Journal of Physical Activity and Health, 2011, 8, 1044-1056

Evolution and Devolution of National Physical Activity Policy in Canada

Cora Lynn Craig

Background: Low levels of physical activity (PA) and fitness have long been a government concern in Canada; however, more than half of adults are inactive. This article examines factors influencing policy development and implementation using Canadian PA policy as a case study. ***Methods:*** Current and historical PA policy documents were amassed from a literature review, audit of government and non government websites and from requests to government officials in each jurisdiction directly responsible for PA. These were analyzed to determine policy content, results, barriers, and success factors. ***Results:*** The national focus for PA policy in Canada has devolved to a multilevel system that meets most established criteria for successful strategies. Earlier PA targets have been met; however, the prevalence of PA decreased from 2005 to 2007. Annual per capita savings in health care associated with achieving the earlier target is estimated at $6.15 per capita, yet a fraction of that is directed to promoting PA. ***Conclusion:*** Evidenced-based strategies that address multiple policy agendas using sector-specific approaches are needed. Sustained high-level commitment is required; advocacy grounded in metrics and science is needed to increase the profile of the issue and increase the commitments to PA policies in Canada and internationally.

Keywords: public health, exercise, health promotion, chronic disease prevention

Physical activity (PA) has been on Canada's policy agenda since Confederation,[1] yet 51.9% (95% CI 50.6, 53.2) of Canadian adults do less than the equivalent of 30 minutes of moderate activity daily.[2] There is ample evidence that physical inactivity increases the risk of obesity, non communicable disease, and premature death.[3] The associated economic burden of physical inactivity amounts to 2.6% of total health care costs or $5.3 billion Canadian annually.[4]

Participation in leisure-time PA increased in Canada between 1981 and 2000,[5] but this trend may be reversing.[2] The potential for reduced PA due to technological changes in society was first raised as an issue in the 1970s.[6] Such societal changes underscore the need for PA policy to remove or reduce the social, organizational, and environmental barriers to PA. The need for such action has been recognized[7] and research efforts are beginning to define PA policy frameworks[8–12] and associated barriers and critical success factors[9,13] for their implementation.

Interest in PA policy emerged internationally in the late 1990s among the network of individuals working with the World Health Organization (WHO) Active Living Program.[9] Subsequently, the WHO Global Strategy on Diet and Physical Activity[7] was developed to help address the global burden of non communicable disease and act as a catalyst for national policies. In Canada, 1961 legislation to support PA promotion and elite sport was housed under welfare,[14] and under Canada's Constitution, recreation including PA lies within the jurisdiction of provinces. As a result, the historical nexus for PA policy in Canada has existed outside the direct realm of health strategies, but contributes to population health.

PA policy audits have begun to emerge nationally[8,15] and internationally.[10,16] Yet little is known about the long-term impact of policy on PA levels. Finland and Canada are 2 countries where PA levels increased in the 1980s and 1990s.[5] A recent historical examination of Finland's policies[15] noted that despite the introduction of multisector policies and new opportunities for PA, participation had leveled off. It was concluded that it may be difficult to increase PA in countries with high current levels of PA, even when comprehensive long-term policies are adopted. The purpose of this article is to contribute to PA policy development by examining the evolution of Canadian policy, the associated political context influencing development, barriers, and success factors to implementation, and the potential impact of policies.

Methods

Definition of Policy Document

Bull et al[8] defined policy as "a formal statement that defines physical activity as a priority area, states specific population targets and provides a specific plan or framework for action. It describes the procedures of institutions in the government, nongovernment, and private sector to promote physical activity in the population, and defines

The author is with the Canadian Fitness and Lifestyle Research Institute, Ottawa, Ontario, Canada, and the School of Public Health, University of Sydney, Sydney, Australia.

the accountabilities of the involved partners." In this article, policy is defined as written documents or statements that identify PA as a priority area for the population or target populations and outlines a framework for action. Eligible policies included legislative documents, strategic plans, and frameworks for action developed under the auspices of the federal, provincial, and territorial (FPT) governments directly responsible for PA promotion.

Collection of Policies

A literature and FPT policy review was undertaken to identify appropriate documents. Government and non government web-sites were audited to identify any current policy statements by the government departments responsible for PA. In addition, officials were contacted in each jurisdiction to request copies of current and historical PA policy documents. These individuals were senior officials who worked in the FPT department responsible for PA and were directly responsible for policy development, strategic planning, or program implementation. Just over half responded. The search results were verified by a senior official of the joint FPT working group on PA and deemed to be complete. The literature search of Canadian PA policy statements was supplemented by reviewing historical documents amassed since 1981 by the author. She was actively involved in PA policy development and research pertaining to FPT jurisdictions since 1985, served as a Member on Ministerial Steering Committees/ Task Forces considering national PA policy, and was a Board Member on not-for-profit agencies including the precursor to Canada's Active Living Coalition (CAL). The historical documentation was reviewed by the current Chair of CAL, who has been involved with national policy for over 10 years.

Evaluation Grid for Policy Documents

To evaluate current PA policy, Bellew et al's HARDWIRED criteria were adopted,[10] which considers comprehensiveness, resourcing, and accountabilities. This set of criteria is pertinent to the current examination as it was developed through a review of national PA policies to identify factors instrumental to their success. More specifically, the HARDWIRED criteria are 1) highly consultative in development, 2) active through multistrategic and multilevel partnerships, 3) resourced adequately, 4) developed as stand-alone strategies that are relevant to other policy agendas, 5) widely communicated messages, 6) independent monitoring of results, 7) roles that are well articulated, 8) evidence-based, and 9) defined national guidelines available.

Results

Government Policy Structure

Canada is a constitutional monarchy of federated provinces, which is headed by the Queen of England (represented by the Governor General) and governed by a Parliament of elected officials, which is led by the Prime Minister.[17] Cabinet, the main Parliamentary Committee, is comprised of Ministers who are responsible for a major policy area spanning specific Agencies and Departments. Typically, federal Departments are structured as Program Units within Divisions within Directorates within Branches (Figure 1). PA promotion is currently housed in the Healthy Living Unit and linked to the Integrated Pan-Canadian Healthy Living Strategy Unit, both of which are part of the Healthy Communities Division of the Public Health Agency of Canada. Federal authority for health is limited under the constitution to establishing marine hospitals and quarantines; however, the provision for spending authority enables the federal government to spend and act in areas where it has no direct regulatory power (such as Medicare, PA promotion, etc.) provided that is not deemed to amount to a regulatory scheme falling within Provincial jurisdiction.

Provincial governing authority stems directly from the 1867 Constitution. The authority is broad and deemed to cover all matters of a local or private nature in the province, including health. Each province has a Lieutenant Governor who is the Queen's representative. Territorial authority is granted by the federal level. The governing structure within provincial and territorial jurisdictions is similar to the federal structure; however, specific departments and associated responsibilities vary between jurisdictions. For example, PA promotion occurs within Newfoundland and Labrador's Department of Tourism, Culture, and Recreation and Ontario's Ministry of Health Promotion. As part of the constitution, exclusive authority for municipal affairs is the jurisdiction of provincial governments. Local governance is accountable to the communities through democratic elections. Municipalities set local policies such as land use by-laws. Provinces also have exclusive jurisdiction for education and set school curricula.

From Evolution to Devolution

Policy development has been driven by national security,[18] social issues associated with the Great Depression,[1,18,19] national prestige related to Olympic sports,[20] and more recently concern about the public health burden of obesity and noncommunicable disease (Table 1).[21] Canada's recreation movement arose to address social issues in British Columbia in 1934[20,22] and spread across the Western Provinces. Labor legislation in 1939 helped other provinces provide fitness programs to unemployed men.[20] High levels of recruit rejection due to low fitness in the Second World War led to 1943 legislation,[20] which provided matching provincial grants so that most other provinces initiated fitness/recreation programs.[20,22] Despite creating a new department to reflect federal interest in health, responsibility for the fitness legislation was housed in the Welfare Branch.[14] Low fitness levels among Americans in the late 1950s sparked PA advocacy efforts[23] at a time when sport advocacy created much debate in Parliament.[24] Introduced as a health bill, 1961 legislation served the dual purpose of increasing mass participation and improving sport performance.[25] Despite this, its language reflected a priority for sport[25]

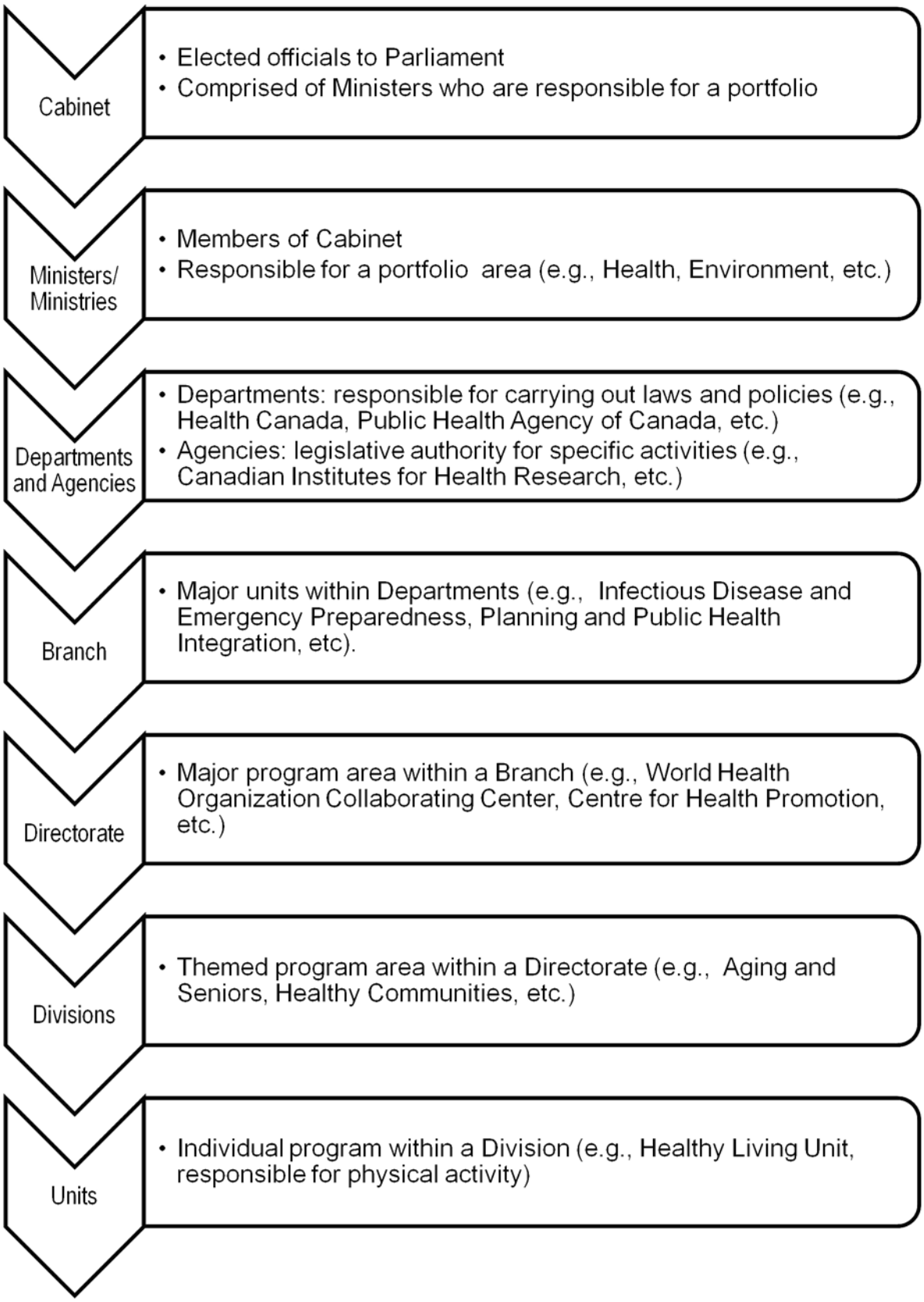

Figure 1 — Governance and government structure, Canada.

Table 1 Summary of Key Legislative and Policy Documents in Canada: National Perspective

Document and purpose	Policy driver	Result	Barriers (B) and success (S) factors
1880-1900 Park Legislation (Federal, Provincial levels) Purpose: to grant government land to create parks[22]	Municipal development of "breathing spaces"	Parks in major cities, but by-laws prohibit playing active games; Supervised playgrounds in >15 cities by 1913[22]	(S) Emergence of playground movement led by National Council of Women of Canada[22]
1908 Bilateral (Federal-Nova Scotia) Agreement Purpose: to support provincial physical activity and military training in publicly funded schools[18]	Concern about military readiness in a young country	Expanded to support programs in all provinces through a gift from Lord Strathcona in 1909[18]	(S) Commitment of Lord Strathcona, High Commissioner to Canada. (S) Gift of $500,000 ($10.5 million (M) in 2008 dollars); 4% annual payments ($.06 per capita in 2008 dollars)[18]
1939-1943 Legislation: Labor Department's Youth Training Act Purpose: to provide fitness training program for unemployed youth and men after second world war[1,19]	Concern about unemployment;[19] Response to the national recreation movement	Financial support to provinces to provide fitness programs[14,19]	(S) Best practice model British Columbia's Pro-Rec which created municipal recreation departments in 1939
1943-1954 Legislation: National Physical Fitness Act of Canada Purpose: to create a National Council of Fitness; to encourage sports through school programs; to help develop degree courses in physical education[1,14]	Government's interest in health and social welfare;[14] Response to recreation movement	Provision of matching grants for provincial fitness/ programs;[14] Recreation departments created in all but 2 provinces by 1954[1]	(S) Provincial recreation movement promoting local recreation, including physical activity (S) $250,000 ($3.2M in 2008 dollars)[1]
1961-2002 Health Legislation: Bill C-131, Fitness and Amateur Sport (FAS) Act Purpose: to encourage mass participation in physical activity for fitness and to improve international sport performance; to create a national Advisory Council on FAS; to provide for the training of coaches and other personnel; to provide grants or establish agreements with agencies (including provincial) to contribute to provincial FAS programs; to undertake research and surveys related to fitness and amateur sport[25]	Competing concerns for health and international prestige in sport[24]	1972 creation of ParticipACTION as a not for profit to motivate Canadians to be more active[14] 1972 Conference on Fitness and Health resulting in recommendations included in 1974 health policy paper[14] Elevation of responsibility within government; appointment of first Minister of State for FAS[14] Creation of Recreation Directorate for PA[14] 1980 creation of Canadian Fitness and Lifestyle Research Institute (CFLRI) as a not-for- profit to monitor fitness and PA and to conduct research	(S) Availability of metrics on the fitness of Americans[23] (S) Advocacy efforts leading to the Duke of Edinburgh's speech calling for improved fitness[23] (B) Low profile of and investment in PA relative to elite sport development[14,26] (S) Provincial matching grants of $250,000 in 1961/2 increased to $1M by 1964 ($1.8M increased to $6.6M in 2008 dollars)[14] (B) Cessation of provincial grants in 1970,[14] worsening FPT relationships (S) 1972 Nutrition surveys found high prevalence of inactivity[23] (S) Increase from $433,905 in 19971/2 to $2.1M in 19972/3 ($2.4 to $11.6M in 2008 dollars)[14] (S) Increased structural capacity

(continued)

Table 1 *(continued)*

Document and purpose	Policy driver	Result	Barriers (B) and success (S) factors
1974 Policy paper: A New Perspective on the Health of Canadians (Lalonde Report) Purpose: to recognize the importance of lifestyle behaviors, social and physical environments as key pillars in the health of the nation[27]	Health status of Canadians did not appear to improve despite universal health care[28]	12 policy recommendations for PA[28]	(S) Health promotion focus in National Health and Welfare[23] (B) Apparent good news story; no efforts to make the case for PA as health issue within the PA community
1979 Policy Paper: In Pursuit of Excellence—A National Policy on Amateur Sport Purpose: to officially cede responsibility for recreation[14]	Deteriorating FPT relations[14]	Reduced federal mandate for PA, but retained responsibility for national fitness goals and standards[14]	(B) Distrust due to on and off grant funding to provinces
1979 Agreement: Transfer of Authority from Federal Government to Provinces/ Territories Purpose: to transfer authority for running lotteries from federal to provincial jurisdiction; to replace the federal lottery funds used to fund cultural fitness, sport and recreation program through provincial agreements[14]	Poor FPT relations;[14] Disconnect between federal lottery funds to support PA and transfer of recreation authority to provinces	Entrenched funding for PA to replace funds obtained from lotteries[14]	(S) Provincial transfers to federal government to support culture, recreation, sport and the arts. (S) PA budget received 6.5 M (17.1M in 2008) indexed to cost of living in perpetuity[14]
1981 Policy Paper: A Challenge to the Nation Purpose: to raise fitness levels; to improve opportunities for physical recreation; to liaise with provinces in complementary program areas; to confirm federal role in promoting physical activity[14]	Continued FPT tension	Clarification of federal role in promoting PA including: Promoting PA to target groups; Monitoring through CFLRI; funding 'practical' research; Mass promotion through ParticpACTION; Leadership development[14]	(S) Value attached to metrics (S) High recognition of ParticipACTION among Canadians[64] (B) Improving FPT relations,[14] but not 'strong'
1987 Policy Paper: Fitness . . . The Future: Report of the Canadian Summit on Fitness Purpose: to broaden interpretation of fitness from which the concept of active living evolved; to confirm the federal role in fitness ; to provide leadership, play a coordinating role and work in partnership with others in development of policy; to confirm the federal responsibility for physical activity[30]	Concern about low fitness levels for health Era of fiscal restraint and privatization	Creation of "Blueprints for action" to implement led strategies and action plans for women, older adults, children, persons with disabilities, workplaces, research[14] Creation of secretariats to support implementation of the plans (except of research)[14] Creation of formal partner networks for "Blueprints"[14] Creation of Go for Green to link active living and the environment[14] Creation of Focus on Active Living '92 secretariat to foster community development[14]	(S) Canada's 125 anniversary in 1992 as a focal point for supporting community development[14] S) Start of an era of increased Federal-provincial cooperation (S) Creation of target-specific networks reaching multiple levels[14] (S) Use of Canada Fitness Survey metrics in planning[30] (S) Developed via broad consultation[30] (B) Loss of funding in 'real' dollars. Increased funding from $9.8M in 1987/8 to $10.6M ($13.1M to $16.2M in 2008), but erosion of real dollars by 1992 ($12.9M 2008 dollars)[14]
1987 FPT Policy Paper: National Recreation Statement Purpose: to define the federal and provincial/territorial roles; to create a mechanism for collaboration, including a committee structure responsible for implementation of joint work plans.[48]	Reaction to the discontinuation of provincial support for physical activity recreation programs	FPT committee structure for policy development[48] Annual work plans outlining actions, roles and responsibilities Structures to support joint action[48]	(S) Formal start to an era of increased FPT cooperation

(continued)

Table 1 *(continued)*

Document and purpose	Policy driver	Result	Barriers (B) and success (S) factors
1992 Policy Document: Minister's Steering Committee on Active Living Interim Report Purpose: to review national active living infrastructure; to consider implications of national policy "Sport the Way Ahead"; to recommend roles for Fitness Canada[32]	Concern about budget deficits Movement toward supporting mass sport participation.	Recommendation to increase coordination among Blueprint secretariats,[32] but used to reduce infrastructure Dismantling of FAS Branch. Fitness directorate became a unit in health.[14]	(B) Lack of funding (S) Advocacy efforts of national organizations slow the rate of cutbacks (B) Loss of entrenched funding for fitness/PA from 1997 Lottery agreement[14]
1992 Policy paper: Fall Forum on Active Living Purpose: to create a vision of active living; to reach consensus on strategic directions, goals, and priorities; to identify functions of a national collective/coalition[14]	Economic restraint	Accountability process to PA movement as a result Canadian Summit on Fitness[30] Development of action plans[14]	(S) Cooperation among partners (B) Lack of funding
1994 FPT Policy paper: Strategies for Population Health: Investing in the Health of Canadians Purpose: to recognize the broad determinants of health including the impact of disparities[61]	Containing health care costs; Controlling and reducing economic deficits	Shift in grants funding to support programs addressing social inequalities and related access issues[61]	(S) Basis for aligning PA promotion and health promotion
1997 FPT Policy Paper: Toward and Active Canada: A Framework for Action Purpose: to establish first joint national-provincial/territorial goal; to outline strategies that could be undertaken; to establishment of monitoring system under CFLRI[35]	Federal-provincial cooperation Devolution becomes reality	Policy framework developed[35] Development of strategies in manners tailored to provincial and territorial culture and capacity 1997 launch of annual monitoring system to track PA; PA correlates; and setting-based policies[35]	(B) Reduced funding to implement Blueprints (B) Elimination of Blueprint Secretariats[14] (B) Lack of funding for media campaigns. ParticipACTION closes in 2001[33] (B) Loss of PA research funding through the CFLRI.
1998-2002 National Guidelines: Canada's Physical Activity Guide to Healthy Active Living Purpose: to develop recommendation for sufficient PA; to develop supportive materials and resources[57]	Concern over health and well being Rising levels of obesity among children	National guidelines released for adults, children, youth, and older adults Release of supporting booklets on how to become more active	(S) Based on literature reviews of dose response relationships, behavior change theory and message framing
2002 Legislation: Bill C-12 Physical Activity and Sport Act Purpose: to encourage mass participation in sport and PA; to coordinate federal initiatives for PA and sport, hosting sport events and antidoping measures; to encourage provincial and territorial promotion of sport[62]	Movement toward mass participation in sport	Reopening of ParticipACTION in 2005[54] with funding from Sport Canada and the Active Living program within the Healthy Living Unit, Public Health Agency	(S) Increased collaboration between PA coalition and multi sport agencies (S) Inclusion of PA stakeholders in consultation process (B) Repeal of FAS Act as health legislation
2005 FPT Policy Paper: Integrated Pan-Canadian Health Living Strategy Purpose: to improve diet and increase PA[34]	Concern about rising obesity rates	Adoption of PA as a priority on the health agenda.	(S) Broad consultation (NCD, diet and PA) (S) Responsibility for recreation fell under some Provincial Ministers of Health
2007 Legislation: Children's Fitness Tax credit[63] Purpose: to encourage children's participation and reduce financial barriers to participation in organized activity	Concern about rising obesity rates among children	Increased attention to the issue of children's inactivity by legislators Provision of $500 annual income tax credit per child under 16 years for eligible fitness expenses[63]	(S) Advocacy efforts to increase government commitment by the Coalition for Active Living (B) Concern that a credit-based system may increase income disparities in PA

and the budget for sport relative to fitness increased from 3:1 in 1971 to 9:1 by 1991.[14,26] In 1976, Fitness and Amateur Sport (FAS) was created under its own Minister to reflect the increased investment to improve elite sport performance.[14]

The health importance of PA was recognized in the 1974 Lalonde report.[27] It included 12 PA policy recommendations from the 1972 National Conference of Fitness and Health and set the policy direction for the next 20 years. All PA policy targets were accomplished to some degree.[28] One result of the FAS Act was reinstatement of grants to the provinces from 1962 to 1970.[14] The subsequent cessation resulted in a political movement calling for provincial primacy in recreation. In the late 1970s, the federal government ceased raising revenues for sport and recreation through national lotteries, and ceded jurisdiction for lotteries to the provincial governments in exchange for financial compensation.[14] The "National Recreation Statement" defined respective FPT roles and established mechanisms for joint policy action.[29]

Federal policy reached a peak in funding commitments (Figure 2) and structural capacity (Table 1) during the 1980s. With improved FPT relations, a pivotal policy document was developed through consultation with FPT governments, national associations, and individual delegates chosen by PT governments.[30] It shifted focus from fitness to PA as a way of life, and coined the term 'active living' in 1987.[14] As a direct result, 6 "Blueprints for Action" were developed for children and youth, older adults, women, persons with disabilities, workplaces, and research.[14] In addition to existing agencies for mass communications (ParticipACTION) and monitoring (Canadian Fitness and Lifestyle Research Institute, CFLRI), secretariats were established to implement the Blueprints through partner organizations, to address issues with the physical environment, and to build local capacity.[14]

Devolution began in principle in 1987, but became a reality as the political climate of the mid-to-late 1990s focused on escalating government deficits and privatization of public functions. Despite a 1992 independent evaluation that called for increased funding for PA,[31] FAS was dissolved. The sport directorate was moved and the fitness directorate was downgraded to a unit in the health department with no transfer of its entrenched funding. By then, a network of national and PT agencies had emerged to implement the Blueprints, spanning groups with a core PA mandate through those in allied areas. A 1992 Steering Committee report[32] recommendation was intended to create greater cohesion and shared capacity among network partners, but was used to justify national infrastructure cuts. Blueprint implementation and associated secretariat funding was phased out by 1998;[14] PA research funded through the CFLRI ceased, and ParticipACTION closed in 2001.[33]

This was a challenging time. National secretariats were dissolved. There was economic pressure and increased concern about the public health burden of inactive lifestyles. There was a clear need for joint, concerted action between governments and their partners. The first joint PA policy in 1997 signaled commitments to joint action by FPT governments responsible for fitness, recreation, and active living. Creation of the policy was fueled by 3 major concerns: 1) substantial reductions in public sector expenditures for PA at all levels, 2) recognition of physical inactivity as a major health issue, and 3) changing environments influencing PA and its delivery. At the federal level, sport policy traditionally focused on improving elite performance; however, the 2002 sport legislation heralded a shift to encouraging mass sport and created synergy between PA and sport policy, nationally. Subsequently, a Pan-Canadian Health Living Strategy[34] was developed to improve diet and PA. It was supportive of the FPT policy's goals for PA and identified potential synergistic strategies to guide future development.

Current Policy

Canada has developed a multilevel, multisectoral policy approach, focusing on community development to support delivery of PA programs and opportunities. A joint policy framework[35] guides the development of FPT strategies by detailing aims, objectives, and suggested strategies. Federal policy concentrates on common needs (eg, PA guidelines). Provincial policies share common goals to encourage individuals to be active and to create more supportive social and physical environments for PA (Table 2), but vary in the mix of strategic elements. Layered flexibility has enabled the adoption of culturally sensitive approaches within a common framework. By 2008, specific PA policies were developed in 9 of the 10 provinces;[36–43] one being a government-funded external strategy with implementation plan.[44] The tenth province had a specified PA area in its "Wellness Strategy."[45] Consultations were underway to create a PA policy in 1 of the 3 territories.[46]

The FPT policy framework and provincial strategies share many elements with the HARDWIRED criteria for successful implementation of policies.[10] Provincial strategies tend to be *highly consultative* in their development, ensuring broad-based stakeholder support to devise relevant actions. In all but 1 case,[44] strategic leadership is housed within government. The FPT framework did not directly consult stakeholders, but considered findings from Ontario's consultation.[35] Despite limited stakeholder input (4 expert members on the working group), the FPT policy was clearly supported by active living stakeholders.[47] Overall, PA policy is active through multistrategic and multilevel partnerships involving provincial coalitions and departments of health, sport, and education, among others (Table 2). All have adopted multiple strategies to motivate individuals, increase organizational and social support encouraging an active lifestyle, and create more supportive physical environments for physical activity. A focus on whole population change is the rule, although this has been limited to children and their families in 2 provinces. All others have identified children as one of several key target populations with other segments being older adults, women, persons with disabilities, low income, and underserved populations.

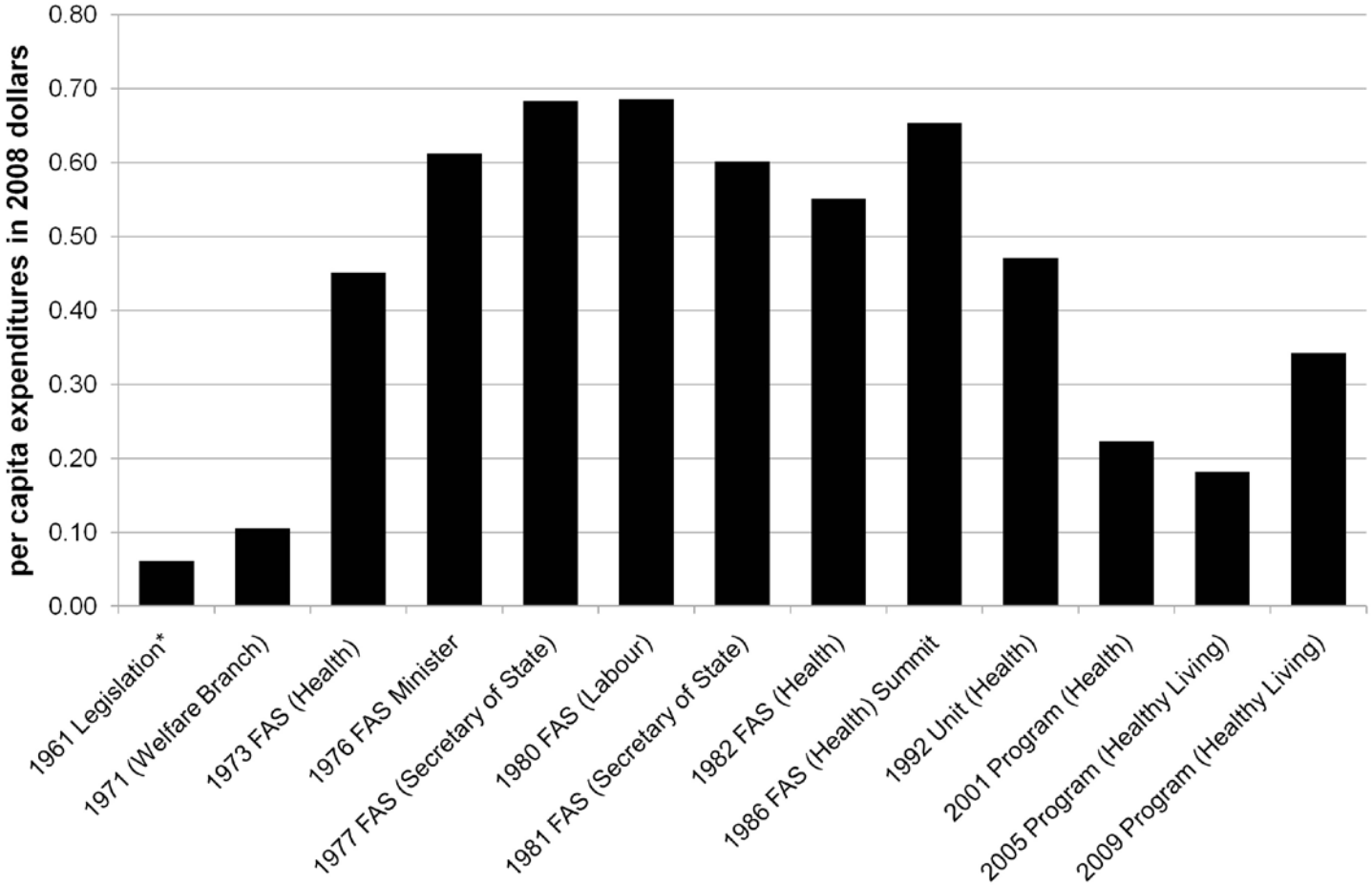

Figure 2 — Federal expenditures on physical activity promotion by responsibility center, 1961 to 2009, per capita in 2008 dollars. * 1961 data included expenditures on provincial transfer payments only. Provincial transfers commenced in 1961, ceased in 1970, and were reinstated under the 2005 Healthy Living Strategy and included in 2009 expenditures. FAS: Fitness and Amateur Sport Branch.

Table 2 Overview* of Joint Federal-Provincial/Territorial Policy Framework, Federal and Provincial Strategies, 2008

	Joint FPT[35] and federal (F)[34]	Provincial[36–45]
Rationale		
Health	FPT, F	All
Economic	FPT	NL, PEI NB ON SK AB
Social	FPT	NL PEI ON SK AB
Other		SK (Environment); NL (Culture)
Scope		
Focus on the whole population	FPT, F	All except NS and NB (children and families)
Target population segments		
Children and youth	FPT, F	All (plus 0–6 years, ON MN)
Women	FPT, F	NL PEI ON MN BC
Older adults	FPT, F	NL PEI PQ ON MN SK AB BC
Adults	F	PQ MN SK
Low income	F	NL NS ON BC
Persons with disabilities	F	NL PEI ON BC
Immigrants		ON BC
Aboriginals	F	NL ON MN SK BC
Isolated, remote, rural areas		NL PEI
Target particular settings		
Home/family	FPT	PEI NB NS PQ ON MN SK BC
Schools		All
Recreation system		All
Work places	FPT	PEI PQ MN SK AB BC
Health system	FPT	PEI PQ SK AB BC
Community	FPT	PEI NB NS PQ ON MN SK AB BC
Strategic elements		
Joint PA target	F- Increase by 20% by 2015[34]	
Adult target: To increase by 10 percentage points by 2010[52]	FPT	All, plus in PQ, a 5% decrease inactivity
Children and youth: To increase by 7 percentage points by 2015 the proportion who participate in 90 minutes of moderate-to-vigorous activity daily, above activities of daily living; To increase daily steps from 11500 to 14500 steps by 2015[64]	FPT	All
PA guidelines		
Guidelines for adults, older adults, children, and youth[57]	Developed with CSEP[57]	All—Promotion of guidelines
Individual approaches (examples)	FPT-examples	
Campaigns, social marketing	F	PEI NS NB PQ ON AB BC
Promotional resources		All
Counseling by health care professionals		PEI NS PQ SK AB
Mass PA events		PEI ON MN
Tax relief; incentives		NS PQ AB

(continued)

Table 2 *(continued)*

	Joint FPT[35] and federal (F)[34]	Provincial[36–45]
Develop more supportive physical environments	FPT(examples), F(statement)	NB SK (statement)
Access to PA facilities	F	NL PEI PQ ON MN AB BC
Shared use of facilities (school, municipal)		NL PEI NS PQ ON AB BC
Active commuting/trails/transport		PEI NS PQ ON MN SK AB BC
Improve social/policy environment	FPT & F statement	PEI PQ NB (statement)
Supportive culture in schools		NL MN SK AB
Increase physical education/ physical activity		NL PEI NS PQ ON AB BC
Supportive culture in workplaces		PEI MN SK AB
Community development & infrastructure	FPT (examples), F (statement)	
Leadership development		NL NB NS ON
Strategic planning/community capacity building		PEI NB NS PQ ON MN SK AB BC
Grants/contributions/demonstration projects		All
Dissemination of best practices	F	NS PQ SK AB
Intersectoral collaboration	FPT & F statement	NB (statement)
Health		NL PEI NS PQ ON MN SK AB
Sport		NL PEI NS PQ ON MN SK AB
Education		NL PEI NS PQ ON MN SK AB
Family/youth/social service		PEI PQ ON MN SK AB
Justice		NL AB
Built environments		NS ON
Tourism		NL MN
Community development/local government		NL PEI NS PQ ON AB
Culture/immigration		NL PEI ON MN
Finance		NL NS
Monitoring and surveillance	FPT, F	All
Research and Knowledge Development	FPT, F	NL PEI NB NS PQ MN SK AB BC
Roles and responsibilities	FPT work plan	FPT work plan
PT identified partners for implementation		All
Developed with broad consultation	FPT(input), F	NL PEI NB NS PQ ON AB BC
Commitment level		
FPT	Ministerial	Ministerial
Provincial strategy		Ministerial for all; Premier in NL, NB

Being *resourced adequately* involves sustained political support and investment to fuel implementation. All FPT Ministers responsible for recreation and PA approved the policy in 1997, and established a joint target to reduce inactivity by 10% by 2003.[48] Achieving this target was associated with annual health care cost reductions of $150 million[49] (equivalent to about $6.15 per capita, 2008), yet a fraction of that is directed to promoting PA through these strategies. Although the amounts differ, specific funding for implementation has been committed by all governments within the FPT framework (eg, 2009 per capita expenditures under the Healthy Living Strategy[34] include $0.34 federally[50] and $1.08 under Ontario's *Active2010*[51]). Given the magnitude of the issue and indications that the FPT 2010 goal[52] may not be achieved, additional investment is likely required.

In virtually all cases, PA policies were *developed as stand-alone strategies*; however, these have clear synergy with other policy agendas through interdepartmental partnerships and, in some cases, high-level steering committees. The clearest example of this is at the federal level, where responsibility for PA programs and the rollout of the Healthy Living Strategy are housed in the same division. Similar structures are true in some provinces (eg, ActNowBC[53] and the Recreation and Sport division in British Columbia).

Most strategies have elements of mass campaigns to *widely communicate* messages to become more active.

Branding and mass communications support many provincial strategies; nationwide awareness campaigns have reemerged through federal funding of ParticipACTION.[54] Most strategies include informational materials to support delivery of the program through a variety of professional groups.

An *independent monitoring system* to assess changes in PA and individual, social, organizational, and societal determinants of participation has been mandated by FPT policy under the auspices of the CFLRI.[35] *Roles* of governments and other partners have been defined to varying degrees within the provincial policies. Typically, these have detailed objectives or actions and the partners involved in implementation.

Evidence has informed the development of all strategies. The first example was the development work of the 1995 Ontario strategy,[55,56] which was informed by extensive data analysis and literature reviews to build the case and consider promising actions. This subsequently shaped the FPT framework.[35] All provincial strategies considered the evidence base, and almost half explicitly incorporate some aspect of knowledge generation. National PA guidelines were defined for adults, children, youth, and older adults between 1998 and 2002.[57] The evidence for these was revisited in 2008 through reviews of the dose response and messaging literature.

Lessons Learned: Barriers and Success Factors

Recessions, debt, and subsequent fiscal restraint posed major challenges to implementing national PA strategies, particularly with reduced funding and infrastructure. Creating networks and working cooperatively helped to develop policies despite these trends. Data and literature reviews informing the 1995 Ontario PA strategy were shared to contain costs, further FPT policy development[35] and serve as a model for other jurisdictions. Yet the development of multi agenda, multi level policy is insufficient if implementation is inadequately resourced.

PA strategies address multiple policy agendas so lead responsibility can reside in a variety of departments. A clear identification of roles and responsibilities at the various levels has led to a multilevel approach driven primarily by either recreation or health, and grounded in community development. The federal role concentrates on "value-added" in that it engages primarily in activities that are more efficiently performed at the national level or benefit from standardized approaches, such as developing national guidelines, targets, and common surveillance, whereas provincial/territorial jurisdictions focus on implementing strategies in response to local or regional needs.

Advocacy has played a key role in the successful adoption of policy (Table 1): National Council of Women of Canada's efforts leading to supervised playgrounds; Lord Strathcona's gift leading to universal physical training in schools; Duke of Edinburgh's speech helping to spark the FAS Act; the Canadian Fitness Summit declaration about government's social responsibility for PA derailing privatization efforts; and the Active Living Coalition's 2006 election efforts resulting in the promise that 1% of health funding would be dedicated to PA that led to the Child's Fitness Tax Credit. Metrics and the synthesis of evidence were critical to influencing policy agendas. During the 1980s, ongoing advocacy was absent; PA was viewed as a good news story and had difficulty competing with the profile of sport. A similar situation has been evident in the global arena.[58]

Assessing Impact

FPT policies are successful if they influence the array of actions undertaken to make the social, organizational, and physical environments more supportive of PA and individuals more active. FPT policies may foster leadership development, provide model policies, develop standards, support research and provide financial support. Yet clearly FPT policies are not the only policies that can influence population PA. Municipalities have jurisdiction over many policies such as local transportation, land development, and local health strategies, all of which can contribute to a more active population. Similarly, provincial governments set school curricula and therefore physical education policy, but individual school boards have the authority to set school level policies many of which influence the programming and environments supporting young people's PA.

Direct attribution of changes in population levels of PA to FPT policy is not possible. Canada's monitoring system cannot attribute changes observed in populations and various settings to FPT policy, it can only assess overall secular trends that have occurred due to the overall mix of FPT plus other initiatives. The 2003 FPT target for the adult population was achieved,[59] but the 2010 target will not be.[2] Objectively measured children's PA levels increased between 2005 and 2008 but have subsequently decreased.[60] The sum of current policy initiatives is therefore inadequate to increase population PA. Although the approach to policy development and its breadth appear promising, the challenge is the degree to which policies can be implemented to attenuate the impact of secular trends of more sedentary lifestyles at current spending levels.

Conclusions

Increasing population levels of PA requires long-term commitment to action. Like Finland, PA increased then stabilized[2,5] and policy shifted to encouraging health-related PA across multiple sectors. Vuori et al[15] concluded that it may become increasingly difficult to increase PA even when comprehensive strategies are applied. In Canada, increasing levels have occurred when federal investments in promotional infrastructure were highest, and then when comprehensive provincial strategies began to emerge. Clearly, sustained high-level commitment is required for implementation of strategies, particularly as we enter an era of promoting increased PA while combating trends of increased sedentary behaviors. Evidence-

based advocacy is needed to increase the profile of the issue and sustain commitments to PA policy in Canada and around the globe.[58]

Acknowledgments

The author would like to thank Drs Amy Eyler and Ross Brownson Principle Investigators of the Physical Activity Policy Research Network and Dr Thomas Schmidt from the Center for Disease Control and Prevention who sparked the idea for this paper. Thanks are also due to Dr Art Salmon for his review of an earlier draft. Development of this paper was supported by the Physical Activity Policy Research Network

References

1. Cosentino F, Maxwell L. A history of physical education in Canada. In *First Canadian symposium on the history of sport and physical education*. Toronto ON: University of Alberta: General Publishing Co 1970:54-57.
2. Statistics Canada. *Canadian community health survey*. Custom tabulation August 11, 2009
3. United States Department of Health and Human Services. *Physical activity and health: a report of the Surgeon General*. Atlanta, GA: CDC; 1996.
4. Katzmarzyk PT, Janssen I. The economic costs associated with physical inactivity and obesity in Canada: an update. *Can J Appl Physiol*. 2004;29(1):90–115.
5. Craig CL, Russell SJ, Cameron C, Bauman A. Twenty year trends of physical activity among Canadian adults. *Can J Public Health*. 2004;95(1):59–63.
6. Bureau of Nutritional Sciences. *Nutrition: a national survey. A report from Nutrition Canada*. Ottawa, ON: Department of National Health and Welfare; 1975.
7. World Health Assembly 57.17. *Global strategy on diet and physical activity.* Geneva: World Health Organisation, May 2004.
8. Bull FC, Bellew B, Schoeppe S, Bauman AE. Developments in national physical activity policy: an international review and recommendations toward better practice. *J Sci Med Sport*. 2004;7(S1):93–104.
9. Bull FC, Pratt M, Shepherd R, Lankenau B. Implementing national population based action on physical activity—for action and opportunities for international collaboration. *Promot Educ*. 2006;13:127.
10. Bellew B, Schoeppe S, Bull FC, Bauman A. The rise and fall of Australian physical activity policy 1996-2006: a national review framed in an international context. *Aust New Zealand Health Policy*. 2008;5:18.
11. Sallis JF, Cervero RB, Ascher W, Henderson KA, Kraft MK, Kerr J. An ecological approach to creating active living communities. *Annu Rev Public Health*. 2006;27:297–322.
12. Brownson RC, Haire-Joshu D, Luke DA. Shaping the context of health: a review of environmental and policy approaches in the prevention of chronic diseases. *Annu Rev Public Health*. 2006;27:341–370.
13. Lankenau B, Soalri A, Pratt M. International physical activity policy development: a commentary. *Public Health Rep*. 2004;119:352–355.
14. O'Brien Jewitt B. *Fitness Canada historical overview. Technical document*. Ottawa, ON: Fitness Canada, Health and Welfare Canada; 1991.
15. Vuori I, Lankenau B, Pratt M. Physical activity policy and program development: the experience in Finland. *Public Health Rep*. 2004;119:331–345.
16. Daugbjerg SB, Lahlmeier S, Racioppi F, et al. Promotion of physical activity in the European region: Content analysis of 27 national policy documents. *J Phys Act Health*. 2009;6:805–817.
17. The Canadian Encyclopedia. Available at http://www.thecanadianencyclopedia.com/inbdex.cfm?PgNm=TCE&Params=A1ARTA0006533
18. MacDiarmid JD. The Strathcona Trust—its influence on physical education. In *First Canadian Symposium on the History of Sport and Physical Education*. Edmonton, Alberta: Fitness and Amateur Sport Directorate. 1970; 397-413
19. Broom EF. The role of Canadian provincial governments in sport. In *The 1984 Olympic Scientific Congress proceedings* 1984;7:77-83.
20. Broom EF. A history of government involvement in amateur sport in Canada. In *Fourth Canadian symposium on the history of sport and physical education*. Vancouver: School of Physical Education and Recreation, University of British Columbia, 1979;1–7.
21. Craig CL, Cameron C, Russell SJ, Beaulieu A. *Physical activity benchmarks report*. Ottawa ON. *Canadian Fitness and Lifestyle Research Institute*. 1997;1997:9.
22. McFarland EM. A historical analysis of the development of public recreation in Canadian communities. In *First Canadian symposium on the history of sport and physical education*. Edmonton: Fitness and Amateur Sport Directorate, 1970; 59–67.
23. Glassford G. A way of life: the emergence of active living. *WellSpring*. Edmonton: Alberta Centre for Active Living, 2000;11(1)
24. MacIntosh D. Bill C-131 revisited. In *Fifth Canadian symposium on the history of sport and physical education*. Toronto ON, University of Toronto. 1982; 437–461.
25. Government of Canada. An act to encourage fitness and amateur sport. *Acts of the Parliament of Canada. Fourth session, twenty-fourth Parliament, part 1. Public General Acts, 1960–1961;*421–424.
26. Bercovitz KL. Canada's Active Living policy: a critical analysis. *Health Promot Int*. 1998;13(4):319–328.
27. Lalonde M. *New perspectives on the health of Canadians: A working document. 1981*. Ed. Government of Canada; 1974.
28. Glouberman S. *Towards a new perspective on health policy*. Toronto: Canadian Policy Research Network; 2000.
29. Fitness Canada. *National recreation statement*. Ottawa, ON: Government of Canada Fitness and Amateur Sport; 1987 FAS 7882
30. Fitness Canada. *Fitness … the future: Canadian Summit on Fitness*. Ottawa, ON: Government of Canada, Fitness and Amateur Sport; 1986.
31. Program Audit and Review Directorate. *Evaluation of Fitness Canada: executive summary*. Ottawa, ON: Health and Welfare Canada; 1992:14.
32. Ministers Steering Committee on Active Living. *Interim report, January 1993*. Ottawa, ON: Fitness and Amateur Sport; 1993.
33. Edwards P. No country mouse: thirty years of effective marketing and health communications. *Can J Public Health*. 2004;95(Suppl 2):S6–S13.
34. Secretariat for the Intersectorial Healthy Living Network. F/P/T Advisory Committee on Population Health and Health Security. *The integrated pan-Canadian health*

living strategy. Ottawa, ON: Minister of Health;2005. Cat No H P10-1/2005. ISSN 0-662-69384-1
35. Federal-Provincial/Territorial Advisory Committee on Fitness and Recreation. *Physical inactivity: a framework for action; towards healthy, active living for Canadians*. Ottawa, ON: Health Canada; 1997.
36. Newfoundland and Labrador Department of Tourism Culture and Recreation. *Active, healthy Newfoundland and Labrador: a recreation and sport strategy for Newfoundland and Labrador.* 2007. Available at http://www.tcr.gov.nl.ca/tcr/publications/2007/active_healthyNL.pdf
37. MacArthur Group. *Physical activity strategy for Prince Edward Island 2004-2009* 2004. Available at http://www.gov.pe.ca/photos/original/doh_actstrat.pdf
38. Nova Scotia Health Promotion and Protection. *Active kids healthy kids: a physical activity strategy for children*. Youth and Families in Nova Scotia; 2007. Available at http://www.gov.ns.ca/hpp/publications/AKHK-Strategy.pdf
39. Sante et Services sociaux. *Kino-Quebec Action Plan*. Available at http://www.msss.gouv.qc.ca/en/sujets/sante-pub/physical_activity.php
40. Ontario Ministry of Health Promotion. *Active2010: Ontario's sport and physical activity strategy.* 2005. Available at http://www.active2010.ca/index.cfm?fa=english_about.strategies
41. Manitoba Healthy Living. *Manitoba in motion* Available at www.manitoba.ca/healthyliving/activity.html
42. Alberta Sport, Recreation, Parks & Wildlife Foundation. *Alberta active living strategy.* Available at http://tpr.alberta.ca/asrpwf/programs/active/strategy/index.asp
43. Working Group on Sport and Physical Activity. Moving ahead from policy to action: recommendations for a sustainable future for the sport and physical activity sector in BC. Available at http://www.hls.gov.bc.ca/sport/docs/movinghead-policytoaction.pdf
44. Saskatchewan in Motion. Strategic Plan April 2009 – March 2013. Regina: Saskatchewan in Motion. 2009. For information see *Saskatchewan in motion* supported by Saskatchewan Tourism, Parks, Culture, and Sport. Available at http://www.saskatchewaninmotion.ca/
45. New Brunswick Wellness Culture and Sport. *Live well, be well: New Brunswick's wellness strategy 2009-2013*. Available at http://www.gnb.ca/0131/pdf/w/Live%20well,%20be%20well.%20New%20Brunswick%27s%20Wellness%20Strategy%202009-2013.pdf
46. Sport, Recreation and Youth Division. *NWT active living strategy – participant information package.* Municipal and Community Affairs. Available at http://www.hlthss.gov.nt.ca/pdf/reports/healthy_eating_and_active_living/2003/english/nwt_active_living_strategy_information_package.pdf
47. National Active Living Community. Toward an active, healthy Canada: a plan for action for active living. Ottawa: ON. 1997
48. Federal, Provincial and Territorial Fitness and Recreation Committee. *Federal and Provincial/Territorial Ministers Responsible for Sport, Recreation and Fitness. Clear Lake, Manitoba—August 8, 1997.* News release. Available at http://www.scics.gc.ca/cinfo/83057328_e.html
49. Katzmarzyk PT, Gledhill N, Shephard RJ. The economic burden of physical inactivity in Canada. *CMAJ*. 2000;163(11):1435–1440.
50. Barbara LeBrun. *Personal communication*. September 14, 2009.
51. Art Salmon. *Personal communication.* September 14, 2009.
52. Federal, Provincial and Territorial Fitness and Recreation Committee. *Federal-Provincial-Territorial Conference of Ministers responsible for sport, recreation and fitness. Bathurst, New Brunswick—February 21-22, 2003* News release. Available at http://www.scics.gc.ca/cinfo03/830778004_e.html
53. Geneau R, Fraser G, Legowski B, Stachenko S. *Mobilizing intersectoral action to promote health: the case of ActNowBC in British Columbia, Canada*. Ottawa, ON: WHO Collaborating Centre. 2009. Available at http://www.phac-aspc.ca. Also see http://www.physicalactivitystrategy.ca/wp/wp-content/uploads/2008/06/bchla_physicalactivitystrategy.pdf
54. Craig CL, Bauman A, Gauvin L, Robertson J, Murumets K. ParticipACTION: a mass media campaign targeting parents of inactive children; knowledge, saliency, and trialing behaviours. *Int J Behav Nutr Phys Act*. 2009;6:88.
55. Craig CL, Russell SJ, Cameron C. *Benefits and impact of physical activity for Ontario: a framework for action*. Toronto: Queen's Printer for Ontario; 1995.
56. Russell SJ, Craig CL. *Behaviour change: theories, models and implications for policy*. Toronto: Queen's Printer for Ontario; 1995.
57. Health Canada and Canadian Society for Exercise Physiology. *Canada's physical activity guidelines to healthy active living.* Available at http://www.phac-aspc.gc.ca/pau-uap/paguide/
58. Bauman A, Craig CL. The place of physical activity in world health—policy reflections on the WHO Global Strategy on Diet and Physical Activity. *Int'l J of Nutrition and Physical Activity*. 2005;2(1):10.
59. Craig CL, Cameron C. *Increasing physical activity: assessing recent trends from 1998-2003*. Ottawa, ON: Canadian Fitness and Lifestyle Research Institute; 2004.
60. Canadian Fitness and Lifestyle Research Institute. Activity levels of Canadian children and youth. *Kids CAN PLAY!* Ottawa ON: Canadian Fitness and Lifestyle Research Institute 2010; Bulletin 1
61. Federal, Provincial and Territorial Advisory Committee on Population Health. *Strategies for population health: investing in the health of Canadians.* Ottawa, ON: Minister of Supply and Services; 1994 Cat. No. H39-316/1994E.
62. Government of Canada. *Bill C-12: An act to promote physical activity and sport second session, thirty-second Parliament, March 19, 2003.* Available at http://www2.parl.gc.ca/Sites/LOP/LEGISINFO/index.asp?List=ls&Query=3145&Session=11&Language=e
63. Revenue Canada *General income tax and benefit guide for 2007*. Available at http://www.cra-arc.gc.ca/fitness/
64. Federal, Provincial and Territorial Fitness and Recreation Committee. (May 22, 2008). *Conference of Federal-Provincial-Territorial Ministers responsible for sport, physical activity and recreation*: *Victoria, British Columbia - May 21-22, 2008.* News Release Available at http://www.scics.gc.ca/cinfo08/830938004_e.html