



CANADIAN  
**NURSES**  
ASSOCIATION

# Promoting Physical Activity

Brief to the  
House of Commons Standing  
Committee on Health

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CNA is a federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses and nurse practitioners. CNA is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system.

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## Introduction

On the front lines and throughout the health system, Canada's nearly 280,000 registered nurses (RNs) have the highest proportion of direct interaction with Canadians of any health-care providers. Among these nurses are public and community health nurses, educators and researchers, who work with Canadians to prevent and manage chronic illnesses and who play an integral role in all aspects of health promotion and disease prevention.

Implementing effective solutions to curtail the increasing cost burdens of managing and preventing chronic diseases is a critical challenge facing health professionals, administrators and policy-makers. This Canadian Nurses Association (CNA) brief to the House of Commons Standing Committee on Health identifies five recommendations for the federal government that will direct spending toward health rather than sickness and ultimately make a difference in the future health of the country.

There is compelling scientific evidence that regular physical activity improves health and quality of life and reduces the risk of chronic disease, disability and premature death. Inactive Canadians are at greater risk of heart disease, obesity, high blood pressure, osteoporosis, diabetes, cancer and depression (Public Health Agency of Canada [PHAC], 2007). Chronic diseases are estimated to cost the system over \$90 billion annually in treatment and lost productivity (Mirolla, 2004). One-third of Canadians have at least one chronic health condition (Health Council of Canada, 2007). These figures will likely increase, given that the number of Canadians over the age of 65 is expected to rise from 4.2 million in 2005 to 9.8 million by 2036 (Statistics Canada, 2006).

Just as concerning is research demonstrating that more than one-third of Canadian children between the ages of 2 and 11 are overweight, and of these, about half are considered to be obese (Canadian Nurses Association [CNA], 2005a); and that Aboriginal peoples demonstrate higher prevalence of being overweight and obese than the general Canadian population (Katzmarzyk, 2008).

To address these concerning trends, the federal government must:

- fund health promotion initiatives targeted at children and youth, Aboriginal Peoples and other vulnerable populations;
- redirect health system funding toward preventive health-care services and programs, including through investments in our public health workforce; and
- support research and innovations designed to support increased physical activity among Canadians.

### 1. Initiatives targeted at vulnerable populations

#### Children's health

The health status of many of our children in Canada is concerning.

- Three out of five children and youth between the ages of 5 and 17 are not active enough for optimal growth and development. (CNA, 2005a)
- Overweight children are more likely to remain overweight or become obese in adulthood, and are at greater risk for chronic disease and mental health problems. (CNA, 2005a)
- Only seven per cent of young people attain the recommended daily level of physical activity. (Statistics Canada, 2011)

CNA supports the recommendations of Canada's Physical Activity Guides indicating that adults aged 18-64 should accumulate at least 150 minutes a week, and children and youth aged 5 to 17 at least 60 minutes a day, of moderate- to vigorous-intensity aerobic physical activity, to achieve measurable health benefits (CSEP, 2011).

There is evidence that investment in programs that take multi-faceted approaches to address both physical activity and nutritional issues benefit children significantly (Doak et al., 2006; Summerbell et al., 2005; Thomas et al., 2004). Comprehensive health approaches in schools lead to improvements in children’s academic achievements, as well as in their health, well-being and quality of life – and help to reduce pressures on our health care system over the long term.

### **Culturally sensitive health promotion**

Health policy makers and health professionals need to work together to ensure that culturally appropriate health promotion programs are implemented to assist specialized populations, such as Aboriginal Peoples, that have high rates of obesity. One program of Motivate Canada is using positive role models, sport and physical activity, along with community engagement principles, to get young people involved in physical activity programs in rural and remote aboriginal communities.

Culturally competent and sensitive care also stands to lead to better health outcomes among immigrant, refugee and other marginalized populations (Thomas et al., 2007). Many of the traditions and cultural practices of immigrant and refugee populations require unique solutions to overcome barriers to physical activity and participation in typical recreational programs. Difficulty accessing services, language barriers, poverty, unemployment and discrimination are additional factors that negatively affect the health status of immigrant populations. Rates of obesity and being overweight among immigrants have over time increased steadily in the immigrant population. It has been shown that immigrants who have lived in Canada for more than 30 years have a significantly greater prevalence rate for being overweight and obese (54.7 per cent) than the general population (45.3 per cent) (Perez, 2002). By ensuring that health promotion program development in relevant regions addresses the diverse needs of our immigrant and refugee populations, we stand a better chance of supporting positive health outcomes for these vulnerable populations.

The investments made by the federal government in health promotion initiatives such as ParticipACTION and the Children’s Fitness Tax Credit are steps in the right direction to support effective health and wellness programs. However, more must be done to build on these successful initiatives to ensure that physical activity and health promotion are encouraged among Canada’s children and youth, Aboriginal Peoples, immigrants and refugees, and other vulnerable populations.

**Recommendation 1:** That the federal government increase funding for health promotion initiatives targeted at children and youth, Aboriginal Peoples, immigrants and refugees, and other vulnerable populations.

## **2. Health promotion and public health capacity**

While there is much strength in our health-care system, we know that to effect real change in wait times and to make the best use of health-care dollars, Canada must shift its focus from illness to wellness-based care, giving priority to both prevention and management of chronic diseases (CNA, 2009). The integration of services across the health sector and with other professionals is necessary across the country is needed through the collaborative efforts of federal, provincial and community policy makers (Underwood et al., 2009).

Multi-sectoral initiatives are showing great promise in the quest to promote health in Canadian children:

- **The Canadian Sport for Life Model** recognizes sport as an important part of everyone’s life by promoting each child’s healthy and logical development through a sport or physical activity.
- **The Creating a Healthy School Using the Healthy School Report Card: An ASCD Action Tool** offers a practical strategy for supporting the health and well-being of students.
- **The Pan-Canadian Joint Consortium on School Health** is strengthening the partnership of federal, provincial and territorial governments to promote the overall health of children in the school setting.

These types of investments and multi-sectoral coordination between levels of government and health and education services are key to coordinating the comprehensive policies necessary to make a meaningful difference in children’s health promotion. They are effective programs that help prevent physical and mental illness, and they must be supported and increased.

RNs are contributing to new models of health care, namely interprofessional health teams that work together to emphasize healthy living, illness prevention and chronic disease management strategies. Evidence demonstrates that benefits are derived from collaboration between primary care workers and public health workers, such as improved chronic conditions, increased access to care, and increased focus on prevention and promotion (CNA, 2005b; Martin-Misener et al., 2009). According to the Conference Board of Canada, "Well targeted investments in preventive measures have the potential to produce long-term cost savings through reduced demand on health-care services and represent a more effective long-term strategy for spending scarce resources" (Conference Board of Canada, 2008). Calls for such investment in primary care and a shift to community-based care are widely supported by Canadians, but funding has not followed this support and largely favours illness care. The limited and unstable funding dedicated to health promotion and prevention shows the lack of value being placed on these initiatives by policy-makers.

**Recommendation 2:** That all levels of government redirect health system funding to preventive health-care services and programs, particularly those addressing physical activity and nutrition education and counselling.

Canada's public health workforce is, in many cases, functioning beyond capacity, a fact that tests the ability of our public health infrastructure to meet Canada's health promotion and illness prevention needs. Despite the fact that public health now has a visible "face" within the Public Health Agency of Canada (PHAC), there remain serious challenges threatening the capacity of RNs and other health professionals' ability to play their legitimate roles in delivering care to individuals, families, communities and populations across Canada.

We need to see additional investments in the public health nursing workforce so that RNs with public health expertise can be engaged in activities that promote health and prevent illness in the population, thus lowering acute-care treatment costs.

**Recommendation 3:** That federal and provincial/territorial governments make additional investments in the public health nursing workforce and in the public health workforce generally, so that health professionals have the capacity to support increased health promotion, including promotion of physical fitness and healthy living.

### 3. Innovation and research in support of healthier communities

Research into the benefits of physical activity and use of other health promotion and illness prevention tools have guided the development of policy promoting better health outcomes in many populations. However, for some more specific or less-studied groups, such as recent immigrants and refugees, little evidence exists in Canada's published literature of successful physical-activity and health-promotion programs. Additional evaluation studies of innovative programs need to be undertaken, and this evaluation needs to be shared among public health stakeholders.

For seniors, any decline in mobility can be costly, especially for those who live alone. For these individuals, improved functional fitness can mean the difference between being able to remain at home and having to move to a long-term care facility. The VON Canada Seniors Maintaining Active Roles Together (SMART) program is an exercise program that promotes healthy aging in seniors through physical activity by improving

- overall health and energy level;
- strength, coordination, balance and flexibility;
- lung and heart function; and
- mobility and independence.

Offered by volunteers in communities across Canada, the VON SMART in-home and group exercise programs prevent social isolation, improve general health, reduce risk of falls and result in health-care-system savings.

**Recommendation 4:** That federal government departments and agencies work closely with the Canadian Institute for Health Information, Canadian Institutes of Health Research, and the Canadian Fitness and Lifestyle Research Institute to support and fund research that evaluates and increases understanding of factors that promote physical activity in individuals, communities and populations, particularly Aboriginal children and youth and those living in rural and remote areas.

RNs are engaged not only in best practices that support individuals to take control of their own health through self-care management but also in the development of models that engage families, groups, workplaces and communities to develop supportive environments that make the healthy lifestyle choices easier. Research demonstrates that engaging and supporting changes in health behaviour requires more than providing information or telling people what to do. In addition, evidence suggests that interventions on the individual level have only modest results (Thomas et al., 2007); such a strategy can deplete resources without having the desired impact. Efforts need to be at the community level. RNs believe that people are responsible for maintaining their own health, but they also know that people need to have access to affordable recreation facilities, opportunities and support near their home, school or place of work.

CNA is supportive of recent federal budget measures that have provided funding that supports increases in physical activity. For example, the Recreational Infrastructure Canada (RIc) program introduced in the 2009 budget dedicated funding to building and upgrading recreational facilities across Canada, including hockey arenas, swimming pools, tennis courts and playing fields. While effective, these initiatives are only a first step in building the community infrastructure that Canadians need to get and stay active. Investment is also needed in active transportation options (such as bicycle lanes and pathway systems) and in relevant supports for Canadians living in remote geographical areas. In addition, employers need incentives to introduce physical activity initiatives in the workplace; for example, it is estimated that over five years employers will see a return on investment of \$3.43 for every \$1 invested in such programs (PHAC, 2007).

**Recommendation 5:** That federal, provincial/territorial and municipal governments fund infrastructure initiatives such as bicycle paths, safe walking paths and access to waterways that will encourage active modes of transportation and participation in physical activity, and that they provide incentives for the creation of employee wellness and physical-activity programs in the workplace.

## Conclusion

Canada has the beginnings of many effective programs and partnerships that support physical activity as a greater part of daily life in all communities. The central problem is one of having too little too late. We need a stronger focus on primary health care, with teams of professionals – RNs, kinesiologists, physicians, pharmacists, dietitians, psychologists, physiotherapists and others – working closely together to care for people at all stages of life, not only to treat illness, but also to prevent illness, promote fitness and wellness and ensure that supports are available to vulnerable populations. Investment in a comprehensive system of cost-effective and satisfying public health and community care services will have a positive impact on access to health services, quality of care and, ultimately, the overall health of Canadians.

As the national professional association for RNs in Canada, CNA is poised to support the federal government in its efforts to strengthen Canada's public health preparedness in advance of future challenges. Working collaboratively with partners to develop far-sighted policies and well-targeted actions, CNA is helping to build a high-quality and sustainable Canadian health system (CNA, 2005c; CNA, 2009).

## Recommendations

1. That the federal government increase funding for health promotion initiatives targeted at children and youth, Aboriginal Peoples, immigrants and refugees, and other vulnerable populations.
2. That all levels of governments redirect health system funding to preventive health-care services and programs, particularly those addressing physical activity and nutrition education and counselling.
3. That federal and provincial/territorial governments make additional investments in the public health nursing workforce and in the public health workforce generally, so that health professionals have the capacity to support increased health promotion, including promotion of physical fitness and healthy living.
4. That federal government departments and agencies work closely with the Canadian Institute for Health Information, Canadian Institutes of Health Research, and the Canadian Fitness and Lifestyle Research Institute to support and fund research that evaluates and increases understanding of factors that promote physical activity in individuals, communities and populations, particularly Aboriginal children and youth and those living in rural and remote areas.
5. That federal, provincial/territorial and municipal governments fund infrastructure initiatives such as bicycle paths, safe walking paths and access to waterways that will encourage active modes of transportation and participation in physical activity, and that they provide incentives for the creation of employee wellness and physical- activity programs in the workplace.

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