

PO Box 1749 Halifax, Nova Scotia B3J 3A5, Canada

Item No. 8.1 (i) Halifax Regional Council April 6, 2010

TO:

Mayor Kelly and Members of Halifax Regional Council

SUBMITTED BY:

Councillor Linda Mosher, Chair, Active Transportation Advisory Committee

DATE: March 30, 2010

SUBJECT: Walk21: International Charter for Walking

<u>ORIGIN</u>

March 25, 2010 meeting of the Active Transportation Advisory Committee.

RECOMMENDATION

It is recommended that Halifax Regional Council consider approval in principle of the Walk 21 initiative and tailor the objectives to mention the uniqueness of the HRM Trail System in HRM.

BACKGROUND/DISCUSSION

At the March 23, 2010 meeting of Regional Council, Councillor Mosher, as Chair of the Active Transportation Advisory Committee, requested that item 11.1.4 Walk21: International Charter for Walking be deferred to the next meeting of Regional Council and that the report dated March 9, 2010 be forwarded to the Active Transportation Advisory Committee to be presented at their March 25, 2010 meeting.

Mr. Richard MacLellan, Manager of the Sustainable Environment Management Office, provided the presentation to the Committee at their March 25, 2010 meeting and, as a result, the following motion was passed:

MOVED BY Mr. Scrutton, seconded by Mr. Regan, that the Active Transportation Advisory Committee request Regional Council's consideration to approve in principal the Walk 21 initiative and to tailor the objectives to mention the uniqueness of the HRM Trail System in HRM. MOTION PUT AND PASSED.

The Committee also suggested several minor changes to the report dated March 9, 2010 (Attachment A) as outlined in the Supplementary Information Report dated March 31, 2010.

BUDGET IMPLICATIONS

None associated with this report.

FINANCIAL MANAGEMENT POLICIES/BUSINESS PLAN

This report complies with the Municipality's Multi-Year Financial Strategy, the approved Operating, Capital and Reserve budgets, policies and procedures regarding withdrawals from the utilization of Capital and Operating reserves, as well as any relevant legislation.

ALTERNATIVES

Regional Council may wish to not endorse the International Charter for Walking.

ATTACHMENTS

Attachment A: Staff report dated March 9, 2010

A copy of this report can be obtained online at <u>http://www.halifax.ca/council/agendasc/cagenda.html</u> then choose the appropriate meeting date, or by contacting the Office of the Municipal Clerk at 490-4210, or Fax 490-4208.

Report Prepared by:

Shawnee Gregory, Legislative Assistant 490-6521



PO Box 1749 Halifax, Nova Scotia B3J 3A5, Canada

Halifax Regional Council March 23, 2010

Mayor Kelly and Members of Halifax Regional Council

SUBMITTED BY:

TO:

Dan English, Chief Administrative Officer

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Wayne Anstey, Deputy Chief Administrative Officer - Operations

DATE: March 9, 2010

SUBJECT: Walk21: International Charter for Walking

ORIGIN

This report originates from Staff.

RECOMMENDATION

It is recommended that Halifax Regional Council approve the endorsement of the International Charter for Walking (Attachment 1) as part of municipal initiatives being organized for Earth Day (April 22, 2010).

BACKGROUND

Halifax Regional Municipality staff from Recreation Services, Planning Services, Strategic Transportation Planning, and the Sustainable Environment Management Office have been collaborating on opportunities for synergy between initiatives. The International Charter for Walking is an excellent opportunity to demonstrate the correlation between departmental initiatives and supports the shared vision the community provided to HRM in preparation of creation of the Municipal Planning Strategy (Regional Plan).

Earth Day was started in 1970 and marks the anniversary of the environmental movement. It is a day designed to inspire appreciation for the Earth's Environment.

DISCUSSION

The International Charter for Walking, of which details can be seen at www.walk21.com, has a vision to create a world where people choose and are able to walk as a way to travel, to be healthy, and to relax, a world where authorities, organizations and individuals have:

- Recognized the value of walking
- Made a commitment to healthy, efficient and sustainable communities; and
- Worked together to overcome the physical, social and institutional barriers which often limits people's choice to walk

Under the Charter, are eight strategic principles:

- Increased exclusive mobility
- Well designed and managed spaces and places for people
- Improved integration of networks
- Supportive land-use and spatial planning
- Reduced road danger
- Less crime and fear of crime
- More supportive authorities
- A Culture of Walking

The strategic principles from the Charter can be identified virtually verbatim in the Regional Plan and the supporting functional plans.

Endorsement of the charter demonstrates the synergies of staff efforts on striving to make Halifax Regional Municipality a Healthy, Sustainable, Vibrant Community. With approval of this recommendation, Staff will return to Regional Council in early April with an Information Report on activities being organized for Earth Day. Generally, activities that staff are working on finalizing details on fall under the Physical Activity Strategy of Stepping Up and include possibilities such as: nature walk(s), walk(s), bike ride, planting seedlings, and other activities to celebrate the beauty of the municipality and the wonderful environment that we share. The Get Out, Check It Out walking kit will be used for several events:

<u>http://www.halifax.ca/rec/RequestWalkingKit.html</u> There will also be a signing ceremony for the Charter.

The Stepping Up Physical Activity Strategy (Attachment 2) for the Halifax Region was developed in 2009 by Capital Health, Dalhousie University, Halifax Regional Municipality, Halifax Regional School Board, Heart and Stroke Foundation, IWK Health Centre, and Nova Scotia Health Promotion and Protection. The strategy is very complimentary to the Regional Plan, and combines elements of Sustainable Environment, Strategic / Active Transportation, and Urban Planning initiatives amongst other municipal initiatives. The Goals of the Strategy include:

- To ensure that Halifax residents and community leaders are aware of the benefits and opportunities of physical activity and embrace it as an essential part of daily life
- To provide inclusive opportunities for Halifax residents to increase levels of physical activity
- To create and maintain built and natural environments and infrastructure which support and inspire Halifax residents to be active in all aspects of their daily life
- To ensure community organizations, and public, private and non-profit agencies work in partnership to continually plan, implement, evaluate and improve this sustainable, long term physical activity strategy.

Consequently, this Strategy provides an excellent platform for our efforts for Earth Day.

BUDGET IMPLICATIONS

There are no costs to this endorsement. The endorsement is symbolic in nature. Any minimal costs related to organizing Earth Day events will be contained within the existing operating budget.

FINANCIAL MANAGEMENT POLICIES/BUSINESS PLAN

This report complies with the Municipality's Multi-Year Financial Strategy, the approved Operating, Capital and Reserve budgets, policies and procedures regarding withdrawals from the utilization of Capital and Operating reserves, as well as any relevant legislation.

ALTERNATIVES

Regional Council may wish to not endorse the International Charter for Walking.

- International Charter for Walking
- Physical Activity Strategy

A copy of this report can be obtained online at <u>http://www.halifax.ca/council/agendasc/cagenda.html</u> then choose the appropriate meeting date, or by contacting the Office of the Municipal Clerk at 490-4210, or Fax 490-4208.

Report Prepared by:

Richard MacLellan, Acting Manager, SEMO, 490-6056

Carry Allant

Report Approved by:

Phillip Townsend, Director, Infrastructure and Asset Management, 490-7166

Taking walking forward in the 21st Century . .

International Charter for Walking

Creating healthy, efficient and sustainable communities where people choose to walk

I/We, the undersigned recognise the benefits of walking as a key indicator of healthy, efficient, socially inclusive and sustainable communities and acknowledge the universal rights of people to be able to walk safely and to enjoy high quality public spaces anywhere and at anytime. We are committed to reducing the physical, social and institutional barriers that limit walking activity. We will work with others to help create a culture where people choose to walk through our commitment to this charter and its strategic principles:

- 1. Increased inclusive mobility
- 2. Well designed and managed spaces and places for people
- 3. Improved integration of networks
- 4. Supportive land-use and spatial planning
- 5. Reduced road danger
- 6. Less crime and fear of crime
- 7. More supportive authorities
- 8. A culture of walking

Signed	
Name	
Position	
Date	
	www.walk21.com

International Charter for Walking

Walking is the first thing an infant wants to do and the last thing an old person wants to give up. Walking is the exercise that does not need a gym. It is the prescription without medicine, the weight control without diet, and the cosmetic that can't be found in a chemist. It is the tranquilliser without a pill, the therapy without a psychoanalyst, and the holiday that does not cost a penny. What's more, it does not pollute, consumes few natural resources and is highly efficient. Walking is convenient, it needs no special equipment, is self-regulating and inherently safe. Walking is as natural as breathing.

John Butcher, Founder Walk21, 1999

Introduction

We, the people of the world, are facing a series of inter-related, complex problems. We are becoming less healthy, we have inefficient transport systems and our environments are under increasing pressure to accommodate our needs. The quality and amount of walking as an everyday activity, in any given area, is an established and unique primary indicator of the quality of life. Authorities keen to create healthier and more efficient communities and places can make significant advancements by simply encouraging more walking.

Built on extensive discussions with experts throughout the world this Charter shows how to create a culture where people choose to walk. The Charter may be signed by any individual, organisation, authority or neighbourhood group who support its vision and strategic principles regardless of their formal position and ability to independently progress their implementation.

Please support this Charter by signing it and encouraging friends, colleagues, government bodies, and national and local organisations to work with you to help create healthy, efficient and sustainable walking communities throughout the world.

Background

Commuters scurry; shoppers meander; bush-walkers trek; lovers stroll; tourists promenade... but we all walk. Walking is a fundamental and universal right whatever our ability or motivation and continues to be a major part of our lives, yet in many countries people have been walking less and less. Why walk when you can ride? Walking has stopped being a necessity in many parts of the world and become a luxury. Walking seems too easy, too commonplace, too obvious and indeed too inexpensive an activity to pursue as a way of getting to places and staying healthy. We choose not to walk because we have forgotten how easy, pleasurable and beneficial it is. We are living in some of the most favoured environments man, as a species, has ever known, yet we respond by taking the ability to walk for granted.

As a direct result of our inactivity we are suffering from record levels of obesity, depression, heart disease, road rage, anxiety, and social isolation.

Walking offers health, happiness and an escape. It has the ability to restore and preserve muscular, nervous, and emotional health while at the same time giving a sense of independence and self-confidence. The more a person walks the better they feel, the more relaxed they become, the more they sense and the less mental clutter they accumulate. Walking is good for everyone.

To create a world where people choose and are able to walk as a way to travel, to be healthy and to relax, a world where authorities, organisations and individuals have:

- recognised the value of walking;
- made a commitment to healthy, efficient and sustainable communities; and
- worked together to overcome the physical, social and institutional barriers which often limit people's choice to walk.

Principles and Actions

This International Charter identifies the needs of people on foot and provides a common framework to help authorities refocus their existing policies, activities and relationships to create a culture where people choose to walk.

Under each strategic principle, the actions listed provide a practical list of improvements that can be made in most communities. These may need adding to in response to local need and this is encouraged.

1. Increased inclusive mobility

People in communities have the right to accessible streets, squares, buildings and public transport systems regardless of their age, ability, gender, income level, language, ethnic, cultural or religious background, strengthening the freedom and autonomy of all people, and contributing to social inclusion, solidarity and democracy.

ACTIONS

- Ensure safe and convenient independent mobility for all by providing access on foot for as many people as possible to as many places as possible particularly to public transport and public buildings
- Integrate the needs of people with limited abilities by building and maintaining highquality services and facilities that are socially inclusive

2. Well designed and managed spaces and places for people

Communities have the right to live in a healthy, convenient and attractive environment tailored to their needs, and to freely enjoy the amenities of public areas in comfort and safety away from intrusive noise and pollution.

- Design streets for people and not only for cars, recognising that streets are a social as well as a transport space and therefore, need a social design as well as engineering measures. This can include reallocating road space, implementing pedestrian priority areas and creating car-free environments to be enjoyed by all, supporting social interaction, play and recreation for both adults and children
- Provide clean, well-lit streets and paths, free from obstruction, wide enough for their busiest use, and with sufficient opportunities to cross roads safely and directly, without changing levels or diversion
- Ensure seating and toilets are provided in quantities and locations that meet the needs of all users
- Address the impact of climate through appropriate design and facilities, for example shade (trees) or shelter
- Design legible streets with clear signing and on-site information to encourage specific journey planning and exploration on foot
- Value, develop and maintain high quality and fully accessible urban green spaces and waterways

3. Improved integration of networks

Communities have the right to a network of connected, direct and easy to follow walking routes which are safe, comfortable, attractive and well maintained, linking their homes, shops, schools, parks, public transport interchanges, green spaces and other important destinations.

ACTIONS

- Build and maintain high-quality networks of connected, functional and safe walking routes between homes and local destinations that meet community needs
- Provide an integrated, extensive and well-equipped public transport service with vehicles which are fully accessible to all potential users
- Design public transport stops and interchanges with easy, safe and convenient pedestrian access and supportive information

4. Supportive land-use and spatial planning

Communities have the right to expect land-use and spatial planning policies which allow them to walk to the majority of everyday services and facilities, maximising the opportunities for walking, reducing car-dependency and contributing to community life.

- Put people on foot at the heart of urban planning. Give slow transport modes such as walking and cycling priority over fast modes, and local traffic precedence over long-distance travel
- Improve land-use and spatial planning, ensuring that new housing, shops, business parks and public transport stops are located and designed so that people can reach them easily on foot
- Reduce the conditions for car-dependent lifestyles (for example, reduce urban sprawl), re-allocate road space to pedestrians and close the missing links in existing walking routes to create priority networks

5. Reduced road danger

Communities have the right for their streets to be designed to prevent accidents and to be enjoyable, safe and convenient for people walking – especially children, the elderly and people with limited abilities

ACTIONS

- Reduce the danger that vehicles present to pedestrians by managing traffic, (for example, by implementing slower speeds), rather than segregating pedestrians or restricting their movements
- Encourage a pedestrian-friendly driving culture with targeted campaigns and enforce road traffic laws
- Reduce vehicle speeds in residential districts, shopping streets and around schools
- Reduce the impact of busy roads by installing sufficient safe crossing points, ensuring minimal waiting times and enough time to cross for the slowest pedestrians
- Ensure that facilities designed for cyclists and other non-motorised modes do not compromise pedestrian safety or convenience

6. Less crime and fear of crime

Communities have the right to expect an urban environment designed, maintained and policed to reduce crime and the fear of crime.

- Ensure buildings provide views onto and activity at street level to encourage a sense of surveillance and deterrence to crime
- Conduct pedestrian audits by day and after dark to identify concerns for personal security and then target areas for improvements (for example, with brighter lighting and clearer sightlines)
- Provide training and information for transport professionals to increase awareness of the concerns of pedestrians for their personal security and the impact of such concerns on their decisions to walk

7. More supportive authorities

Communities have the right to expect authorities to provide for, support and safeguard their ability and choice to walk.

ACTIONS

- Commit to a clear, concise and comprehensive action plan for walking, to set targets, secure stakeholder support and guide investment and includes the following actions:
- Involve all relevant agencies (especially transport, planning, health, education and police), at all levels, to recognise the importance of supporting and encouraging walking and to encourage complementary policies and actions
- Consult, on a regular basis, local organisations representing people on foot and other relevant groups including young people, the elderly and those with limited ability
- Collect quantitative and qualitative data about walking (including the motivations and purpose of trips, the number of trips, trip stages, time and distance walked, time spent in public spaces and levels of satisfaction)
- Integrate walking into the training and on-going staff professional development for transport and road safety officers, health practitioners, urban planners and designers
- Provide the necessary ongoing resources to implement the adopted action plan
- Implement pilot-projects to advance best-practice and support research by offering to be a case study and promoting local experience widely
- Measure the success of programmes by surveying and comparing data collected before, during and after implementation

8. A culture of walking

Communities have a right to up-to-date, good quality, accessible information on where they can walk and the quality of the experience. People should be given opportunities to celebrate and enjoy walking as part of their everyday social, cultural and political life.

- Actively encourage all members of the community to walk whenever and wherever they can as a part of their daily lives by developing regular creative, targeted information, in a way that responds to their personal needs and engages personal support
- Create a positive image of walking by celebrating walking as part of cultural heritage and as a cultural event, for example, in architecture, art-exhibitions, theatres, literature readings, photography and street animation
- Provide coherent and consistent information and signage systems to support exploration and discovery on foot including links to public transport
- Financially reward people who walk more, through local businesses, workplaces and government incentives

ADDITIONAL ACTIONS

Please write actions for your local needs or circumstances in the space below.

Developed in the framework of the WALK21 international conference series October 2006

Walk21 are grateful to many people for their assistance with the production of this Charter, and to you for your personal commitment to helping create healthy, efficient and sustainable walking communities throughout the world.

For more information on walking visit <u>www.walk21.com</u>

Or email us at info@walk21.com



Physical Activity Strategy for the Halifax Region



Vision Statement

The Halifax region is a **leader** among Canadian municipalities, taking full advantage of its **natural setting** and unique features to create active communities. Physical activity is a core component of our cultural identity. All residents value and are inspired to make **physical activity a key part of their daily lives.** The Halifax region communities provide inviting and safe environments that make **physical activity the easy choice** at home, work, school and play. Supporting daily physical activity is a **shared responsibility** among community organizations, and public, profit and non-profit agencies. These organizations and agencies continually search for **innovative** ways to realize the social, economic, environmental, health and educational **benefits of a physically active community.**

Physical Activity Strategy for the Halifax Region

Acknowledgements

The Physical Activity Strategy Committee (PASC) would like to acknowledge the support and assistance received from the following organizations during the development of this strategy:



The PASC would also like to thank the many individuals who provided input and advice throughout the process; dmA Planning and Management Services, and particularly those who participated in the Review Groups





Halifax Regional Municipality is a vibrant and diverse community. Our more than 200 urban and rural neighborhoods, villages, and communities include beautiful, natural landscapes and seascapes. The nearly 375 000 residents of Halifax Regional Municipality come from a variety of backgrounds and traditions, and have numerous skills and talents. We are an energetic population, and the fastest growing region in Nova Scotia.

Halifax Regional Municipality is all of these wonderful things, but in other respects we need to change. We are not physically active enough, and as a result we are not healthy enough. Fifty percent of us are physically inactive, most notably our youth and older adults. Eighteen percent of us are obese. And many of us now suffer from diabetes, cancers and cardiovascular diseases – diseases related to physical inactivity.

It is against this background that we present "Stepping Up: Physical Activity Strategy for the Halifax Region." It is our belief that within these pages you will find a comprehensive set of strategies designed to motivate, inform, and guide organizations into improving and maintaining our collective health through physical activity. The partners who have come together to create the Strategy have demonstrated clear leadership and commitment to improving the health of our citizens. I, for one, am pleased with the result of this collective effort. This Strategy lays an important and necessary foundation as we, together, shift towards a culture of physical activity. As we begin, we look forward to including each and every one of you as new partners in our journey towards a more physically active and healthier Halifax. Enjoy!

ABM.E

Gaynor Watson-Creed, MSc, MD, CCFP, FRCPC, Medical Officer of Health, Capital Health district



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Executive Summary

The Physical Activity Strategy for Halifax region is a call to action for community agencies, business and government to address the serious problems associated with physical inactivity.

Unacceptably low levels of physical activity in the Halifax region have been repeatedly documented and the negative health, social, economic and environmental impacts are well known.

Physical inactivity must be addressed through a coordinated and collective community response. Creative initiatives in many areas are required, including new programs, improved policies and practices, increased awareness and supportive built and social environments.

The Physical Activity Strategy for Halifax region responds to this challenge with:

- Over 60 action plans to enhance awareness, secure the commitment of community partners and establish supportive social, built and natural enviroments.
- Initiatives selected for the Halifax region; and in most cases proven successful elsewhere.
- Clear priorities and Lead Agencies to support the implementation of the action plans.
- Physical activity targets for 2014 to track the success of the strategy.
- An ongoing commitment to research, monitoring and evaluation to continually update and improve the strategy.
- An implementation approach to secure resources, build partnerships and establish an ongoing governance structure.

The Physical Activity Strategy charts a clear course for the future that will correct the serious problems associated with physical inactivity in the Halifax region. To succeed, community organizations, business, government and agencies throughout the Halifax region must respond to this call for action, embrace the strategy and actively participate in its implementation.





Strategy Goals

1. Awareness and Commitment

To ensure Halifax region residents and community leaders are aware of the benefits and opportunities of physical activity and embrace it as an essential part of daily life.

2. Supportive Environments

To provide inclusive opportunities for Halifax region residents to increase levels of physical activity.

3. Community Built and Natural Environments

To create and maintain built and natural environments and infrastructure which support and inspire Halifax region residents to be active in all aspects of their daily life.

4. Leadership and Accountability

To ensure community organizations, and public, private and non-profit agencies work in partnership to continually plan, implement, evaluate and improve this sustainable, long-term physical activity strategy.





Measuring Success

1.	adicatory co			
	ndicators of Success	Baseline	2014	
1	Population aged 20+ who accumulate 30-6 minutes of at least moderate intensity physi cal activity, 5 days per week Junior high age youth who meet the daily 60 minute standard of moderate to vigorous activity	. 0076	60%	
	Boys Girls	36% 21%	46% 31%	
3	Older Adults 65+ who accumulate 30-60 minutes of at least moderate intensity physi- cal activity most days of the week	31%	41%	
4	Population 20+ who report walking to work, school, or errands at least 6-10 hours per week	32%	42%	



The Case for a Comprehensive Strategy

On April 30, 2007, seven organizations came together to declare their interest and commitment to improve the physical activity levels of residents in the Halifax region. Representatives from these key stakeholders met to research best practices, assess community assets, dialogue with community partners, and review their work with national and local experts. The result of this collaborative effort is the document you are holding, **Stepping Up: Physical Activity Strategy for the Halifax Region.**

The authors of the Physical Activity Strategy for the Halifax Region are:

Capital District Health Authority Community Health and Epidemiology, Dalhousie University Halifax Regional Municipality Halifax Regional School Board Heart and Stroke Foundation of Nova Scotia IWK Health Centre Nova Scotia Health Promotion and Protection

This strategy is comprehensive, and offers a community-wide approach to increasing the physical activity levels of all our residents – young and old. Our collective goal is to create a cultural shift – from a community where only one half of our citizens engage in physical activity to one where there is a vibrant and supportive community infrastructure that enables everyone to incorporate active living into all aspects of their daily lives. Together, let's bring to life the words of George Bernard Shaw:



We do not cease to play because we grow old; We grow old because we cease to play.



The prevalence of physical inactivity is a public health crisis among all population groups.

Only half of adult Nova Scotians report enough daily physical activity

(i.e. 30 – 60 minutes 5 days per week according to Canada's Guide to Physical Activity) to achieve optimal health benefits. Among Nova Scotia youth, less than 1 in 10 Grade 11 students accumulate 60 minutes of moderate to vigorous physical activity on a daily basis.

Increased physical activity would mean a reduction in the high rates of chronic disease in Nova Scotia. This would improve quality of life and provide significant potential savings in health care costs.



Creating an activityfriendly community has impact beyond health benefits.

Some of these are:

- Lower green house gas emissions.
- Less traffic congestion
- Reduced absenteeism from work
- Safer communities because more people are out with their "eyes on the street"
- Developed infrastructure for walking, biking, and sports, attracting visitors and creating jobs.
- Older adults living independently longer and at reduced risk for falls and hip fractures.



A comprehensive strategy is more likely to be

effective because the actions to increase population levels of activity would include initiatives at the individual, interpersonal, organizational and societal levels. A comprehensive strategy identifies gaps, minimizes duplication, provides opportunities to pool resources and helps ensure diverse government and non-government organizations work together. Based on a community-wide strategy, individual organizations decide on their unique role and work together with others to make the most effective contribution.





Target Groups



The inactive population in the Halifax region is the primary target group for this strategy. Population data identifies two specific groups, which require both extra attention and modified approaches.

1) The Physical Activity Levels of Children and Youth (PACY) study has identified junior and senior high school aged youth as particularly inactive with activity rates dropping substantially between 2001 and 2005. The study suggests girls, in particular, are at greater risk. Less than one percent of Grade 11 girls accumulate 60 minutes of moderate to vigorous physical activity on five days of the week.

2) The 2005 Canadian Community Health Survey found that 69% of <u>adults aged 65 and over</u> self reported less than 15 minutes of physical activity per day. This study found women to be less active than men.

These target groups will require focused attention across all actions implemented in the strategy. In particular, community partners that serve these groups will be asked to assist with interventions.

Physical activity also has a significant role to play in helping to address the health disparities faced by a number of populations in the Halifax region and in Canada. These include, but are not limited to, visible and ethnic minorities, people with disabilities, and those living in poverty.

As the strategy is implemented, attention will need to focus on the barriers that prevent access to physical activity opportunities, as well as the design of policies, programs and services required to overcome these barriers.



Strategy Development

The Physical Activity Strategy Committee prepared an inventory of local, provincial and national physical activity initiatives, strategies, and organizations that influence physical activity within the Halifax region. Although not exhaustive, these initiatives demonstrate the wide range of groups and organizations currently contributing to a more active Halifax region.

These initiatives have helped shape the development of the Physical Activity Strategy. A central principle of the Physical Activity Strategy is to build upon existing infrastructure, programs and services. The strategy complements, but does not duplicate these efforts.

The core components of the Physical Activity Strategy - the Vision, Goals and Objectives - were formulated based on research, a community profile and stakeholder consultation. They are supported by action plans and an implementation, monitoring and evaluation approach. Early in the preparation of the strategy, the Physical Activity Strategy Committee reviewed research on physical activity and prepared a community profile highlighting relevant characteristics of the Halifax region (Appendix 1 & 2).

The Vision, Goals, Objectives and Action Plans were developed with input from five Review Groups¹ that were consulted at three points throughout the development process. Review Group participants were drawn from a wide range of organizations and agencies concerned with physical activity levels in the Halifax region. The review groups met to discuss barriers to physical activity, potential target groups, key initiatives and partnerships. In addition, the draft Vision, Goals and Objectives were reviewed.



Review Groups were organized to represent various areas of interest, as follows:
 Health (2) Business (3) Physical Environments (4) Community (5) Education







Guiding Principles

The Physical Activity Strategy Committee recognizes that implementation of the Physical Activity Strategy will be a significant challenge. The following principles will ensure widespread support and successful implementation.

Existing Assets: To the greatest extent possible, the strategy will rely on infrastructure, programs and services currently in place. New initiatives will be closely aligned with existing ones. Community leaders will be invited to participate in all levels of the implementation process. This will be a shared responsibility among those that support the principles of the strategy.

Diversity: Diversity is a combination of differences and similarities among people. More than race, sexual orientation, language, gender or any other descriptive category, diversity means understanding and utilizing different views, ideas, life experiences, skills and knowledge. The actions of the strategy will identify and work to eliminate barriers to accessing physical activity opportunities for people with diverse needs.

Evidence Informed: The strategy will be knowledge based and emphasize interventions that work. The strategy will focus on a "population health approach" and will be based on research and best practices while combining local needs and community assets.

Partnerships: The strategy will encourage a collaborative effort among community agencies, government and non-government partners. The implementation will be a consultative and engaging process based on participation from many sectors.



Comprehensive: The strategy will adopt a multi-faceted approach and address components such as: social marketing, policy development, physical and social environments, community mobilization, programs and practices. This will increase both structured and unstructured opportunities for physical activity for Halifax region residents.

Co-ordinated: This strategy will be coordinated to the greatest extent possible with other regional plans.

Target Groups: Although the strategy will involve all Halifax region residents, special attention and resources will be directed to youth and older adults.

Engaged Citizens: Halifax region residents will be involved in the design, development and delivery of physical activity initiatives.

Evaluation: The strategy will be regularly monitored, evaluated and updated.







Vision, Goals and Objectives

The Halifax region is a **leader** among Canadian municipalities, taking full advantage of its **natural setting** and unique features to create active communities. Physical activity is a core component of our cultural identity. All residents value and are inspired to make **physical ac-tivity a key part of their daily lives.** The Halifax region communities provide inviting and safe environments that make **physical activity the easy choice** at home, work, school and play. Supporting daily physical activity is a **shared responsibility** among community organizations, and public, profit and non-profit agencies. These organizations and agencies continually search for **innovative** ways to realize the social, economic, environmental, health and educational **benefits of a physically active community**.

Goals and Objectives

The Physical Activity Strategy includes the following Goals and Objectives. The Action Plans associated with these Goals and Objectives are discussed in the next section of the report.

Goal 1: Awareness and Commitment

To ensure Halifax region residents and community leaders are aware of the benefits and opportunities of physical activity and embrace it as an essential part of daily life.

Objective 1a:

To provide information that supports, and motivates Halifax region residents to adopt physically active lifestyles.

Objective 1b:

To expand the skills and commitment of leaders in health, sport, recreation and education to support people to become more active.



Goal 2: Supportive Environments

To provide inclusive opportunities for Halifax region residents to increase levels of physical activity.

Objective 2a:

To expand opportunities for informal, unorganized physical activity in the lives of Halifax region residents.

Objective 2b:

To encourage organizations to increase access to formal, quality programs that target physically inactive people with accessible activities of interest.

Objective 2c:

To encourage the public and private sector to adopt policies and practices that will create a workplace environment that supports physical activity.

Goal 3: Community Built and Natural Environments

To create and maintain built and natural environments and infrastructure which support and inspire Halifax region residents to be active in all aspects of their daily life.

Objective 3a:

To adopt planning practices and policies that support physical activity in the planning, design and development of the built environment.

Objective 3b:

To enable people to walk and wheel as a leisure activity and as a method of getting from place to place.

Objective 3c:

To maximize access to community facilities that could be used to support increased levels of physical activity.

Goal 4: Leadership and Accountability

To ensure community organizations, and public, private and non-profit agencies work in partnership to continually plan, implement, evaluate and improve this sustainable, long-term physical activity strategy.

Objective 4a:

To build the leadership, partnerships and stable funding required to implement this long-term physical activity strategy.

Objective 4b:

To undertake evaluation and research that will continually improve this physical activity strategy.



Action Plans

Action plans for each of the strategy's Goals and Objectives describe key initiatives which need to be undertaken in the next five years in order to achieve the Vision of a physically active community. The following tables outline priority action plans for implementation.

The Physical Activity Strategy is a community-wide initiative requiring the active involvement of a wide range of community agencies, organizations and interests. Champions must emerge and play a significant role in the implementation of the action plans. For the purposes of this report, the core organizations that were instrumental in the development of the strategy, and were parties to the Memorandum of Understanding for the strategy's development, have been designated as Lead Agencies. As Lead Agencies, they will assume responsibility for promoting the action plans, identifying and encouraging others to play an active role, and monitoring progress with implementation. Lead Agencies in this report are identified as follows:

Capital District Health Authority	CDHA
Community Health & Epidemiology, Dalhousie University	CH&E
Halifax Regional Municipality	HRM
Halifax Regional School Board	HRSB
Heart and Stroke Foundation of Nova Scotia	HSFNS
IWK Health Centre	IWK
Nova Scotia Health Promotion and Protection	HPP

The Action Plans are supported by research or have been identified as a promising practice and suitable for the local context. A reference number following an action plan identifies a study or article in the Bibliography (Appendix 2) with information on the effectiveness of the proposed action.





Goal 1: Awareness and Commitment

To ensure that Halifax region residents and community leaders are aware of the benefits and opportunities of physical activity and embrace it as an essential part of daily life.

Overview:

Social marketing and communication strategies will inform, educate and motivate with entertaining messages and opportunities that are relevant to the community. A distinct brand will be established, and residents will be able to easily access information on physical activity from a single source. Local media will be encouraged to incorporate physical activity messages into their daily communication and support public service announcements. By encouraging agencies to incorporate a physical activity message will reach all sectors of the community.

New tools will help agencies motivate those they work with to adopt physically active lives. Elected officials and leaders in the health, education, sport and recreation sectors will be encouraged to more prominently reflect physical activity in education, training and professional development.







Objective 1A	Action Plan	Lead Agency
To provide information that supports, and	 Engage the media as independent and active partners in the dissemination of the physical activity message. ²⁸ Develop a physical activity information portal to promote existing physical activity opportunities and resources. 	CH/IWK HSFNS/ HRM
motivates Halifax region resi- dents to adopt	 Prepare improved signage, mapping and other information on safe walking routes, trails and other physical activity resources.²⁸ 	HRM
physically active lifestyles.	 Explore elements of a comprehensive social marketing campaign, in addition to those noted above, to establish a brand, promote physical activity and enable people to take action.¹⁷ 	CH/IWK
	 Work with a wide range of community agencies to include a physical activity message in communication materials developed for other purposes.¹⁷ 	CH/IWK
	 Encourage agencies to publicly demonstrate their commitment to and sup- port for physical activity by signing the Declaration of Leadership Commit- ment to a Physically Active Halifax region. 	CH/IWK

Objective 1B	Action Plan	Lead Agency
To expand the skills and	 Develop and disseminate tool kits to support skill building for behaviour change that is broadly applicable to staff, volunteers and other leaders in the health, education, sport, recreation and other sectors.²⁸ 	HPP
commitment of leaders in health,	 Provide advice and assistance to community agencies developing physical activity programs. 	HPP/HRM
sport, recreation and education to support people	 Develop educational programs and resources on evidence based interven- tions for professional staff in primary health care, physical education, leisure services, transportation, community planning and others as appropriate.¹⁷ 	НРР
to become more active.	 Sponsor an annual forum to build capacity and introduce best practices among physical activity practitioners and other professionals that can sup- port physical activity initiatives.²⁸ 	HPP
	 Review post secondary training for sport, recreation, health and educa- tion professionals to ensure that the priority attached to physical activity is enhanced. 	TBD
	 Inform employers about core skills and knowledge required by volunteer and paid staff who plan and/or lead programs that support health enhancing physical activity. 	НРР
	 Create a champion program to enhance the profile of physical activity and its benefits. 	CH/IWK
	 Engage elected officials to implement policy and allocate resources to support physical activity in the Halifax region. 	HSFNS



Goal 2: Supportive Environments

To provide inclusive opportunities for Halifax region residents to increase levels of physical activity.

Overview:

Supportive social environments will provide informal and formal opportunities for physical activity in Halifax region neighbourhoods, schools and workplaces, and greater access to all community resources. While expanded special events and programming will contribute to increased physical activity, it will also be the easy choice in everyone's day-to-day activities. A daily routine of physical activity will be encouraged by offering rentals of bicycles and other equipment, active living maps, prompts and other resources as an accepted part of the community landscape.

Special emphasis will be placed on physical activity in school, and students will be encouraged to take a lead role in determining and designing activities that interest them. Schools will be a key focus for physical activity with new policies, programs and approaches designed to engage physically inactive youth. Workplace physical activity will be addressed with incentives for both employer and employee, certification programs and social marketing.

Finally, community agencies will be encouraged to make physical activity a central part of their mandate and operations. They will be encouraged to adopt policies which demonstrate their commitment to physical activity and they will be provided with tools which help them evaluate their current situation, and plan and implement new and improved physical activity strategies.





Objective 2A	Action Plan	Lead Agency
To expand opportunities for informal, unorganized physical activity in the lives of Halifax region residents.	 Promote the inclusion of physical activity in special events.¹⁷ Expand the use of "prompts" in a wide range of settings where they can successfully increase physical activity.¹⁷ Identify and promote physical activity opportunities that do not require registration, advanced skills or other commitments (e.g. drop in programs, neighbourhood pick up games). Identify and promote outdoor opportunities for active play.²⁷ 	HRM CH/IWK HRM/HRSB HRM/HRSB
	 Develop and promote equipment lending programs that encourage physical activ- ity opportunities. 	HRM/HRSB
	 Develop a program to replace screen time with physical activity. ^{1, 19} Explore the feasibility of a bike borrowing program in HRM to increase active transportation. 	IWK CH/IWK
Objective 2B	Action Plan	Lead Agency
To encourage organi- zations to increase ac-	 Develop guidelines for "active" schools using a Health Promoting Schools approach. Develop a school/community plan to address barriers restricting students from participating in extracurricular programs. 	HRSB HRSB
cess to formal, quality programs that target	 Develop a provincial business plan for quality daily physical education in the schools system in collaboration with the Nova Scotia Department of Education. 	HRSB
physically inactive people with accessible	 Implement, in collaboration with the Nova Scotia Department of Education, a strategy for daily physical activity in schools.¹¹ 	HRSB
activities of interest.	 In addition to actions noted above, expand opportunities for increasing levels of physical activity in the school setting.¹⁷ 	HRSB
	 Develop a reward and recognition program for organizations and corporations who support physical activity. 	HSFNS
	 Develop physical activity audits to help organizations and corporations plan, implement and evaluate their physical activity strategies. 	HSFNS
	 Encourage day care/child care and family resource centres to adopt policies concerning their commitment to and provision of physical activities. ¹¹ 	HPP
	Encourage home visiting programs to include a physical activity component.	IWK/CH
	 Develop a system that links physically inactive patients to sport, recreation and physical activity programs in the community. ²⁸ 	CH/IWK
	 Develop a policy that guarantees the opportunity for every child in the Halifax region to learn to swim and skate. 	HRM
Objective 2C	Action Plan	Lead Agency
To encourage the	 Identify and disseminate tools and resources to workplaces that promote physical activity. ²⁸ 	HPP
public and private sector to adopt policies and practices that will create a workplace environ-	 Develop workplace active living maps showing opportunities for physical activity in the vicinity of workplaces in major Halifax region employment areas. ¹⁷ 	HRM/CH

ment that supports physical activity.



Goal 3: Community Built & Natural Environments

To create and maintain built and natural environments and infrastructure which support and inspire Halifax region residents to be active in all aspects of their daily life.

Overview:

Communities will be created to support physical activity through improved planning and design and coordination among all agencies responsible for built and natural environments. Safe, accessible and inviting pathways will encourage residents to walk or wheel for recreation and for transportation. New and expanded environments will be available for walking and wheeling, and parts of the community will be trialed as non-motorized areas. Professionals who plan and develop Halifax region communities will be guided by new policies and incentives for creating physically active environments, and those that excel will be recognized and rewarded.





Objective 3A	Action Plan	Lead Agency
To adopt planning practices and policies that support physical	 Ensure representatives from sport, recreation, health and education participate in major planning studies for the built environment to provide input that can maximize opportunities for physical activity. 	HRM
activity in the planning, design and development	 Support land use planning policies and implementation strategies that ensure schools, transit stations, business, residential, recreation and com- mercial areas in the Halifax region are linked by sidewalks, trails and paths. 	HRM
of the built environment.	 Ensure the adoption of policies and practices to enhance the attrac- tiveness, accessibility and safety of all physical activity venues (trails, stairwells, facilities, bike paths, sidewalks) 	HRM
	 Develop a program for communities, individuals, developers and busi- nesses that recognizes excellence in providing environments that support physical activity. 	HSFNS
	 Complete continuous trails and boardwalks around the Halifax Harbour, as feasible, to capitalize upon this unique environment for physical activity. 	HRM
	 Develop and promote building and community design guidelines that support physically active communities and built environments. 	HPP
	 Encourage mixed land uses so that people can walk and wheel to work or school and to facilities and services that would otherwise only be acces- sible with vehicles. 	HRM/ HPP
	 Support sidewalk friendly retail to encourage residents to walk for errands, child care, leisure, and shopping (i.e. doors and attractions to the shops are directly accessed from the sidewalk). 	HRM
	 Support street engineering standards and changes to facilitate walking and wheeling and for the use of streets as social spaces. 	HRM
	 Provide street trees for shade to protect citizens from ultraviolet rays, cre- 	HRM
	ate a "channel for nature" and encourage walking and wheeling.	



Objective 3B	Action Plan	Lead Agency
To enable people to walk and wheel as a leisure activity and as a method of getting from place to place.	 Pursue the "pedestrianization" of streets (e.g. wider sidewalks) with a future view towards establishing pedestrian only right of ways. Adopt new policies to support active transportation and cycling including reduced traffic speeds, expanded bike racks, and expanded trail development. ^{16, 28} Create strategies to encourage people to use active transportation corridors, including trails, sidewalks, 	HRM HRM HRM/HS- FNS
	 walkways, pathways and bicycle facilities. Pilot street closures for individual and family recreation use. Promote and increase the number of walking initiatives across the Halifax Region. 	HRM HSFNS
Objective 3C	Action Plan	Lead Agency
To maximize access to community facilities that could be used to support increased levels of physical activity.	 Expand the current Service Exchange Agreement between HRM and HRSB to achieve increased access to junior highs and high schools during evening prime time. ²⁸ Develop clauses within the Service Exchange Agreement between HRM and HRSB pertaining to increased weekend bookings and custodial time to improve affordability and access to the user (as per the Citadel High Joint Use Agreement). ²⁸ 	HRM/HRSB
	 Encourage HRM and HRSB to improve affordability and access to schools for not for profit community groups. ²⁸ Address barriers associated with school access and liability insurance for not for profit groups and sport 	HRM/HRSB HRSB/HPP
	 associations. Identify under utilized facilities for physical activity and develop agreements to facilitate public use. 	HRM
	 Support the ongoing assessment of sport and recreation facilities to ensure an appropriate infrastructure to support physical activity. 	HRM
	 Develop a municipal facility allocation policy that ad- dresses the need for more time in recreation facilities 	HRM
	 for effective programs for the physically inactive. Investigate opportunities to introduce the physically inactive to sport as part of a municipal sport policy. 	HRM



Goal 4: Leadership and Accountability

To ensure community organizations, and public, private and non-profit agencies work in partnership to continually plan, implement, evaluate and improve this sustainable, long-term physical activity strategy.

Goal 4

Overview:

Implementation, evaluation and continuous improvement are critical components of the Physical Activity Strategy. Implementation depends upon secure sources of funding, dedicated staff, an effective governance structure, creative approaches to secure funding, and community engagement to build effective partnerships and recruit new leaders.

The evidence-based approach used to develop the strategy will govern its implementation. In association with research leaders in the Halifax region, the strategy will be continually evaluated and updated. Evaluation will address both the implementation of the action plans and their impact on physical activity levels in the Halifax region relative to the targets established for the strategy. In addition, the strategy will continue to rely on the literature, future research and best practices as action plans are updated.





Objective 4A	Action Plan	Lead Agency
To build the leader- ship, partnerships and stable funding required to implement this long term physical activity strategy.	 Create a governance structure with representation from the Lead Agencies and others as appropriate to be responsible for the physical activity strategy. Recruit new partners and create agreements to enable them to assume responsibility for the implementation of action plans. ^{27, 28} Explore a number of options, including sponsorships and endowments to secure stable, ongoing funding to manage the physical activity strategy. Prepare an ongoing communication strategy to report on success with implementation and the results of ongoing research and evaluation. 	Governance Body Governance Body Governance Body Governance

Objective 4B	Action Plan	Lead Agency
To undertake evaluation and research that will continually improve	 Review annual operational plans and make adjust- ments as required. Create, in partnership with local universities and 	
this physical activity strategy.	 other agencies, a research and evaluation team with the skills, expertise and commitment to continuously evaluate and improve the physical activity strategy Ensure processes are in place so that those responsible for the physical activity strategy are familiar with best practices and research in other jurisdictions and use this evidence to update and improve the strategy 	CH & E
	 Monitor success in meeting the community-wide targets for physical activity that were adopted for this strategy. Commission research in action plan areas where there is insufficient evidence of effective interventions for increasing physical activity. 	Governance Body Governance Body



Measuring Success

Improved Levels of Physical Activity – Indicators of Success

The goal of the Physical Activity Strategy is to achieve a measurable improvement in the physical activity levels of Halifax region residents, specifically the levels within the strategy's target groups. Indicators of success have been identified, and targets have been set so changes in physical activity levels within each target group can be monitored (see table on page 26).

Indicators have not been established for all of the strategy's goals and objectives. The initial indicators of success will be expanded in the future. It is also anticipated that indicators of success will be adopted to monitor individual action plans during implementation (e.g., monitoring kilometres of trail added; number of patients advised about physical activity by a health professional; agencies signing the physical activity charter, etc.). Also, because this strategy is based on the principle of gender equity, the long-term objective is to have boys and girls achieving the same (significantly improved) level of physical activity.





A 10 percentage point improvement in physical activity levels by 2014 is an ambitious target. However, based on experiences in other jurisdictions, it is achievable. Our current low levels of physical activity underscores the need for immediate action and a challenging target. It is also important to note that achieving a 10 percentage point improvement does not mean the job is done. As with tobacco reduction, it will take long term sustainable efforts and resources to make a population impact.





Indicators of Success

Ind	icators of Success	Baseline	2014	Data Source
1.	Population aged 20+ who accumulate 30 – 60 minutes of at least moderate intensity physical activity, 5 days per week	50%	60%	Canadian Community Health Survey 2005. Custom tabulation prepared by Nova Scotia Deptartment of Health
2.	Junior high age youth who meet the daily 60 minute standard of moderate to vigorous activity			Physical Activity Levels and Dietary Intake of Children and Youth In the Province of Nova Scotia. Available at www.gov.ns.ca/hpp/repPub/PACY_2005_Report.pdf
	Boys	36%	46%	
	Girls	21%	31%	
3.	Older adults 65+ who accumulate 30 – 60 minutes of at least moder- ate intensity physical activity, most days of the week	31%	41%	Canadian Community Health Survey 2005. Custom tabulation prepared by Nova Scotia Deptartment of Health
4.	Population 20+ who report walk- ing to work, school or errands at least 6 – 10 hours per week	32%	42%	Canadian Community Health Survey 2005. Custom tabulation prepared by Nova Scotia Deptartment of Health

Ongoing Evaluation and Monitoring

Ongoing evaluation and improvement of the Physical Activity Strategy is critical and will be pursued through three related activities.

1. Annual Operational Plans

Annual operational plans will be prepared to set performance objectives and monitor the implementation of the action plans. A formal implementation structure with dedicated staff and resources will work with existing community agencies to implement this strategy. An annual operational plan will outline available resources and the commitments of community partners and will include a timetable, budget, responsibilities, and anticipated outcomes for action plans.

2. Monitoring National, Provincial and Local Trends.

Success in meeting the targets for the strategy will be determined by monitoring local trends and national and provincial studies dealing with physical activity (such as Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia, the Canadian Community Health Survey, Canadian Fitness and Lifestyle Research Institute's Physical Activity Monitor, and other studies that may be commissioned in the Halifax region).

3. Selected Research Studies

Research will be undertaken in selected areas of the Physical Activity Strategy. These studies, to be undertaken in conjunction with the research community, will provide an in-depth assessment of specific action plans and contribute to the larger national and international body of literature addressing physical activity. Research topics will be determined on an ongoing basis and undertaken as resources permit.



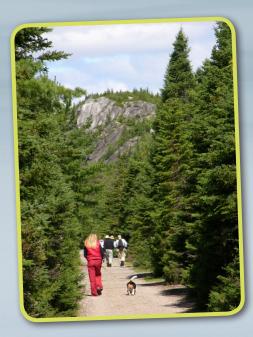
Next Steps

Planning will begin immediately following the launch of the Physical Activity Strategy. The Lead Agencies will act as a transition team to help develop a formal governance structure for implementation.

The following steps will be addressed:

- Establish an implementation governance structure.
- Hire a project manager and administrative support.
- Establish a year one operational plan with priorities, time frames and required resources.
- Establish an evaluation team and develop an evaluation framework

It is anticipated that these tasks can be accomplished within six months of the launch and will create the necessary structure and support required to begin work on the strategy.









Appendix 1: A Profile of Our Community

Demographic Profile

- Encompassing more than 5,500 sq. km., an area larger than Prince Edward Island, the Halifax region is comprised of more than 200 communities, from major urban centres to rural communities and seaside villages.
- The Halifax region is one of the fastest growing municipalities in Nova Scotia; in 2006, its 372,810 residents represented an 8.7% increase in population since 1996.
- The community's age structure is comparable to national averages, with about 22.7% below the age of 20, and 12.1% over the age of 65.
- As with most Canadian communities, the proportion of older adults will continue to grow.
- Families with fewer children and an increasing proportion of lone-parent families in the Halifax region are also reflective of national trends. In 2006, the Halifax region was home to about 180 different ethnic origins.
- An estimated 7.5% of the Halifax region's population, 27,600 people, belonged to a visible minority group. While this
 proportion was below the national level of 16.2%, it was higher than any other census metropolitan areas in the Atlantic
 region, and up from 7.0% in 2001.

Health Profile

Physical inactivity is a well established modifiable risk factor for a variety of chronic diseases and obesity.¹⁵ These conditions are highly prevalent in the Halifax region and Nova Scotia, and include cancers, cardiovascular diseases, certain mental health conditions, arthritis and other musculoskeletal conditions, respiratory diseases, endocrine disorders such as diabetes, and obesity.

- Nineteen percent of the population in the Halifax region is classified as obese, signifying an alarmingly high body mass index (BMI is a ratio of weight to height) that predisposes individuals to a variety of ailments.²⁹
- Only 45% of the population is in the recommended range for BMI.²⁹
- A significant proportion of the Halifax region population suffers from diabetes 5% of the population, as estimated by the Canadian Diabetes Association and confirmed by self-report of diabetes in over 17 000 residents of the Halifax region during the Canadian Community Health Survey in 2005.²⁹
- Cancers and cardiovascular diseases continue to cause the highest mortality rates in Nova Scotia, and the highest burden of hospitalizations within the Halifax region.²¹
- Over 36% of deaths in Nova Scotia are caused by cardiovascular diseases, including coronary artery disease and complications of hypertension, while 30% are caused by cancers. ²¹
- Nova Scotia currently has the second highest incidence of cancer in Canada, surpassed only by PEI.²⁴
- The death rate from cancer and respiratory disease in Nova Scotia continues to be higher than the national average.²⁵
- The risk of death from cardiovascular diseases and all causes, and the incidence of cardiovascular illness and a variety of cancers, has been shown over many decades to be reduced by regular participation in physical activity.¹⁵



Appendix 2: Bibliography

Bibliography

1. Active Healthy Kids Canada. Older But Not Wiser, Canada's Future at Risk. Canada's Report Card on Physical Activity for Children & Youth – 2007.

2. Bensimhon, D., Kraus, W., Donahue, M. (2006) Obesity and Physical Activity: A review. American Heart Journal, 151, 598-603.

3. Brennan-Ramirez, L., Hoehner, C., Brownson, R., Cook, R., Orleans, C., Hollander, M., Barker, D., Bros, P., Ewing, R., Killingsworth, R., Petersmarck, K., Schmid, T., Wilkinson, W. (2006) Indicators of Activity-Friendly Communities. An Evidence-Based Consensus Process. American Journal of Preventative Medicine, 31 (6), 1–10.

4. Bull, F., Bauman, A., Bellew, B., Brown, W. Getting Australia Active II, An update of evidence on physical activity for health, August 2004. National Public Health Partnership, 2004.

5. Campagna, P., Amero. M., Arthur, M., Durant, M., Murphy, R., Porter, J., Rehman, L., Thompson, A., Wadsworth, L. PACY – 2005. Physical Activity Levels and Dietary Intake of Children and Youth in the Province of Nova Scotia – 2005. Submitted to the NS Department of Health Promotion and Protection and the NS Department of Education.

6. Canadian Diabetes Association. Nova Scotia and Diabetes Report, 2005: A Special Supplement. Ottawa (ON): Canadian Diabetes Association [cited 1 Feb 2008]. Available at: http://cansim2.statcan.ca/

7. Canadian Institute for Health Information. Improving the Health of Canadians: Promoting Healthy Weights. Canadian Population Health Initiative. (2006), ISBN 1-55392-773-7 (PDF)

8. Canadian Institute for Health Information. Pan-Canadian Primary Health Care Indicators. Pan-Canadian Primary Health Care Indicator Development Project, report 1, volume 2.

9. Canadian Public Health Association. Canadian Journal of Public Health, Vol. 32, Supplement 2E, 2007.

10. Capital Health (2004). Why Change the Way We Think About Health? Capital Health December 2004.

11. Coalition for Active Living. Framework for a Pan-Canadian Physical Activity Strategy.

12. Coalition for Active Living (2006). Investing in Prevention A Business Plan to Increase Physical Activity in Canada

13. Colman, R., Hayward, K, Monette, A., Dodds, C., Landon, L. The Cost of Chronic Disease in Nova Scotia. GPI for Atlantic Canada, Measuring Sustainable Development. Application of the Genuine Progress Index to Nova Scotia. Prepared for: Unit for Chronic Disease Prevention and Population Health, Department of Community Health and Epidemiology, Faculty of Medicine, Dalhousie University and Health Canada, Population Health Branch, Atlantic Region October 2002.

14. Dalhousie University, Unit for Population Health and Chronic Disease Prevention on Behalf of Working Group Members. Nova Scotia Chronic Disease Prevention Strategy, October 31, 2003.

15. Darren, E.R., Wartburton, D.E.R., Nicol, C.W., Bredin, S.S.D. Health Benefits of Physical Activity: The Evidence. Canadian Medical Association Journal; 174(6):801-9. 2002.

16. Heart and Stroke Foundation of Canada. Interventions Related to Obesity, A State of the Evidence Review. Heart and Stroke Foundation of Canada 2005.

17. Kahn, E., Ramsey, L., Brownson, R., Heath, G., Howze, E., Powell, K., Stone, E., Rajab, M., Corso, P., Task Force on Community Preventative Services. The Effectiveness of Interventions to Increase Physical Activity, A Systematic Review. Am J. Prev Med 2002;22(4S) 73-107.



18. Heath,G., Brownson, C.,Kruger, J., Miles, R., Powell, K., Ramsey, L., and Task Force on Community Preventive Service., The Effectiveness of Urban Design and Land Use Policies and Practices to Increase Physical Activity : A Systematic Review. Journal of Physical Activity and Health 2006; 3, Suppl 1, S55-S76.

19. Lau, D.C., Douketis, J.D., Morrison, K. M., Hramiak, I.M., Sharma, A.M., Ur, E, for Members of the Obesity Canada Clinical Practice Guidelines Expert Panel. (2006) Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children. CMAJ, 2007;176(8Suppl):Online-1-117.

20. Merrifield, R. Healthy Weights for Healthy Kids, Report of the Standing Committee on Health, 39th Parliament, 1st Session. March 2007

21. Nova Scotia Department of Finance. Community Counts 2006. [cited 1 Feb 2008]. Available at: hppt://www.gov.ns.ca/finance/communitycounts/

22. Nova Scotia Department of Health, Canadian Community Health Survey, Cycle 3.1, Report 1. (Oct 2006) Physical Activity in Nova Scotia

23. Ontario Ministry of Health Promotion, Active 2010, Community Physical Activity Planning, A Resource Manual for Communities Preparing Plans.

24. Public Health Agency of Canada. Cancer Surveillance on-line. Ottawa (ON): Government of Canada; 2004 [cited 1 Feb 2008]. Available at: http://dsol-smed.phac-aspc.gc.ca/dsol-smed/cancer/index_e.html

25. Public Health Agency of Canada. Chronic Disease Surveillance on-line. (ON): Government of Canada; 2004 [cited 1 Feb 2008]. Available at: http://dsol-smed.phac-aspc.gc.ca/dsol-smed/mcd-smcm/index_e.html

26. Raine, K., (2004) Overweight and Obesity in Canada: A Population Health Perspective. Canadian Institute for Health Information.

27. Sallis, J., Cervero, R., Ascher, W., Henderson, K., Kraft M.K., Kerr, J. (2006) An Ecological Approach to Creating Active Living Communities. Annual Review Public Health, NS Department of Health 27:14.1-14.26

28. Saskatoon Health Region, University of Saskatchewan (College of Kinesiology), City of Saskatoon (Community Services Department) (2005). Saskatoon in Motion. Five Years in the Making 2000-2005. Saskatoon Health Region, University of Saskatchewan (College of Kinesiology), City of Saskatoon (Community Services Department)

29. Statistics Canada. Canadian Community Health Survey 3.1 (January-June 2005). Ottawa (ON): Government of Canada; [cited 1 Feb 2008]. Available at: http://cansim2stantcan.ca

30. Thomas, H., Fitzpatrick-Lewis, D. (2007) The Effectiveness of Interventions to Increase Physical Activity among Marginalized Populations. Hamilton, ON: Effective Public Health Practice Project.

31. Walker, S., Colman, R., for the Heart and Stroke Foundation of Nova Scotia (2004). The Cost of Physical Inactivity in Halifax Regional Municipality. GPI for Atlantic Canada, Measuring Sustainable Development. Application of the Genuine Progress Index to Nova Scotia. August 2004

32. World Health Organization. A Guide for Population-based Approaches to Increasing Levels of Physical Activity: Implementation of the WHO Global Strategy on Diet, Physical Activity and Health. 2007. World Health Organization.

33. World Health Organization. Global Strategy on Diet, Physical Activity and Health. May 2004. World Health Organization. http://www.who.intdietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

34. World Health Organization. Physical Activity and Health in Europe: Evidence for Action. (2007) World Health Organization. www.euro.who.int/document/e89490.pdf

35. World Health Organization. Promoting Physical Activity and Active Living in Urban Environments: The Role of Local Governments. (2007) World Health Organization www.euro.who.int/document/e89498.pdf

36. World Health Organization. Guide for population-based approaches to increasing levels of physical activity. (2005) World Health Organization. www.who.int/dietphysicalactivity/pa/en/index.html

Appendix 3: Strategy Committee

Name	Title	Organization	
Michael Arthur	Manager, Physical Activity	Nova Scotia Health Promotion & Protection	
Dr. Chris Blanchard	Associate Professor, Canadian Research Chair	Dalhousie University, Dept. of Medicine, Capital Health, Centre for Clinical Research	
Leslie Anne Campbell	Coordinator/Analyst	Health Outcomes Research Unit, Capital Health	
Anne Cogdon	Executive Director, Primary Health	IWK Health Centre	
Carol Davis-Jamieson	Regional Representative Physical Activity,	Nova Scotia Health Promotion & Protection	
Diana Dibblee	Sport and Recreation Facilitator, Health Promotion	Halifax Regional School Board	
Michelle LeDrew	Manager, Health Promotion	Public Health Services, Capital Health	
Kathy MacKinnon	Area Coordinator, Community Recreation Services	Halifax Regional Municipality	
Karen MacTavish	General Manager, Community Recreation Services	Halifax Regional Municipality	
Gabrielle Riley	Active Living Coordinator, Community Recreation Services	Halifax Regional Municipality	
Mary Russell	Director, Community Health	Capital Health	
Elaine Shelton	Director of Health Promotion	Heart & Stroke Foundation of Nova Scotia	
Tina Tucker	Acting Director of Health Promotion	Heart & Stroke Foundation of Nova Scotia	
Gaynor Watson-Creed	Medical Officer of Health	Public Health Services, Capital Health, Nova Scotia Health Promotion & Protection	





