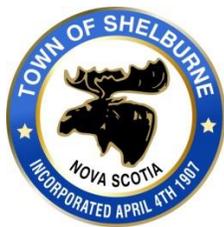


Physical Activity Strategy

2020-2022

Town of Shelburne, Town of Lockeport
Municipality of the District of Shelburne



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Background

Municipal Physical Activity Leadership Program

In 2006, the Nova Scotia Department of Communities, Culture and Heritage (CCH) developed the Municipal Physical Activity Leadership (MPAL) program. The MPAL program is a cost-shared partnership between municipalities and CCH. A staff person, hired by the municipality, is responsible for the development, implementation and evaluation of a comprehensive physical activity strategy. The strategy's aim is to raise awareness and increase participation in structured and unstructured physical activity at a local level. Neighboring municipalities can also partner to create a common strategy and pool resources.

Town of Shelburne and Municipality of the District of Shelburne

In 2005, the Town of Shelburne and Municipality of the District of Shelburne hired a part-time Community Use Coordinator to oversee the community use program at the newly constructed Shelburne Regional High School. In 2006, the Town of Shelburne and Municipality of the District of Shelburne had an opportunity to expand the jointly funded Community Use Coordinator position and join the MPAL program. The two positions were combined into a full time position, known as the Physical Activity & Community School Coordinator. Both municipal units joined the partnership for a 5-year commitment. The Town of Shelburne and the Municipality of the District of Shelburne were the second municipalities in the province to join the MPAL program.

A working group was created in 2006, which consisted of the Physical Activity & Community School Coordinator, staff from each municipal unit, CCH staff and community partners. The working group acted as an advisory group for the development and implementation of the physical activity strategy. The first physical activity strategy was developed by 2007. Over the next 5 years a number of initiatives were implemented.

In 2012, a provincial committee was formed to create an evaluation process for the MPAL program. We were represented on the Evaluation Committee by the Director of Recreation and Parks (MDS). The evaluation aimed to gain insight on the impact the MPAL program was having at a local level. Three independent evaluation studies were completed in Annapolis County,

Municipality of Chester and Town of Shelburne & Municipality of Shelburne. The recommendations from the MPAL evaluation in the Town and Municipality of Shelburne were incorporated into the renewed strategy.

In September 2013, work began on renewing the Physical Activity Strategy. A series of 9 public consultations were completed, along with youth focus groups and an online survey. Data from the Provincial MPAL evaluation, provincial & national reports, along with the IPSOS Reid community surveys were also consulted.

In 2019, work began on renewing the Physical Activity Strategy. Work consisted of: 2 public consultations (one in Town of Shelburne, and one in Town of Lockport), four one on one interviews with community stakeholders, 6 focus groups at Shelburne Regional High School and Lockport Regional High School, an online survey, and a phone survey conducted by Nova Insights Inc.

Town of Lockport

In April 2013, the Town of Lockport joined the MPAL partnership with the Town of Shelburne and the Municipality of the District of Shelburne. A Memorandum of Understanding was signed between the municipalities and the Department of Health and Wellness committing to a 5 year renewal of the MPAL program. A community meeting and youth focus groups were conducted in the Town of Lockport and representatives from the Town joined the working group.

Membership in the working group has changed over the years, but it still provides guidance for the strategy and is now referred to as The Keep It Moving Working Group. The research gathered was presented to the Working Group to guide them in the development of the renewed strategy. The renewed strategy aims to build on the work that was completed in the first strategy.

In 2019, The Town of Lockport continues to support the MPAL program. MPAL works with the Community Coordinator on providing physical activity opportunities in Lockport.

Physical Activity

Physical activity is commonly and mistakenly referred to as exercise. Exercise is defined as a form of physical activity that is planned, structured and done to improve at least one aspect of physical fitness that is, strength, flexibility, or aerobic fitness (Manitoba Fitness Council). **Physical activity** is defined as “any bodily movement produced by skeletal muscles’ that results in energy expenditure” (Caspersen, Powell, & Christenson, 1985). Physical activity includes activities that involve bodily movement such as sweeping and cleaning, workplace physical activity including lifting boxes or tables, and lifestyle physical activity such as walking to school, or walking to the grocery store. Participation in regular physical activity has numerous health benefits, including improved physical, mental, and social well being.

In children, physical activity helps aid healthy growth and development. Children who are active are also more likely to maintain an active lifestyle when they become adults. For adults, daily physical activity will increase their strength, flexibility and balance, which can lead to increased quality of life, independent living and a longer life expectancy.

Regular physical activity has been proven to reduce the risk of chronic diseases, such as:

- Heart disease, stroke and hypertension
- Type 2 diabetes
- Osteoporosis
- Mental health (depression, anxiety & stress)
- Obesity
- Cancers (colon and breast cancer)

Physical Activity- even if you don't lose an ounce, you'll live longer, feel healthier and be less likely to get disease. It's the closest thing we have to a wonder drug.

**-Tom Frieden, Director
Centre of Disease Control**

Other beneficial factors of regular physical activity are: academic performance, improved mood, improved sleep, and improved life expectancy, decrease stress, decrease need for medication, and decrease health care costs.

Studies show that regular physical activity at the right intensity can reduce the incidence of hypertension by 33-60%, reduce incidence of diabetes by 25-58%, reduce incidence of cardiovascular disease by 33-50%, reduce the risk of stroke by 31-45%, reduce the risk of colon cancer by 30-60%, reduce the mortality and risk of recurrent breast cancer by 25-50%. (EIM, 2012)

Cost of Physical Inactivity

48 percent or 12.7 million Canadians are inactive during their leisure time. This means that they did the equivalent of less than a half hour of walking per day (Manitoba Fitness Council, n.d). The total health care cost of physical inactivity related to seven primary chronic diseases is \$6.8billion/year (Janseen,2012). The total economic burden of excess weight and physical inactivity in Canada is estimated at \$29 billion / yr (Krueger et al., 2014). The projected cost savings of increasing physical activity, by 1% per year, is \$2.1 billion per year by 2030 (Kruger et.al,2014)

At the provincial context, A 2002, study conducted by Colman and Hayward calculated the economic burden of physical inactivity in Nova Scotia. These numbers would be much higher in today's context.

- \$107 million a year in direct medical costs (hospital, physicians, drugs and private medical expenditures)
- \$247 million a year in indirect costs (productivity losses due to premature death and disability)
- Total economic burden due to physical inactivity in Nova Scotia is \$354 million a year (direct and indirect costs)

Colman and Hayward, also calculated that a 10% reduction in physical inactivity would yield the following health care savings in Nova Scotia:

- \$7.5 million less per year on direct medical costs
- \$17.2 million in economic productivity gains
- A total annual economic savings of \$24.7 million

Physical Activity Guidelines

The Canadian Society for Exercise Physiology created a set of guidelines that integrates the distribution of physical activity, sedentary behavior, and sleep in 24 hours for the infants in 2016, and children and youth in 2017. They are currently working on a 24 hour guidelines for adults and older adults as of June 2019. The recommendations are outlined below:

- **Early Years (0-4 years)**
 - For infants less than 1 year old- They need to **move** several times a day, specifically through interactive floor based play. For those who aren't mobile yet, at least *30 minutes* of tummy time is recommended several times a day. For infants aged 0-3 months old, they should be getting *14 to 17 hours* of quality **sleep**. If they are 4-11 months, they should be getting *12 to 16 hours* of quality **sleep**. For time **sitting**, infants should not be restrained for more than *1 hour* at a time (e.g., in a stroller or high chair). Zero screen time is recommended. Reading and story time is recommended during these **sitting** times.
 - Toddlers (1-2 years old) They need to **move** at least *180 minutes* a day, varying with low and energetic play spread throughout the day-more is better. Toddlers should be getting *11 to 14 hours* of quality **sleep**, naps are included. For time spent **sitting**, toddlers should not be restrained for more than *1 hour* at a time (e.g., stroller or high chair). As for **sitting**: Sedentary screen time is not recommended for those under two years old. If a child is two years old, they should be getting no more than *1 hour* of screen time- less is better. During sedentary time, storytelling and reading are encouraged. (CSEP, 2017)

- Preschoolers (3-4 years old) they need to **move** at least *180 minutes* in a variety of physical activity spread throughout the day, of which a minimum of *60 minutes* of energetic play-more is better. Preschoolers should be getting *10 to 13 hours* of good-quality **sleep**, with consistent bedtimes and wake-up times. Naps may be included. **Sitting:** They must not be restrained for more than *1 hour at a time*. Sedentary screen time should be no more than 1 hour-less is better. When preschoolers are sedentary, they should be engaged in reading or story telling with a caregiver.
- **Children and youth (5-17 years)**
 - **Move:** A healthy 24 hours includes *60 minutes* of moderate and vigorous physical activity per day. Vigorous physical activities, and muscle and bone strengthening activities should be incorporated *3 times per week*. Also, children and youth should be getting *several hours* of structured and unstructured physical activities. **Sleeping** schedules should be *to 11 hours* of uninterrupted sleep for those aged 5-13 years old and *8 to 10 hours* for those 14-17 years old, with consistent bed and wake-up times. **Sit:** As for recreational screen time, no more than *2 hours* per day is suggested. (CSEP, 2017)
- **Adults (18-64 years)**
 - **At least 150 minutes** of moderate- to vigorous-intensity aerobic physical activity **per week**, in bouts of *10 minutes* or more.
 - It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least *2 days per week*. (CSEP, 2017)
- **Older Adults (65+)**
 - **At least 150 minutes** of moderate-to vigorous-intensity aerobic physical activity **per week**, in bouts of *10 minutes* or more
 - Muscle and bone strengthening activities using major muscle groups, at least *2 days per week* (CSEP, 2017)



FIGURE 1: DEFINITIONS (SOURCE: CANADIAN SOCIETY OF EXERCISE PHYSIOLOGY, 2012)

Physical Activity Trends

Physical inactivity (lack of physical activity) continues to be a problem in our ever changing world as less time is spent being physically active. More time is spent sitting at home, work and school, in vehicles, and in front of televisions, computers, and video games. There are many different barriers (real or perceived) that contribute to people being less active, including (but not limited to): the weather, time, cost, skill level of individuals, motivation, perceived degree of difficulty of activities, access to programs and facilities, and location of activities.

Physical inactivity is the fourth leading risk factor for mortality globally (World Health Organization, 2013). In Canada, 51% of the population is not active enough to receive the health benefits associated with physical activity. This has led to higher rates of chronic diseases, obesity and premature death (Warburton, Nicol, & Bredin, 2006). Only 14% of Canadian adults (18-79 years of age) meet the recommended amount of 150 minutes of moderate to vigorous intensity physical activity per week.

Provincial Trends

About half of Nova Scotians between the ages of 20-64 are active enough to benefit their health; in older adults (65+) this number decreases to 30%. Specifically, in women there is a notable decrease in physical activity levels as they age. Between the ages of 45-64, 48% of Nova Scotia women are active; this number drops to 26% for women who are 65 year or older (Nova Scotia, 2011). An active lifestyle throughout the lifespan can lead to fewer health problems as people age and longer independent living.

The Keeping Pace: Physical Activity and Healthy Eating Among Children and Youth study (2012) monitored physical activity levels in 1, 885 students in Nova Scotia in grades 3, 7, and 11. The study looked at students who met the daily amount of at least 60 minutes or more of physical activity, on at least 5 days per week (Fig. 2). The results showed that about 80% of grade 3 boys and girls met the requirement for physical activity; however this percentage

significantly decreased in the older grades. In grade 7, only 28.4% of boys obtained the 60 minutes or more of physical activity on 5 or more days a week and only 13.2% of girls did. In grade 11, there was an even larger decrease with only 4.5% of boys meeting the standard and only 0.9% of girls. Overall the percentages of girls who met the physical activity requirement were lower than the boys in each grade.

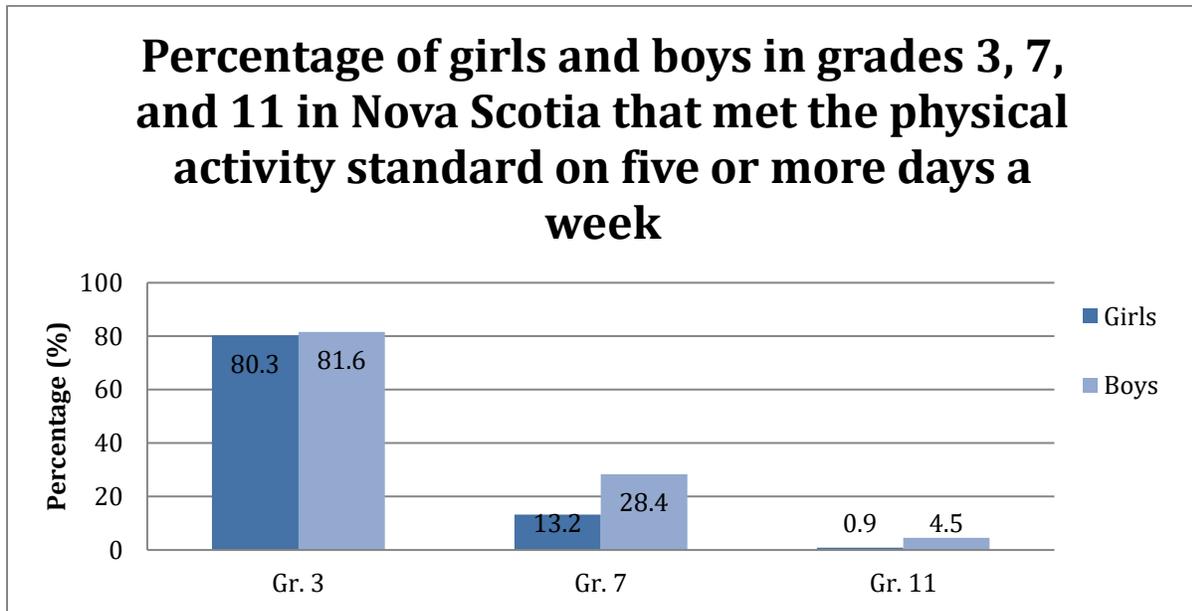


FIGURE 2- LEVELS OF PHYSICAL ACTIVITY IN GRADE 3, 7, AND 11 STUDENTS IN NOVA SCOTIA
 (Source: *Keeping Pace: Physical Activity and Healthy Eating Among Children and Youth, Nova Scotia 2012*)

Local Trends

The 2017 Physical Activity Community Survey among adults that was completed by Nova Insight Inc. looked at physical activity levels in citizens that reside in Municipality of Shelburne, Town of Shelburne, and Town of Lockeport. Telephone surveys were completed with 300 residents.

- Walking was the top wish list for future activity, followed by swimming
- The most common challenge for physical activity was the infrastructure, 70% of participants strongly agree is a challenge.
- The top opportunities for physical activity were non-competitive activities and more common spaces to meet friends for activities in the community as 28% respondents ranked that in their top three.

Community Profile

The Town of Shelburne, the Municipality of the District of Shelburne and the Town of Lockeport are located in eastern Shelburne County, on the South Shore of Nova Scotia. They are made up of 55 communities and have a total combined population of 6,562 (Statistics Canada, 2016).

Town of Shelburne

The Town of Shelburne became incorporated in 1907. The Town has a population of 1,743 (as of 2016) and is 9 square kilometers. There was a 3.4% increase in population size from 2011 to 2016 (Statistics Canada).



Municipality of the District of Shelburne

The Municipality of the District of Shelburne was incorporated in 1879. The Municipality has a population of 4,288 (as of 2016) and is 1,821.07 square kilometers. The Municipality had a 2.7% decrease in population size between 2011 and 2016 (Statistics Canada). The municipality is made up of 7 districts.



Town of Lockeport

The Town of Lockeport was incorporated in 1907 and is 2.32 square kilometers. In 2016, the population of the Town was 531. There was a 9.7% decrease in population from 2011 to 2016 (Statistics Canada).



The primary language spoken in all three municipal units is English. The rural coastal communities host a number of physical activity opportunities and facilities (both built and natural) for residents. This strategy aims to build upon the existing infrastructure and opportunities within these communities.

According to Statistics Canada, there are a variety of people with aboriginal identities, and visible minorities in all three units. (Statistics Canada 2016)

- Aboriginal Identities- 500
- African Canadian- 180
- Arab- 30
- South Asian- 10
- Filipino- 10
- Latin American-10



Town of Shelburne



Municipality of the District
of Shelburne



Town of Lockeport

Physical Activity Strategy

Framework

The framework for this strategy is based on the Social-Ecological Model (Fig. 2), which focuses on four main areas: Individual, Social Environment, Physical Environment (built & natural) and Policy. The Social-Ecological Model helps to identify the different factors that enable or act as barriers to participation in physical activity. Healthy behaviors, including regular physical activity, are thought to be improved when environments and policies support healthy choices and individuals are motivated and educated to make those choices. In order for behavior change to occur there needs to be a combination of interventions at the individual, environmental (physical & social) and policy levels (Active Canada, 2013). Local data and knowledge has been incorporated into this model in order to create a strategy that will address local needs.

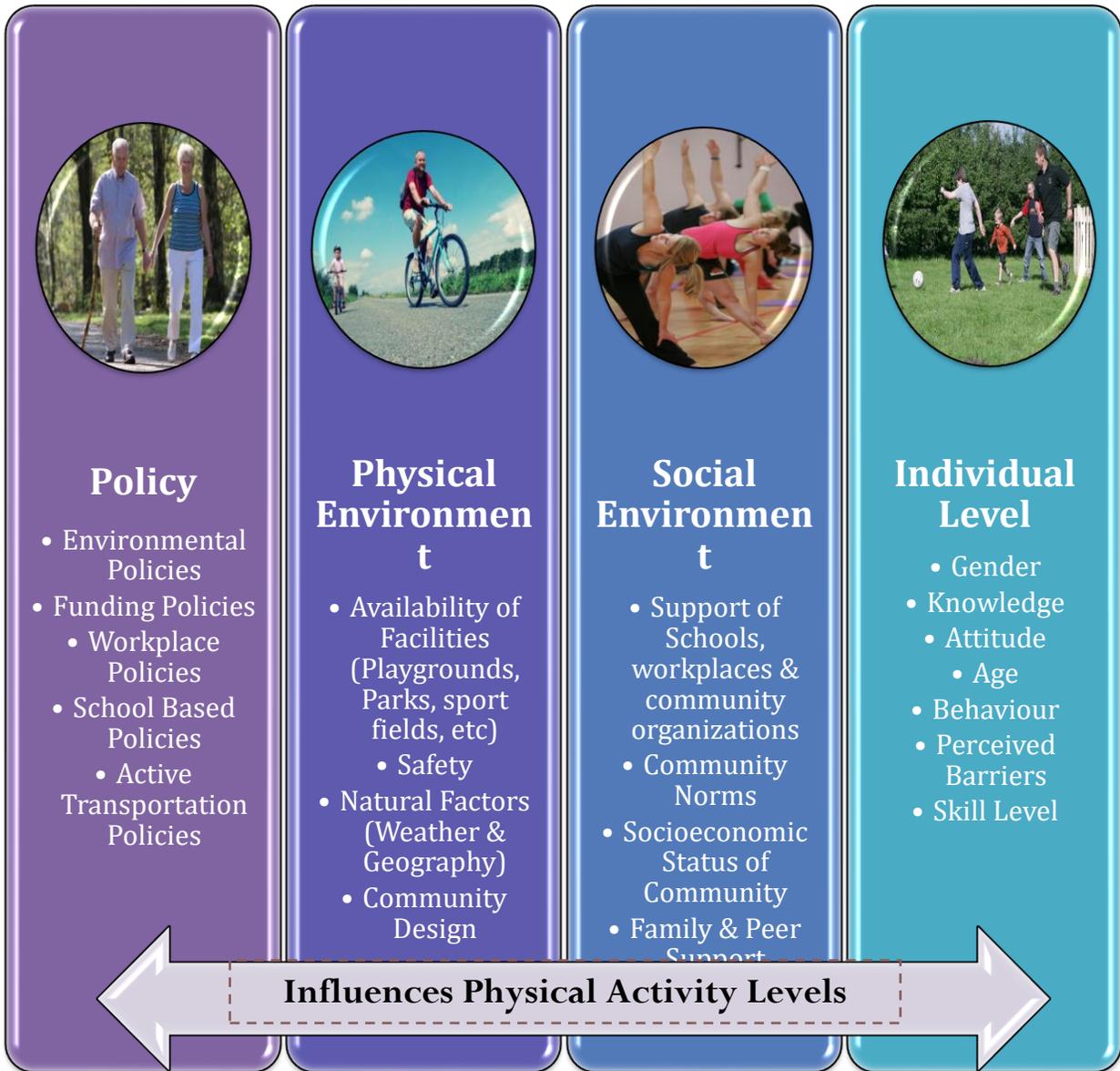


FIGURE 2-SOCIAL-ECOLOGICAL MODEL

Data Collection

This strategy was developed based on local and provincial research regarding physical activity trends. Public consultations (2 in total) were held in the Town of Shelburne and Town of Lockport to identify the needs of the individual communities.

One on one interviews with specific stakeholders were conducted. The interviews focused on the current physical activity trends and opportunities

amongst their group. The stakeholders were representatives from the following organizations: Our House Youth Centre, Shelburne Area Supporting Inclusion (SASI), Shelburne County Senior Services, and Surf Lodge Nursing Home.

An online survey was also published to gather physical activity trends from community members in all three municipal units, in which there were 331 respondents from the survey.

Focus groups were held at Shelburne Regional High School and Lockeport Regional High School, with boys and girls in grades 8,9,10, and 11. These focus groups were designed to look at participation in physical activity both at school and within their community.

In 2017, The Town of Shelburne, Municipality of the District of Shelburne, and Town of Lockeport conducted a Physical Activity Community Survey through Nova Insights Inc. Three hundred residents from the Municipality of the District of Shelburne and the Town of Shelburne, and Town of Lockeport were surveyed through telephone.

Out of all the data we collected, we found themes and categorized them into a matrix. All of the data collected, including the matrix can be found in the appendices section.

Provincial Priorities

The Department of Communities, Culture, and Heritage has identified priorities that need to be incorporated into the physical activity strategy in addition to the local issues.

The priorities are:

- Social supports for walking
- Physical environment supports for walking
- Physical environment supports for less structured activities
- Social supports for less structured activities
- Policies to support movement

The province has also identified priority populations:

- Youth ages 12-18
- The aging population, anyone 45 years old or older
- Community members who may have minimal access to physical activity opportunities
- Less active populations (in general)

Vision

All residents of the Town of Shelburne, Municipality of the District of Shelburne and the Town of Lockeport will understand the benefits and importance of movement and will reap the benefits as it is incorporated into their daily routine.

Mission

Create and support, policies, environments and programs that will enable residents to embrace movement as part of their daily lifestyle.

Guiding Principles

The Physical Activity Strategy will be based on the following principles

1. Provide a variety of unstructured and structured physical activity opportunities

2. Initiatives will be based on research evidence, best practices, community needs and local assets
3. Use of a multi-level approach to address factors related to individual needs, social and physical environments and policies
4. Fair and safe play will be an integral part of all programs and activities
5. Cooperate, communicate, and collaborate with community, government and non-government agencies on physical activity initiatives
6. Ensure opportunities for all abilities, ages, genders, and cultures
7. Address specific target groups
8. Ensure quality leadership
9. Use a settings approach to promote movement at home, school, work and in the community

Goals

1. Increase the number and quality of physical activity leaders
2. Increase the awareness of physical activity opportunities
3. Improve access for all to unstructured opportunities
4. Improve access for all to quality recreation facilities
5. Increase physical activity levels through walking

Action Plan

Goal #1: Increase number of quality physical activity leaders

Actions	Lead Agency	Timeline
Identify, recruit, and train physical activity leaders	MPAL, Rec Departments	On going
Identify, recruit, and train youth leaders (age 13-16)	MPAL, Rec Departments	On going
Work with partners to provide unstructured outdoor play leadership	MPAL, SSAC	
Identify and promote leadership training opportunities	MPAL, Rec Departments	On going
Develop a plan to promote the physical activity leadership fund and seek partners to develop leaders	MPAL,	Year 1
Train leaders in inclusion	MPAL, Rec Departments, Autism Nova Scotia, other orgs	On going
Increase the number of leaders who work with older adults	MPAL, Rec Departments,	Year 3
Increase female leadership development opportunities	MPAL, Rec Departments	Year 1

Goal #2: Increase awareness of physical activity opportunities

Actions:	Lead Agency	Timeline
Maintain and actively promote South Shore Connect	MPAL, Rec Departments, VIC	On going
Build on existing campaigns such as ParticipACTION	MPAL, ParticipACTION	On going
Seek ways to utilize social media to engage specific target groups	MPAL	Year 2
Engage local businesses in promoting physical activity opportunities in the workplace	MPAL, local businesses	Year 3
Refresh and build on Keep it Moving brand	MPAL	Year 1
Promote and seek opportunities for Steps to Connect initiative	MPAL, healthcare service providers,	Year 2
Explore Multisport Programs for different target groups	MPAL, Rec Departments, Sport Organizations	Year 1

Goal #3: Improve access for all to unstructured opportunities

Actions:	Lead Agency	Timeline
Continue to Offer Family Fun Drop-in	MPAL, MDS Rec Departments,	Year 1
Improve support to community organizations that provide unstructured opportunities	MPAL, Hillcrest Academy, Lockeport Elementary School, Child Care Organizations	On going
Explore policy solutions for inclusion of adults and individuals with disabilities	MPAL, Rec Departments	Year 1
Develop signage and a campaign that support walking	MPAL	Year 2
Improve access for swimming for individuals with special needs	MPAL, Rec Departments	Year 2
Explore potential opportunities to address transportation barriers	MPAL, Rec Departments	Year 1
Identify the benefits of an Active Transportation Plan	MPAL	Year 2

Goal #4: Improve access for all to quality recreation facilities

Actions:	Lead Agency	Timeline
Consider accessibility for any facilities improvements from the initial stages of planning	MPAL, Rec Departments	On going
Contribute to municipal accessibility plans	MPAL, Rec Departments	Year 2
Assist Municipal units with accessibility audits	MPAL, Municipal Units	Year 1
Improve signage at facilities to demonstrate accessibility	MPAL, Rec Departments	Year 2
Provide community organizations with accessibility guidelines	MPAL, Rec Departments	On going
Support community use of schools at SRHS and coordinate physical activity programs and rentals	MPAL, SRHS Administration	On going

Goal #5: Increase Physical Activity Levels through walking

Actions:	Lead Agency	Timeline
Continue Trail Walk Series	MPAL, Rec Departments	On going
Support development of walking groups	MPAL	Year 1
Support development of walking leaders	MPAL, Hike Nova Scotia, Outdoor Council of Canada	On going
Develop a walking campaign targeting 45+	MPAL, Rec Departments	Year 2
Identify and promote indoor walking spaces	MPAL, Rec Departments	Year 1
Conduct community walk ability assessment, with a view to inclusion	MPAL	Year 2

Monitoring & Evaluation

The Physical Activity and Community School Coordinator will be responsible for the continual monitoring of the Physical Activity Strategy and report updates bi-weekly to representatives of each municipal unit. Also, an annual workplan is created for the Physical Activity and Community School Coordinator so they have clear action items to work on. A yearly report will be submitted to the CCH reflecting successes and challenges. The Physical Activity Strategy is meant to be a working document and new actions will be added as the needs of the communities change overtime.

Below are indicators of success for each goal identified in the 2020-2022 Physical Activity Strategy:

Goal 1: Increase the number and quality of physical activity leaders

- 10 new leaders annually,
- leaders express confidence in their skills

Goal 2: Increase the awareness of physical activity opportunities

- Percentage of individuals that identify communications as a barrier is less than 25%

Goal 3: Improve access for all to unstructured opportunities

- Increase in number of citizens who participate in unstructured opportunities

Goal 4: Improve access for all to quality recreation facilities

- 10% increase in recreation facility use for physical activity

Goal 5: Increase physical activity levels through walking

- 33% (1/3) of population walk daily

References

- Active Canada, 2013. Social-Ecological Model. Retrieved from <http://www.activecanada2020.ca/sections-of-ac-20-20/appendix-a/appendix-b/appendix-c-1/appendix-d>
- Canadian Society for Exercise Physiology, 2017. Canadian 24 hour Movement Guideline: An integration Of Physical Activity, Sedentary Behaviour, and Sleep. Retrieved from <https://csepguidelines.ca/>
- Canadian Society for Exercise Physiology, 2012. Canadian Physical Activity Guidelines. Retrieved from <http://www.csep.ca/english/view.asp?x=804>
- Caspersen, Powell, & Christenson, 1985. Physical Activity, Exercise, and Physical Fitness: definitions and distinctions for health-related research. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1424733/>, on
- Colman & Hayward, 2002. The Cost of Physical Inactivity in Nova Scotia. Retrieved from <http://www.gpiatlantic.org/pdf/health/inactivity.pdf>
- Exercise is Medicine Canada, 2012. Evidence for EIMC. Retrieved from https://www.exerciseismedicine.org/canada/support_page.php/evidence-for-eimc1/
- Janseen, 2012. Health care costs of physical inactivity in Canadian adults. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22667697>
- Kruger H, Turner D, Krueger J, Ready AE, 2014. The economic benefits of risk factor reduction in Canada: Tobacco smoking, excess weight and physical activity. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24735700>
- Province of Nova Scotia, 2011. Physical Activity. Retrieved from <http://novascotia.ca/hpp/pasr/physical-activity.asp>
- Province of Nova Scotia, 2012. Keeping Pace: Physical Activity and Healthy Eating Among Children & Youth. Retrieve from <https://www.novascotia.ca/hpp/pasr/KeepingPaceReport.pdf>
- Manitoba Fitness Council, n.d. Exercise Theory Manual
- Statistics Canada, 2016. Census Profile. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?B1=All&Code1=1201006&Code2=12&Data=Count&Geo1=CSD&Geo2=PR&Lang=E&SearchPR=01&SearchText=Shelburne&SearchType=Begins&TABID=1>
- Statistics Canada, 2014. Health Reports Retrieved from
- World Health Organization, 2013. Physical Activity. Retrieved from http://www.who.int/topics/physical_activity/en/
- Warburton, Nicol, & Bredin, 2006. Health Benefits of Physical Activity. Retrieved from <http://www.cmaj.ca/content/175/7/777.1.full>