C. face barriers and constraints to participating in physical activity, including: First Nations and Aboriginal Peoples, people with low incomes and low levels of education, new Canadians, people living in rural and remote areas, and people with disabilities. Inequities are also related to gender. In some circumstances, girls and women face more constraints to participation than boys and men.



At the same time, levels of participation among different groups may vary considerably from one behaviour to another. For example, lower income groups are more likely to use active transport while people in higher income groups are more likely to engage in sport and recreation.

The collection and analysis of data helps us understand the differences between certain populations and communities in order to develop supportive policies, scale the intensity of interventions, inform decision-makers, and support efforts to address the underlying causes of inequality.

British Columbia enjoys an increasingly rich diversity of cultures. Achieving a balance in participation requires an approach that celebrates, welcomes and includes people of all ages from all cultures.

## ***Supportive Environments***

Healthy behaviours are often framed as choices. Our choices are important, and we all have to take greater responsibility for our health. However, evidence shows that the choices we make are shaped by our environment, and by the options available in the places we live, learn, work, commute, and play.<sup>31</sup> These choices are influenced by our access to resources; for example, families with low incomes may not be able to afford the equipment and travel costs associated with participation in some sports or instructional activities.

Our choices are also influenced by social norms, especially how our family members, friends, colleagues and peers view physical activity and whether or not they engage in daily activity and active pursuits.

The *B.C. Physical Activity Strategy* aims to make the active choice the easy choice by creating supportive environments and addressing the environmental, social and individual determinants of physical inactivity. Aligned with the *Healthy Families BC Policy Framework* and its Healthy Communities and Healthy Schools initiatives, the strategy uses a settings-based approach to building supportive environments.

The *B.C. Physical Activity Strategy* identifies seven key settings for enhancing participation in physical activity and reducing sedentary living across the life course: home, care facilities (e.g., day care centres, nursing homes), schools, workplaces, communities, primary health care (e.g., offices of physicians and allied health professionals), and natural environments.

### **NATURAL ENVIRONMENTS**

*The natural environment encompasses all living and non-living things occurring naturally on earth, and the interaction of all living species.<sup>32</sup> B.C. is rich in many beautiful, natural environments ranging from beaches, lakes and rivers to old growth forests, rugged mountain ranges and glaciers. Some of these areas may have been altered by human activity such as trail building and the installation of bridges to make access easier. However, all are wonderful locations that offer endless opportunities for physical activity.*

## ***Key Partnerships***

No single organization or sector can increase physical activity rates on its own. Progress depends on the participation and collaboration of the public sector (all levels of government), the not-for-profit or voluntary sector, and the private sector.

Actions aimed at increasing population-wide participation in physical activity need to be planned and implemented through partnerships among these three sectors working in the areas of physical activity, sport, recreation, health, education and academia, environment, transportation, urban and rural planning, media and advertising.

Successful partnerships are developed by identifying win-win strategies, common values and program activities, and by sharing responsibilities, accountabilities, resources and information.

## Mechanisms

The seven mechanisms in the *B.C. Physical Activity Strategy* are best used in an interactive and integrated manner. Together, they provide strategic direction for collective action on physical activity in the province over the next ten years, and beyond.

- 1. Community Design.** The design of a community can encourage or discourage participation in physical activity. People are more likely to be physically active in communities with safe street crossings, adequate lighting, accessible parks, sidewalks, cycling lanes, a network of community trails, recreational facilities, and proximity between home, schools, workplaces and services.

For example, health authorities in collaboration with BC Healthy Communities Society's PlanH program support communities to develop policy, programming and partnerships to make physical activity safe, accessible and enjoyable to promote and sustain active choices and behaviours.<sup>33</sup> Community design can also ensure access to outdoor green spaces where people of all abilities can be physically active through recreation, sport, and activities in nature.<sup>34</sup>

### PLANH

*PlanH supports local government engagement and partnerships across sectors to create healthier communities and provide learning opportunities, resources, and leading-edge practices for collaborative local action.*  
<http://planh.ca/>

- 2. Effective, Accessible Programs and Services.** Effective programs include those that build personal skills, influence attitudes, beliefs and social norms, and change structural factors that are barriers for some groups.<sup>35</sup>

For example, B.C.'s Physical Activity Line (<http://www.physicalactivityline.com/>) encourages participation in physical activity programs and aims to reduce sedentary behaviours among people with the greatest need and constraints to participation.

- 3. Information and Education.** Comprehensive, co-ordinated health campaigns such as ParticipACTION's social marketing campaigns can affect British Columbians knowledge, attitudes and participation in physical activity or inactivity.<sup>36</sup> Relevant, targeted messages need to reach all British Columbians in the places where they live, learn, work and play.
- 4. Healthy Public Policy.** Stimulating increases in physical activity levels requires change, co-ordination, and the implementation of supportive policies at all levels in the governmental, not for profit and private sectors. Healthy public policy combines diverse but complementary approaches, including legislation, fiscal measures, taxation, employee benefits and organizational change. Healthy public policies are needed in sectors beyond health.

For example, the B.C. Ministry of Education's Daily Physical Activity policy ([www.bced.gov.bc.ca/dpa/](http://www.bced.gov.bc.ca/dpa/)) requires the provision of physical activity opportunities for children and youth throughout the school day.

- 5. Evidence and Knowledge Development.** A knowledge development strategy that includes research, surveillance, evaluation and the transfer of knowledge and theory in practical and clear ways is critical to evidence-informed decision-making and accountability. Knowledge informs policy and practice and supports all of the other elements in the strategy.

6. **Sustained Investments.** Ongoing investments in active people and active places are required across multiple sectors and at all levels in order to create, nurture and sustain programs, policies and environments that support safe and inclusive access to physical activity. New and strategic partnerships among governments, the not for profit sector and the private sector can provide unique opportunities for additional funds and resources that support physical activity.
7. **Capacity Building.** Capacity building is important for mobilizing action, leadership, and participation. Indicators of community or organizational capacity include: effective leadership; political will; cross sector collaboration and communication; supportive systems and infrastructures; the ability to access and effectively use required resources (both financial and human); and possessing the skills and knowledge needed to strengthen health promotion efforts.<sup>37</sup>





## Part 2: Moving Ahead — An Action Plan

A focused, collective and integrated effort with consistent messaging that builds upon existing work at the provincial, regional and local levels is required to move the *B.C. Physical Activity Strategy* forward. The action plan includes two priority areas for concrete action and strategic investments over the next three years: active people and active places. Populations and settings for targeted action within these two priority areas include:

- » Active people focus on targeted populations with low levels of physical activity, including children and youth, older adults and Aboriginal and First Nations peoples.
- » Active places focus on creating active communities.

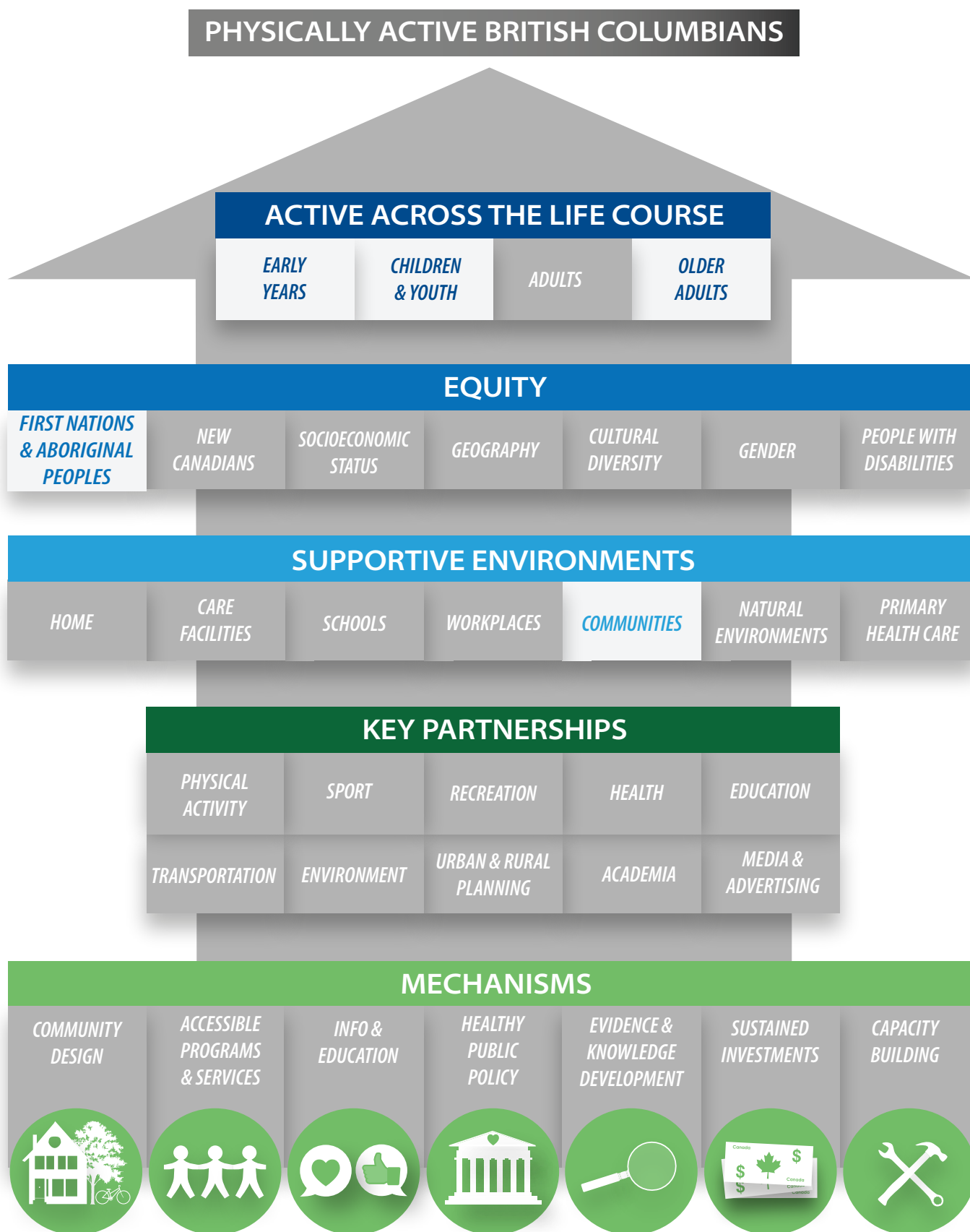
Through the process of developing this strategy, it was clear that British Columbia already has robust physical activity policies, programs and approaches. Programs that support most population groups and environments already exist, such as: early years physical activity and healthy eating education through the LEAP™ resources; efforts to reach vulnerable children and youth through the After School Sport and Arts Initiative; active transportation across the life course through programs such as Bike BC; and, helping older adults stay active through Seniors' Community Parks.

There are commitments and investments across a number of partners, including: health authorities; the recreation, sport, and environment sectors; various health-based not for profit organizations; and the private sector.

This action plan builds on these investments and aims to create sustained change amongst targeted populations by increasing capacity through enhanced skills and training opportunities as well as additional granting opportunities. In addition, targeted information and public education through partnerships and approaches such as ParticipACTION and Healthy Families BC, is a key mechanism that will support work across each of the focus areas.

Implementation of the action plan will be led by the BC Healthy Living Alliance, which has established an Action Plan Oversight Committee to provide the co-ordination and evaluation across each of the areas of focus.

FIGURE 7: AREAS OF FOCUS (2015/16-2017/18) HIGHLIGHTED WITHIN THE B.C. FRAMEWORK



## Active People

Action Plan 2015/16–2017/18 *(More detailed work plans to be developed by implementation teams.)*

| AREA OF FOCUS                        | GOALS  | OBJECTIVES  | ACTIONS 2015-2017  |
|--------------------------------------|--|---|--|
| Children and Youth                   | Increase physical activity and physical literacy for children and youth ages 0–19.                         | Support parents and caregivers with the knowledge and skills to provide opportunities for family based physical activity and enhanced physical literacy.  | Implement the Healthy Beginings Childcare Practise Guidelines for physical activity and Screen Time in childcare settings and early years learning programming.  |
|                                      |  | Enhance capacity in child care settings and schools to provide opportunities for physical activity and physical literacy.   | Build on the Healthy Schools BC initiative in order to enhance physical literacy of children and youth by:<br>» Providing physical literacy skills training for generalist teachers; and<br>» Providing grants to schools and districts to increase physical activity programming. |
|                                      |  | Build leadership and instructional capacity for physical literacy and quality physical education in the school setting.   | Support schools, communities, recreation/sport organizations to safely promote and deliver physical activity while ensuring people stay injury free.   |
|                                      |  | Enhance opportunities for participation in sport across the life course.  | Support sport organizations to increase reach of programming to low participatory groups (e.g. new Canadians and vulnerable populations).  |
| First Nations and Aboriginal Peoples | Increase participation of First Nations and Aboriginal peoples in sport, recreation and physical activity. | Build meaningful partnerships with First Nations and Aboriginal communities in order to understand their unique barriers and needs and to support the design and delivery of culturally relevant programs that promote healthy active lifestyles. | Support expansion of the Aboriginal Healthy Living Activities and promote cultural awareness and competency training to provincial sport organizations in order to involve more communities and schools in the design and delivery of community projects.                          |
|                                      |  | Establish a cross-sectoral approach in order to increase First Nations and Aboriginal peoples access to funding, expertise, facilities and learning resources.  |  |
| Older Adults                         | Increase physical activity levels and decrease sedentary behaviour in older adults.                        | Provide more opportunities for older adults to be physically active.  | Implement a Choose to Move initiative that provides grants and training supports to build the capacity of community based organizations to deliver physical activity and recreation programming to older adults.   |
|                                      |  | Enhance awareness of physical activity opportunities for older adults.  |  |
|                                      |  | Build community capacity that supports awareness of, and access to, physical activity opportunities for older adults.   |  |



## Active Places

Action Plan 2015/16–2017/18 (More detailed work plans to be developed by implementation teams.)

| AREA OF FOCUS      | GOAL  | OBJECTIVE   | ACTION 2015-2017  |
|--------------------|---|---|---|
| Active Communities | Increase physical activity levels of individuals and families in their communities. | Build on existing partnerships between local governments, health authorities, school districts, divisions of family practice and sport and recreation at the local level to increase access to affordable physical activity through healthy community design and inclusive programs and services. | Develop, coordinate and implement a granting stream through the Healthy Families BC's PlanH program to intensify actions by the existing cross-sector healthy community partnership tables to increase physical activity in their respective communities. |

### Bringing it All Together: A Collaborative Approach

The *B.C. Physical Activity Strategy* sets a course for fostering active people in active places throughout the province. It seeks to guide planning in all sectors and organizations that influence physical activity, and make sure associated services and policies are complementary and responsive. It focuses on a whole of government and whole of community response.

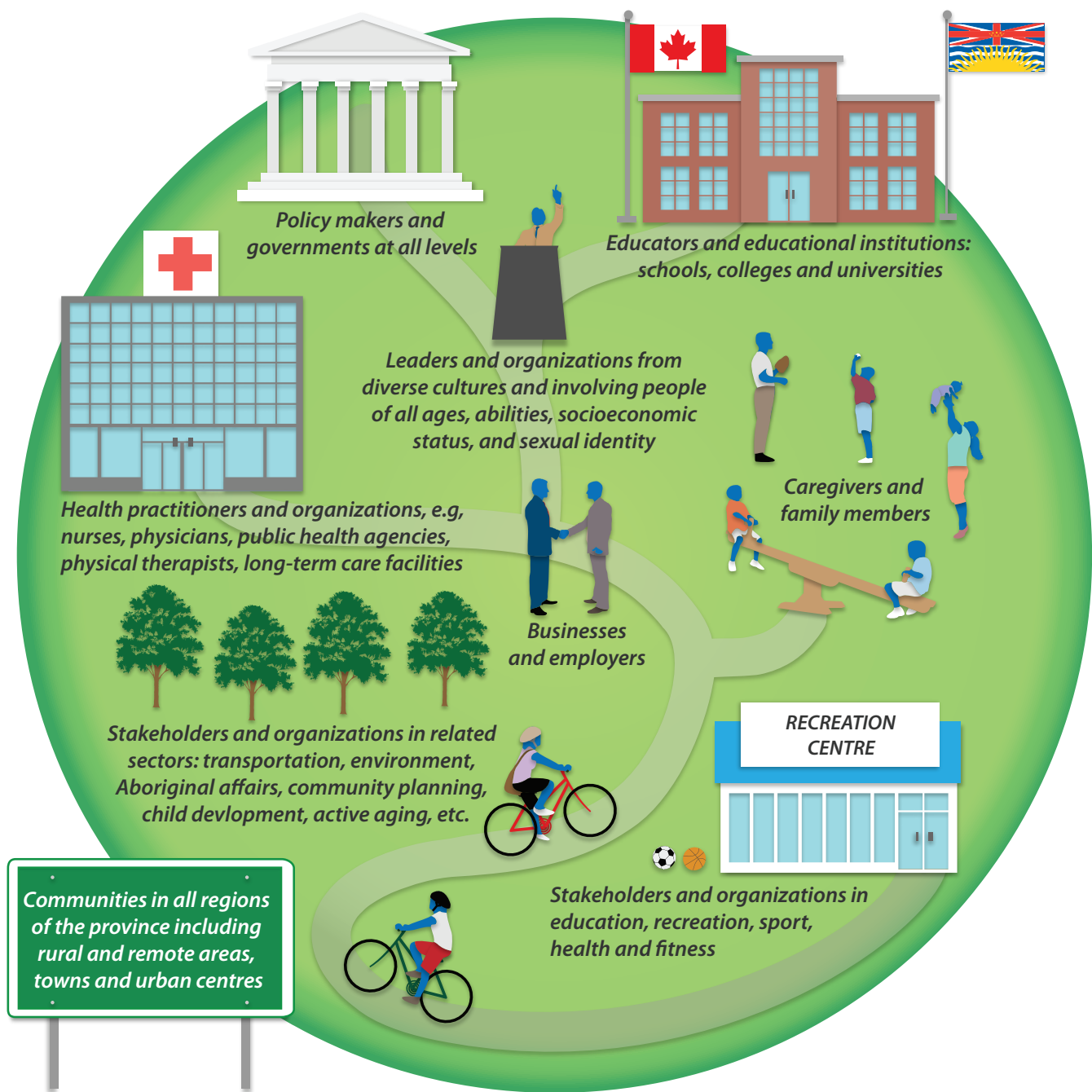
The action plan identifies key areas of focus for the first phase of implementation and suggests concrete action steps. However, more is required than what is described in the plan. Continuing to improve physical activity rates in B.C. requires additional efforts and sustained investments by multiple partners and organizations.

The *B.C. Physical Activity Strategy* calls on many to play a role in empowering all British Columbians to be physically active (Figure 7). Through collaboration and co-ordination, we can build a cross-sector agenda that addresses complementary goals in physical activity, transportation, health, the natural, built and social environments, and the economy.

As we move forward, there is a need to focus on populations at greatest risk for physical inactivity and poorer health, while helping all British Columbians to become physically active.

We celebrate the rise in physical activity participation during leisure time and will encourage this further. At the same time, we need to reduce sedentary behaviour by promoting active choices in daily life.

FIGURE 8: WHO NEEDS TO BE INVOLVED TO IMPLEMENT THE PHYSICAL ACTIVITY STRATEGY?





# Appendix

## Endnotes

- <sup>1</sup> Kohl H, Craig C, Lambert E, Inoue, S, Ramadan Alkandari J, Leetongin G, Kahlmeier S. for the Lancet Physical Activity Series Working Group. The pandemic of physical inactivity: global action for public health. *The Lancet*, 2012; 380 (9838): 294-305. DOI: 10.1016/S0140-6736(12)60898-8.
- <sup>2</sup> Canadian Society for Exercise Physiology. Canadian Physical Activity Guidelines. [www.csep.ca/english/view.asp?x=804](http://www.csep.ca/english/view.asp?x=804)
- <sup>3</sup> Sedentary Behaviour Research Network. Standardized use of the terms “sedentary” and “sedentary behaviours”. *Applied Physiology, Nutrition and Metabolism*, 2012; 37: 540–42.
- <sup>4</sup> Canadian Society for Exercise Physiology. Canadian Sedentary Behaviour Guidelines. [www.csep.ca/english/view.asp?x=804](http://www.csep.ca/english/view.asp?x=804)
- <sup>5</sup> Tremblay M, Colley R, Saunders T, et al. Physiological and health implications of a sedentary lifestyle. *Applied Physiology, Nutrition and Metabolism*, 2010; 35(6): 725-40.
- <sup>6</sup> Wimot EG, Edwardson CL, Achana FA, et al. Sedentary time in adults and the association with diabetes, cardiovascular disease and death: Systematic review and meta-analysis. *Diabetologia*, 2012; 55:2895-2905.
- <sup>7</sup> Statistics Canada, Health Statistics Division. Health Fact Sheet. Directly measured physical activity of Canadian adults, 2007 to 2011. Catalogue no. 82-625-X ISSN 1920-9118, 20-13. [http://publications.gc.ca/collections/collection\\_2013/statcan/82-625-x/82-625-2013001-4-eng.pdf](http://publications.gc.ca/collections/collection_2013/statcan/82-625-x/82-625-2013001-4-eng.pdf)
- <sup>8</sup> Wimot EG, Edwardson CL, Achana FA, et al. Sedentary time in adults and the association with diabetes, cardiovascular disease and death: Systematic review and meta-analysis. *Diabetologia*, 2012; 55:2895-2905.
- <sup>9</sup> Warburton D, Whitney N, Bredin S. Health benefits of physical activity: the evidence. *Canadian Medical Association Journal*, 2006; 174 (6). doi:10.1503/cmaj.051351
- <sup>10</sup> Public Health Agency of Canada. Benefits of Physical Activity. [www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/02paap-eng.php](http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/02paap-eng.php)
- <sup>11</sup> Hutchinson S, Brooks E. Physical Activity, Recreation, Leisure, and Sport: Essential Pieces of the Mental Health and Well-Being Puzzle. Report prepared for Recreation Nova Scotia and Nova Scotia Department of Health and Wellness, 2011. [www.recreationns.ns.ca/wp-content/uploads/2012/05/MentalHealthLit.pdf](http://www.recreationns.ns.ca/wp-content/uploads/2012/05/MentalHealthLit.pdf)
- <sup>12</sup> Government of Alberta. Fun Physical Activities for Families. [www.healthyalberta.com/694.htm](http://www.healthyalberta.com/694.htm)
- <sup>13</sup> See National Benefits Hub (of recreation). <http://benefitshub.ca>
- <sup>14</sup> Government of Alberta. Bringing Old and Young Together with Physical Activity. [www.healthyalberta.com/632.htm](http://www.healthyalberta.com/632.htm)



- 15 I-Min L, Shiroma E, Lobelo F, Puska P, Blair S, Katzmarzyk P. for the Lancet Physical Activity Series Working Group. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet* , 2012; (380, Issue 9838): 219-229. DOI: 10.1016/S0140-6736(12)61031-9.
- 16 British Columbia Ministry of Health. Healthy Families BC Policy Framework, 2014. [www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf](http://www.health.gov.bc.ca/library/publications/year/2014/healthy-families-bc-policy-framework.pdf)
- 17 Krueger H. The Economic Benefits of Risk Factor Reduction In British Columbia: Tobacco Smoking, Excess Weight and Physical Inactivity, 2013. [www.krueger.ca/downloads/RFReduction.pdf](http://www.krueger.ca/downloads/RFReduction.pdf)
- 18 Litman T, Victoria Transport Policy Institute. Evaluating Active Transport Benefits and Costs. Guide to Valuing Walking and Cycling Improvements and Encouragement Programs, 2014. [www.vtpi.org/nmt-tdm.pdf](http://www.vtpi.org/nmt-tdm.pdf)
- 19 Parks Canada Agency on behalf of the Canadian Parks Council. Connecting Canadians with Nature — An Investment in the Well-Being of our Citizens, 2014. ISBN 978-0-9809372-4-4. [www.parks-parcs.ca/english/ConnectingCanadians-English\\_web.pdf](http://www.parks-parcs.ca/english/ConnectingCanadians-English_web.pdf)
- 20 See National Benefits Hub (of recreation). <http://benefitshub.ca>
- 21 Krueger H. The Economic Benefits of Risk Factor Reduction In British Columbia: Tobacco Smoking, Excess Weight and Physical Inactivity, 2013. [www.krueger.ca/downloads/RFReduction.pdf](http://www.krueger.ca/downloads/RFReduction.pdf)
- 22 The Health Communications Unit, Centre for Health Promotion, University of Toronto. The Case for Comprehensive Workplace Health Promotion: Making “Cents” of a Good Idea, 2005. [www.healthatworkpeterborough.ca/site/wp-content/uploads/THCU-Best-Practices-Guide-Business-Case-Guide.pdf](http://www.healthatworkpeterborough.ca/site/wp-content/uploads/THCU-Best-Practices-Guide-Business-Case-Guide.pdf)
- 23 Public Health Agency Canada. Evaluation of the Active and Safe Injury Prevention Initiative 2011-2012 to 2012-2013; 2014. [www.phac-aspc.gc.ca/about\\_apropos/evaluation/reports-rapports/2013-2014/asipi-ipbas/index-eng.php](http://www.phac-aspc.gc.ca/about_apropos/evaluation/reports-rapports/2013-2014/asipi-ipbas/index-eng.php)
- 24 B.C. Ministry of Education. Daily Physical Activity. [www.bced.gov.bc.ca/dpa/](http://www.bced.gov.bc.ca/dpa/)
- 25 Canadian Community Health Survey, CANSIM tables 105-0501 and 0503, 2013.
- 26 Statistics Canada, Health Statistics Division. Health Fact Sheet. Directly measured physical activity of Canadian adults, 2007 to 2011. Catalogue no. 82-625-X ISSN 1920-9118, 20-13. [http://publications.gc.ca/collections/collection\\_2013/statcan/82-625-x/82-625-2013001-4-eng.pdf](http://publications.gc.ca/collections/collection_2013/statcan/82-625-x/82-625-2013001-4-eng.pdf)
- 27 Hallal P, Andersen L, Bull F Guthold R. et al. for the Lancet Physical Activity Series Working Group. Global physical activity levels: surveillance progress, pitfalls, and prospects. *The Lancet*, 2012; (380, Issue 9838): 247-57. DOI: 10.1016/S0140-6736(12)60646-1.
- 28 Powell K, Paluch A, Blair S. Physical Activity for Health: What Kind? How Much? How Intense? On Top of What? *Annual Review Public Health*, 2011; 32:349–65. doi: 10.1146/annurev-publhealth-031210-101151.
- 29 B.C. Ministry of Education. B.C. Public School Student Satisfaction Survey, 2013/14. [www.bced.gov.bc.ca/reports/pdfs/sat\\_survey/public.pdf](http://www.bced.gov.bc.ca/reports/pdfs/sat_survey/public.pdf)
- 30 Public Health Agency of Canada. Healthy Aging in Canada: A New Vision, A Vital Investment From Evidence to Action. Prepared for the Federal, Provincial and Territorial Committee of Officials (Seniors). [www.swsd.gov.nl.ca/publications/pdf/seniors/vision\\_rpt\\_e.pdf](http://www.swsd.gov.nl.ca/publications/pdf/seniors/vision_rpt_e.pdf)
- 31 Shields M, Martel L. (2006). Healthy Living among Seniors. *Health Reports Supplement*, 2006; 8: 7-20. Statistics Canada, Catalogue 82-003.

- <sup>32</sup> Province of Nova Scotia, Department of Health and Wellness. Thrive! A plan for healthier Nova Scotia, 2012. ISBN: 978-1-55457-486-5. <http://thrive.novascotia.ca/sites/default/files/Thrive-Strategy-Document.pdf>
- <sup>33</sup> Johnson D, Ambrose S, Bassett T. et al. Meanings of Environmental Terms. *Journal of Environmental Quality*, 1997: 26 (3): 581–589.
- <sup>34</sup> Global Advocacy for Physical Activity, the Advocacy Council of the International Society for Physical Activity and Health. NCD Prevention: Investments that Work for Physical Activity, 2011.
- <sup>35</sup> Interprovincial Sport and Recreation Council and the Canadian Parks and Recreation Association. Pathways to Well-Being: A Framework for Recreation in Canada, 2014. [www.cpra.ca/UserFiles/File/EN/sitePdfs/initiatives/NationalFramework/PathwaystoWellbeing\\_d3\\_web.pdf](http://www.cpra.ca/UserFiles/File/EN/sitePdfs/initiatives/NationalFramework/PathwaystoWellbeing_d3_web.pdf)
- <sup>36</sup> Global Advocacy for Physical Activity, the Advocacy Council of the International Society for Physical Activity and Health. NCD Prevention: Investments that Work for Physical Activity, 2011.
- <sup>37</sup> The Health Communications Unit, Centre for Health Promotion, University of Toronto. Overview of Health Communications Campaigns, 2007. [http://foodarc.ca/makefoodmatter/wp-content/uploads/sites/3/Communications\\_Plan\\_Overview\\_Workbook.pdf](http://foodarc.ca/makefoodmatter/wp-content/uploads/sites/3/Communications_Plan_Overview_Workbook.pdf)

## Physical Activity Leadership Council

| NAME                          | TITLE   | ORGANIZATION   |
|-------------------------------|---|--|
| Mr. Rick Brant                | director                                      | Aboriginal Sport, Recreation and Physical Activity Partners Council      |
| Ms. Margo Ross                | executive director, sport branch              | B.C. Ministry of Community, Sport & Cultural Development                 |
| Ms. Jodi Mucha                | director                                      | BC Healthy Communities   |
| Mr. Matt Herman               | executive director, healthy living branch     | Population and Public Health Division, B.C. Ministry of Health           |
| Ms. Tara Nault                | director, health actions                      | Aboriginal Health Directorate, B.C. Ministry of Health                   |
| Mr. Alan Callander            | manager, active transport/ municipal policy   | B.C. Ministry of Transportation and Infrastructure                       |
| Ms. Suzanne Strutt            | executive director                            | B.C. Recreation and Parks Association                                    |
| Dr. Joanie Sims-Gould         | researcher                                    | Centre for Hip Health and Mobility                                       |
| Mr. Gavin Arthur              | vice-president, research and health promotion | Heart and Stroke Foundation of B.C. and Yukon                            |
| Ms. Kathy Cassels             | executive director                            | Directorate Agency, School Health BC                                     |
| Ms. Alison Cristall           | executive director                            | Sport Med BC   |
| Ms. Cathy Priestner Allinger  | chief executive officer                       | ViaSport   |
| Ms. Andrea Carey              | consultant                                    | Canadian Sport for Life  |
| Ms. Mary Beth Fry             | manager, public health programs               | Western Region, Public Health Agency of Canada                           |
| Dr. PJ Naylor                 | researcher                                    | University of Victoria   |
| Dr. Heather McKay (co-chair)  | director                                      | Centre for Hip Health and Mobility                                       |
| Dr. Shannon Bredin            | assistant professor                           | University of B.C.   |
| Dr. Ron Wilson                | physician and chair                           | Athletics and Recreation Committee, Doctors of BC                        |
| Dr. Tom Warshawski            | paediatrician and chair                       | Childhood Obesity Network  |
| Ms. Marylyn Chiang            | senior policy analyst                         | Union of British Columbia Municipalities                                 |
| Ms. Kharuin Jivani            | director, health promotion                    | Canadian Cancer Society, B.C. and Yukon Division                         |
| Dr. Karim Khan                | clinician, professor and editor               | Department of Family Practice, UBC<br>British Journal of Sports Medicine |
| Dr. Anne Pousette (co-chair)  | president, board chair and co-lead            | PacificSport Northern B.C.<br>Wellness in Northern B.C. Task Team        |
| Mr. Craig Sheather            | vice president, operations                    | YMCA of Greater Vancouver  |
| Ms. Bryna Kopelow             | chair   | Promotion Plus – Girls and Women in Sport and Physical Activity          |
| Ms. Mary Collins              | director                                      | BC Healthy Living Alliance   |
| Ms. Christa Costas-Bradstreet | relationship manager                          | ParticipACTION   |
| Dr. Ryan Rhodes               | consultant, researcher                        | University of Victoria   |
| Ms. Meghan Day                | director                                      | Healthy Settings and Physical Activity, B.C. Ministry of Health          |
| Mr. Kyle Todoruk              | manager                                       | Physical Activity and Injury Prevention, B.C. Ministry of Health         |
| Dr. Karen Strange             | principal                                     | Moving Forward Consulting  |



## Notes



FOR MORE INFORMATION VISIT THE WEBSITE:  
[WWW.HEALTHYFAMILIESBC.CA](http://WWW.HEALTHYFAMILIESBC.CA)



Healthy  
FamiliesBC

