



Richmond County's Physical Activity Strategy

September, 2009

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- The Heart and Stroke Foundation of Nova Scotia
- The Nova Scotia Department of Community Services
- Family Place Resource Centre
- The St. Anne's Community Nursing Centre
- The Richmond Villa
- The Potlotek Health Centre
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EXECUTIVE SUMMARY

The Physical Activity Strategy for the Municipality of the County of Richmond intends to engage key stakeholders, community partners and residents of Richmond County in developing and implementing a plan to increase opportunities and enhance support for Physical Activity. The Strategy will also be a call to action to address health risks and the burden of illness associated with physical inactivity.

The overall purpose of the strategy is to identify ways to get more people in Richmond County to be more active more often. Convincing and extensive evidence exists linking regular physical activity (30-60 minutes of moderate activity a minimum of 5 days a week) with improved quality of life and increased health benefits. Physically active people enjoy numerous physical and mental health benefits and have a lower risk of developing high blood pressure, heart disease, diabetes, obesity and certain types of cancer. There are also many social, economic and environmental benefits associated with increasing physical activity levels in our communities. Research indicates that physically active communities are more productive and spend less on health care.

The challenge is how to address inactivity at the community and individual level and more importantly create a mind shift in how Physical Activity is viewed so that it becomes a daily component of life. Acknowledging this challenge, the Municipality of the County of Richmond in partnership with the Nova Scotia Department of Health Promotion and Protection (HPP) are taking a proactive approach and tackling this challenge through the development, implementation and evaluation of a comprehensive Physical Activity Strategy. Richmond County's Strategy is a part of The Municipal Physical Activity Leadership Program (MPAL). MPAL is a province-wide initiative, which offers funding support to Municipalities enabling them to take a leadership role to increase the number of staff in local governments that are planning and implementing comprehensive plans to increase participation in health enhancing physical activity.

This epidemic of physical inactivity must be addressed through a coordinated and collaborative community effort if change is to come about. Physical inactivity cannot be tackled alone by one organization if major impacts are to occur. The Municipality of the County of Richmond adopted a coordinated and collaborative approach to developing the strategy from the beginning through the establishment of Richmond County's Physical Activity Partnership Committee (RCPAPC). RCPAPC is a multifaceted committee consisting of over 20 members. These members represent a variety of government and non-government organizations, stakeholders and individuals from across Richmond County who have a strong interest in promoting physical activity within the county (See appendix A for membership list). RCPAPC identified four key focus areas that serve as a framework for the strategy: 1.) Leadership, Partnerships, and Sustainability 2.) Supportive Social Environments 3.) Supportive Physical Environments 4.) Public Awareness.

The Strategy document will serve as a guide to increase physical activity levels and opportunities for county residents. The strategy is a "living document"; therefore, additions, changes and revisions will occur as necessary. Ongoing monitoring and formal evaluations will be an integral part of the strategy process to ensure that goals, objectives and actions are being met. For the strategy to succeed Richmond County residents, community organizations and agencies throughout the county must embrace the plan and actively participate in its implementation.

Richmond County's Strategy reflects the specific needs and unique aspects of our area. As the community becomes familiar with the strategy and more partners become involved, it will be necessary to re-evaluate the plan and make adjustments to the changing needs of our community by focusing on local solutions and shared resources. Progress on some actions and initiatives in the implementation stage may be subject to internal financial resources and may require assistance from external partners.

Strategy Key Focus Areas & Goals

1.) Leadership, Partnerships & Sustainability

To lead initiatives, build partnerships and develop policies that support physical activity for all ages, abilities, cultures and socioeconomic backgrounds within Richmond County.

2.) Supportive Social Environments

To provide inclusive opportunities for Richmond County Residents to participate in a variety of physical activities in their communities, homes, workplaces and educational settings.

3.) Supportive Physical Environments

To create, maintain & enhance physical environments (both built and natural) that support Physical Activity.

4.) Public Awareness

To create awareness of the benefits of daily physical activities and supportive environments encouraging Richmond County residents to engage in a variety of physical activities and opportunities.

INTRODUCTION

Why does Richmond County need a Comprehensive Physical Activity Strategy?

People need to be active to be healthy. As a result of our modern lifestyles and all the conveniences of our daily lives, we are moving our bodies less and less which causes us to be sedentary. This presents risks to our health. While many of us find it challenging to incorporate physical activity into our lives, the fact remains that we are not achieving the daily requirements for optimal health benefits. Local evidence indicates that Richmond County Residents are not immune to these challenges. To emphasize how times have changed, today in Nova Scotia grade 11 boys engage in 6.29 hours of screen time per day followed by grade 11 girls at 5.51 hours per day. Screen time includes such activities as computers, TV, texting etc. (Physical Activity and Dietary Intake of Children and Youth, 2005)

Statistics clearly indicate that efforts to increase the physical activity levels of our residents have to happen now to improve the health of our citizens. According to the IPSOS Reid Public Affairs Survey of 2008, 63% of Richmond County residents are not active enough for optimal health benefits. The Canadian Community Health Survey 2005 looks at the Physical Activity for DHA 7, which includes Richmond County, and indicates that 63.9% of individuals are considered inactive. This is significantly higher in comparison to the rest of Nova Scotia. The 2006 "Understanding Our Health" survey, Strait Richmond Community Health Board, indicates that 50% of individuals are regarded as inactive. Among NS youth, less than 1 in 10 Grade 11 students accumulate the recommended 60 minutes of moderate to vigorous physical activity on a daily basis.

Increased physical activity would result in a reduction in the high rates of chronic disease in Nova Scotia and in Richmond County. This would improve quality of life and result in significant savings in health care costs. The economic burden of physical inactivity in Canada is estimated at 5.3 billion and the burden to the healthcare system is estimated at 2.1 billion (Katzmarzyk P, Gledhill N, and Shepard R, 2000)

Increasing physical activity has impacts beyond health benefits. Some of these are:

- Lower greenhouse gas emissions and traffic congestion if people walk or cycle more and leave vehicles at home.
- Safer communities with more people out and with eyes on the streets.
- Developing infrastructure for recreation and physical activity, retaining residents, attracting new residents and tourists, creating jobs and boosts local economy.
- An active healthy workforce is a more positive productive workforce.
- Active older adults are at less risk for falls and hip fractures and more likely to live independently.

Leading an active healthy lifestyle includes many components, and healthy eating is a crucial piece of the puzzle. It's a balancing act and it is important that the energy we put into our body equals the energy our body expends - energy/calories in = energy/calories out (Active Kids, Healthy Kids Strategy, 2007). It is equally important that we fuel our bodies with energy from healthy foods. Since healthy eating and physical activity go hand in hand, it will be important that this strategy links to and collaborates with other health promotion initiatives.

A comprehensive strategy is more effective as the actions to increase population levels of activity are at the individual, interpersonal, organizational and societal levels. Such a strategy also ensures diverse government and non-government organizations work together under a community supported plan. Based on a community wide strategy, individual organizations can decide on their unique role and how they can make the most effective contribution.

RICHMOND COUNTY'S PLAN

The Physical Activity Strategy for Richmond County will focus its efforts on promoting healthy active lifestyles, facilitate opportunities for residents to increase physical activity levels and help create healthy communities. It seeks to build upon Richmond County's unique assets and existing programs. The Strategy will continue to work in partnership with various community organizations and individuals, build new partnerships as well as develop new physical activity opportunities for the community and its residents.

The Strategy aims to increase the percentage of residents who engage in the required amount of physical activity necessary for optimal health benefits. Specifically, the goal of the strategy is to increase physical activity levels of residents by 10 percentage points by 2013. A special emphasis will be given to groups and individuals who are inactive or face unique challenges that place them at greater risk for chronic disease. According to Health Canada's Guide to Physical Activity, Optimal health benefits are achieved by obtaining 30– 60(or more) minutes of moderate physical activity a minimum of 5 days per week. The challenge is to move those who are inactive towards becoming active and to support those who are currently active to remain active.

The Municipality of the County of Richmond and The Department of Health Promotion and Protection have made a 5 year collaborative and financial commitment to ensure that leadership in the form of a full-time Physical Activity Coordinator will facilitate the development, implementation and evaluation of a strategy. The efforts of RCPAPC and new community partnerships will ensure physical activity opportunities are accessible to Richmond County residents and barriers to participation are minimized.

Strategy Development Process

In April of 2008 the Municipality of the County of Richmond and the Nova Scotia Department of Health Promotion and Protection met to discuss a preventative approach to the challenge of high levels of inactivity and chronic disease. It was decided that a comprehensive, multi-sectoral approach to increasing physical activity within Richmond County was required.

In June of 2008 Richmond County's Physical Activity Partnership Committee was formed to guide the development of a Physical Activity Strategy. RCPAP committee members represent a variety of government and non-government organizations, community stakeholders and individuals from across Richmond County who have a strong interest in promoting physical activity within the county. (See appendix A for membership list)

Since June of 2008, RCPAPC has met on a regular basis and collaborated to prepare this four year document that will provide strategic direction to increase physical activity and create a better future for Richmond County residents (See appendix B for Terms of Reference and appendix C for the Planning Process). In the early stages of the strategy development process, physical activity data was compiled and reviewed, a community profile was developed (see appendix D) and an environmental scan was conducted.

RCPAPC consulted widely with local communities, stakeholders and individuals to identify key issues surrounding physical activity in Richmond County. Seven focus groups, two public meetings and a community survey of Richmond County residents were carried out during this consultative phase. (See appendix E for outputs from seven focus groups and two Public Meetings, see appendix F for the 2008 IPSOS Reid Public Affairs Survey for Richmond County)

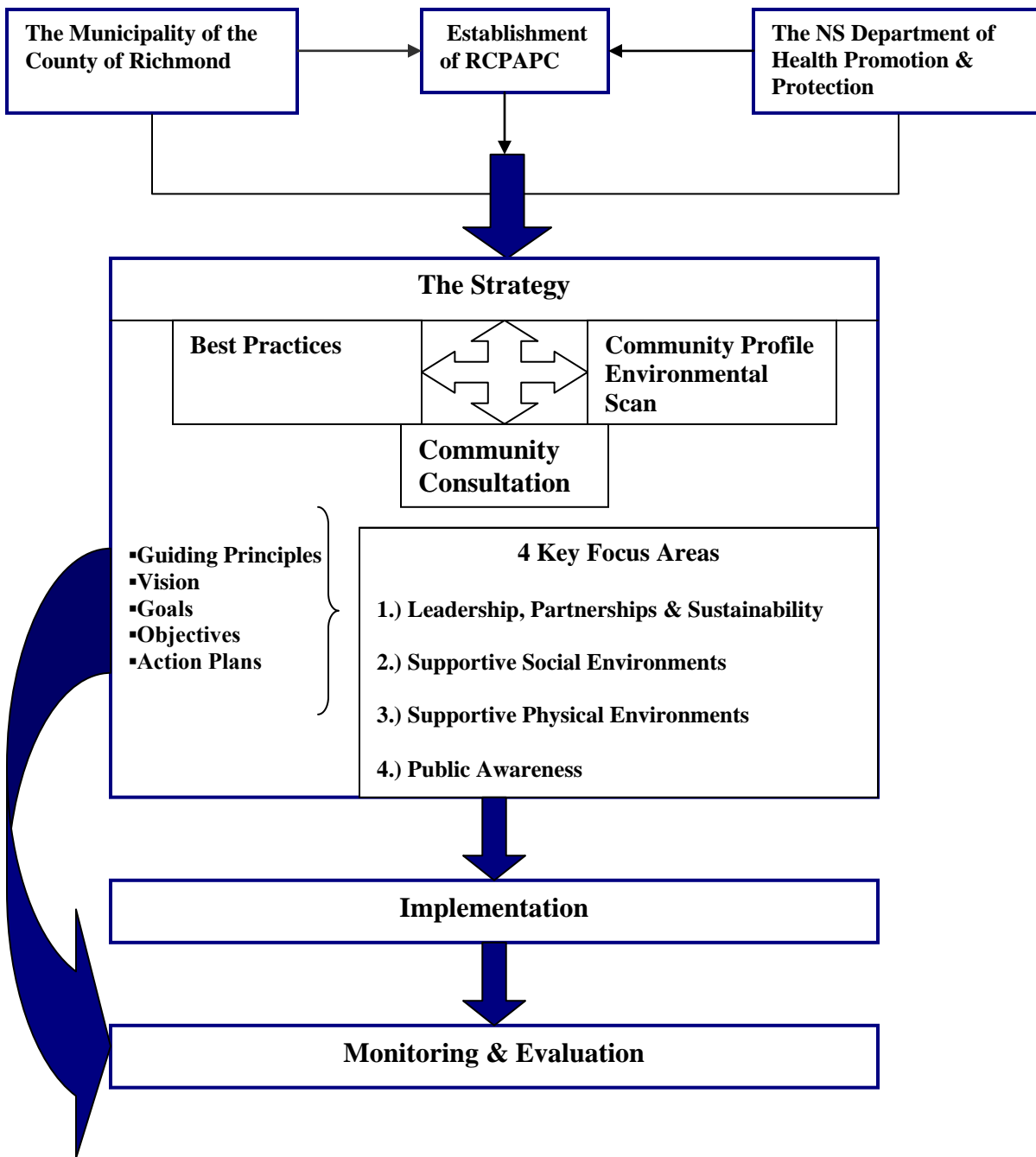
Fundamental to Richmond County's Physical Activity Strategy is a set of principles that guided its development. The core components of Richmond's Strategy include the Vision, Goals, Objectives and Action Plans all designed within the framework of four key focus areas Identified by RCPAPC. The four key focus areas are as follows:

- 1.) Leaderships, Partnerships, and Sustainability
- 2.) Supportive Social Environments
- 3.) Supportive Physical Environments
- 4.) Public Awareness

RCPAPC welcomes ongoing feedback on the key focus areas and the actions generated therein. The core components will be supported by ongoing monitoring and evaluation. The Strategy will lead to a detailed implementation plan, which will clearly outline the agencies responsible for each strategy action with timelines and performance indicators.

The following figure outlines the strategy development process:

Strategy Development & Implementation Process



How the Physical Activity Strategy links to other Municipal priorities

The Physical Activity Strategy is an integral component of the Municipality's Integrated Community Sustainability Plan. The Integrated Community Sustainability Plan (ICSP) for Richmond County expresses visions, goals and actions related to environmental, social, cultural and economic activity for the foreseeable future in Richmond. This document will define how people, businesses and organizations work together to improve the health and well-being of individuals and communities while preserving the environment for future generations. It also identifies what has been accomplished and what resources the community will require as the sustainability plan is implemented.

As noted previously, physically active communities are more productive, spend less on health care and are economically viable. With this in mind, the Physical Activity Strategy is being created in such a way as to integrate smoothly with the future goals and direction of Municipal mandates which encompass the ICSP. Direct links have been made between the two plans such as future infrastructure development, recognition and protection of green space, active transportation, recreation facility & program development, economic development and tourism.

PHYSICAL ACTIVITY

What is physical activity?

Physical activity is defined as “any bodily movement produced by the body’s muscles that cause the expenditure of energy”. It is also defined as “movement required on a daily basis to sustain health.” In other words, physical activity includes actions that people make that burn or consume calories. Physical activity includes all forms of exercise (i.e., specific training usually done to improve one or more components of physical fitness), active transportation (i.e., walking, cycling, skateboarding, or scootering), sport, active work (i.e., moving boxes, delivering mail, etc.), and active leisure activities such as gardening, playing catch, etc. Physical activity (or active living) means more than just physical fitness or exercise. It means making physical activity a part of daily living, whether it’s gardening or taking the dog for a walk or taking the kids out to fly a kite. Active living encourages everyone, not just people who are young and fit, to get up, get outside, get moving and keep moving. Physical activities can focus on endurance, flexibility and or strength

Types of Physical Activity

According to Health Canada’s Physical Activity Guides, physical activities can focus on endurance, flexibility and or strength. Endurance activities, also known as cardiovascular or aerobic activities, help your heart, lungs and circulatory system stay healthy and give you more energy. They range from walking and household chores to organized exercise programs and recreational sports. Flexibility or stretching activities help you to move easily, keeping your muscles relaxed and your joints mobile. Regular flexibility activities can help individuals maintain their independence longer as a person ages. Strength activities help your muscles and bones stay strong, improve your posture and help to prevent diseases like osteoporosis. Strength activities are those that make you work your muscles against some kind of resistance. For further information about how to make wise choices about physical activity visit www.paguide.com .

How much physical activity is required for health benefits?

It is recommended that individuals engage in adequate levels of Physical Activity throughout their lives. Different types and amounts of physical activity are required for different health outcomes: 30 minutes or more of regular, moderate intensity physical activity a minimum of 5 days per week reduces the risk of cardiovascular disease and diabetes, colon cancer and breast cancer. Muscle strengthening and activities which require use of balance may reduce falls and increase functional status among older adults. Longer bouts of cardiovascular or aerobic activities are required for healthy weight loss and maintenance.

Physical and mental health benefits result from taking part in physical activities that are of light, moderate, and vigorous intensity. The time and frequency needed to obtain these health benefits varies depending on the intensity of the physical activity (as indicated in the table below.) If time constraints prevent one from engaging in physical activity, it is important to recognize that health benefits can be obtained by accumulating several 10-minute bouts of participation. Finally, a variety of physical activities at varying intensities can be combined for healthy, active living (see table below).

Time needed depends on effort

	Light	Moderate	Vigorous
Time	60 minutes	30 minutes	20 to 30 minutes
Frequency	7 days/week	5 or more days per week	3 days per week
Examples	Light walking Easy gardening Stretching Volleyball	Brisk walking Cycling Swimming Water aerobics Dancing Raking leaves	Aerobics Jogging Basketball Fast swimming Fast dancing Hockey

For older adults (65+ yrs), the recommendations are to “accumulate 30 to 60 minutes of moderate [intensity] physical activity at least 5 days per week.

The recommendations for children (5-9 yrs) and youth (10-14 yrs) are to add 30 minutes of vigorous intensity and 60 minutes of moderate intensity physical activities each day as well as reduce non-active or sedentary time by 90 minutes each day.

When an individual is engaged in “moderate intensity” physical activity, he/she will usually experience an increase in breathing rate, an increase in heart rate and a feeling of increased warmth. Moderate intensity physical activity does not cause extreme fatigue when continued for an extended period.

The benefits of physical activity

There is now compelling evidence that regular physical activity at moderate intensity is associated with a wide range of beneficial health outcomes. Physical activity reduces the risk for cardiovascular diseases (heart disease, high blood pressure, and stroke), adult onset diabetes, and certain types of cancer (colon, breast, and uterus). Physical activity improves quality of life by reducing stress and enhancing psychological well-being. It improves physical functioning, enabling individuals to maintain independence and mobility in later life. Older adults who are active are less susceptible to falls as activity helps maintain healthy bones, muscles and joints and reduces the risk of osteoporosis. Regular physical activity increases an individual's energy level and affects one's ability to fully participate in work, education, play, social and family life. For a comprehensive list of the health benefits of physical activity (see appendix H for a list of health benefits of physical activity, The Case For A Comprehensive Provincial Physical Strategy, May 2009)

COMMUNITY PROFILE- Richmond County

Demographic Profile (based on the 2006 Census - see appendix E for more details)

The Municipality of the County of Richmond was incorporated in 1879. Richmond County is located on the east coast of Canada and the eastern shore of Nova Scotia, bordered by the Atlantic Ocean on the south and the Bras d'Or Lakes to the north. The St. Peter's Canal connects the rugged Atlantic Ocean to the well-known sailing and boating destination of the Bras d'Or Lakes. Richmond County's beautiful natural environment invites a variety of outdoor activities to be enjoyed by land or by water. The county is largely rural; its land mass encompasses approximately 1,233 square kilometers with 6 communities (Chapel Island IR5, Dundee, Isle Madame, Louisdale, L'Ardoise, St. Peter's) and 105 populated place names. The county lays claim to 230,000 acres of forested land and miles of picturesque coastline. The Municipality includes seaside villages, sheltered harbours and fishing communities. Mi'kmaq, Acadian, Scottish, and Irish heritage create a county rich in culture. The languages, traditions and cultures of the county are infused in our songs, dances, and way of life.

■ The population of Richmond County is declining. Statistics Canada reports that as of 2006, Richmond County has a population of 9,740 which is 11.6% lower than in 1996 when the population was 11,020. The 2001 to 2006 population change is negative 4.7%. The population of Nova Scotia (2006) is 913,462.

■ Richmond County's age structure is above national averages for persons aged 65 years and over. In Richmond County 19.7% of the population was 65 years or older as compared to 13.7% as the national average. As with most Canadian communities, the proportion of older adults will continue to grow. With respect to our younger population, in Richmond County 21.6% of the population was under the age of 20 as compared to 24.4% in Canada.

■ In Nova Scotia, family structure has shifted from traditional larger married families to smaller married families and an increase in both common-law and lone-parent families. In Richmond County lone female parent families were 12.4% of all families while lone male parents were 3.2% of all families.

■ In 2006 the average income for individuals in Richmond County was \$27,409 a year, compared with the average of \$31,795 for Nova Scotia. Families in Richmond County had an average income of \$54,276, compared with the average of \$66,032 for Nova Scotia. A total of 7.6% of families in Richmond County had low income status in 2006, compared with 16% in 1996. In Nova Scotia, 10.3% of families had low income status in 2006, compared with 16.5% in 1996

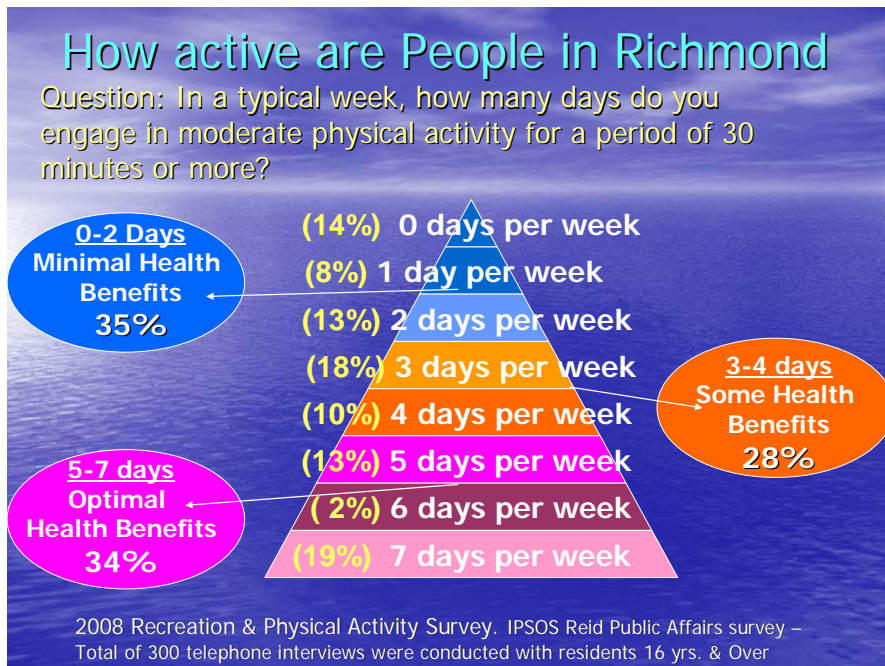
Health Profile: How healthy and active are Richmond County Residents? (See appendix D for more details)

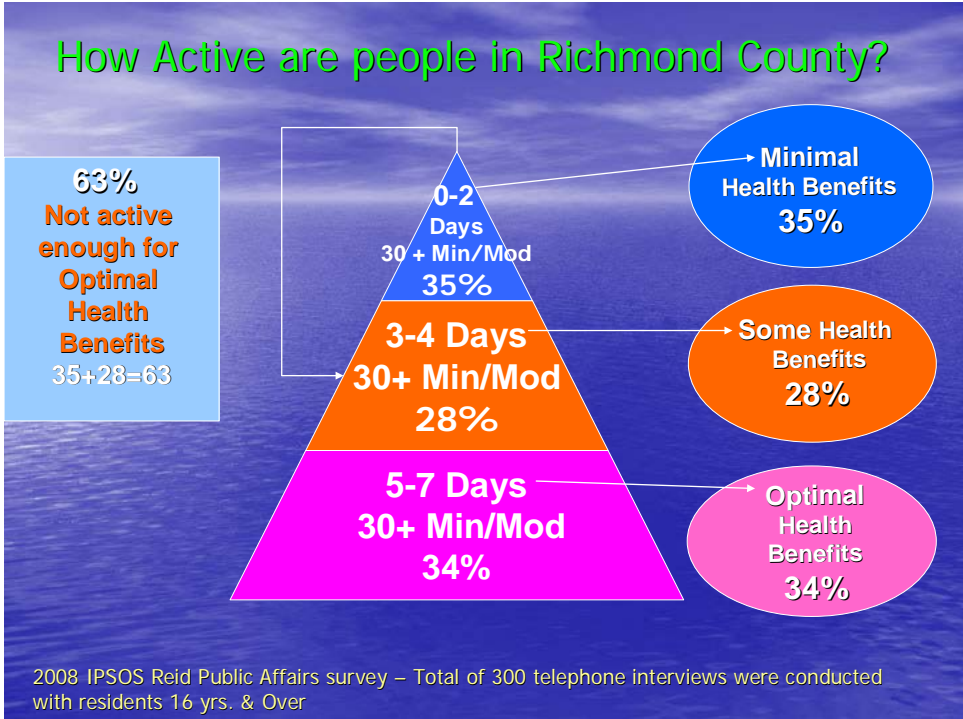
Physical inactivity is a well-known modifiable risk factor for a variety of chronic diseases. These conditions include cancers, cardiovascular diseases, arthritis & other musculoskeletal conditions, respiratory diseases, endocrine disorders such as diabetes, obesity and certain mental health conditions.

■ According to the IPSOS Reid Public Affairs Survey of 2008, 63% of Richmond County residents were not active enough for optimal health benefits. See table and diagram below

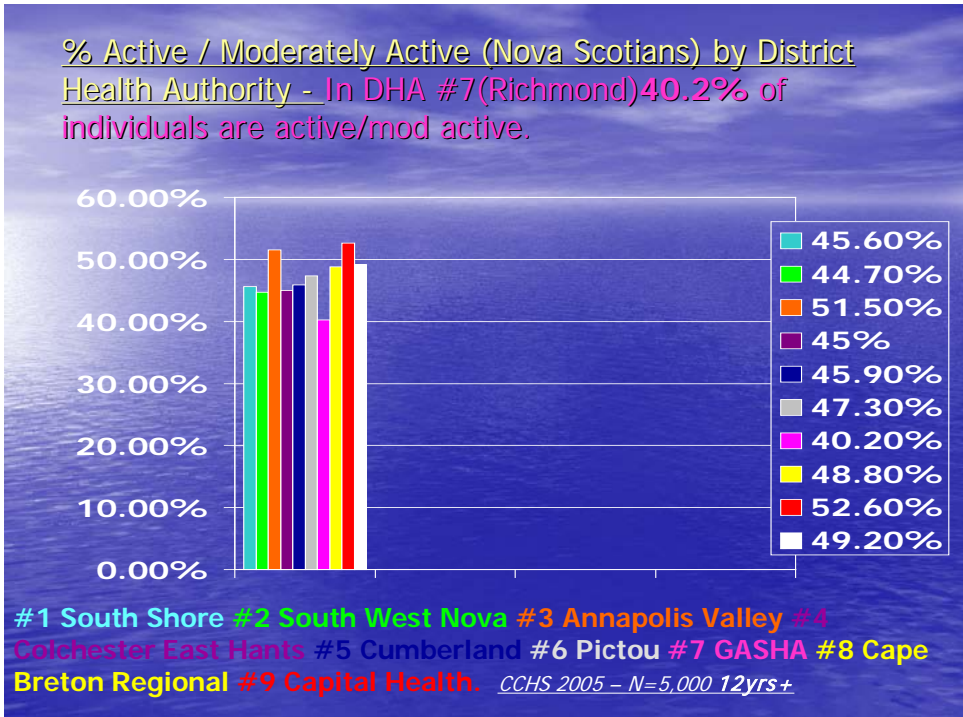
Richmond County Respondents who engaged in 30 minutes or more of moderate physical Activity in a typical week

#Days per week	Percentage %
0	14%
1	8%
2	13%
3	18%
4	10%
5	13%
6	2%
7	19%





■ According to the Canadian Community Health Survey 2005, In DHA 7 (which encompasses Richmond County) residents are classified as 40.2% active to moderately active. This is lower than the average Nova Scotian who is classified as 49.2% active to moderately active and the lowest of the 9 district health authorities in Nova Scotia.



- According to the Canadian Community Health Survey 2005, Physical Activity for DHA 7 (which encompasses Richmond County) 63.9% of individuals are considered inactive; this is considered significantly higher than Nova Scotia. (see table below)

Physical Activity Index	DHA 7	NS
Active	16.8%	20.6%
Moderately active	19.2%	25.4%
Inactive	63.9%	54.0%

- According to the 2006 "Understanding Our Health" survey report, Strait Richmond Community Health Board 50% of individuals are considered inactive. (see table below)

Physical Activity Index	Number	Percentage %
Physically Inactive	187/376	50%
Moderately Active	96/376	25%
Regularly Active	93/376	25%

- Compared to the Canadian average (4.8%), significantly more people in Nova Scotia report being diagnosed with heart disease. The average for Nova Scotia is 7.3% and the average for the Guysborough Antigonish Strait District Health Authority is 9.2%. (*Canadian Community health survey 3.1, summary report to the District Health Authorities, 2007*)

- Nova Scotia currently has the second highest incidence of cancer in Canada, surpassed only by PEI. The total number of new cases of invasive cancer types in Richmond County is 330 for 2002-2006 time frame. (*Nova Scotia Community Counts, 2006*)

- The prevalence of diabetes in Nova Scotia is increasing, especially among the middle and older age adults. There are 3,863 cases of diabetes reported in the Gysborough Antigonish Strait district health Authority. The crude diabetes prevalence rate varies across DHAs from 7.2% to 10.8%; GASHA's percentage is reported at 9.9% (*Nova Scotia Diabetes Statistics report 2008*)

- The risk of cardiovascular illness and a variety of cancers, has been shown over many decades to be reduced by regular participation in physical activity (*Darren, E.R., Wartburton, D.E.R., Nicol, C.W., Bredin, S.S.D. (2002)*)

- **Lack of time** is the top ranked barrier to physical Activity reported by Richmond County Residents according to "Understanding Our Health" survey report (2006) and the IPSOS Reid Public Affairs Survey of 2008.

- **Walking** was the top ranked physical activity reported by Richmond County Residents in all 4 surveys utilized for this health profile: "Understanding Our Health" survey report (2006), IPSOS Reid Public Affairs Survey of 2008, PACY- Physical Activity and dietary intake of children and youth (2005) and the Canadian Community Health Survey 2005 (3.1)

Community Consultation Process- Common Themes

To reaffirm the direction taken in the strategy, seven focus groups and two public meetings were facilitated (see appendix E for comprehensive details). Common themes generated from the Community Consultation process are listed below.

- 1.) **Facilities:** Lack of facilities, inadequate facilities, facilities not accessible, transportation and distance to facilities (too great), cost of gas, large barriers exist with current facilities such as schools, community access to schools is a problem, cancellations are frustrating and programs need to be consistent for habits to develop. Current facilities need to be used more for physical activity (for example the Richmond Arena). Most groups expressed a desire to have a pool and fitness facility in central Richmond County. Richmond County residents travel to other municipalities to access adequate facilities; lack of facilities for youth, parks and trails require maintenance for walking and biking. A need for safe places to walk as the roads are dangerous, walking tracks, sidewalks, a need for multi-use facilities.
- 2.) **Need more programs and a variety of programs:** Need more opportunities for physical activity (structured and unstructured), intergenerational and family physical activity programs, more programs for specific populations for example older adults, girls, pre-school age children and youth, individuals with special needs, males 40+, etc. Need more variety of programs, more dance for all ages, a combination of competitive and noncompetitive physical activities, programs with a social aspect, groups for motivation, workplace wellness, more beginner and introductory programs with instruction.
- 3.) **Need more affordable physical activities:** Free or low cost programs especially for groups such as seniors, low income families, families with multiple children, students etc. It was noted that cost is a large barrier to physical activity even though the IPSOS Reid survey did not reflect this. Many opportunities for children and youth are very costly such as Hockey. Need more walking/running clubs as they are a low cost physical activity.
- 4.) **Lack of physical activity leaders, instructors, coaches:** Difficult to access(cost/availability) trained instructors for various physical activities; need supervisors to oversee drop in activities; seniors require a leader for physical activity programs to be successful; trained leaders required for technical support and motivation; leaders also need to be sensitive to the needs of seniors and individuals with special needs.
- 5.) **Lack of awareness of programs, better access to information and education on physical activity:** Education on "rules of the road" regarding cyclist and motorist, cyclist feel it is very dangerous to ride their bicycles on county roads; better promotion of physical activity programs that currently exist; centralized location to access information on physical activity opportunities in Richmond County, outdoor educational opportunities linked to trails, increase awareness of local trails; newsletter for upcoming and ongoing physical activities and opportunities; need for more education about the benefits of physical activity; lack of knowledge of local opportunities for physical activity.

Environmental Scan: A Summary

Physical Activity Locales in Richmond County	
Facility/Organization	Number
Community Facilities (Indoor)	
Community Halls	19
Fire Halls	5
Fire Stations only	4
Lions halls & Clubs	2
Lioness Clubs	1
Legions	3
Ladies Auxiliary	2
Facilities – Other	
Camp Rankin (indoor/outdoor)	1
Community Facilities (outdoor)	
Soccer fields	3
Basket ball Courts(Outdoor)	5
Ball Fields	12
Tennis Courts	10
Swimming Pools (Indoor & outdoor)	0
Skateboard Parks	1
Marinas	4
Yacht/Boat clubs	3
Boat Launches – non-motorized (canoe, raft, Kayak)	4
Provincial Parks	7
Provincial Trails	3
Richmond County Trails	6
Provincial Beaches	2
Rivers	2
Educational Facilities	
Daycares/Playschools	5
Elementary Schools	5
High schools	2
Education(special needs)	1
Education Boards	3
Playgrounds	11
Private Facilities	
Gyms/ Fitness Centers	2
Swimming Pools	3
Scuba Diving	2

Kayaking/Canoeing	2
Golf Courses	1
Driving Ranges	1
Shooting Ranges	2
Community Organizations	
Seniors Clubs	12
Richmond County's Seniors Council	1
Seniors Facilities	3
Community Clubs	
Youth Clubs / (Facilities)	5
Army/Sea Cadets	3
Sparks, Brownies, Guides, Duke of Edinburg	5
CWL's	3
Community Organizations Various	29
Sports Clubs/Associations	17
<i>Major Strategies and/or Initiatives in or having an impact in Richmond County:</i> <ul style="list-style-type: none"> ●Active Cape Breton Communities ●Health Promoting Schools ●Écoles en santé ●Youth Centre – Ecole Beauport ● Richmond County's Physical Activity Strategy 	5
Provincial government programs / Initiatives	32
Ecology Action centre: <ul style="list-style-type: none"> ●TRAX ●Green mobility grants ●ADAPT 	
Heart & Stroke Foundation of NS: <ul style="list-style-type: none"> ●Move More ●Make a Move ●Walk About ● Health Directory 	
Nova Scotia Health Promotion & Protection: <ul style="list-style-type: none"> ●Active Kids Healthy Kids ●Girls Physical Activity Week ●Nova Scotia Framework for PASR ● Municipal Physical Activity Leadership Program (cost share Program, creating municipal PA Strategies) ●Nova Scotia Youth Fitness Leaders ●Tumble Bugs(Gymnastics NS) 	

<ul style="list-style-type: none"> ● www.activekids.ns.ca ● www.momsanddada.ca 	
<p>Recreation Nova Scotia:</p> <ul style="list-style-type: none"> ● Everybody gets to play ● High Five ● June is Recreation Month ● Take the roof off Winter ● moving into Inclusion 	
<p>Sport Nova Scotia:</p> <ul style="list-style-type: none"> ● After school Physical Activity Program ● Sport Makes a Difference 	
<p>Various:</p> <ul style="list-style-type: none"> ● Doctors Nova Scotia Youth Running for Fun ● Health Promoting Schools ● Nova Scotia Alliance for Healthy Eating and Active Living ● Nova Scotia Chronic Disease Prevention Strategy ● Nova Scotia Child and Youth Strategy ● Nova Scotia Sport Plan ● Nova Scotia Workplace Wellness Strategy ● Our Healthy Schools ● Sport Animator Initiative ● Sport Futures 	
<p>National Organizations & Associations:</p> <ul style="list-style-type: none"> ● Active Living Alliance for Canadians with a Disability ● Boys and Girls Clubs of Canada ● Canadian Association for the Advancement of Women and Sport and Physical Activity(CAAWS) ● Canadian Association of Health, Physical Education, Recreation and Dance(CAHPERD) ● Canadian Fitness and Lifestyle Research Institute(CFLRI) ● Canadian Parks and Recreation Association(CPRA) ● Coalition for Active Living(CAL) ● Go for Green – The active living & environment program ● Health Canada – Public Health Agency of Canada ● Lifestyle Information Network(LIN) ● ParticipAction ● YMCA – Strong Kids 	<p>12</p>

<p>Funding Assistance:</p> <ul style="list-style-type: none"> ● Amateur Sport Fund (Sport Nova Scotia) ● Canadian Tire Jump Start (Canadian Tire) ● Children’s Fitness Tax Credit (Canadian Government and Nova Scotian Government) ● Community Development Funds (Community Health Boards) ● IWK Community Grants (IWK Health Centre) ● Green Mobility Grants (Ecology Action Centre) ● Kids Sport (Sport Nova Scotia) ● Our Healthy Schools Grant (our Healthy Schools) Sport Futures (Sport Nova Scotia) ● Strong Kids (YMCA) 	9
<p>Policies & Reports of Influence:</p> <ul style="list-style-type: none"> ● Active 2010 (Ontario) ● Active Healthy Kids Canada Report Card ● Canadian Community Health Survey ● Nova Scotia Healthy Kids Active Kids Strategy ● Pan-Canadian Physical Activity Strategy ● “The Cost of Physical Inactivity” GPI Atlantic (HRM, and Nova Scotia) ● A call to Action for Our Community: Physical Activity Strategy for HRM ● The Case For a Comprehensive Provincial Physical Activity Strategy 	8
<p>Community Health Boards/Clinics/ Facilities</p>	8
<ul style="list-style-type: none"> ● Strait Richmond Community Health Board 	
<ul style="list-style-type: none"> ● St. Anne Community & Nursing Centre 	
<ul style="list-style-type: none"> ● The Richmond Villa 	
<ul style="list-style-type: none"> ● Richmond Villa Recreation Department 	
<ul style="list-style-type: none"> ● Dr. Kingston Memorial Health Clinic 	
<ul style="list-style-type: none"> ● Ecole Beauport – Youth Health Centre 	
<ul style="list-style-type: none"> ● Public Health Services 	
<ul style="list-style-type: none"> ● Strait Richmond Hospital 	

Vision

“Richmond County is a diverse community where physical activity and healthy active living are a way of life. Residents of all ages and abilities are motivated and inspired to participate in a wide variety of accessible and enjoyable programs and opportunities that promote an enhanced quality of life for all citizens.”

Key Focus Areas & Goals

1.) Leadership, Partnerships & Sustainability

To lead initiatives, build partnerships and develop policies that support physical activity for all ages, abilities, cultures and socioeconomic backgrounds within Richmond County.

2.) Supportive Social Environments

To provide inclusive opportunities for Richmond County Residents to participate in a variety of physical activities in their communities, homes, workplaces and educational settings.

3.) Supportive Physical Environments

To create, maintain & enhance physical environments (both built and natural) that support Physical Activity.

4.) Public Awareness

To create awareness of the benefits of daily physical activities and supportive environments encouraging Richmond County residents to engage in a variety of physical activities and opportunities.

Guiding Principles For Strategy Development and Implementation

Fundamental to the strategy development process was a set of principles that guided its development. Since strategy implementation will undoubtedly come with its challenges, the following principles will also guide and ensure successful strategy implementation. If what we do is based on what we believe, then we will stay on course.

Accessibility: we believe that everyone should have the opportunity to participate in physical activity and have reasonable, if not equal access to environments, facilities, programs, services and resources. We believe cost and other barriers should not limit an active lifestyle. Access can be about addressing barriers to physical activity and offering solutions.

Comprehensive Approach: The strategy will adopt a multi-faceted approach: multiple sectors, multiple partners, multiple settings, addressing: communication and raising awareness, policy development, physical and social environments, community mobilization, programs and practices.

Collaboration & Coordination The Strategy is based on a coordinated and collaborative approach; we believe that working together on common goals and building relationships, which value our unique perspectives and respective strengths, will lead to innovative solutions. Collaborative efforts are considerably more effective than those done in isolation.

Capacity Building: is the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations; and the development of cohesiveness and partnerships for health in communities. Capacity can be developed by such activities as information sharing, mentoring, training, and accessing tools.

Diversity: Diversity is a combination of differences and similarities among people. More than race, culture, sexual orientation, language, abilities and gender, diversity means respecting different views, ideas, life experiences, skills and knowledge. The strategy will strive to be inclusive and cognizant of diversity.

Evidence Informed: The Strategy will be based on knowledge and research; it will focus on interventions that have proven to work in other areas and/or shows greatest potential. A best practices and population health approach will be utilized while considering local needs and community assets.

Empowerment: refers to increasing the spiritual, political, social or economic strength of individuals and communities. It often involves those empowered to develop confidence in their own capacities. Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes.

Evaluation: The strategy will be monitored, evaluated and updated on an ongoing basis. Evaluative information will inform and enhance our policies, programs, services and activities.

Responsive to Community Needs:

The strategy aims to reflect community needs and interests, and include ongoing consultations with the community and key stakeholders to ensure planning and progress are realistic, achievable and responsive.

Healthy Eating: Is valued and supported as a part of physical activity interventions

Implementation: As resources become available implementation will be coordinated by Richmond County Recreation in collaboration with partners over a long term time frame and subject to adequate resources. This is about long-term change.

ACRONYMS

Acronyms	
<i>CAAWS</i>	Canadian Association for the Advancement of Women and Sport and Physical Activity
<i>CBU</i>	Cape Breton University
<i>CBFPRC</i>	Cape Breton Family Place Resource Centre
<i>CHB</i>	Community Health Board
<i>CSAP</i>	Conseil Scolaire Acadien Provincial
<i>DCS</i>	Department of Community Services
<i>DIMA</i>	Development Isle Madame Association
<i>DOJ</i>	Department of Justice
<i>DKHC</i>	Dr. Kingston Health Clinic
<i>DNR</i>	Department of Natural Resources
<i>GASHA</i>	Guysborough Antigonish District Health Authority
<i>HSFNS</i>	Heart and Stroke Foundation of Nova Scotia
<i>HPP</i>	Health Promotion and Protection
<i>HPS</i>	Health Promoting Schools
<i>ICSP</i>	Integrated Community Sustainability Plan
<i>LEAD</i>	L'Ardoise Economic Association For Development
<i>MK</i>	Mi'kmaw Kina'Matnewey – First Nation School Board
<i>NCCP</i>	National Coaching Certification Program
<i>NSOLD</i>	Nova Scotia Outdoor Leadership Development
<i>NSFA</i>	Nova Scotia Fitness Association
<i>OHS</i>	Occupational Health & Safety
<i>PA</i>	Physical Activity
<i>PFP</i>	Pathways for People
<i>PH</i>	Public Health
<i>RCR</i>	Richmond County Recreation
<i>RCPAPC</i>	Richmond County's Physical Activity Partnership Committee
<i>RCECE</i>	Richmond County Early Childhood Education
<i>RNS</i>	Recreation Nova Scotia
<i>SRSB</i>	Strait Regional School Board
<i>St. FXU</i>	St. Francis Xavier University
<i>St. AC</i>	St. Anne's Centre
<i>VELO CB</i>	VELO Cape Breton
<i>VOCA</i>	Village on the Canal Association

Leadership, Partnerships & Sustainability

Goal: To lead initiatives, build partnerships and develop policies that support physical activity for all ages, abilities, cultures and socioeconomic backgrounds within Richmond County.

Leadership, Partnerships & Sustainability				
To lead initiatives and build partnerships to encourage the development of policies that support physical activity for all ages, abilities, cultures and socioeconomic backgrounds within Richmond County.				
Objectives	Actions	Lead Agency	Partners	Time Frame
<i>1.) Develop Municipal policies that reduce or eliminate barriers to Physical Activity</i>		RCR		November 2009-February 2013
	Create a policy in relation to the “everybody gets to play” toolkit	RCR	RNS	November 2009-February 2013
<i>2.) Encourage change of restrictive policies that act as barriers to physical activity (access & inclusion)</i>				
	•Investigate if other agencies have restrictive policies; for example, Nova Scotia Department of Community Services has restrictive policies that act as barriers to physical activity.	RCR		November 2009-February 2013

Leadership, Partnerships & Sustainability Objectives	Actions	Lead Agency	Partners	Time Frame
<p>3.) To sustain and nurture Richmond County’s Physical Activity Partnership Committee and network with current and future stakeholders who have parallel strategies where there is common purpose related to physical activity.</p>				
	<ul style="list-style-type: none"> ▪Partner with DOJ’s (Department of Justice) youth strategy: “Time to Fight Crime Together” ▪ Partner with DCS (Department of Community Services) “Our Kids are Worth It” youth Strategy 	RCR	Dept. of Justice DCS HPP/ All Agencies	November 2009-February 2013
<p>4.) Manage communication, implementation and evaluation of Richmond County’s Physical Activity Strategy</p>				
	<ul style="list-style-type: none"> ▪To provide leadership through the Physical Activity Coordinator to create new physical activity opportunities with partners ▪ Develop a communication plan for RCPAS ▪ Develop an implementation plan for RCPAS ▪ Develop Process and Implementation evaluation plans ▪ To engage in and support research to improve RCPAS 	RCR	CBU HPP St. FX GASHA	Year one, ongoing

Leadership, Partnerships & Sustainability Objectives	Actions	Lead Agency	Partners	Time Frame
5.) <i>To provide further opportunities for community consultations for input, buy in and feedback on Richmond County's Physical Activity Strategy.</i>	<ul style="list-style-type: none"> ▪ Set dates for community meetings 	RCR CHB	HPP	Year one, Ongoing
6.) <i>To encourage businesses and employers to incorporate employee wellness into their mission and values</i>				
	<ul style="list-style-type: none"> ▪ Develop Presentation on Workplace Wellness for Richmond County Businesses ▪ Encourage infrastructure at local businesses to increase opportunities for PA for example: <i>Bike racks, Showers</i> 	RCR	Velo CB VOCA DIMA LEAD Community Dev agencies	November 2009- February 2013
7.) <i>Advocate for municipal policy change which will encourage rules to incorporate physical activity at the planning level</i>				
	<ul style="list-style-type: none"> ▪ Inform decision making with respect to by-laws, infrastructure development, etc ▪ The Municipality of the County of Richmond will review and where possible revise their current policies to support physical activity initiatives ▪ The Municipality of the County of Richmond will develop new policies to support physical activity initiatives 	RCR (RCPAPC)	HPP Public Health All agencies	November 2009- February 2013

Leadership, Partnerships & Sustainability Objectives	Actions	Lead Agency	Partners	Time Frame
<i>7.) Advocate for municipal policy change which will encourage rules to incorporate physical activity at the planning level</i>	To advocate and consult with district municipal planners, engineers, councilors and businesses regarding plans for spaces that promote physical activity, age friendly communities and economic development.	RCR RCPAPC	HPP Public Health All agencies	November 2009- February 2013
	Advise and inform officials during planning stages and before infrastructure is decided			
<i>8.) The Municipality will work with the Board of the Richmond Arena to investigate expanding delivery of programs at the Arena to be all-season and more inclusive of the changing demographics of users and potential users</i>	The Municipality will work with the Board of the Richmond Arena to broaden the Arena's winter offerings to appeal to different interests and age groups and assess the feasibility of including programming such as curling or broomball during or outside of peak usage hours	RCR Board of the Richmond Arena		
<i>9.) Support physicians and other healthcare providers to increase uptake of "Make a Move" training</i>		GASHA HPP CBU	RCR	November 2009- February 2013
<i>10.) Recruit, retain and train "Make a Move" Leaders</i>		HSFNS DKHC Public Health	RCR	November 2009- February 2013

Supportive Social Environments

Goal: To provide inclusive opportunities for Richmond County Residents to participate in a variety of physical activities in their communities, homes, workplaces and educational settings.

Supportive Social Environments				
To provide inclusive opportunities for Richmond County Residents to participate in a variety of active lifestyle choices in their communities, homes, workplaces and educational settings				
Home				
Supportive Social Environments (Home) Objectives	Actions	Leads Agency	Partners	Time Frame
<i>1.)Develop incentive programs to motivate individuals and families to embrace physical activity as a part of daily life.</i>				
	Develop a rewards club to motivate and encourage Richmond County residents to participate in daily physical activity <ul style="list-style-type: none"> - Link a rewards club to Richmond County website - Implement 10,000 steps a day challenge, link to websites and Walkabout website 	RCR	DCS HSFNS HPP	November 2009- February 2013

Supportive Social Environments (Home) Objectives	Actions	Lead Agency	Partners	Time Frame
<i>1.) Develop incentive programs to motivate individuals and families to embrace physical activity as a part of daily life.</i>	Acquire an older adult fitness video to be aired in partnership with Tellile & St. Peters Cable reaching many homes in Richmond County	RCR	Telile, St. Peters Cable NSFA	November 2009-February 2013
	To investigate the development of a promotional video for seniors yoga	RCR	Helen Slade Yoga Instructor, Telile, St. Peter's Cable, Richmond Academy film/video class	November 2009-February 2013
<i>2.) Inspire and encourage parents/caregivers to be role models and support their families in leading active healthy lifestyles.</i>				
	Develop and implement family centered active living programs	CB Family Place Resource Centre	Richmond County Recreation	November 2009-February 2013
	To expand and incorporate local physical activity material/resources into the healthy beginnings program	Public Health	Richmond County Recreation CB Family Place	November 2009-February 2013

Community				
Supportive Social Environments (Community) Objectives	Actions	Leads	Partners	Time Frame
3.)To increase opportunities for intergenerational connections through Physical Activity	Develop walking programs linked to Heart and Stroke Walkabout	RCR	H&S Walkabout Senior groups First Nation Communities (elders)	November 2009-February 2013
	St. Ann’s Centre develops a Community Gardening Program as an extension of their Therapeutic Garden	St. Ann’s Centre		November 2009-February 2013
4.)To increase physical activity opportunities for Seniors				
	To continue to deliver and expand the “Seniors Fun Exercise Program”	RCR	HPP	November 2009-February 2013 & ongoing
	Develop and Implement a seniors racquet sports program (ie: Pickle ball)	RCR	Senior clubs HPP Federal Grants	November 2009-February 2013 & ongoing

Supportive Social Environments (Community) Objectives	Actions	Leads	Partners	Time Frame
<i>5.)Improve access to physical activity opportunities</i>				
	The Municipality will initiate and develop a plan to identify vulnerable groups such as seniors, individuals with special needs and the economically challenged and develop programs to allow continued participation in their community			
	Continue to promote and administer Kidsport (Children & Youth) Promote and administer Canadian Tire Jump Start program (Children & Youth) Link to website	RCR	Kidsport Canadian Tire Jumpstart	Ongoing
	Continue to provide funding grants to community organizations and schools to encourage physically active programs and increase the capacity for PA opportunities - Increase awareness of other funding opportunities	RCR HPP, Health Promoting Schools, CHB	Seniors Secretariat	November 2009- February 2013 & ongoing
	Provide concurrent physical activity opportunities for families to participate together (for example: an adult program running concurrent to a children’s program) Provide opportunities for families to participate in physical activity together	RCR	CB Family Place Resource	November 2009- February 2013
	Encourage Physical Activity providers to offer free trial sessions	All agencies		November 2009- February 2013

Supportive Social Environments (Community) Objectives	Actions	Leads	Partners	Time Frame
<i>5.)Improve access to physical activity opportunities</i>	Continue to provide free trial PA sessions through Richmond County Recreation	RCR		Ongoing
	Encourage all facilities and programs to allow one-on-one volunteers/assistant free access into facilities and/or programs when assisting a participant with special needs	All agencies	East Novability	November 2009-February 2013
<i>6.)Increase quality and quantity of PA leaders, to guide and support participants</i>				November 2009-February 2013 & ongoing
	Recruit, retain and train fitness instructors with a variety of specializations - Adult Fitness Instructors - Older adult specialization - Youth Fitness Instructors (NSFA Youth Fitness Leadership Certification Program)	RCR	NSFA, YMCA HPP DCS DOJ	November 2009-February 2013 & ongoing
	Continue to provide funding to assist with costs of training fitness leaders	RCR	HPP	Ongoing
	Continue to recruit, retain and train area specific Walkabout Leaders	RCR	HSFNS Walkabout/ Dr. Kingston Health Clinic	Ongoing
	Recruit, retain and train “Move More” Leaders	RCR DKHC	RNS HPP	November 2009-February 2013
	Recruit and train Nordic Walking Leaders	RCR	HPP DNR PFP	November 2009-February 2013
	Provide “ High Five” training for all recreation staff and volunteers	RCR	RNS	

Supportive Social Environments (Community) Objectives	Actions	Leads	Partners	Time Frame
<i>6.)Increase quality and quantity of PA leaders, to guide and support participants</i>	Recruit, retain and train potential coaches through NCCP and other sport governing bodies	Local Sports Groups NCCP	RCR	Ongoing
	To provide educational opportunities to staff and volunteers specific to people with special needs <ul style="list-style-type: none"> - Teach appropriate methods of assistance - Sensitize staff and volunteers to the needs and concerns of people with special needs - resource material on inclusive environments 		St. Anne Centre	November 2009-February 2013
	To Develop NSOLD (NS outdoor Leadership Development) leaders in Richmond County	RCR	NSOLD HPP	November 2009-February 2013
<i>7.)Assess the physical activity needs of Individuals with special needs in Richmond County</i>	Host a community meeting, Focus Group, survey, etc.		East Novability	November 2009-February 2013
<i>8.)To create opportunities for spontaneous, unstructured physical activity in Richmond County for all ages and abilities</i>				November 2009-February 2013
	Continue to partner with school boards and provide funding to local schools to develop equipment lending programs encouraging community participation in PA opportunities (eg : snowshoes at East Richmond)	RCR	Sport Animator, SRSB, Local schools	November 2009-February 2013 & ongoing

Supportive Social Environments Objectives	Actions	Leads	Partners	Time Frame
<i>8.)To create opportunities for spontaneous, unstructured physical activity in Richmond County for all ages and abilities</i>	Develop equipment lending guidelines with SRSB and local schools - Develop a directory for lending equipment	RCR	Sport Animator, SRSB CSAP MK Local schools	
	Identify and promote physical activity opportunities that do not require registration, advanced skills or other commitments (eg. drop in programs - Ladies Ringette)	RCR	RNS "Everybody gets to Play Toolkit"	November 2009-February 2013
	Continue to promote and develop equipment lending programs to provide PA opportunities among community organizations	RCR		November 2009-February 2013 & ongoing
	To hire adult activity supervisors or recruit volunteer activity supervisors to oversee "drop in" activities	RCR		November 2009-February 2013 & ongoing
<i>9.)To reduce screen time of children & youth</i>	Implement a program to replace screen time with Physical Activity for example "live and unplugged" (English and French versions)	PA Consultant for Cape Breton SRSB Sport Animator		November 2009-February 2013
<i>10)To provide a variety of accessible, structured physical activity opportunities in Richmond County for all ages and abilities</i>	Increase and expand opportunities for children and youth to be physically active and continue to offer a variety of programs which encourage physical activity.	RCR Community organizations		November 2009-February 2013 & ongoing

Supportive Social Environments (Community) Objectives	Actions	Lead Agency	Partners	Time Frame
<i>10.)To provide a variety of accessible, structured physical activity opportunities in Richmond County for all ages and abilities (Con't)</i>	Increase opportunities for adults to be physically active and continue to offer a variety of programs which encourage physical activity.	RCR Community organizations		November 2009-February 2013 & ongoing
	Become an Authorized Provider of the "Move More" program	RCR DKHC	RNS	November 2009-February 2013
	Continue to offer "Move More" programs in Richmond County	DKHC	RNS	November 2009-February 2013
<i>11.)Incorporate a physical activity component to most recreation programming where feasible</i>				
	Enhance Summer Day Camp Program via Physical Activity programming	RCR	Dept. of Community Services/ Camp Rankin (4H camps) Girl Guides Boy scouts	November 2009-February 2013 & ongoing
	Incorporate a Physical Activity element to roles and responsibilities for Summer Recreation Staff	RCR	DCS Camp Rankin (4H camps) Girl Guides Boy scouts	November 2009-February 2013

Supportive Social Environments Objectives	Actions	Lead Agency	Partners	Time Frame
12.)Sponsor more “female only” physical activities				
	Provide training for Community Leaders on programming for girls. Utilizing resources such as “On the Move” for increasing participation of girls and young women in physical activity and recreational sport.	RCR	CAAWS HPP NS Status of women CBU	November 2009- February 2013
	Continue to offer “girls multi-activity “ camps	Sport Animator RCR		November 2009- February 2013 & ongoing
13.)To increase Active Transportation opportunities for children and youth				
	Collaborate with “Active and Safe Routes to School” to implement <ul style="list-style-type: none"> - WOW program - Making Tracks - Special events 	RCR	“Active and Safe Routes to School”	November 2009- February 2013
14.)To develop awareness around the importance of physical activity in the process of healthy child development and increase physical activity rates for children	-Increase the number of certified tumblebugs leaders and trainers in Richmond County -Continue to facilitate tumblebug training for parents, early childhood professionals etc - Increase the number of Tumblebugs programs in Richmond County - Continue to offer “Children’s Yoga” - Continue to offer “Parent & Tot Gym Time”	RCR	Gymnastics NS Family Place Resource Centre RCECE	November 2009- February 2013 & ongoing

Supportive Social Environments Objectives	Actions	Lead Agency	Partners	Time Frame
15.) Partner with GASHA to Implement physical activity portion of TEAM (Teaching Eating and Activity Management for Families) Program in Richmond County		GASHA	RCR	November 2009-February 2013
16.) Partner with GASHA to Implement The Community Cardiovascular Hearts in Motion (CCHIM) program in Richmond County (Twelve week program for individuals living with cardiovascular conditions or chronic risk factors. Individual assessment, nutrition planning, exercise and Educational programming.)		GASHA	RCR	November 2009-February 2013
Educational Settings				
Supportive Social Environments Objectives	Actions	Lead Agency	Partners	Time Frame
17.) Increase opportunities for Physical Activity in Richmond County Schools.				
	Encourage before, during and after schools programs <ul style="list-style-type: none"> - begin discussions with school administration staff - Continue to offer Fencing Program - Continue to offer Shinny Program - Continue to offer yoga program 	RCR SRSB (Sport Animator) Richmond County Schools	HPS	

Supportive Social Environments Objectives	Actions	Lead Agency	Partners	Time Frame
<i>17.) Increase opportunities for Physical Activity in Richmond County Schools.</i>	Continue to consult with the Richmond County Youth Advisory Council on Physical Activity needs	RCR	Richmond County Schools	November 2009-February 2013
	Develop and promote walking and running clubs in Richmond County Schools linked to Walkabout and Doctors Nova Scotia <ul style="list-style-type: none"> - Link to Martell Richard Mini Memorial Marathon - Link to Cape Breton Fiddlers Run 	RCR SRSB (Sport Animator)	HSFNS Walkabout Doctors Nova Scotia	November 2009-February 2013
	Recruit and train youth fitness leaders (NSFA Youth Fitness Leadership Certification Program)	RCR	NSFA, Sport Animator, Local Schools	November 2009-February 2013
	Develop an annual “Active Healthy Living Fair” for all schools in Richmond County enabling students to sample a variety of physical activities	RCR SRSB (Sport Animator) CSAP	CHB Richmond County Schools HPS	November 2009-February 2013
<i>18.) Identify and promote outdoor opportunities for active play.</i>				
	To develop outdoor leadership programs encouraging interdisciplinary learning	SRSB Sport Animator	NSOLD Trail groups DNR Search & Rescue	November 2009-February 2013

Supportive Social Environments Objectives	Actions	Lead Agency	Partners	Time Frame
<i>18.) Identify and promote outdoor opportunities for active play.</i>	Develop a Nature Education Program linked to Provincial and local trails	SRSB CSAP MK DNR	RCR/ Richmond County Schools NSOLD Trail Groups ACAP CBU (Outdoor Leadership Program)	November 2009- February 2013
19.)To Collaborate with Health Promoting Schools on joint PA initiatives <i>To Collaborate with Écoles en santé on joint PA initiatives</i>		SRSB CSAP	RCR	November 2009- February 2013
20.)Investigate specific barriers and opportunities among youth in Richmond County Schools	Implement survey and release results	Public Health	CSAP SRSB MK RCR	Fall 2009
21.)Develop Girls Healthy Living Week, Develop Boys Healthy Living Week				November 2009- February 2013
	Establish committee	SRSB (Sport Animator) CSAP MK	RCR	November 2009- February 2013

Workplace Settings				
Supportive Social Environments Objectives	Actions	Lead Agency	Partners	Time Frame
22.)To encourage and support workplaces to adopt policies and practices that support physical activity				
	Develop Awareness campaign for employers/employees/self-employed/seasonal employees	RCR	HSFNS	November 2009-February 2013
	Identify, develop and provide tools/resources to workplaces to promote physical activity <ul style="list-style-type: none"> - Presentations - Lunch & Learn sessions - Highlight workplaces that are leading the way 	OHS RCR	HSFNS Local Media Public Health Federal – workplace wellness	November 2009-February 2013
23.)To develop a workplace wellness Program at the Municipality	Initiate The @live Workplace Wellness Program Develop a workplace wellness plan based on the @live program	RCR	Blue cross @ Live workplace wellness All Departments Staff Councilors	October 2009
24.)To encourage employers to be role models and lead the way with employee PA initiatives	<ul style="list-style-type: none"> - Flexible work hours - Program & membership incentives - Staff challenges - Physical Activity Breaks 	RCR	CBU All Agencies	November 2009-February 2013

Supportive Physical Environments

Goal: To create, maintain & enhance physical environments (both built and natural) that support Physical Activity.

Supportive Physical Environments				
To create, maintain and enhance physical environments (both built and natural) that support Physical Activity.				
<i>Supportive Physical Environments Objectives</i>	Actions	Lead Agency	Partners	Time Frame
<i>1.)To conduct a comprehensive inventory of physical resources to identify what exists, how they are being used and to identify needs and opportunities</i>	Investigate the feasibility of hiring consulting firm to conduct inventory of existing assets (Natural & Built Environments) including land donated by the “Le Noir Family” and in the Sporting Mt. area	RCR	HPP	November 2009-February 2013
<i>2.)The Municipality will work with the board of the Richmond Arena to reconfigure the facility as a Community Centre with a mandate beyond the Ice Arena. The shift to this concept will require arena management to be more integrated with municipal programs and also allow the more aggressive marketing of the expanded function of the Facility</i>		RCR Richmond Arena		2010-2015

Supportive Physical Environments Objectives	Actions	Lead Agency	Partners	Time Frame
3.) Increasing access to a wide variety of traditional and nontraditional facilities	To Investigate partnership with community halls to create more physical environments in support of physical activity To enter into discussions with community hall associations	RCR	Community Hall associations HPP	November 2009-February 2013
4.) To collaborate with the Strait Regional School Board, CSAP and Mi'kmaw Kina'matnewey (MK) to ensure community access to schools and properties.				
	To meet with school board officials to better understand their policies and procedures regarding community use of schools.	RCR SRSB CSAP (MK)	HPP HPS	November 2009-February 2013
5.) To develop a coordinated plan for Richmond County and Nova Scotia Provincial trails.				
	Meet with provincial and municipal trail groups and key stakeholders	RCR NS Trails	HPP Trail Groups Pathways DNR NS Trails	November 2009-February 2013
	To participate in trail development initiatives with communities and government departments to promote physical activity and encourage linkages to existing trails	RCR NS Trails	HPP Cape Breton Pathways DNR NS Trails Ass	November 2009-February 2013

Supportive Physical Environments Objectives	Actions	Lead Agency	Partners	Time Frame
6.)Richmond County maximizes the use and benefits of its waterfront and coastal areas	The Municipality will work with local economic development agencies and community groups to encourage and support waterfront activities such as races and regattas to showcase and promote aquatic outdoor activities as well as increase the usage of waterfront facilities in the County.	RCR Local Economic Dev Agencies		November 2009-February 2013
7.)To advocate and consult with district municipal planners, engineers, councillors and businesses regarding plans for spaces that promote physical activity, age friendly communities and economic development.		RCR	Public Health HSFNS	November 2009-February 2013
	Advise and inform officials during planning stages and before infrastructure is decided	RCR	Public Health HSFNS	November 2009-February 2013
8.) To use assessment tools to determine community’s ability to meet physical activity needs.				
	Develop new and/or use existing assessment tools to determine if new infrastructure is needed or if present infrastructure meets the Physical activity needs of the County.	RCR /Consulting firm	HPP Heart & Stroke Foundation of NS	November 2009-February 2013
9.) To propose and encourage the development of an Active Transportation Plan for Richmond County.	Linking with existing trail groups and encourage the development of new groups	RCR	HPP DOT(staff dedicated to AT)	

Supportive Physical Environments Objectives	Actions	Lead Agency	Partners	Time Frame
<p><i>9.) To propose and encourage the development of an Active Transportation Plan for Richmond County.</i></p>	<p>The Municipality will work with the St. Peters Economic Development Organization to expand the St. Peters trail network (especially along the Bras d'Or waterfront) and linking all public destinations in the town such as the downtown core, schools, museum and marina.</p>	<p>Department of Tourism, Culture & Recreation</p>	<p>St. Peters Economic Development Organizations</p>	<p>2010-2015</p>
	<p>To create linkages for linear spaces, sidewalks and open spaces to encourage walking and other active pursuits. - Advocate for adequate lighting, signage, ramps, etc. - Advocate for development of infrastructure to encourage walking, biking, and similar physical activities</p>	<p>RCR</p>	<p>HPP</p>	<p>November 2009-February 2013</p>

Public Awareness

Goal: To create awareness of the benefits of daily physical activities and supportive environments, encouraging Richmond County residents to engage in a variety of physical activities and opportunities for active lifestyle choices.

Public Awareness				
To create awareness of the benefits of daily physical activities and supportive environments, encouraging Richmond County residents to engage in a variety of physical activities and opportunities for active lifestyle choices.				
<i>Public Awareness Objectives</i>	Actions	Lead Agency	Partners	Time Frame
<i>1.) Motivate and inspire Richmond County Residents to be physically active through information, education and social marketing.</i>				
	<ul style="list-style-type: none"> ▪Determine the feasibility of engaging in a comprehensive social marketing campaign. ▪Investigate the opportunity to air existing social marketing campaigns in local areas. eg: Walkabout (print and radio only), Participation, Take the Roof off Winter etc. ▪Contact H&S, RNS, etc for permission 	RCR	RNS HSFNS HPP	November 2009- February 2013

Public Awareness Objectives	Actions	Lead Agency	Partners	Time Frame
<p>1.) <i>Motivate and inspire Richmond County Residents to be physically active through information, education and social marketing.</i></p>	<ul style="list-style-type: none"> ▪ Continue to develop and communicate information presentations on physical activity to various populations and groups in Richmond County. <ul style="list-style-type: none"> ◦ Develop a speakers' bureau for Richmond County 	<p>RCR DKHC</p>	<p>Public Health HSFNS HPP Canadian Cancer Society Diabetes HPS</p>	<p>November 2009-February 2013</p>
	<ul style="list-style-type: none"> ▪ Partner with GASHA to add physical activity message in all literature and develop more resources/information regarding healthy choices. <ul style="list-style-type: none"> ◦ Partner with GASHA communication subcommittee (eg. Kiosk) 	<p>GASHA CHB Public health</p>	<p>Richmond County Recreation</p>	<p>November 2009-February 2013</p>
	<ul style="list-style-type: none"> ▪ Encourage various agencies to incorporate a Physical Activity message into their communication material ensuring all sectors of the community are receiving the PA message 	<p>RCR</p>	<p>All Partners</p>	<p>November 2009-February 2013</p>
	<ul style="list-style-type: none"> ▪ Increase professional awareness of "Move More", "Make a Move" & Walkabout programs <ul style="list-style-type: none"> ◦ Collaborate with Heart & Stroke for implementation ◦ Collaborate with Recreation Nova Scotia for implementation ◦ Develop presentation for Strait Richmond Community Health Board and the Medical Advisory Committee 	<p>GASHA</p>	<p>HSFNS RNS HPP Public Health</p>	<p>November 2009-February 2013</p>

Public Awareness Objectives	Actions	Lead Agency	Partners	Time Frame
<p>2.)Create awareness of local opportunities to participate in physical activity, ensuring residents are aware of how to access this information with ease</p>				
	<ul style="list-style-type: none"> ▪ Develop an Active Living Guide for Richmond County to encourage active healthy living & healthy eating ▪ Develop a Richmond County Outdoor Recreation Map to encourage self guided outdoor pursuits ▪ Partner with Local media to encourage Richmond County Residents to engage in active healthy lifestyles. <ul style="list-style-type: none"> ° Continue to promote current and future PA programs and information through the local media: “The Reporter”, Telile, St. Peters Cable, Church bulletins & the Hawk. 	<p>RCR RCR/ Tourism</p>	<p>Public Health Local Media Trails ass. Local Media</p>	<p>November 2009- February 2013</p>
	<ul style="list-style-type: none"> ▪ To Develop a format for information sharing and promotion of new and existing programs <ul style="list-style-type: none"> ° explore existing newsletter / website / other media 	<p>RCR</p>		<p>November 2009- February 2013</p>
	<ul style="list-style-type: none"> ▪ Continue to communicate PA information through Richmond County’s Youth Advisory Committee ▪ Continue to communicate PA information through Richmond County’s Seniors Council. 	<p>RCR</p>	<p>Seniors Clubs School boards</p>	<p>November 2009- February 2013</p>

Public Awareness Objectives	Actions	Lead Agency	Partners	Time Frame
<p>3.) To ensure that residents of Richmond County are aware of the Physical Activity Strategy.</p>				
	<ul style="list-style-type: none"> ▪ Develop specific promotional material related to Richmond County’s Physical Activity Strategy ▪ Publicize where information can be obtained ▪ Conduct Community focus groups ▪ Promote strategy information through “The Reporter”, Telile, St. Peter’s Cable, Church bulletins, Richmond County website, Reflections Newsletter & the Hawk. <ul style="list-style-type: none"> ◦ Physical Activity feature articles in local newspaper & “Reflections of Richmond” newsletter. 	<p>RCR</p> <p>CHB</p>	<p>Local Media HPP</p>	<p>November 2009- February 2013</p>
<p>4.)Develop Awareness campaign for employers/employees/self-employed/seasonal employees</p>	<p>Create workplace wellness pamphlet</p> <p>Presentations to workplaces</p>		<p>OHS RDA HSFNS Public Health</p>	<p>November 2009- February 2013</p>

Implementation, Evaluation and Monitoring

The strategy will "come to life" within a detailed implementation plan outlining lead agency(s) and partnerships overseeing the activities and actions necessary to achieve the identified objectives. Developing an effective governance structure, setting realistic timelines, developing performance indicators and pooling resources will be key to successful implementation.

In order to measure progress on achieving the goals of Richmond County's Physical Activity Strategy, it is critical that we monitor and evaluate the strategy on an ongoing basis. This will also enable us to identify emerging priorities and adapt the plan as necessary. Monitoring and evaluation will also be key to demonstrating accountability.

Outcome evaluation will also consider data available through a variety of sources including the Department of Health Promotion and Protection, District Health Authority, Community Health Boards, IPSOS Reid Public Affairs, and the Canadian Community Health Survey.

APPENDIX A:

RCPAPC Membership List

APPENDIX A Membership List**Richmond County's Physical Activity Partnership Steering Committee**

Committee Member	Title	Organization
Colette Sampson MacLean	Physical Activity Coordinator	▪Municipality of the County of Richmond, department of Tourism Culture & Recreation
Clifford Boudreau:	Director, Department of Tourism, Culture & Recreation	▪Municipality of the County of Richmond, Department of Tourism Culture & Recreation
Claire MacLean	Community Health Promotion Coordinator	▪Heart & Stroke Foundation of NS
Treka Burke	Health Project Coordinator, CHB Coordinator	▪Dr. Kingston Memorial Clinic ▪Strait Richmond CHB
Patrick Duggan	Sport Animator	▪Strait Regional School Board
Bryan Smith	Active Healthy Living Consultant	▪Strait Regional School Board
Rita Doucette	Youth Centre Coordinator	The Chapel Island Youth Centre
Jo-Anne Connors	Family Resource Worker	▪Cape Breton Family Place Resource Centre
Monique Samson	Public Health Nurse, & Healthy Schools Initiative	▪Guysborough Antigonish Strait District Health Authority, Public Health Services ▪Youth Health Center ▪Healthy Schools Initiative (CSAP)
Bruce Joshua	Consultant en Système	▪Conseil Scolaire Acadien Provincial (CSAP)
Amanda Johnson	Executive Assistant & Post Secondary Coordinator RESPECT Program Coordinator	▪Mi'kmaw Kina'Matnewey School Board ▪RESPECT Program
John Hudec Ph.d.	Professor at CBU, Physical Activity Research	▪Cape Breton University
Wayne Bona	Case Work Supervisor	▪Department of Community Services
Larry Maxwell	Regional Representative - Cape Breton	▪The Nova Scotia Department of Health Promotion and Protection
Margaret Morrison	Administrator	▪The Richmond Villa
Jessica Gibson	Physiotherapist Assistant	▪The St. Anne's Community Nursing Centre
Helen Slade	Community Senior Rep Yoga Instructor	
Andrea Donovan	Health Educator	▪Guysborough Antigonish Strait District Health Authority, Public Health Services
Bonnie Samson Gagnon	Nurse Practitioner	▪Potlotek Health Centre
Chelsea Lefort	Community Youth Rep	▪École Beauport
Kyle Rogers	Community Youth Rep	▪Richmond Academy

APPENDIX B:

Terms of Reference

APPENDIX B Terms of Reference

Richmond County's Physical Activity Partnership Committee Terms of Reference

Goal

The task of the partnership committee is to guide the development of 5 year comprehensive, community wide physical activity strategy to increase the number of Richmond County residents incorporating active living into their daily lives.

Composition/Members

Richmond County's Physical Activity Partnership Committee will represent residents of Richmond County and key partners.

It is expected that RCPA Partnership Committee members will commit to participating in meetings as required to develop the Strategy.

The Committee will be chaired by Clifford Boudreau.

Committee members are expected to represent their organization in the development of the plan and it is anticipated that all organizations are involved for the common goal of the strategy. Committee members will have alternate representation if they are unable to fulfill the obligations of the committee. It is also expected that each person has the endorsement of his/her organization to be a member.

Staff support

A physical Activity Coordinator, Colette Sampson MacLean, will be provided by the Municipality of the County of Richmond(MCR) through a cost-shared arrangement between Nova Scotia Health Promotion and Protection(HPP) and MCR. Duties include research, organizing committee meetings, and writing the strategy document.

Time Frame

It is anticipated that the development of the strategy will be complete by April 2009. We are requesting a one year commitment of the RCPA Partnership Committee with monthly meetings lasting no longer than three hours. We are also requesting continued partnerships with organizations involved in the strategy development.

Decision Making

Decisions will be made through consensus and if the committee is unable to reach a consensus the process will be to vote.

Guiding Principles for the Partners

- The principles of health promotion, population health and community development will guide the actions of the committee.
- The strategy will build on existing strengths and successes.

- The development of the strategy will respect diversity.
- Decisions will be evidence informed
- Future partnerships may be formed with other organizations from the public, private and/or volunteer sectors.
- The strategy will be consistent with the mission and values of each of the organizations
- A comprehensive, collaborative approach will be used in the development of the strategy.
- Partners will be expected to take a lead role in the implementation of one or more of the actions identified in the strategy.
- being a lead partner does not mean you are committed to funding the action but you are responsible for initiating the planning process.

Accountability

The overall plan shall be approved by the funding partners, the Municipality of Richmond and the Department of HPP. Other partners may need to seek approval for their part in the action plan.

APPENDIX C:

The Planning Process - Timeline

APPENDIX C: Planning Process***Planning Process Richmond County's Physical Activity Strategy-Timeline***

Task	Completed By	Responsible For
1.) Appoint Committee	Completed – June 2008	Coordinator
2.) Background data, research, Inventory	September - 2008	Coordinator
3.) Understanding /exchanging information between partners	Information sharing through circulated questionnaire. October – November 2008	Coordinator and Partners
4.) Working Principals for the group <ul style="list-style-type: none"> ▪ Vision ▪ Values & Guiding Principles ▪ Role Clarification for committee members/partners 	October 2008 (Actual date November 13 th , 2008)	Facilitated
5.) Frame work (table of contents) <ul style="list-style-type: none"> ▪Vision (completed) ▪Strategic Directions & Goals <ul style="list-style-type: none"> → Public Awareness → Physical Environment → Social Environment → Policy/Planning → Monitoring/Evaluation 	February 2 nd , 2009 Draft- Strategic Directions & Goals	Coordinator/Committee
6.) <ul style="list-style-type: none"> -Set Priorities and develop action plans - Finalize Framework 	February - May 2009 May 2009	Coordinator/Committee Committee Approval
7.) Community Consultation Phase	June - August 2009	Coordinator
8.) Review and revise based on feedback	September 2009	Coordinator/Committee
9.) Approval of Strategy and Implementation plans	September 2009	Committee/Health Promotion and Protection/Municipality

APPENDIX D:

Community Profile- Health & Demographic Profile

APPENDIX D Community Profile



A Profile of Our Community
Health and Demographic Profile

The following is a snapshot of health and demographic information on Richmond County and Nova Scotia. The six key sources used for this profile are:

- Canadian Community Health Survey (2005)
- Understanding our health survey (2006)
- IPSOS Reid Survey February 2008
- PACY 2006
- Nova Scotia Community Counts (2001-2006)
- Statistics Canada (2006)
- A Profile of Physical Activity in Nova Scotia (Dr Angie Thompson, St Francis Xavier University and Ms. Leah Mochrie, BSc, Kinesiology. St FX)

Canadian Community Health Survey (2005)

Physical activity for DHA 7 & NS (Age 20+) (District Health Authority) CCHS (3.1) (2005)

Physical Activity Index

	DHA 7	NS
Active	16.8%	20.6%
Moderately active	19.2%	25.4%
Inactive	63.9%	54.0%

% Active/moderately active by sex and age

	DHA 7			NS		
	Male	Female	Both sexes	Male	Female	Both sexes
Age 20-44	42.0%	43.5%	42.7%	50.6%	51.3%	50.9%
Age 45-64	35.2%	37.0%	36.0%	45.7%	48.5%	47.1%
Age 65+	27.5%	-	23.6%	35.6%	26.0%	30.1%
All 20+	36.6%	35.5%	36.1%	46.4%	45.5%	46.0%

% Active/moderately active by income adequacy

	DHA 7	NS
Lowest	-	46.5%
Lower Middle	-	32.5%
Middle	28.1%	37.2%
Upper Middle	41.4%	45.4%
Highest	39.5%	56.9%

Stress (a bit, quite a bit, and extremely stressful) by activity level

	DHA 7	NS
Active	46.4%	62.0%
Moderately active	57.8%	63.9%
Inactive	55.1%	63.7%

Life satisfaction (satisfied or very satisfied) by activity level

	DHA 7	NS
Active	97.3%	93.1%
Moderately active	98.4%	93.0%
Inactive	94.4%	89.9%

Most reported activities (ranked according to popularity at the provincial level)

	DHA 7	NS
Walking	65.8%	73.4%
Gardening	47.0%	53.0%
Home Exercises	25.4%	32.7%
Popular/Social Dance	23.8%	23.7%
Swimming	17.6%	21.3%
Weight Training	8.7%	14.5%
Running	9.6%	12.7%
Bicycling	6.2%	12.1%
Aerobics	4.9%	9.8%
Golfing	7.5%	9.4%
Bowling	9.6%	9.0%
Fishing	5.6%	8.2%

Time spend per week walking to work or to school or while doing errands

	DHA 7	NS
None	36.5%	27.0%
Less than 1 hour	11.3%	10.4%
1-5 hours	30.6%	33.7%
6-10 hours	10.5%	11.7%
11-20 hours	6.7%	8.5%
More than 20 hours	4.4%	9.9%

Spend time biking to work or to school or while doing errand

	DHA 7	NS
Yes	-	3.9%

*Source: Canadian Community Health Survey Cycle 3.1(2005)
- Estimates can not be reported due to high variance*

Understanding our Health Final Survey Report (Strait Richmond Community Health Board) Survey – 2006 (377 respondents age15+)

The Strait Richmond Community Health Board serves residents of the Strait Area, Richmond County and the southern portion of Inverness County

Changes Made to Improve Health

According to the 2006 " Understanding our Health" survey, respondents of the Strait Richmond Community Health Board were asked several questions to determine changes made to improve health in the past year, personal barriers to health improvement, and intentions to make changes in

the upcoming year. 53% of respondents (n=201/377) made changes to improve their health in the past 12 months.

Changes Made to Improve Health in Past Year	Number	Percentage %
	N=201/377	53%
Increasing exercise, sports and physical activity	N=77/201	38%
Changed their diet and eating habits	N=45/120	22%
Indicate they lost weight	N=45/120	22%
Reported that they quit smoking or reduced the amount smoked	N=24/201	12%
Other	N=10/201	6%
Reported they did not make changes to improve health in the past year	N=173/377	46%
Reported they did not know or refused to respond	N=3	1%

Youth (66%, n=21/32) and adults (57%, n=154/270) were more likely than seniors (35%, n=26/75) to have made changes to improve their health in the past 12 months.

68%, n=257/377 of respondents indicated that there are some changes they should make to improve their physical health. Youth (66%, n=21/32) and adults (75%, n=203/270) were more likely than seniors (44%, n=33/75) to indicate that they should make changes to their physical health.

Of those respondents who indicated that they should make changes to improve their physical health, the most commonly reported changes were increasing exercise, sports, physical activity (49%, n=126/257).

Changing diet/eating habits (22%, n=57/257), quit smoking (13%, n=34/257), lose weight (11%, n=28/257), other (4%, n=9/257) and don't know (1%, n=3/257). 29%, n=109/377 did not think there was anything else they should do to improve their physical health. 3%, n=11/377 responded that they didn't know.

Of respondents who indicated that they should make changes to improve their physical health in the next year, 47%, n= 120/257 reported that they face barriers in making improvements to their physical health.

The most common barriers mentioned by respondents were lack of time (34%, n=41/120) and Lack of will power/self discipline (31%, n=37/120).

Barriers reported	Number	Percentage %
Lack of time	41/120	34%
Lack of will power/self discipline	37/120	31%
Disability/health problem	20/120	17%
Weather	6/120	5%
Too Tired	5/120	4%
Too Costly	3/120	2.5%
Too Stressed	1/120	<1
Other	12/120	10%

Of respondents who indicated that they should make changes to improve their physical health, 67%, n=171/257 indicated that they intend to improve their physical health in the next year. The majority of respondents indicated that they intend to increase exercise/sports/physical activity (64%, n=109/171).

Ways to improve Physical Health in the next year	Number	Percentage %
Increase exercise/sports/Physical Activity	109/171	63.7%
Change diet/eating habits	38/171	22.2%
Quit smoking/reduce amount smoked	25/171	14.7%
Lose weight	24/171	14%
Other	7/171	4.1%
Don't know	3/171	1.8%

Cardiovascular Conditions

% of respondents reporting Cardiovascular Conditions

Cardiovascular Condition	Number	Percentage %
High blood Pressure	96/377	26%
Heart disease	25/377	7%
Angina	22/377	6%
Heart attack	20/377	5%
Congestive heart failure	7/377	2%
Stroke	7/377	2%

The Likelihood of having cardiovascular conditions increased with age:

Cardiovascular Condition	Seniors	Adults	Youth
high blood pressure	55%	20%	0%
heart disease	19%	4%	0%
angina	16%	3%	3%
heart attack	15%	3%	0%
Congestive heart failure	7%	1%	0%
stroke	7%	1%	0%

Diabetes

Almost one in ten respondents (8%, n=29/377) reported having diabetes. Seniors (13% n=10/75) were more likely than youth (0%) to report having diabetes. 92% (n=346) reported not having diabetes. The average age of diagnosis was 52 years (n=28). Of respondents who reported having diabetes, 17% (n=5/29) currently take insulin condition.

Cancer

A small minority of respondents (3%, n=10/377) reported having cancer. Of those respondents who reported having cancer, the most common cancers were breast cancer, and skin-melanoma cancer (30% each, n=3/10 each). 97% n=367 reported not having cancer. Seniors (7%, n=5/75) were more likely than adults (2%, n=5/270) to report having cancer.

Psychological Disorders

7% of respondents (n=27/377) reported having an anxiety disorder, while 6% (n=24/377) reported having a mood disorder. A small minority of respondents reported having an eating disorder (<1%, n=1/377), while no respondents reported having Schizophrenia (0%, n=0/377).

Chronic Conditions

Almost eight in ten respondents (78%, n=295/377) reported having at least one chronic health condition. The most common chronic conditions were Arthritis/Rheumatism (32%, n=122/377), back problems (26%, n=97/377), high blood Pressure (26%, n=96/377), and allergies other than food allergies (25%, n=94/377).

Physical Activity and Body Mass Index

Physical Activity

Physical Activity Index:

As defined by the CCHS, being physically active means having an average daily expenditure of 3.0 or more kilocalories per kilogram of body weight (KKD). Those who are regularly active and expend at least 3.0 KKD per day are most likely to achieve good cardiovascular health.

The physical activity index was derived from a series of questions asking respondents what types of activities they have participated in over the past 3 months, the number of times they have participated, and how long they participated in the activities in question. Based on their responses, individuals were categorized into one of three categories.

- ▶ Physically inactive: Less than 1.5 KKD per day (or less than 15 minutes of exercise per day)
- ▶ Moderately active: Between 1.5 and 2.9 KKD per day (or between 15 and 29 minutes of exercise per day)
- ▶ Regularly active: 3.0 KKD or more per day (or 30 or more minutes of exercise per day)

	Number	Percentage %
Physically Inactive	187/376	50%
Moderately Active	96/376	25%
Regularly Active	93/376	25%

Most common Physical Activity Reported	Number	Percentage %
Walking for exercise	303/377	80%
Home exercises	161/377	43%
Gardening/Yard work	159/377	42%

Activity levels were highest among youth and tended to decline with age. Youth (63%, n=20/32) were more likely to be regularly active compared with adults (23%, n=61/269) and seniors (16%, n=12/75). Seniors (69%, n=52/75) were most likely to be physically inactive, followed by adults (47%, n=127/269) and youth (25%, n=8/32).

For the purposes of this research youth are classified as ages 15-20, adults 21-64 and seniors 65 +. (pg.88)

Physical Activity and Health

Respondents who were physically inactive (41%, n=76/187) were more likely to have Arthritis/Rheumatism than respondents who were moderately active (27%, n=26/96) or regularly active (22%, n=20/93). Respondents who were physically inactive (33%, n=62/187) were more likely to report having back problems than respondents who were moderately active (17%, n=16/96) or regularly active (20%, n=19/93).

Respondents who were physically inactive (31%, n=57/187) or moderately active (26%, n=25/96) were more likely to report having high blood pressure than respondents who were regularly active (14%, n=13/93). Physically inactive respondents (11%, n=20/187) were more likely than regularly active respondents (3%, n=3/93) to report having diabetes.

Body Mass Index

Closely related to physical activity levels is the body mass index (BMI). Individuals who have a high body mass index and are considered obese are at a higher risk of developing heart disease, asthma, and high blood pressure among other problems. While there are many interrelated factors that contribute to obesity, regular physical activity is considered to be an important part of maintaining a healthy body weight (26)

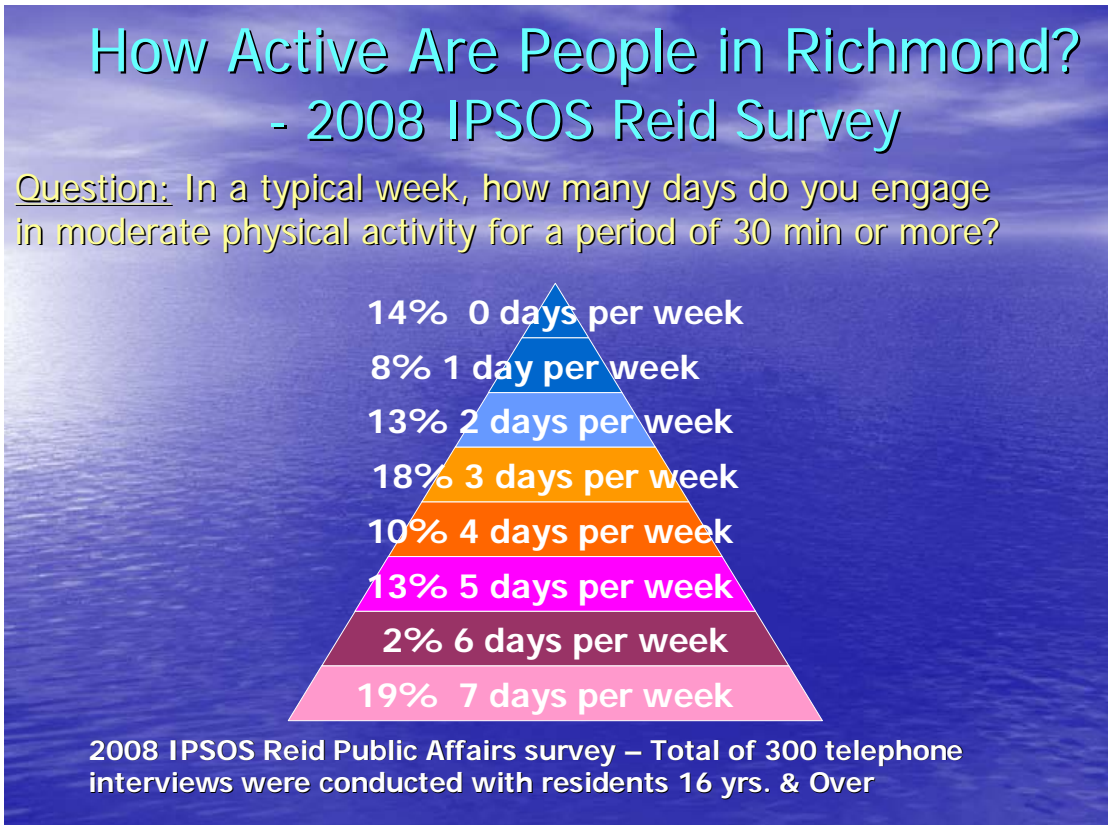
Nearly seven in ten respondents aged 18 years or older, excluding pregnant females, 69% (n=234/341) were classified as overweight or obese, while 30% (n=102/341) were of normal weight and 1% (n=5/341) were underweight.

BMI classifications were related to the prevalence of several chronic conditions. Respondents who were obese (14%, n=14/102) were more likely to have diabetes than respondents who were of normal weight (3%, n=4/132).

IPSOS Reid Public Affairs Survey – 2008 (300 telephone interviews conducted with Richmond County residents aged 16 years or older.)

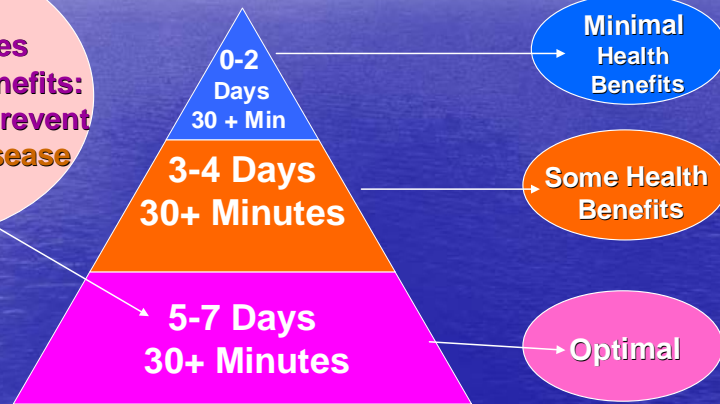
Richmond County Respondents who engaged in 30 minutes or more of moderate physical Activity in a typical week

#Days per week	Percentage %
0	14%
1	8%
2	13%
3	18%
4	10%
5	13%
6	2%
7	19%



To Achieve Optimal Health Benefits: At Least 5 days of Moderate Activity for 30 Min

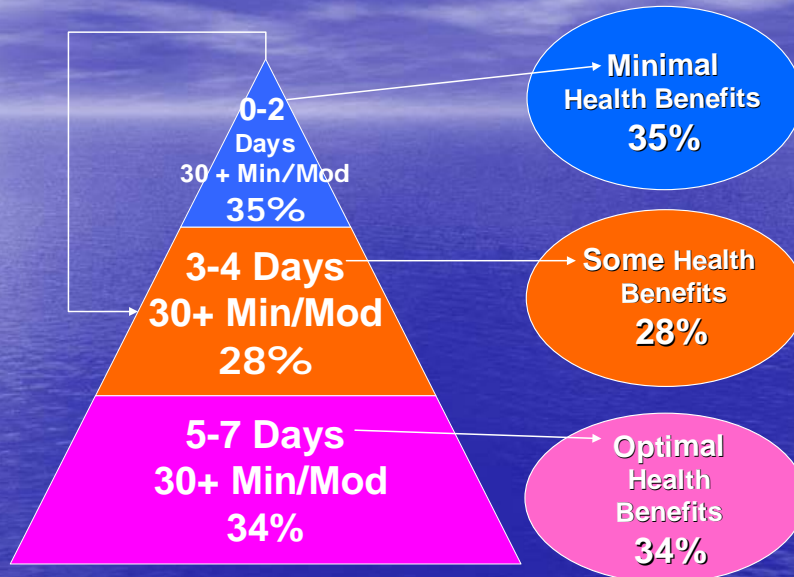
**5 days provides
Optimal Health Benefits:
Active enough to Prevent
Major Chronic Disease**



2008 IPSOS Reid Public Affairs survey – Total of 300 telephone interviews were conducted with residents 16 yrs. & Over

How Active Are People In Richmond County?

**63%
Not active
enough for
Optimal
Health
Benefits
35+28=63**



2008 IPSOS Reid Public Affairs survey – Total of 300 telephone interviews were conducted with residents 16 yrs. & Over

Question: What types of physical activity or exercise do you participate in on a regular basis?

Most common physical activity/exercise reported	Percentage % of Richmond County respondents	
Walking for exercise	64%	
Gym/weight lifting	10%	
Running (including jogging)	6%	
Skating	5%	
Cycling/biking	4%	
Hockey	4%	
Yoga/Pilates	4%	
Aerobics (including fitness classes)	3%	
Workout machines	3%	
Household/childcare tasks	3%	
Dancing	3%	
Baseball/softball	3%	
Volleyball	3%	
Does not participate in regular physical activity	8%	
Don't know/not stated	1%	

Norm Top Mentions (45 Municipalities across Canada)

Walking for exercise	46%
Gym/weight lifting	19%
Running (including jogging)	13%
Cycling/biking	9%
Swimming	8%
Aerobics/fitness classes	6%
Skiing	5%

Question: What is the main reason why you participate in physical activity and exercise?

Reasons for Participating in Physical Activity and Exercise	Percentage %
Health reasons	45%
To stay active/fit/in shape	22%
For fun	15%
To lose weight/control weight	11%
Enjoy the outdoors/get fresh air	9%
Makes me feel good/better	5%
For work	5%
Relax/relieve stress	4%
Entertainment/something to do	4%

Socializing	3%
For my Children/kids	3%
It's good for you	3%
I have to/need to (exercise)	3%
None	3%
Don't know/not stated	1%

Norm Top Mentions

Health reasons	47%
Fun, enjoyment	24%
Keep fit / be active	21%
Lose or maintain weight	8%
Feel good	7%

Question: What would you say is the main barrier to you participating in physical activity and exercise?

Barriers to Participating in Physical Activity and Exercise	Percentage %
Lack of time /too busy	18%
The weather	17%
Lack of/access to/distance to facilities	16%
Health issues/illness/injury	9%
Work	7%
Lack of motivation/energy (including laziness)	6%
Family commitments	3%
Cost/price	3%
None/no barriers	15%
Don't know/not stated	13%

Norm Top Mentions

Barriers	Percentage %
Lack of time	33%
The weather	12%
Lack of motivation/energy (including laziness)	10%
Health issues/illness/injury	10%
Work	9%
Lack of recreational facilities	6%
Cost/price	5%
None	14%

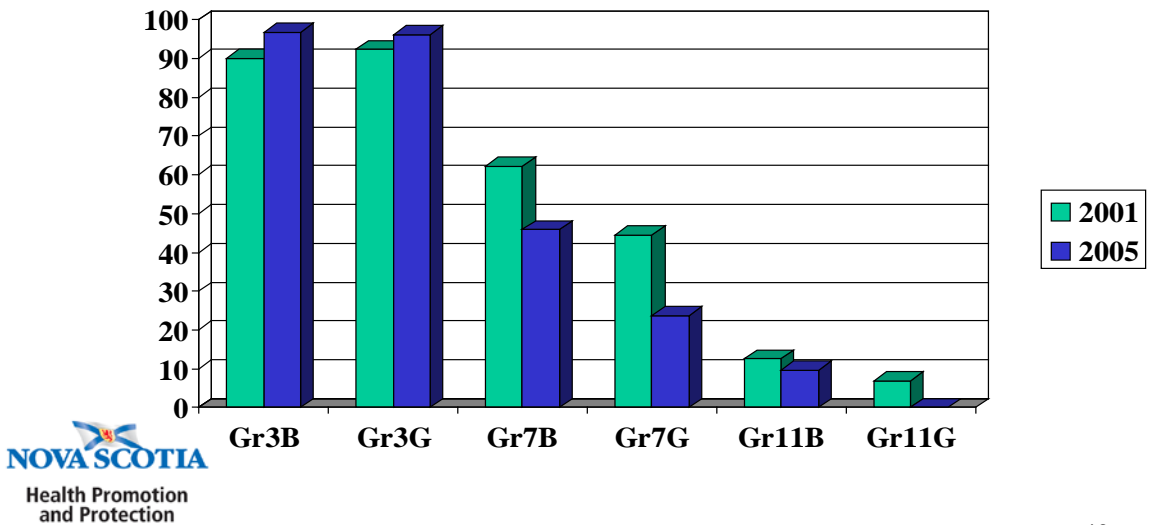
Important factors in encouraging physical activity

Important Factors in Encouraging Physical Activity	% Very Important	% Somewhat Important	Norm
Affordable recreational services, facilities, and programs	66%	86%	85%
Access to paths, trails, and green spaces	56%	84%	87%
Information on physical activity, health, and well-being	53%	84%	80%
Services to link up individuals with common recreational interests	42%	81%	71%
Convenient transportation to activities	41%	70%	64%
Specific Instruction or coaching	36%	68%	62%

PACY Study – Physical Activity Levels and Dietary Intake of Children and Youth, Nova Scotia(2005)

Physical Activity CIY - Nova Scotia 2001-2005

% of students who accumulate 60 minutes of \geq moderate physical activity on 5 or more days of the week



Percentage of Grade 7 Students that Obtained the Physical Activity Recommendation*

Days		0	1	2	3	4	5	6	7
Boys	01/02	1.1	2.9	7.8	9.8	16.4	20.1	20.1	20.0
	05/06	1.9	6.4	12.5	16.2	17.7	16.6	17.7	10.9
Girls	01/02	6.4	4.9	12.4	14.5	17.3	18.0	15.5	11.0
	05/06	9.3	16.5	15.4	18.0	17.1	11.0	9.3	3.5



* 60 minutes or more of moderate or more intense physical activity on five or more days of the week


Percentage of Grade 11 Students that Obtained the Physical Activity Recommendation*

Days		0	1	2	3	4	5	6	7
Boys	01/02	29.9	23.4	13.9	10.8	9.5	6.9	4.3	1.3
	05/06	28.1	21.5	18.4	14.0	8.3	3.9	3.1	2.6
Girls	01/02	40.7	22.4	19.3	6.2	4.5	2.8	3.1	1.0
	05/06	57.2	21.2	13.7	4.9	2.6	<1	0	0




* 60 minutes or more of moderate or more intense physical activity on five or more days of the week

Top Constraints to Participation Grade 7

Constraints/Percentage	Boys		Girls	
	01/02	05/06	01/02	05/06
Too much school work	22.0	30.7	31.0	37.0
No one to go with	15.0	24.3	26.0	37.0
The weather is bad	18.0	27.8	15.0	29.1
It is too far away	15.0	22.3	17.0	23.9
It is too expensive	18.0	22.0	18.0	24.3
Don't have equipment	14.0	20.6	13.0	23.2
Sickness or injury	19.0	21.2	14.0	22.4
 I don't have a place to do so	10.0	17.2	8.0	18.6
Too risky or dangerous	5.0	9.6	5.0	9.5

Top Constraints to Participation Grade 11

Constraints/Percentages	Boys		Girls	
	01/02	05/06	01/02	05/06
Too much school work	33.0	41.4	55.0	52.6
No one to go with	18.0	30.3	27.0	39.5
My job prevents me	19.0	20.7	23.0	28.7
The weather is bad	15.0	31.9	25.0	28.0
It is too far away	17.0	24.3	14.0	27.7
I don't have any equipment	14.0	24.3	21.0	27.2
It is too expensive	18.0	20.4	20.0	26.7
Sickness or injury stops me	15.0	18.8	17.0	24.2
 I don't have a place to do so	17.0	17.8	14.0	22.4
It is not fun anymore	-	7.9	-	7.3

Total Daily Screen Time by Grade and Sex - PACY 2001 - 2005

Hours per day	Grade 3		Grade 7		Grade 11	
	Boys	Girls	Boys	Girls	Boys	Girls
PACY 2001						
Total screen time	2.25	1.88	3.14	2.44	3.95	3.04
PACY 2005						
Total screen time	3.70	3.11	5.36	4.78	6.29	5.51



[Nova Scotia Community Counts: Community Profile \(2001-2006\)](#)

Richmond County is located on the east coast of Canada in Nova Scotia, bordered by the Atlantic Ocean on the south and the Bras d'Or lakes to the north. The St. Peter's canal connects the rugged Atlantic Ocean to the well-known sailing and boating destination of the Bras d'Or Lakes. Richmond County's beautiful natural environment invites a variety of outdoor activities to be enjoyed by land or by water. The Municipality of the County of Richmond was incorporated in 1879. The County is largely rural, its land mass encompasses approximately 1,233 square kilometers with 6 communities (Chapel Island IR5, Dundee, Isle Madame, Louisdale, L'Ardoise, St. Peter's) and 105 populated place names. The county boasts 230,000 acres of forested land and miles of pristine coastline. The Municipality includes seaside villages, sheltered harbours and rural, fishing communities. Mi'kmaq, Acadian, Scottish, and Irish heritage create a county rich in culture. The languages, traditions and cultures of the county are infused in our songs, dances, and way of life. Statistics Canada reports that as of 2006, Richmond County's population of 9,740 which is 11.6% lower than in 1996. In 2006, 21.6% of the population of Richmond County was under the age of 20 and 19.7% was 65 years or older.

In comparison, Nova Scotia has a population of 913,465 which is 0.5% higher than in 1996. This rate of growth is much lower than for Canada with an overall growth rate of 9.6%. In Nova Scotia, 22.8% of the population was under the age of 20 and 15.1% was 65 years or older. In Canada, 24.4% of the population was under the age of 20 and 13.7% was 65 years or older.

In Nova Scotia, family structure has shifted from traditional larger married families to smaller married families and an increase in both common-law and lone-parent families. In Richmond County Lone female parent families were 12.4% of all families while lone male parents were 3.2% of all families.

In Richmond County, there were 240 immigrants which is 2.5% of the population. 97.7% of people in Richmond County were Canadian citizens. Compared to the rest of Canada, Nova Scotia has a relatively low immigrant population. In 2006, there were 45,190 immigrants which is 5.0% of the population compared to 19.8% immigrants for Canada.

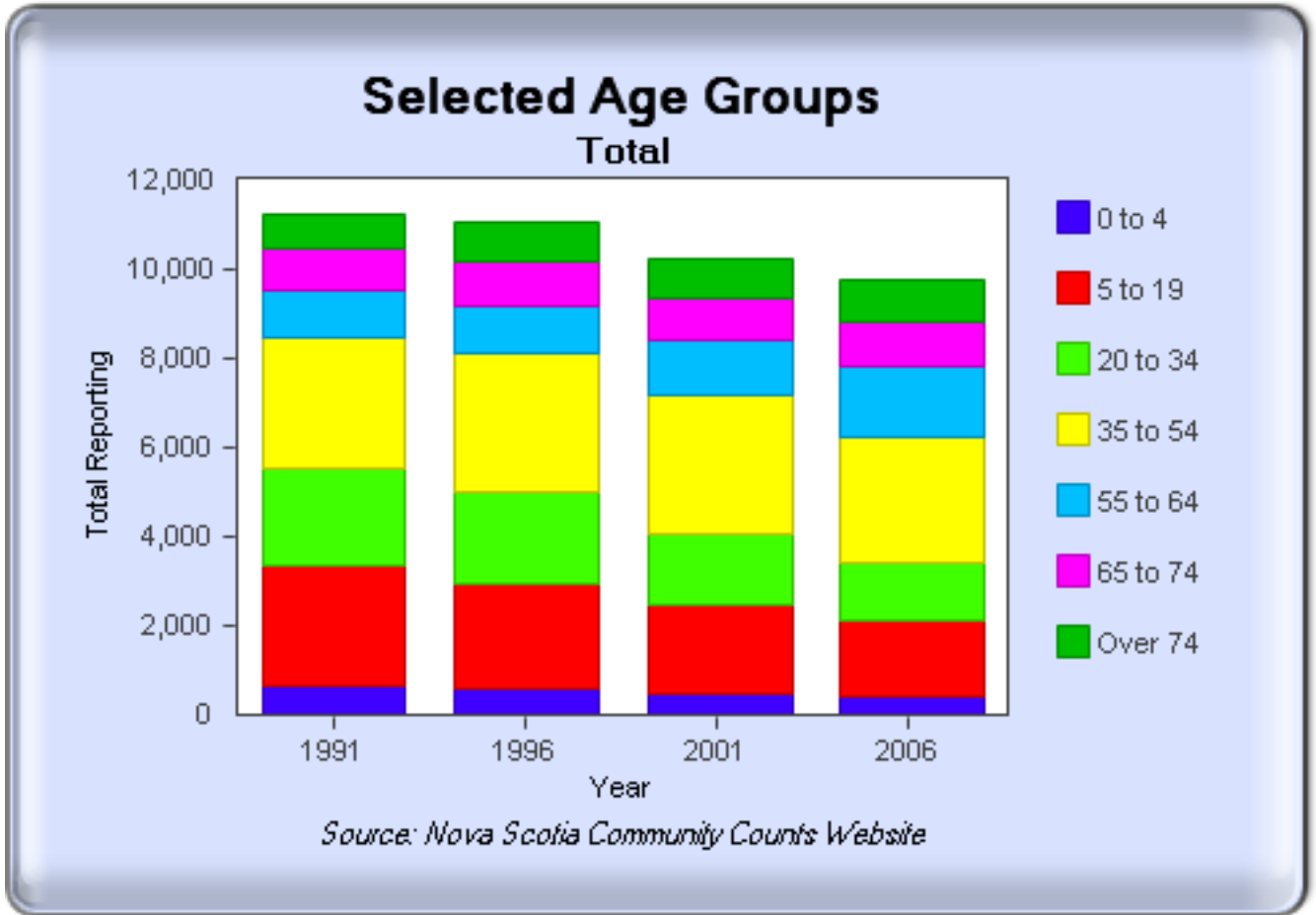
88% of Richmond County's population was born in Nova Scotia. 19.5% of Richmond County's residents moved within the past 5 years. 9.4% moved within the municipality, 5.6% moved within the province, 3.5% moved within Canada and 0.9% moved outside of Canada.

Demographics of Richmond County (Statistics Canada & Community Counts)

Population and dwelling counts	Richmond County
	Total
Population in 2006	9,740
Population in 2001	10,225
2001 to 2006 Population Change (%)	-4.7
Total private dwellings	5,053
Private dwellings occupied by usual residents	3,970
Population density per square Kilometer	7.8
Land Area (square km) (6 communities: Chapel Island, Dundee, Isle Madame, L'Ardoise, Louisdale, St. Peter's and 105 populated place names)	1,244.24

AGE	Richmond County		
	Total	Male	Female
Total Population	9,740	4,710	5,030
0 to 4 years	405	195	210
5 to 9 years	480	215	265
10 to 14 years	580	285	295
15 to 19 years	640	320	315
20 to 24 years	400	215	195
25 to 29 years	360	160	195
30 to 34 years	515	260	255
35 to 39 years	560	285	280
40 to 44 years	680	320	365
45 to 49 years	785	355	430
50 to 54 years	835	420	410
55 to 59 years	860	445	415
60 to 64 years	720	355	365
65 to 69 years	540	265	280
70 to 74 years	460	225	235
75 to 79 years	375	185	185
80 to 84 years	260	105	105
85 and over	290	105	185
Median age of the Population	46.6	46.4	46.7
% of the Population aged 15 and over	84.9	85.1	84.8
Total population 15 years and over	8,275	4,010	4,265

Gender: Total	1996	2001	2006	Percent Change (1996-2006)
	11,020	10,225	9,740	-11.6
Pre-school less than 5	585	490	405	-30.8
5-19yrs Elementary/ Secondary	2,355	1,980	1,700	-27.8
Labour Force Ages				
20-34 yrs	2,055	1,610	1,290	-37.2
35-54 yrs	3,140	3,095	2,855	-9.1
55-64 yrs	1,065	1,230	1,580	48.4
Seniors				
65-74 yrs	950	965	1,000	5.3%
75+ yrs	880	845	920	4.5



Aboriginal Population Richmond County	Total	Male	Female
Total Aboriginal and non-Aboriginal Identity population	9,625	4,680	4,950
Aboriginal identity population	555	265	290
Non-Aboriginal identity population	9,075	4,415	4,660

Education	Richmond County		
	Total	Male	Female
Total Population 15 years and over	8,160	3,975	4,185
No certificate, diploma or degree	2,905	1,295	1,610
High school certificate or equivalent	1,465	655	810
Apprenticeship or trades Certificate or diploma	1,420	1,005	415
College, CEGEP or other non-university certificate or diploma	1,345	595	750
University certificate or diploma below the bachelor level	300	120	185
University certificate, diploma or degree	720	300	420
Total Population aged 15 to 24	1,035	585	455
No certificate, diploma or degree	535	315	225
High school certificate or equivalent	275	155	120
Apprenticeship or trades Certificate or diploma	60	50	10
College, CEGEP or other non-university certificate or diploma	95	35	60
University certificate or diploma below the bachelor level	30	25	10
University certificate, diploma or degree	35	10	30
Total Population aged 25 to 34	875	375	500
No certificate, diploma or degree	85	40	55
High school certificate or equivalent	165	75	90
Apprenticeship or trades Certificate or diploma	155	100	55
College, CEGEP or other non-university certificate or diploma	345	125	220
University certificate or diploma below the bachelor level	30	15	20
University certificate, diploma or degree	90	20	65
Total Population aged 35 to 64	4,420	2,135	2,290
No certificate, diploma or degree	1,200	480	710

High school certificate or equivalent	800	325	475
Apprenticeship or trades Certificate or diploma	945	645	295
College, CEGEP or other non-university certificate or diploma	805	395	415
University certificate or diploma below the bachelor level	205	85	120
University certificate, diploma or degree	470	200	270

Labour force activity	Richmond County		
	Total	Male	Female
Total Population 15 years and over	8,160	3,970	4,185
In the labour force	4,305	2,345	1,965
Employed	3,590	1,905	1,680
Unemployed	715	435	280
Not in the labour force	3,860	1,630	2,225
Employment rate	44.0	48.0	40.1
Unemployment rate	16.6	18.6	14.2

Unpaid work	Richmond County		
	Total	Male	Female
Population 15 years and over reporting hours of unpaid work	7,290	3,430	3,865
15 years and over reporting Hours of unpaid housework	7,210	3,380	3,830
15 years and over reporting hours of looking after children without pay	2,760	1,165	1,595
15 years and over reporting hours of unpaid care or assistance to seniors	1,930	790	1,140

Mode of transportation to work	Richmond County		
	Total	Male	Female
Total employed labour force 15 years and over with usual place of work or no fixed workplace address	3,395	1,790	1,605
Car, truck, van, as driver	2,800	1,460	1,340
Car, truck, van, as passenger	350	175	175
Public transit	20	10	0
Walked or bicycled	165	90	75
All other modes	60	45	15

Income in 2005	Richmond County		
	Total	Male	Female
Persons 15 years and over with income (counts)	7,605	3,790	3,815
Median income- Persons 15 years and over (\$)	18,748	25,882	15,156
Median income after tax- Persons 15 years and over (\$)	17,520	23,023	14,766
Income status of all persons in private households(counts)	9,155	4,450	4,705
% in low income before tax- All persons	9.8	8.2	11.3
% in low income after tax – All persons	6.8	5.7	7.8
% in low income before tax – Persons less than 18 years of age	10.8	7.4	13.6
% in low income after tax – Persons less than 18 years of age	7.8	4.9	10.1
Median income- All census families	45,718		
Median income- Married couple families	51,155		
Median income- Common-law-couple families	42,901		
Median income- Lone- parent families	29,074		
Median income- Female lone-parent families	26,322		
Median income- Male lone-parent families	41,633		
Median after- tax income- All census families	39,916		
Median after-tax income- Married couple families	44,083		

Median after-tax income- Common-law- couple families	39,181		
Median after-tax income- Lone-parent families	27,911		
Median after tax income- Female lone- parent families	26,322		
Median after- tax income- Male lone- parent families	36,769		

The Need for the Physical Activity Strategy: A Profile of Physical Activity in Nova Scotia

(Prepared by Dr Angie Thompson, Department of Human Kinetics, St Francis Xavier University and Ms Leah Mochrie, BSc, Kinesiology. St FX)

What is physical activity? Do all levels of physical activity have health benefits?

Physical activity is defined as “any bodily movement produced by the body’s muscles that causes the expenditure of energy” (22, p. 2). In other words, physical activity includes actions that people make that burn or consume calories. Physical activity includes all forms of exercise (i.e., specific training usually done to improve one or more components of physical fitness), active transportation (i.e., walking, cycling, skateboarding, or scootering), sport, active work (i.e., moving boxes, delivering mail, etc.), and active leisure activities such as gardening, playing catch, etc. .

Since physical activity is an all encompassing term, it is necessary to clarify what level provides health benefits. Physical and mental health benefits result from taking part in physical activities that are of light, moderate, and vigorous intensity. The time and frequency needed to get these health benefits varies dependent upon the intensity of the physical activity (as indicated in the table below, [13]). Further, these health benefits can be obtained by accumulating several 10-minute bouts of participation. Finally, various combinations of physical activities, including intensities can be combined for healthy, active living.

	Light	Moderate	Vigorous
Time	60 minutes	30 minutes	20 to 30 minutes
Frequency	7 days/week	5 or more days per week	3 days per week
Examples	light walking easy gardening stretching	brisk walking cycling swimming dancing	Jogging basketball fast swimming fast dancing

For older adults (65+ yrs), the recommendations are to “accumulate 30 to 60 minutes of moderate [intensity] physical activity most days [of the week]” (14).

The recommendations for children (5-9 yrs) and youth (10-14 yrs) are to add 30 minutes of vigorous intensity and 60 minutes of moderate intensity physical activities each day as well as reduce non-active or sedentary time by 90 minutes each day (15, 16).

The health, social, economic and environmental benefits of physical activity for all populations

It is now widely accepted that being physically active on a regular basis has many health benefits for individuals across the age spectrum (i.e., for young and old).

Children and Adolescents

Benefits of physical activity for children and adolescents (4) include:

- (a) healthy growth and development of the musculoskeletal and cardiorespiratory systems,
- (b) maintenance of a healthy energy balance, and therefore a healthy weight and body composition,
- (c) reduced risk for coronary heart disease because of a reduced risk for high blood pressure and an abnormal blood lipid profile (3),
- (d) maximization of bone development thus reducing risk for osteoporosis later in life, and
- (e) opportunity for social interaction, achievement, and mental well-being.

Further benefits are believed to include improved concentration, cognitive functioning, and academic achievement (23) as well as a reduced risk for smoking and consuming alcohol or illegal drugs. Recent research with adolescents indicates that regular participation in vigorous-intensity physical activity or on a sports team was related to a reduced likelihood of seriously thinking of or planning for suicide (boys only) or attempting suicide (6).

Adults (including older adults)

It is widely recognized that regular physical activity is related to quality and quantity of life in adults. Participating in regular physical activity reduces the risk of a number of acute and chronic diseases including colds, the flu, coronary heart disease, stroke, high blood pressure, type 2 diabetes, some types of cancer, osteoporosis, osteoarthritis, low back pain, and obesity. It is also believed that regular physical activity improves sleep (not necessarily quantity, but quality), relaxation, mood, and self esteem, and reduces stress, anxiety, depression and mental illnesses such as Alzheimer's and dementia.

Further, maintaining a physically active lifestyle over the age of 50 years may be increasingly important in avoiding, reducing, or reversing the physical, mental, and social deterioration that often comes with age (18). Other benefits of regular physical activity specific to the elderly population include the maintenance of independent living, reduced risk of falls, less loneliness and isolation (and therefore reduced depression), and fewer complications from immobility (5).

From a health care perspective, engaging in regular physical activity has economic benefits as well. It is estimated that the economic burden of physical inactivity in the Canadian population is \$5.3 billion or 2.6% of total health care costs in 2001 (17). Further it is estimated that physical inactivity contributes to approximately nine percent of all premature deaths in Canada.

Environmental benefits to engaging in a physically active lifestyle have only recently been brought to the forefront. An obvious benefit from engaging in active forms of transportation is reduced greenhouse gas emissions. Less obvious benefits relate to the aesthetics of the physical environment when walking and/or cycling trails and green spaces are created to facilitate leisure time physical activity and active modes of transportation.

Physical activity levels of Nova Scotians (Canadians where data on Nova Scotia does not exist)Children and Adolescents

In Nova Scotia, sufficient physical activity for optimal growth and development is defined as 60 minutes or more of moderate or more intense physical activity on five or more days of the week in children and adolescents (8, 9). The percentage of boys and girls in grades 3, 7, and 11 meeting these criteria in 2001 and 2005 are presented in the tables below. There were no regional differences within the Province.

2001	Grade 3	Grade 7	Grade 11
Boys	90.0%	62.2%	12.6%
Girls	92.3%	44.5%	6.9%

2005	Grade 3	Grade 7	Grade 11
Boys	96.7%	45.3%	9.7%
Girls	96.1%	23.8%	< 1%

As identified previously, Health Canada (15, 16) recommends that children and youth increase the time they currently spend in physical activity by adding 30 minutes of vigorous intensity and 60 minutes of moderate intensity physical activities each day as well as reduce their non-active time by 90 minutes each day. If these criteria were used in the studies mentioned above, only one or two students would actually meet the recommendation.

Furthermore, it should be pointed out that the current UK guidelines for children and adolescent's physical activity of at least 60 minutes per day of moderate or more intense physical activity were not enough to prevent the clustering of risk factors for cardiovascular disease (i.e., high blood pressure, high blood fats [triglycerides, total cholesterol/HDL ratio], insulin resistance, high levels of body fat as measured by sum of four skinfolds, and poor physical fitness) in children and adolescents (2). In fact, 88 minutes of moderate and vigorous intensity physical activity were needed to reduce risk for cardiovascular disease in 15 year old adolescents, while 116 minutes were needed for 9 year old children.

One form of physical activity that has decreased over recent years in children and youth is active transportation. This is evidenced by the number of children currently driven or bussed to schools. In the most recent PACY study, it was noted that more than 90% of the students in Grades 3, 7, and 11 took the bus, were driven or drove themselves to school (9). One reason often cited for the decrease in "active" commutes to school is the increase in distance that has to be traveled. Another common reason cited is the "safety" of the path the students must travel including the availability of sidewalks.

Adults

As previously indicated, Health Canada's (13) recommendations for adults' physical activity for optimal health benefits are dependent upon the intensity of physical activity. The most recent data (2005) suggest that 48% of Canadians ages 12 or older were inactive in their *leisure time* (12). Women were more likely to be classified as inactive compared to men. Inactivity increases with age with 57% (62.5% women, 49.8% men) of Canadians 65 years and older classified as inactive. Further, 25% of Canadians reported that they sit most of the day.

Further, in an average week, 41% of Canadians reported that they spend less than one-hour walking to work/school or to do errands.

In the study previously mentioned, inactive was defined as obtaining less than the equivalent of 30 minutes of moderate intensity physical activity per day (12). Moderately active was defined as obtaining between 30 and 60 minutes of moderate intensity physical activity each day. Active was defined as obtained 60 or more minutes of physical activity of at least moderate intensity each day.

Specific to *active transportation* (i.e., walking 6 or more hours per week to work, school, or errands; or cycling) walking is far more common with approximately 23% of Canadian males and females (ages 15+ years) actively engaged (7). Cycling is less common with only 9% of men and 5% of women using this mode of active transportation regularly. The percentage of Canadians using these two forms of active transportation increased from 2000/01 to 2005.

In Nova Scotia, more than 50% of the adult population (ages 12 and older) are considered inactive in their leisure time (21). This is significantly greater than the national average. Urban Nova Scotians are more likely to be considered active or moderately active compared to the adults that live in rural Nova Scotia. When the specific District Health Authorities (DHAs) are considered, adults living in DHA 9 (i.e., Capital) 52% are classified as active or moderately active which is significantly more active than the average Nova Scotian (49.2%). Further individuals living in DHA 7 (i.e., Strait) are less active than the average Nova Scotian.

Predictors of physical activity

In discussing predictors of physical activity, it is important to clarify the type of physical activity considered since the predictors for active transportation may be different than the predictors for leisure physical activities. Further, it is necessary to identify what types of physical activity were included in the analysis (work-related, leisure, exercise, transportation, etc.). Finally, given that socioeconomic status is often a determinant examined as a potential predictor of physical activity, there must be clarity in identifying how it was determined since, in Canada, it can be measured individually or collectively as income, education, or occupation.

Children and Adolescents

A recent review of the correlates of physical activity and sedentariness in youth based on 57 previously published peer-reviewed papers (25), identified sex (male), self efficacy, parent physical activity (for boys), and parent support as positively related to physical activity for children (4-12 yrs). In other words, boys are more likely to be physically active than girls, particularly when their parents are physically active too. The more confidence with participating in physical activity and the more support received from parents also related to higher levels of physical activity participation for boys and girls. Although a cause and effect relationship cannot be identified between children's physical activity levels and parental support or role modeling, it is nonetheless considered prudent to suggest increasing parental support and role modeling of a physically active lifestyle as an effective measure of promoting physical activity in children.

For boys and girls (4-12 yrs) there were no other variables that related to or predicted their level of physical activity. Specifically, there were no significant associations found for age, ethnicity, BMI or skinfolds, single parent status, or parent education (24). Further, no significant associations were found for the psychological correlates self-perception, enjoyment, or barriers to physical activity. In

regards to the environment, no significant associations were found between perceived access to facilities, perceived access to play space, or for perceived access to sporting and/or fitness equipment in the home.

For adolescents (13-18 yrs), sex (male), parent education, attitude, self efficacy, goal orientation/motivation, physical education/school sports, family influences, and friend support were positively associated with physical activity (25). This means that adolescent boys are more active than adolescent girls. Further, boys' and girls' level of physical activity was greater when their parents had a higher level of education, they had a positive attitude towards physical activity, they had a stronger belief in the ability to be physically active, they participated in physical education and sport programs, they were goal oriented, and had positive family and friend influences.

No significant relationships were noted for age, ethnicity, BMI or skinfolds, or other measures of socioeconomic status in regards to physical activity participation (25). Further, no significant relationships were found for the following psychological correlates of physical activity: intention, perceived benefits, perceived barriers, self-perception, sport competence, fun/enjoyment, and depression. There also was no significant relationship between parents' and adolescents' level of physical activity. In regards to the environment, there was no relationship found between availability and proximity to sports facilities and physical activity participation.

In regards to sedentary behaviours in adolescents, ethnicity (Caucasian), socioeconomic status, and parent education were inversely associated in adolescents (25). In other words, lower levels of sedentary behaviour were found in adolescents who were Caucasian, of higher socioeconomic status, and with better educated parents. Males were also more likely to engage in greater amounts of sedentary behaviours such as television and video games. BMI and depression were positively associated with watching television and playing video games. In other words, a higher BMI and greater levels of depression were found in those who watching more TV or played more video games.

Other research (24) indicates that "having a friend to exercise with" was the most helpful cue to becoming involved in physical activity for boys and girls in grades 9 thru 12. Further, females, more so than males found "encouragement from friends" to be an important cue for physical activity. In this study, "parental encouragement" and "having a parent who exercises" were also helpful cues for physical activity.

Although physical appearance tends to be a primary motivator for engaging in physical activity for adolescent boys and girls, they indicate different specific reasons for their participation. (24) Adolescent girls indicate they are physically active to "staying in shape" and for "weight loss"; while adolescent boys indicate "becoming strong" and "staying in shape".

Another way to describe physical activity participation in children and youth and what relates to it, is to discuss their real and perceived barriers. In the 2005-06 PACY study (9), the students in Grades 3, 7, and 11 indicated yes or no to a series of items following "I would like to be physically active, but ". The percentages who responded "yes" are listed in the table below.

The top three barriers identified by the students in Grade 3 were: cost, lack of equipment, and school work. The top three barriers identified by the students in Grade 7 were: school work, I don't have someone to go with, and cost. For the students in Grade 11, school work, I don't have someone to go with, and it is too far away were the top three barriers identified.

	Grade 3	Grade 3	Grade 7	Grade 7	Grade 11	Grade 11
	Boys	Girls	Boys	Girls	Boys	Girls
It is too expensive	16.5	24.1	22.0	24.3	20.4	26.7
I don't have any equipment	14.4	19.7	20.6	23.2	24.3	27.2
Too much schoolwork	15.7	13.5	30.7	37.0	41.4	52.6
No one to go with	13.1	15.5	24.3	37.0	30.3	39.5
It is too far away	12.3	15.8	22.3	23.9	24.3	27.7
The weather is bad	15.7	11.6	27.8	29.1	31.9	28.0
I don't have a place to go to	12.9	13.5	17.2	18.6	17.8	22.4
I am scared to go out at night	8.2	11.3	3.2	8.6	1.0	4.3
Sickness or injury stops me	5.1	4.9	21.2	22.4	18.8	24.2
I don't know how	3.9	4.4	7.0	9.3	4.6	7.3
I sweat too much	5.1	3.0	0.6	6.0	3.3	4.8
It is too risky or dangerous	4.9	3.0	9.6	9.5	3.3	4.3
I am not allowed	3.1	3.2	15.3	8.4	5.6	4.3
Parents don't encourage me	1.8	3.7	9.9	7.4	3.3	4.0
It is not fun anymore	2.3	2.0	6.7	9.3	7.9	7.3
Not interested	2.8	1.5	4.3	4.1	5.3	5.0
My girl friends prevent me	n/a	n/a	2.9	1.0	4.6	0
My boy friends prevent me	n/a	n/a	0.3	2.4	0	5.3
My friends prevent me	n/a	n/a	3.5	7.2	2.3	3.3
My job prevents me						
Use of drugs or alcohol prevents me	n/a	n/a	0.3	0.5	1.6	1.8
Smoking prevents me	n/a	n/a	0	0.7	1.6	5.8

Adults

In Canada, men are more active than women and physical activity levels decline with age (12). *Leisure time* physical activity was less prevalent among people in lower income groups compared with the highest income group. Immigrants, regardless of how long in Canada were least likely to be physically active in their leisure time. Further, seasons relate to physical activity level in adults (ages 19+ years). Quite simply put, Canadians are more physically active in the summer compared to the winter (19). Another factor unique to Canada relates to an East-to-West gradient in leisure time physical activity (12). Generally, Canadians living in the Western part of Canada (i.e., Ontario, Alberta, British Columbia, and Yukon) are more physically active than those living in the East (i.e., New Brunswick, Nova Scotia, Newfoundland, Prince Edward Island, Quebec, Nunavut, Manitoba, and Saskatchewan). Further, residents of big cities (i.e., populations of 2 million+) were less physically active in their leisure time than the national average. This may be partly explained by the high percentage of immigrants living in these cities.

Some of the predictors for physical activity in Canadian adults are similar for Nova Scotians, i.e., men are more active than women and physical activity declines with age.

Others are not, particularly rural-urban and socioeconomic differences in levels of physical activity. As previously mentioned, when the DHAs in Nova Scotia are considered, the most active Nova Scotians reside in the capital region (i.e., DHA 9) and the least active reside in the Strait Region (i.e., DHA 7). Further, individuals in the lowest and highest income bracket in Nova Scotia and particularly in DHA 9 had the fewest residents classified as physically inactive. As expected, a gradient from the lower-middle to highest income bracket is seen (i.e., that as income increases, fewer residents are classified as physically inactive). It is possible that in the lowest income bracket, more active modes of transportation are used; in fact, that may be the only source of transportation for this group of individuals.

Specific to *active modes of transportation* (7), the determinants of cycling are: age (younger more likely), being single and going to school. Education and income were determinants in males only with the most educated and lowest incomes the most likely to cycle. Immigrants, regardless of sex, were less likely to cycle. Specific to walking as a mode of transportation, individuals with lower incomes were most likely to walk. Similarly, students were most likely to use walking as a form of transportation. Nova Scotia residents are more likely than Canadians overall to *strongly agree* that general safety concerns, volume of traffic, and poorly lit sidewalks and streets prevented them from walking and cycling (11).

In a study of young adult women (ages 18 to 32 years), 74% indicated lack of motivation as a somewhat important or important perceived barrier for their participation in physical activity, exercise or sport (1). Time was indicated by 58% of the same and not being able to find physical activity facilities that are inexpensive was reported by 51% of these young women.

In middle-aged office workers (18), obtaining recommended levels of physical activity (i.e., 150 minutes of moderate and/or vigorous intensity physical activity per week) was least common in those working full time (i.e., = 30 hours per week), higher in those working part time (< 30 hours per week), and highest in those not working at all. Further, individuals classified at a lower grade for their occupation were less likely to meet the recommended minutes of physical activity each week.

Another way to look at the predictors of physical activity is to examine the barriers perceived. The table below (10) summarizes the percentage of Canadian adults who consider the listed barriers as important or somewhat important:

		Percent	Type of Barrier
Major Barriers			
	Lack of time	69	Individual
	Lack of energy	59	Individual
	Lack of motivation	52	Individual
Moderate Barriers			
	Excessive cost	37	Individual
	Illness/injury	36	Individual
	Lack of facilities nearby	30	Environment
	Feeling uncomfortable	29	Individual
	Lack of skill	29	Individual
	Fear of injury	26	Individual
Minor Barriers			
	Lack of safe places	24	Environment
	Lack of child care	23	Environment
	Lack of a partner	21	Environment
	Insufficient programs	19	Environment
	Lack of support	18	Environment
	Lack of transportation	17	Environment

Interestingly enough, physically active Canadians experience these barriers too, but generally to a lesser extent. Further, women tend to note these barriers at a higher percentage as males. When age is considered, the top three identified barriers to physical activity participation are the same – time, energy, and motivation. The question then becomes more of managing existing barriers such that they do not limit or hinder physical activity participation.

How important is physical inactivity as a risk factor?

When considering heart disease, physical inactivity is the modifiable primary risk factor that exists at the highest rate. More specifically, it is estimated that high blood pressure, high blood fats, and smoking each influence about 20% of the Canadian population whereas physical inactivity influences almost half the population. Thus, it makes sense from a health perspective to address the sedentariness of the population given the number of people affected by it. When considering all types of cancer, it is estimated that tobacco use is related to 31% of all diagnoses (20). Physical activity has been found to reduce the risk of colon cancer by 50%, breast cancer by 30 to 40% and other cancers (such as prostate, ovarian, endometrial, lung, testicular, and kidney) to a lesser extent. So once again, it makes sense to promote physical activity given the effectiveness it has on preventing cancer and the number of people currently living relatively inactive lives. It is believed that 90% of all type 2 diabetes diagnoses could be prevented if adults (and children and youth) engaged in 30 minutes or more of moderate intensity physical activity each day combined with a healthy dietary intake. Finally, it is estimated that if all Canadians engaged in the recommended level of physical activity that one-third of all deaths related to coronary heart disease, one quarter of deaths related to stroke, one-fifth of deaths related to colon cancer, one-fifth of death related to type 2 diabetes, one-seventh of deaths related to breast cancer, one-fifth of deaths related to hypertension and one-quarter of deaths related to osteoporosis could be

prevented (26). Furthermore, it should be pointed out that the greatest health benefits are realized when a person moves from being inactive to becoming moderately physically active (26). Further benefits are achieved as individuals obtain even higher levels of physical activity participation with a ceiling effect eventually reached. Thus, it is prudent from a health perspective to focus physical activity promotion efforts on those who are least active in the population.

APPENDIX E:

Outputs of Seven Focus Groups & Two Public Meetings

Physical Activity Strategy – Focus Group Adult Drop-in Centre, May 27th, 2009 12 Participants

The first focus group was held at the Richmond Villa on May 27th. 12 individuals participated in the focus group. The age of participants ranged from 30 - 100 years. Some of the individuals live in the nursing home as a resident or in the assisted living apartments. Others were from the communities of St. Peter's, L'Ardoise, River Bourgeois and Louisdale.

1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?

- No facilities in L'Ardoise, there should be something in L'Ardoise
- they have sport and recreation programs in St. Peter's but I can't access them because I don't have transportation; I can't access Pt. Michaud beach, although I live in L'Ardoise because the distance is too great
- they have a lot of Bingo but that's not active, there are minimal
- Can't afford to go to the Gym in St. Peters because it's too expensive
- we need transportation that we can afford
- Richmond Arena, Playgrounds, Baseball fields
- we lack social, we are in desperate need of some sort of social club in Louisdale
- used to have a bowling alley, that was excellent but they took it away
- they have tennis courts
- Playgrounds
- we need a lot more exercise, not enough exercise opportunities for people, my husband is going down hill since we moved here.
- we need affordable yoga in L'Ardoise
- If you don't have the \$ you can't attend
- If there was a walking club in L'Ardoise
- the only thing people can do around here is walk
- "I like to bike around St. Peter's"

2.) What physical activity opportunities would you like to see offered in the community?

- an indoor pool
- more dances without alcohol for adults
- more community cohesion
- Ballroom dancing, various types of dancing, more dancing in general
- square dances
- bowling alley returned to Richmond County
- residents at the Villa, more exercise classes
- affordable place to exercise
- Senior baseball, senior sports.
- walking clubs in my area

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- If we had a place to be physically active, we would automatically be more physically active, we have no facilities in Richmond County
- Monotony drives people away, a variety and multi-activity would be good
- the sun and nice weather motivates me to be physically active
- cleaning motivates me, outside activity, gardening
- Health reasons motivate me
- I walk because I need to for health reasons and weight management
- If there were better places to walk
- winter is not very conducive for walking
- weather
- Transportation would motivate me
- social situations
- good mental health feelings from walking, I work out all my issues when I'm walking

4.) What things prevent you, your friends and your family from being physically active?

- Transportation
- Money
- Facilities
- Health issues limit people
- somewhere to walk to
- lack of trails
- lack of motivation
- you really need somebody to walk with on the trails, I don't know who I'm going to meet on the trail, fear for safety
- not feeling safe
- lack of knowledge of opportunities
- it all boils down to lack of transportation & money
- not having a friend or buddy to walk with
- proper clothing, footwear, too cold in the winter time
- no transportation to programs offered
- programs are interesting but we can't afford them
- Free programs or very low cost programs
- I think the government should step in and make yoga, massage etc. attainable to all of us
- not having a friend to go with
- I fell twice this winter so it really scared me

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- Cost is a big issue ***
- Low income activities
- \$50 bucks for 6 weeks is a lot of money for people on assistance; 5 bucks a month is more reasonable for us.
- Music, and Ipod would make me walk more, but they are expensive
- money***
- dressing warmer in the winter for walking
- it's not appealing to walk around a building
- snowshoeing, if we had access to equipment

6.) What could we do, or what suggestions would you have to improve communication with the community

- Facebook
- Community Channel
- Church Bulletin
- Reflections of Richmond Newsletter
- Flyers in the mail
- Posters
- Information provided at Bingo
- Radio
- Branding

Physical Activity Strategy – Focus Group Richmond Academy Youth, June 11th 2009 10 Participants

The Second focus group was held at the Richmond Academy on June 11th. 10 individuals participated in the focus group. Sample of the participants included students from grades 9-12 both male and female. Participants were students who are very involved in community and physical activity opportunities and some who are not involved at all. Also students were from communities of St. Peters to Lower River inclusive. Students were given a \$10 gift certificate from local restaurant for their participation.

1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?

- not enough places to play sports such as basketball, ball hockey, there are not enough gyms to access. Etc
- not really anything available for the under 25 age group.
 - age limits create barriers
 - nothing available for younger people
 - limited facilities to “drop in” and just play
 - L’Ardoise has no place to play anything, clinic parking lot, can’t use during business hours.
 - Lower River – no opportunities, when we play ball hockey I have to supply all the equipment
 - leagues – nothing outside of school for a competitive league, more would want to play if league was available
 - should be more leagues available such as the Richmond Rise
 - nothing for girls, there should be more opportunities for girls
 - more opportunities for sports, ball hockey, basketball, etc.
 - opportunities for non- competitive, drop in type activities would be popular as well
 - don’t have to have competitive teams, drop-in would be good too
 - Dirt bike trails were shut down; we have no place to drive bikes, atv’s, they are always complaining about people driving there motorized bikes on the roads but then they close down the track we were using.
 - insurance barriers, issues

2.) What physical activity opportunities would you like to see offered in the community?

- Mixed martial arts (MMA), similar to ultimate fighting, boxing, Judo, gym set up with bags, coaches, kickboxing, etc
- Rugby
- Tennis, tennis for 16+, tennis club
- golf program for youth, you can get a group to go together
- cheaper golfing
- football local Richmond team
- flag football
- creative dance classes – local, currently you have to travel far distances

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- Fun
- competitive
- social/friends
- intramurals – need supervision and people don't want to supervise
- after school programs would be good
- no age barriers – if age is a barrier separate
- Incentives – prizes

4.) What things prevent you, your friends and your family from being physically active?

- no places to go
- nothing to do
- too expensive
- no gym in Louisdale
- School shinny is not available if you have hockey experience, there should also be skating or hockey for students who have a hockey background
- no winter sports, really hard to be active in the winter
- no outdoor rinks, ponds are unreliable
- transportation issues, no access to transportation, distances are too great.
- late bus is not always convenient; it works for some students but not for all as the distances to their home from drop off locations are too great.
- no supervision
- nothing after school or evening
- Drop in
- no free ice time
- have to pay for ice and nets

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- more places to go to be active
- outdoor not just indoors- gym
- fixing up Martinique Park, putting up volleyball nets, accessing equipment to be used in the park
- more trails – better advertisement, trails better coordinated
- public trails for bikes, atv's etc.

6.) What could we do, or what suggestions would you have to improve communication with the community.

- Presentation in schools
- Facebook****
- Internet
- Posters in the school
- school newspaper
- some read Reflections and The Reporter
- Community Channel

**Physical Activity Strategy – Focus Group
Potlotek First Nation, June 16th, 2009
10 Participants**

The third focus group was held in Chapel Island on June 16th. 10 individuals participated in the focus group. Sample of the participants included staff from school; youth program coordinators, elders, and community individuals.

1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?

- facilities too far away
- no skate board parks close by, can't take advantage of Skate Park in Arichat as the distance is too great
- no fitness centre in the community
- no organized activities for older adults & adults, programs are geared toward younger children
- the pool in Dundee is no closer for us
- we need a swimming pool in Richmond County, no local pools available, a pool central in the county
- a pool would cover all ages and various activities
- only seasonal swimming in Richmond County
- long distances to pool in PH, roads are in bad condition
- there is really not much in the way of facilities in Richmond County***
- Bras D'or Lakes are contaminated and not safe for children to swim in
- roller-skating for different age groups available @ the Richmond Arena, they had this in the past
- we are not always aware of opportunities & programs, better access to information
- keep the website updated??
- need to recruit instructors who can offer many more activities
- whole family activities
- Intergenerational activities
- more offered for women and children, much less offered for men aged 40+
- Men's only fitness
- more variety of activities for young and old
- local civic centre / YMCA
- walking trails need to be groomed
- need sidewalks, very dangerous to walk on the road
- need a specific facility and proper facility for Physical Activity Programs, the programs continue to be moved around as other activities and priorities move them out.
- there is a walking trail around the lake but it is underutilized, it needs to be upgraded

2.) What physical activity opportunities would you like to see offered in the community?

- would like to see a “Curves” close to our community
- Family Fun Days like potatoe sack races, egg races, picnics
- kite flying
- water sports, kayaking, river rafting etc.
- more outdoor rinks
- partner with the municipality to have coaches trained (NCCP)
- partnership with communities to have ball teams
- Judo start a program in chapel Island
- Taekwondo
- Tai chi
- Track & field
- Horseback riding
- “off the beaten track activities – non traditional activities”
- seniors sports
- Traditional Dance
- many forms of dancing
- dances for seniors 55+
- square dancing
- ballroom dancing
- family and intergenerational activities
- activities for men with heart trouble
- men are intimidated to go to an aerobics class when the majority of the participants in the class are women
- opportunities to drop – in and play when you want
- gardening
- training opportunities for recreation staff

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- Sidewalks, it’s very dangerous to walk in Chapel Island
- organized groups walking & running together
- social groups
- Group challenges – 10,000 step challenge
- fun, “it doesn’t feel like work”
- housework
- gardening
- grandchildren make you physically active
- incentives and challenges with-in a group
- “if the activity feels like fun and it does not feel like work, I’m more prone to doing it”

4.) What things prevent you, your friends and your family from being physically active?

- bugs and insects outside
- anxiety: “don’t want people watching me work out
- boredom
- things get in the way, like something will come up and throw you off

- X box, computers
- Time management
- not having childcare
- making the time, prioritizing
- overeating
- obesity
- poor nutrition
- no family group orientated activities
- not enough programs for youth and adults
- Transportation is a barrier
- SAT required, needs to be expanded to other communities like Chapel Island, Johnstown, Grand River, schedules for SAT need to be dispersed all over
- Elders who can't get out to participate
- suitable/adaptable activities for the elders or those who can't get out
- buddy system
- train care providers suitable for elderly @ home
- lack of awareness of what is available for PA in Richmond County, more promotion is required, information needs to be more accessible
- it's a long way to travel to Arichat to play soccer

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- Chair exercises, local TV
- website with suggestion place
- we are not always aware of opportunities & programs, better access to information
- special interventions are required for individuals with limitations
- wii fitness
- home programs
- more training (train homecare workers) for individuals with special needs
- running club

6.) What could we do, or what suggestions would you have to improve communication with the community

- We don't all have access to computers or convenient access, people would have to go to CAP sites
- Newsletters, add information to the Chapel Island Newsletter
- more community consultations
- We look forward to the Richmond Reflections newsletter
- Reporter
- Website
- Facebook
- Community Channel
- Flyers in Mail

Physical Activity Strategy – Focus Group Church Groups, June 29th 2009 9 Participants

The fourth focus group was held at the MacDonald Country Inn in St. Peter's. 9 people attended from the different religious groups throughout Richmond County.

1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?

- need better access to pool/gym /fitness facilities – similar to civic centre
- We certainly could use facilities here in Richmond County
- should be money available, \$\$ for infrastructure
- need to develop physical activity habits, difficult to do around here because there are no facilities and our weather is harsh and not always conducive to PA
- need access to facilities when weather is poor
- need access to “trainer” – education how to do it right
- consider other “regular” activities: gardening, walking dog
- need social aspect to assist with motivation – “groups” not much available right now
- not many other PA opportunities in Richmond County “I’ve always relied on my own”
- “I have to leave my community to access opportunities, not everybody has the ability and resources to be able to do this”
- population is dwindling
- transportation/economic situation are barriers for some to participate
- may need centers strategically located- eg weight room is in Arichat
- motivation is important
- a combination of both facilities and community centered activities that people can access
- you don’t require a large civic centre in a central location if you could access facilities in your own community, small community infrastructure is required, better access is required
- need something I can bring my whole family to eg- trail systems safe for bicycles
- small community infrastructure needs to happen eg- increase walking trails (safer), critical for winter
- where is \$\$ coming from
- cars don’t respect bikes, it’s very dangerous to drive your bike in Richmond County and people need to be educated

2.) What physical activity opportunities would you like to see offered in the community?

- family – centered PA
- parents as role models for their children
- marking local trails + information about the trail (terrain, difficulty) + incentives along trail – if you walked this far in 15 minutes you burned this many Calories etc.
- These trails could be used for snowshoeing/cross country skiing in the winter
- year-round use
- creating educational opportunities
- marketing/promoting the trails
- active living marketing for rural communities- what works?

- skateboard park for St. Peters (need partnerships) - explore liability under Leadership, partnerships & sustainability. There should be a way to make this happen. Explore what Arichat Skate Park has created.
- need provincial strategy
- need a pool it would increase PA opportunities for all ages - babies to elderly = develop leadership skills + employment
- Zumba Dance
- need more cultural dance opportunities
- education about healthy living, work fitness breaks, workplace wellness, paying for Gym memberships, an area to be active at work. Caution around this as a lot of time, resources and effort goes into these initiatives and they are not being used. It takes a good 6 months to develop the habit. Paying for fitness memberships, etc. & education on how to incorporate into day to day routine.
- painting games ie hopscotch, on school asphalt.

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- Social aspect***
 - “feel better” physical, mental, whole body (we have to get this message out- education)
 - need education – how much to do, how not to overdo it. Re: develop “habits”+ benefits
 - If people believe “live longer + live a more productive life”, they will be more motivated for pa, link to health, chronic disease prevention, longer independent living. There needs to be more education around benefits of PA (inactivity and links to cancer, how activity can help your Arthritis)
 - If in cycle of depression, difficult to motivate, needs to come from within
 - relationships between motivation & values+ community connectedness – what if people don't care, what happens then? If our community doesn't value the benefits of PA and social connection and they have nothing to live for “I'm afraid for my future around here, the younger people don't seem to care (they are so connected to the computer, not connected to their community) we are losing our community connectedness.
- Children and youth need to be taught to volunteer, they need to role model.

4.) What things prevent you, your friends and your family from being physically active?

- Lack of time
 - you have to make time for the important things in your life, because there is never enough time, you have to put the time aside
- finances, cost
- accessibility
- no facilities
- physical “disabilities” or perceived physical limitations
 - “perceived” – sometimes don't believe they know or don't believe they can do it.
- sometimes hard to socialize together as your interests take you different places, especially if you are driving long distances to access pa
- hard to get together b/c going outside of the community to access opportunities
- too much going on, easier to prioritize, if less travel to opportunities

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- make it a priority
- need to understand it is important
- access to activities close to where I live
- access to group – social – more incentive

- create opportunities for social activities – for example a quilting group and incorporate pa into this event
- list of Local trails, a lot of people don't know that they exist.
- “I like to be able to walk out the door and become active with my family, or drive only a short distance”
- Grou time is an example of a social gathering that gets people out and interacting with their community.

6.) What could we do, or what suggestions would you have to improve communication with the community.

- Newsletters
- Reflections calendar, people recognize it, a soon as it comes in people read it, expand RR, CHB tagging on, it's something people know and look forward to reading
- Rolling Channels (Community Channel)
- internet
- website- advertise the fact that you have a website
- community presentations
- community consultations- more focus groups
- parish bulletins
- newspapers
- radio
- school newsletters
- make use of free PSA's
- River Bourgeois Round Up
- Health Fairs, seniors expos
- Facebook
- Flyers in mail
- Posters
- Branding
- Information at Bingo

**Physical Activity Strategy – Focus Group
St. Peters Group, July 8th 2009
7 Participants**

The fifth focus group was held at the St. Peters Fire Hall with representatives from the Village on the Canal Association and surrounding community members. Individuals ranged from self employed living in the Village, employees from local businesses, RDA staff and interested individuals.

- 1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?
 - facilities are not greatly available in this community
 - recent decrease in gym use opportunities since SPDH building has been shut down
 - # of appropriate facilities is poor in the St. Peter's area

- "it is being presented as a conflict between school use & community use of the new gym at East Richmond instead of a cooperative arrangement." "I think there is a way to make one gym work in a community of this size but the resources are not in place to make that happen"
- community recreation programs are constantly being cancelled, it's very frustrating
- The gym is not available when the school is closed or cancelled
- not a welcoming environment to use the gym at the school (EREC)
- one gym could work if more cooperation with school (EREC)
- The gym is closed over the summer, or whenever the school is closed
- East Richmond School Gym – "I feel there are barriers for adults and larger barriers for youth to use the school gym"
- decrease in children having an opportunity to participate in Physical Activity outside of school
- insurance- ways to work on having this increased
- multiple land owners – school board, Lions Club, community not communicating and not working well together, partnership not working well, no user groups being asked for feedback, frustration about the lack of communication among these groups, they are not consulting with the community.
- Municipality could work with community partners to help develop more PA opportunities in St. Peters and area
- expand and explore community resources.
- the youth need some sort of facility, they are resorting public areas
- a skate Board Park would be ideal for the children and youth, they have been trying building one for years, maybe build something like Arichat's Mobile skateboard Park
- Have a look at what other communities are doing
- people are aware of trails but not used for long periods of time
- many of the outdoor facilities can only be used when the weather is suitable
- Lack of storage for program supplies, Exercise class had to drag all of there equipment home with them, including the step, ball, water, weights, participants very frustrated
- Lots of opportunities for the children, 4-H, baseball, etc. but costly
- \$\$ costly for families, if you have multiple children
- rates to assist with families who have multiple children
- costs reduce PA opportunities
- Family rates for multiple activities each week, ie: dance, volleyball, baseball, led by trained Volunteer instructor.
- organized games to drop –in to, for example on Mondays at 6:00pm family baseball at the RB field. PA opportunities in the community – no registration, drop-in
- if more facilities there would be more opportunities

2.) What physical activity opportunities would you like to see offered in the community?

- Cardio kickboxing
- pickleball and a variety of sports in the gyms or halls
- more cardiovascular workouts
- circuit training, variety to workouts
- women's Hockey
- soccer in St. Peters for all ages
- organized activities for adults
- adult tennis club
- ultimate Frisbee, low cost to set up and sustain, introduce game to communities
- Disc Golf
- Dance of all varieties for all ages
- Dance for adults
- there needs to be some sort of a leader to organize these initiatives in the various communities

- orienteering/geocaching attached to hiking,
- BOW – becoming an outdoor woman, offer more in Richmond County
- workplace wellness tool kits
- walking clubs at lunch time for employees
- multi-use fields and facilities

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- competition, seeing others of the same caliber or level, for example women's hockey with a variety of levels, instruction included. The way the activity is promoted is important, "if hockey was promoted as women's hockey, I would not have joined, since it was promoted as women's beginner hockey, I felt less threatened.
- Social aspect
- buddy system, a partner to motivate you to do it.
- enjoyable, Fun, Stimulating, has to motivate you enough to leave your warm home on a cold winter's night
- not too competitive
- Instruction and learn to play sports
- wording on how the activity will be run
- Invitation to the event or activity
- non-threatening, non-commitment
- need to feel welcomed or be invited, "even a sign out welcoming you in would be helpful"

4.) What things prevent you, your friends and your family from being physically active?

- work
- lazy
- Travel, distance, activities need to be in our own communities
- cost, gas, time, most people from St. Peter's won't travel to Pondville for beach volleyball for these reasons
- registration/
- cancellations are very frustrating, when school is cancelled in the morning due to poor weather, then the conditions improve in the evening, the programs are still cancelled
- cost of gas
- Time
- when cancelled hard to keep motivated
- lack of facilities
- Individual sports are required for some individuals as team sports are very intimidating – variety, not just team sports

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- Buddy to call and ask you to go (incentive)
- organized groups
- culture of people getting out there (mind shift)
- lifestyle change & a way of thinking
- pedestrian/bike friendly
- education
- very dangerous and intimidating to ride your bikes in Richmond County
- educate population on bike friendly roads, "educate population on the rules of the road"
- tax breaks from the municipality / financial incentive

- Incentives/challenges

- Pedometers
- Prizes
- Challenges through website

- challenge – distance to where you walk, ie if you walk around the block you walked 2 miles, “walk across Canada” etc.

6.) What could we do, or what suggestions would you have to improve communication with the community.

- Facebook***** - a lot cheaper, less time consuming etc
- on- line, WebPages, link WebPages, link to face book, link to the hawk, you have to keep your webpage up to date, interesting and interactive. E-newsletters are time consuming.
- Format your massive e-mails, with action items and no attachments as blackberries can't open them, work with marketing person to assist, e-mails are free.
- Mass e-mail lists
- need a portal to share ideas, ways to give and receive feedback
- Reflections, if it was put out earlier people could plan better
- newsletters
- newspaper
- church bulletins
- community channel
- student newsletters – opportunities to link with school
- not everybody has access to computers
- information to be “short and sweet”
- Posters

**Physical Activity Strategy – Focus Group
Richmond County Seniors, July 30th 2009
7 Participants**

The sixth focus group was held at the Strait Richmond Hospital Board room on July 30th. 7 seniors participated from around the Richmond County area. Sample of the communities represented were; Grand River, Johnstown, Arichat, Isle Madame, Louisdale, L'Ardoise, St. Georges Channel and River Bourgeois.

1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?

- no facilities available for seniors in the local area (St. Georges channel)
- St. Anne's therapeutic Garden, wheelchair accessible
- walking trails in the Dundee area
- we need to work with our natural environments, build upon the assets that we have as we know there is limited resources
- Cap Auget Eco trail (Isle Madame) trail is very nice, but seniors should have someone with them as there is a danger of falling. Other than the Eco trail there is not much around.
- not a lot of programs for seniors

- there should be skating at the Richmond Arena for seniors, for example ie- 12-2pm like in Port Hawkesbury and Sydney.
- There is nothing specifically designed for seniors through the Arena, seniors travel to the Port Hawkesbury civic centre to skate. Many people from Richmond County go to the arena in PH to access specialized programs "It may take a while to catch on but I think we would go"
- need more utilization of the Richmond Arena
- River Bourgeois has some facilities for seniors, the Tara Lynn community centre and the senior's club house with a lot of exercise equipment, the gym is available for members to use, fee is \$5.00 per year. The Gym is pretty full of equipment, keys are given out but they must be accompanied by another person for safety reasons and you must sign in, some people use it 5-6 times per week. There is an aerobics program (17-20 sometimes 25 members) which runs 3 times per week. They are also increasing their membership and outside groups are utilizing the gym. They received funding for the equipment through grants and people now donate equipment. People from outside of RB are welcome to join. There is also a ball field and tennis court in RB.
- Louisdale tennis court and walking track around arena but not being utilized the way that it could be, as there are not specific programs for seniors.
- funding support for sustaining current seniors pa programming in River Bourgeois
- funds are required for payment of exercise instructor
- personal trainer in River Bourgeois is available to other groups
- wheelchair sports, people with disabilities need to have opportunities to be physically active..... explore wheelchair basketball.
- Programs / services – difficult to find instructors, need to increase trained instructors
- there was a lot of interest in the aquatic exercise program, but there was no instructor available this year
- difficult to find yoga instructors

2.) What physical activity opportunities would you like to see offered in the community?

- funding support for sustaining current senior's pa programming in River Bourgeois
- funds are required for payment of exercise instructor
- pickle ball demos for other community groups
- swimming pool (local for Richmond County Residents) with aquatics programs, swimming lessons, water aerobics
- Geocaching (community Lending Program)
- Nicholas Denny's Days engaged in Geocaching and were able to pick up the GPS systems at the VIC.
- training opportunities for Geocaching, beginner's workshop, increase awareness of opportunities, interesting and fun way to be physically active, Geocaching.com or .ca
- Connect Geocaching to walkabout
- Gym or fitness centre in the Arichat area
- really lacking an area to exercise in Arichat
- need for structured activities or events for individuals to come out and participate
- need a leader to show them what to do and how to do it
- Social aspect is very important. Fitness leaders are needed and required. Need to have someone to motivate individuals. Seniors probably wouldn't go on their own, but you need that leader to motivate.
- physical activity at home in the form of working around the home
- Leaders need to be trained and sensitive to the needs of seniors
- Municipality should look at supporting groups that are already organized. Sustainability to groups who do not have funds to continue
- registration fees are a barrier for many seniors
- advertise programs & services that is available to community

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- better health after becoming physically active
- increased energy
- Social aspect/ companionship
- organized and social activities motivate us to get out and participate
- work around the house and yard – mowing, gardening, winter wood (technology is having a negative effect ie – ride on mowers)
- Ice creeper (grips for footwear) for winter activity, if these could be made available for people
- great weather
- Leaders

4.) What things prevent you, your friends and your family from being physically active?

- Technology
- Isolation
- weather
- health – variety of health issues can prevent you- for example arthritis
- road safety – not safe to walk in rural community
- lack of facilities
- biking not safe on roads

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- More emphasis on walking trails b/c we can walk most everywhere and most other facilities in RA, people have to drive to
- the roads are in desperate shape, they are so bad that it is dangerous to walk
- education re: benefits of PA
- active transportation, where do we start in Richmond County with AT when are roads are in such desperate condition.
- we don't have the proper infrastructure for safe biking
- sidewalks have made a great difference in increasing pa in communities such as Louisdale & St. Peters, people drive to sidewalks to go for walks. "All communities' should have sidewalks"
- new walking track in Johnstown is being very well used, keeps you off the highway and safe.
- The tracks and trails need to be local for access and flat for all abilities
- for seniors on a fixed income \$5.00 a week for PA can be costly

6.) What could we do, or what suggestions would you have to improve communication with the community.

- inserts for bulletins
- Wed morning coffee in St. George's Channel – Gatherings like this are a good way to communicate
- insert into Reflections calendar or expansion of Richmond Reflections, reaching every home in Richmond County
- seniors especially require assistance with internet; some are comfortable with internet but most are not
- Face book
- Community Channel
- Newsletters
- Church Bulletins
- Flyers in Mail
- Posters
- Information at Bingo

Physical Activity Strategy – Focus Group Young Families July 22, 2009 11 Participants

The seventh focus group held at the La Picasse in Petit De Grat. 11 young mothers attended this focus group while their children attended a Tumble Bugs program with Family Place Resource centre.

1.) How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?

- great eco trail
- Positive and affordable surfing program at Pt. Michaud
- sidewalks are needed, off-road with strollers is difficult
- More RCMP coverage is required; cars drive too fast and make it difficult to walk safely. Parents don't feel it is safe for their children to ride their bikes or walk and seniors don't feel safe walking on the road.
- ball field (Petit de Grat) is not accessible; families should be able to use it to play with their children when it is not being used for baseball games, currently families are being told to leave the field.
- Playgrounds not accessible to preschoolers
- Adult equipment (outdoor) should be incorporated into the playgrounds so parents can be physically active with their children.
- They should have a pool in Richmond County
- Pace exercise equipment is not appealing to all individuals
- Nice Beach (Pondville) but required maintenance such as bridge and better parking, garbage cans required.
- Martinique Park needs to be kept up
- Hiking trails but many on public property (Cap Rouge)
- Richmond County recreation programs affordable
- Richmond Recreation day camps very affordable, would like to have them more often

2.) What physical activity opportunities would you like to see offered in the community?

- playgrounds designed for all ages ensuring accessibility for preschoolers
- pool centrally located in Richmond County, better access to swimming lessons and swimming year round also water exercises for seniors and adults
- above Gullivers was used in the past for PA, it could be used for PA opportunities such as kickboxing, aerobics, etc.
- Identified trails for people to use and maintenance of trails required
- Richmond Recreation day camps very affordable, would like to have them more often
- bike club

- running group
- running & walking leaders
- weight loss incentive programs for example “biggest loser” (groups for men and women)
- better promotion of PA events that currently exist
- newsletters to let people know what is going on, not just upcoming events but ongoing events
- More programs for preschoolers
- More programs for preschoolers with parents involved
- Step dancing, tap dancing, gymnastics for younger ages with parents involved
- Daytime programs to bring families together. Need opportunities for weekend PA, weekend programming.
- need for weekend & evening programs, especially when both parents are working

3.) What motivates you to be physically active or what would motivate you to become more physically active?

- More people and families out would encourage and motivate other families to get out and become physically active.

4.) What things prevent you, your friends and your family from being physically active?

- Playgrounds should be designed for children of all ages; most are geared toward the older child making them dangerous and not accessible for preschoolers.
- lack of weekend and evening programs
- energy
- weather
- time

5.) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- More unstructured activities
- safe places to ride bikes, walk, skip
- shared use of arena, arena used for PA in the summer, ice time needs to available more often, more family skates
- scheduling for working parents

6.) What could we do, or what suggestions would you have to improve communication with the community.

- Facebook
- Community Channel
- Church Bulletin
- Richmond Reflections
- Flyers in Mail
- Posters
- Distribute to children in school
- Information at Bingo
- Radio
- Branding

Public Meetings- Physical Activity Strategy *Wednesday August 26, 2009 Arichat*

Purpose of Meeting: to make residents aware of the strategy; The Who, What, Why, How.... To provide one of several opportunities to comment on, provide input... To affirm we're on the right track.

Colette developed and delivered a PowerPoint presentation - hit the highlights (130+ action plans)

Arichat – Three Females, Four Males (Two participants between the ages of 40-50, Two participants between the ages of 50–60, Three participants 60+)

Physical Activity Questionnaire *Wednesday August 26, 2009 Arichat*

- 1.) **How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?**
 - Poor
 - Accessible but not taken advantage
 - Very meager especially on Isle Madame, very discouraging for anyone wanting to be fit
 - Nil
 - The ladies in our area created our own physical activity, We established a gym in our community hall that we attend 3 times per week, it's been in existence about 5 years and still going strong. We have participants ranging in age from 19-75, 60% seniors

- 2.) **What physical activity opportunities would you like to see offered in the community?**
 - Public Pool
 - Baseball fields in all communities
 - More "free" physically active Items
 - Sidewalks or paved/gravel path along the road, better pavement, Gym and / or pool
 - Place to Walk, exercise classes
 - It would be nice to see inexpensive kayak rentals in the area with some guided tours put on by the county

- 3.) **What motivates you to be physically active or what would motivate you to become more physically active?**
 - Accessibility
 - Access & affordability
 - Participate in a group setting
 - Health and Aging
 - Better health

- We have a fitness club at the community hall, so when the other ladies go I like to go and workout. It's a social event. Also you feel much better when you're active, it reduces stress.

4.) What things prevent you, your friends and your family from being physically active?

- Accessibility
- Distance & funding
- Unavailable facility
- Lack of facilities – poor recreation dept.
- No availability of facilities
- Time, work, laziness and other activities

5) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- Affordability & Accessibility
- Facility & affordable
- See above, better recreation facilities & staff
- A facility with instructors

6.) Your comments, suggestions and words of wisdom for Richmond County's Physical Activity Strategy:

- More free activities
- "get to it, don't wait until I'm dead!!"
- Remember we are an aging population- In our community gym we do a walk in place program which lasts about 1 hour. All you need is a TV and a DVD player. It's very popular with our group.

The following were common themes generated by the group:

Schools

- community access to schools is a problem; people don't want to pay; only accessible certain hours (not convenient)
- we have to lug all of our exercise weights and equipment to schools and then lug it back home; there is no where to store it, not allowed to store at school
- if a school is closed early because of a storm and if the weather clears in the afternoon, it is still closed for community evening groups
- We use the school but you have to be out at a set time (8:15pm) so you have to get right at it, with less time for fun and socializing which is important for seniors; many seniors go home to an empty house.

Facilities

- I have to travel to Port Hawkesbury 3 times a week, over 2 hrs; we have to go off Island to exercise - to swim or find a walking track
- there is a lack of facilities in rural areas, and where they exist, access is an issue
- we need a facility here
- some facilities are only open limited hours, and if you work, they are not accessible. If schools were open...

- Martinique Park is underutilized and needs work
- Are you looking at facilities? We have some but they need improvement

Other

- there is a lack of support for dance as a physical activity but lots for hockey and ball and other sports
- cost is huge barrier even though your survey didn't reflect that

Public Meetings- Physical Activity Strategy

Thursday August 27, 2009 Louisdale

Purpose of Meeting: to make residents aware of the strategy; The Who, What, Why, How.... To provide one of several opportunities to comment on, provide input... To affirm we're on the right track.

Colette developed and delivered a PowerPoint presentation - hit the highlights (130+ action plans)

Louisdale Four Females, three Males (five participants ages 65+, two participants ages 50-60 yrs)

Physical Activity Questionnaire

Thursday August 27, 2009 Louisdale

- 1.) **How would you describe the availability of sport / recreation facilities and other physical activity opportunities in Richmond County?**
 - Good in St. Peter's but not too much in Grand River
 - Fair
 - If people want to be active, they could find a way, " I used to go from L'Ardoise to Sydney to do yoga"
 - Not Bad
- 2.) **What physical activity opportunities would you like to see offered in the community?**
 - Pickle ball, tennis, Darts
 - Basketball, walking
 - Pickle ball
 - A good walking trail as the road is so dangerous
 - Pickle ball, darts
- 3.) **What motivates you to be physically active or what would motivate you to become more physically active?**
 - To keep fit and keep the weight off

- I played sports all my life
- To stay healthy
- I like to meet up with other people of similar ability or lack of ability

4.) What things prevent you, your friends and your family from being physically active?

- Not much offered that interests but keeping active is the key
- My family is very active
- Busy schedule

5) What would help you, your friends and your family be physically active on a regular basis (most days of the week).

- Offer them to everyone and try and get as many as possible
- For me most days of the week
- A good walking group maybe

6.) Your comments, suggestions and words of wisdom for Richmond County's Physical Activity Strategy:

- This is a good start getting input from the people and to see what we can get going
- It's a good start, try to get more people aware of how healthy physical activity is and there is always time to do some
- Keep people informed

The following were common themes generated by the group:

Facilities

- we need somewhere to walk; the roads are so dangerous
- my daughter is disabled but we can't walk on the roads, its not safe
- we'd like to see more multi-use facilities... don't forget about the seniors
- my area has over 60% of the population of the County but a lot of people go to Port Hawkesbury for swimming, bowling, etc. A large segment can't get access to any of that here.

Schools

- we should go after the school to use in the community at no cost because we as tax payers are paying for it; schools are publicly funded and maintained facilities
- we don't expect schools to provide us with equipment but we need to use the facility
- West Richmond gymnasium might not be used a lot
- we also need to look at access to East Richmond

Other

- we need low impact aerobics in L'Ardoise
- the issue of using community centers is whether we have to pay the costs to heat it and pay to use it; it's a barrier
- once you get into it, its almost like an addiction - if you miss a week, you really miss it
- the reason why I'm here is to see where my organization - Club 55 - can fit
- Practitioners would rather fill out a prescription than suggest you begin walking.
- Thirty years ago, no one used a golf cart at Dundee, and if you did, you stood out. Now it's the other way and most don't walk the course.
- For our seniors, it would be nice to have a core group to try a program, to help motivate people to try something.

APPENDIX F:

*2008 IPSOS Reid Public Affairs Survey for
Richmond County*

APPENDIX F:

2008 IPSOS Reid Public Affairs Survey for Richmond County

[..I..I..IPSOS\Ipsos Reid Report for RichmondCounty - Municipal Recreation and Physical Fitness.pdf](#)

Appendix is also attached in council package as a separate file



APPENDIX G:
*Comprehensive List: Health Benefits of
Physical Activity*

Health Benefits of Physical Activity

(As adapted from "The Case For A Comprehensive Provincial Physical Activity Strategy", Alliance For Healthy Eating & Physical Activity, Nova Scotia, May 2009)

Children and Adolescents

Strong evidence

- Improved cardiorespiratory and muscular fitness
- Improved bone health
- Improved cardiovascular and metabolic health biomarkers
- Favorable body composition

Moderate evidence

- Reduced symptoms of depression

Adults and Older Adults

Strong evidence

- Lower risk of early death
- Lower risk of coronary heart disease
- Lower risk of stroke
- Lower risk of high blood pressure
- Lower risk of adverse blood lipid profile
- Lower risk of type 2 diabetes
- Lower risk of metabolic syndrome
- Lower risk of colon cancer
- Lower risk of breast cancer
- Prevention of weight gain
- Weight loss, particularly when combined with reduced calorie intake
- Improved cardiorespiratory and muscular fitness
- Prevention of falls
- Reduced depression
- Better cognitive function (for older adults)

Moderate to strong evidence

- Better functional health (for older adults)
- Reduced abdominal obesity

Moderate evidence

- Lower risk of hip fracture
- Lower risk of lung cancer
- Lower risk of endometrial cancer
- Weight maintenance after weight loss
- Increased bone density
- Improved sleep quality

APPENDIX H:

Glossary of Terms

Glossary of Terms

Access (or accessible) – Access is the ability or right to approach, enter, exit, communicate with, or make use of environments, facilities, programs, materials, and services. Access can be about offering solutions to geographic, financial, social, or other barriers. (Source: *A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia, Nova Scotia Department of Health 2005*)

Active transportation – Active transportation is any form of human-powered transportation. It is any trip made for the purposes of getting yourself, or others, to a particular destination – to work, to school, to the store or to visit friends. As long as it is “active”, you can choose the mode- walking, cycling, wheeling, in-line skating, and skateboarding.

http://www.phac-aspc.gc.ca/pau-uap/fitness/active_trans.htm

Active living – A way of life in which physical activity is valued and integrated into daily living. (Source: *Government of Canada 1992*)

Best Practice – Best Practices are interventions, programs/services, strategies, or policies which have demonstrated desired changes through the use of appropriate well documented research or evaluation methodologies. Population/community-based interventions spanning a variety of approaches aimed at health promotion, disease prevention and management related to chronic disease that have been informed by and result in evidence of effectiveness to inform decision-makers in practice, policy and research within a variety of settings. (Source: *The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, CBPI working group, Public Health Agency of Canada (2008).*)

Built environment – The arrangement of activities or land uses within community settings, and the nature of the physical connections between the places where we live, work and play. The built environment can impact the risks for heart disease and stroke and affects how we travel, how physically active we are, levels of air pollution and rates of overweight and obesity among Canadians. (Source: *McCann, Barbara et al. Measuring the Health Effects of Sprawl. Smart Growth America, September 2003.*)

Capacity building – Capacity building is the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It involves actions to improve health at three levels: the advancement of knowledge and skills among practitioners; the expansion of support and infrastructure for health promotion in organizations, and; the development of cohesiveness and partnerships for health in communities.

The competency of individual health promoters is a necessary but not sufficient condition for achieving effective health promotion. The support from the organizations they work within and work with is equally crucial to the effective implementation of health promotion strategies. At the organizational level this may include training of staff, providing resources, designing policies and procedures to institutionalize health promotion and developing structures for health promotion planning and evaluation. The scope of organizational capacity building encompasses the range of policies and partnerships for health promotion that may be necessary to implement specific programs or to identify and respond to new health needs as they arise. At the community level, capacity building may include raising awareness about health risks, strategies to foster community identity and cohesion, education to increase health literacy, facilitating access to external resources, and developing structures for community decision-making. Community capacity building concerns the ability of community members to take action to address their needs as well as the social and political support that is required for successful implementation of programs.

Chronic Disease Prevention – General Chronic Disease Prevention- Chronic Disease: any disease that is long lasting or permanent. In practice, chronicity is often defined as an illness episode of 6 weeks' duration or more, but this is misleading if a prolonged illness of finite duration, is placed in the same category as a

long-term disease or disorder that does not eventually resolve or respond to treatment but gets worse, such as multiple sclerosis. (Last, John. *A dictionary of Public Health*. Oxford University Press. New York, New York. 2007)

Disease prevention – Disease prevention covers measures not only to prevent the occurrence of disease, such as *risk factor* reduction, but also to arrest its progress and reduce its consequences once established. (Reference: adapted from *Glossary of Terms used in Health for All series*. WHO, Geneva, 1984)

Disparity – Difference(s) in health status that occur among population groups defined by specific characteristics. For policy purposes, the most useful characteristics are those consistently associated with the largest variations in health status. The most prominent factors in Canada are socio-economic status, gender, geographic location, and aboriginal identity. (Source: Adapted from PHAC)

Diversity – Differences among people, as individuals or groups. Diversity includes difference in age, abilities, culture, ethnicity, gender, physical characteristics, religion, sexual orientation, values, etc. (Source: *A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia*, Nova Scotia Department of Health 2005)

Evaluation – The *Dictionary of Epidemiology* defines evaluation as "a process that attempts to determine as systematically and objectively as possible the relevance, effectiveness, and impact of activities in light of their objectives." Ruapehu's Physical activity Strategy, 2007 defines evaluation as a periodic, in-depth analysis of programme performance. It relies on data generated through monitoring activities as well as information obtained from other sources (e.g., studies, research, in-depth interviews, focus group discussions, surveys etc.). Evaluations are often but not always conducted with the assistance of external evaluators.

Exercise – A form of leisure-time physical activity that is planned, structured, repeated, and enjoyable. Its main objective is to improve or maintain physical fitness.

Health outcomes – A change in the *health status* of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change *health status*.

Health promotion – Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. (Reference: *Ottawa Charter for Health Promotion*. WHO, Geneva, 1986)

Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action.

The **Ottawa Charter** identifies three basic strategies for health promotion. These are advocacy for health to create the essential conditions for health indicated above; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health. These strategies are supported by five priority action areas as outlined in the Ottawa

Charter for health promotion: ♦Build Healthy Public Policy ♦ Create supportive environments for health ♦Strengthen community action for health ♦ develop personal skills ♦ re-orient health services

Health Promoting Schools – “A health promoting school can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working.” (Source: *Promoting health through schools. Report of a WHO Expert Committee on Comprehensive School Health Education and Promotion. WHO Technical Report Series N°870. WHO, Geneva, 1997*)

- ❖ Towards this goal, a health promoting school engages *health* and education officials, teachers, students, parents and community leaders in efforts to promote health. It fosters *health* and learning with all the measures at its disposal, and strives to provide *supportive environments for health* and a range of key school *health education* and promotion programs and services. A health promoting school implements policies, practices and other measures that respect an individual's self esteem, provide multiple with implementation opportunities for success, and acknowledge good efforts and intentions as well as personal achievements. It strives to improve the health of school personnel, families and community members as well as students, and works with community leaders to help them understand how the *community* contributes to *health* and education.

Hypertension – Syn: high blood pressure. This very common condition is often associated with stress of occupational or emotional origin, but in the common form called essential hypertension, its causal mechanism is incompletely understood. However, low birth weight, obesity, emotional stress, physical inactivity, and age-related hardening of the arteries have been clarified by much research throughout the past century. Normal adult blood pressure is 90 to 135mm Hg diastolic. Blood pressure greater than 140/90mm Hg is considered hypertensive. Untreated hypertension tends to get worse and carries a high risk of complications, including stroke, heart attack, and retinal and renal damage. If detected early, hypertension generally responds well, often to nonpharmacological regimens, such as yoga and exercise, as well as to antihypertensive medication. (Source: *Last, John. A dictionary of Public Health. Oxford University Press. New York, New York.2007*)

Lead Agency- Lead agencies will assume responsibility for promoting the action plans, identifying and encouraging others to play an active role and monitoring progress with implementation. Lead agencies may or may not secure staff and other resources required for implementation. (Source: *HRM Physical Activity Strategy, 2009*)

Monitoring - Ruapehu's Physical activity Strategy, 2007 defines monitoring as continuously tracking performance against what was planned by collecting and analyzing data on the indicators established for monitoring and evaluation purposes. It provides continuous information on whether progress is being made toward achieving results (outputs, outcomes, and goals) through record keeping and regular reporting systems.

Population health – Population health aims to improve health inequalities among population groups by examining and acting upon a broad range of factors and conditions that determine health. The main interventions used by population health are *societal-level policies* affecting the health of entire populations (e.g., increasing tobacco taxes). The impact of these policies is monitored through the use of large-scale data sets. Unlike health promotion, population health does not place as much emphasis on strategies promoting individual and community level change, such as education, organizational change and community mobilization.

Quality Daily Physical Education - The Canadian Association of Physical Education, Health, Recreation and Dance defines QDPE as a well-planned school program of compulsory physical education provided for a minimum of 30 minutes each day to all students (Kindergarten to grade 12) throughout the school year. A QDPE program includes:

- Daily curricular instruction for all students (K-12) for a minimum of 30 minutes.
- Well planned lessons incorporating a wide range of activities.
- A high level of participation by all students in each class.
- An emphasis on fun, enjoyment, success, fair play, self-fulfillment and personal health.
- Appropriate activities for the age and stage of each student.
- Activities which enhance cardiovascular systems, muscular strength, endurance and flexibility.
- A participation based intramural program.
- Qualified, enthusiastic teachers.
- Creative and safe use of facilities and equipment.

Recreation - In the 1987 National Recreation Statement approved by Ministers at their national meeting recreation is defined as all of those activities in which an individual chooses to participate in his leisure time and is not confined solely to sports and physical recreation programs but includes artistic, creative, cultural, social and intellectual activities <http://lin.ca/Files/4467/statemen.htm>

Social marketing – Social marketing is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the behaviour of target audiences in order to improve the welfare of individuals and society. Social marketing strategies are concerned firstly with the needs, preferences and social and economic circumstances of the target market. This information is used to ensure the most attractive benefits of a product, service or idea are offered and to address any barriers to the acceptance of that offering. Communicating with target market members about the relative advantages of what is offered is one element of social marketing, but also important are addressing issues of price, access, environmental support and the marketing of competing products. Effective social marketing, therefore, may include efforts to address the economic and regulatory environment. Success of a social marketing strategy is determined by its contribution to the well-being of the target market or society as a whole. (Source: Maibach E.W., Rothschild M.L., Novelli W.D. (2002) *Social marketing*. In Glanz K., Rimer B.K., Lewis F.M. (Eds.). *Health Behaviour and Health Education: Theory, Research, and Practice 3rd edition* (Jossey Bass, San Francisco, CA)

Sport – A form of leisure-time physical activity that is planned, structured, and either co-operative or competitive that can be enjoyed as an individual or on a team. (Source: PHAC) Sport's main objective is to improve skills, performance, and/or fitness. These objectives can be contested by personal goals, or a game, match, race, or other form of an event. Sport often includes specialized equipment and rules or standards. For the purposes of physical activity interventions such as this strategy, the term does not refer to motorized sports or games with no physical energy expenditure (e.g., game cards, finger-operated video games).

APPENDIX I:

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