

**Nearly 60% of Torontonians are not physically active  
and the percentage is steadily increasing...**

# **TIME TO GET ACTIVE! TORONTO!**







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# GET ACTIVE TORONTO REPORT ON PHYSICAL ACTIVITY

## Executive Summary

### Total Population

#### The overall picture

Six in ten Torontonians aged 12 and over are inactive during their leisure time. Inactivity in Toronto is higher than the national average for men and women of all ages, and has increased since 2005.

Torontonians say their top motivator for physical activity is staying healthy. Across social groups, the most frequently cited barrier to physical activity is a lack of time.

Few Torontonians walk or cycle to work, but over the past decade there have been small increases in the percentage of people who do so.

#### Variations among groups

Activity levels are substantially lower for the immigrant population. Notably, much of the difference disappears in the second generation. Like other Torontonians, immigrants and people with low incomes cite a lack of time as their top barrier to greater activity. But these groups are more likely than average to cite social isolation and feelings of embarrassment or intimidation as barriers to activity.

Neighborhoods with low average incomes and high proportions of immigrants are the least likely to be physically active. Many of these neighbourhoods offer limited access to recreational spaces.

Large majorities of people with disabilities see physical activity as important, and two-thirds have made use of city recreational spaces in the past year. This group's top suggestion for service improvement is more disability awareness training for staff.

Most Toronto workers have access to facilities for physical activity at or near work. Those without access to such facilities are much less active than those with access.

#### Children and Youth

- Four in ten youth aged 12 – 19 in the GTA are inactive
- Youth inactivity in Toronto is higher than the provincial average, and has increased since 2005
- Sports programs in schools are experiencing promising growth, but majorities of students from grade 7 to 12 say they participate in no sports at all (neither at school nor elsewhere)

“Screen time” is an important correlate of activity levels; Toronto teens spend nearly 18 hours weekly watching TV or using a computer, about the same as teens in Ontario as a whole.

Some social groups are especially inactive. These groups include girls, children of low-income parents and children of immigrants.



## Get Active Toronto

Get Active Toronto is dedicated to mobilizing groups in Toronto that want to build a healthier city. Our goal is to provide these groups with information that will help them dismantle the barriers to physical activity. We believe that our community leaders have a responsibility to ensure that everyone in Toronto has the same chance for a healthy, satisfying life. We believe collaboration among the business, government, and non-profit sectors is vital to creating these conditions—and we look forward to catalyzing and supporting this important work.

## The Importance of Being Active

Active living is a key to a healthy, prosperous city. When our communities are active, everyone benefits:

- individuals and families enjoy better, longer lives
- the economy functions better, powered by healthy workers
- our health services operate more smoothly because fewer people require care for inactivity-related illnesses
- the social fabric of our neighbourhoods is strengthened as residents play together and enjoy shared spaces

When our communities are inactive, they place a drag on our economy and public services—but individuals suffer most. In 2008/7, 8% of the population of Toronto reported having diabetes, higher than the 6.2% for the province as a whole. Rates of diabetes have been increasing since 2003, when the rate in Toronto was 4.9%.

In 2008, 44% of the Toronto population aged 18 and over reported they were either overweight or obese. The level had remained fairly constant over the previous five years. Although high, the level for Toronto was lower than the level for Ontario as a whole (52%). In 2008, 19% of the population aged 12-17 reported they were overweight or obese, about the same level as for Ontario as a whole.

People who are physically inactive are twice as likely (compared to the moderately active) to develop

coronary heart disease, the leading cause of death and disability. Physically inactive Canadians are 60% more likely to suffer from osteoporosis and 40% more likely to experience a stroke, hypertension, colon cancer, or type 2 diabetes.

## Why Measure Physical Activity?

Rates of active recreation are an important sign of how healthful our lifestyles are today—and how healthy our population is likely to be in the years to come.

Get Active Toronto is proud to release this report on physical activity in our community; we believe it will be a valuable resource to anyone committed to building a healthier Toronto. Although many organizations are working to promote active living in our city, a lack of performance indicators sometimes hinders their ability to target their efforts effectively.

Understanding how physical activity varies across different parts of our community—such as different geographic areas or age groups—is an important step toward ensuring that every Torontonian has the same opportunities to achieve the physical, mental, and social benefits of active living.

Measuring and analyzing our physical activity levels helps governments and community agencies determine the most effective ways to encourage the active lifestyles that lead to improved health, productivity, and a higher quality of life for everyone.

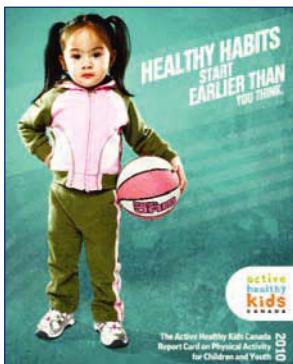


## Indicators

An indicator is a way of measuring physical activity, its enablers or barriers. Put another way, some indicators are direct measures of physical activity while others are indirect factors that either facilitate or hinder physical activity participation. The illustration on page 4 illustrates the relationship between physical activity and its influences.

## Active Healthy Kids Canada

This framework is based on one developed by Active Healthy Kids Canada for its annual Report Card on Physical Activity for Children and Youth. The issue of data comparisons between the two reports is dealt with in the Rating section. The Report Card is national in scope, examining data on the physical activity of children and youth from across the country. Since its inception in 2005, there has been a growing interest to better understand the characteristics of physical activity for children and youth at a municipal/regional level. The annual Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth can be accessed at [www.activehealthykids.ca](http://www.activehealthykids.ca).



## Rating

For each indicator, ratings are given to contributing components of red, yellow or green. These rates will be compared (where relevant) against the benchmark indicated by the Active Healthy Kids Canada Report Card and other sources:

- R** Red indicates a serious concern as determined by one or more of the following:
- Compares negatively to the national average
  - The problem is increasing in severity
  - Multiple barriers are at work; change will require focused effort

**Y** Yellow indicates a warning as determined by one or more of the following:

- At the National average
- No evidence of positive change over time
- Possible emergence of negative trend

**G** Green indicates success as determined by one or more of the following:

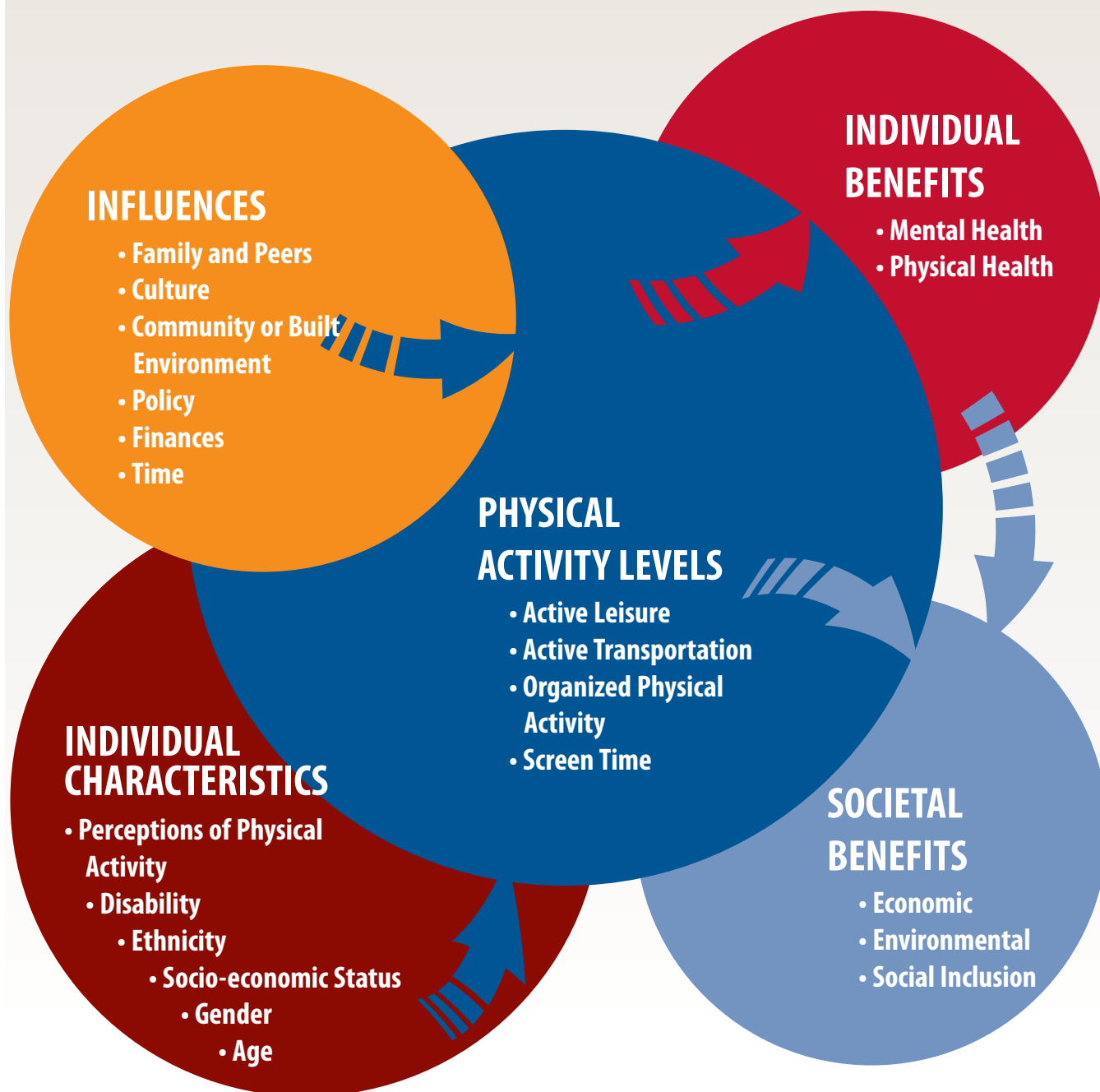
- Significantly better than the national average
- Notable improvement over time
- Focused efforts are producing positive results

**INS** INS indicates insufficient data to provide a benchmark at this time.





# Physical Activity Framework

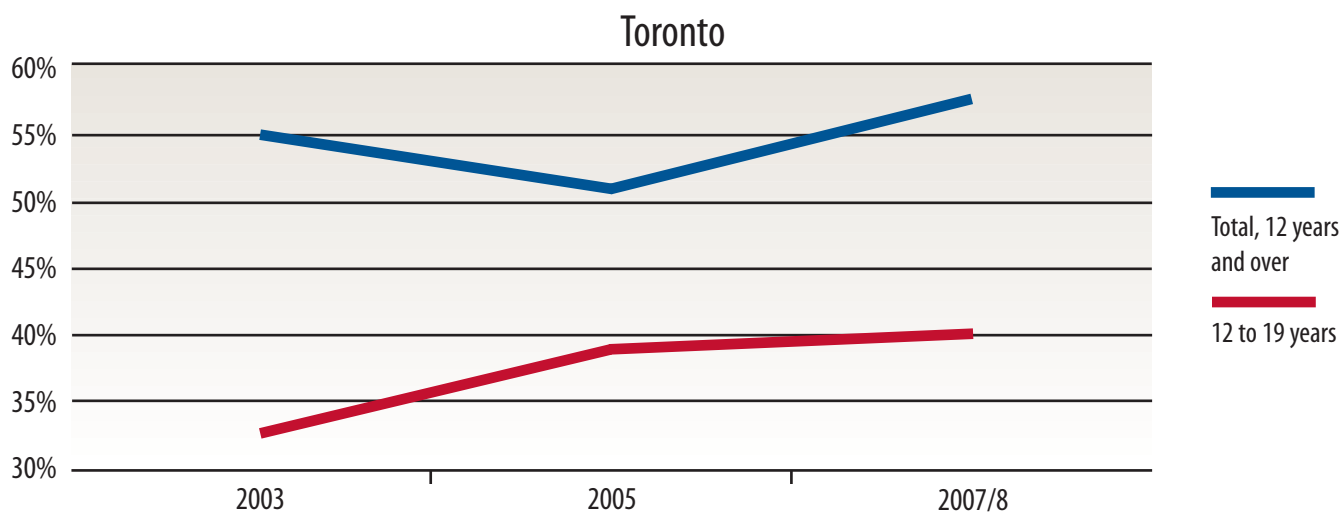
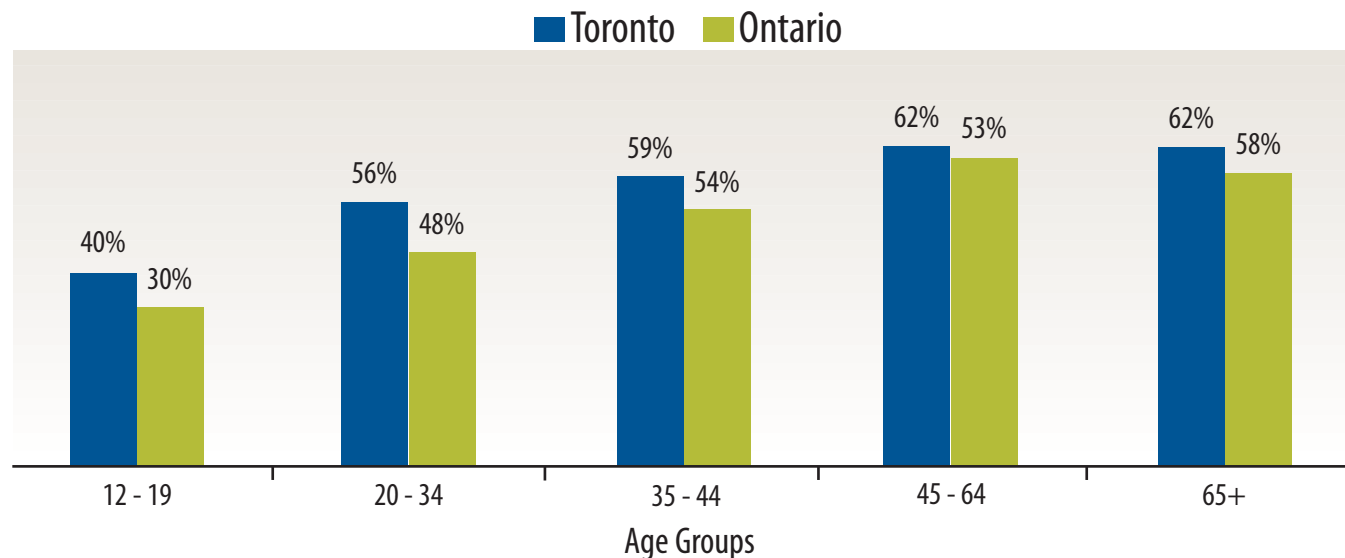
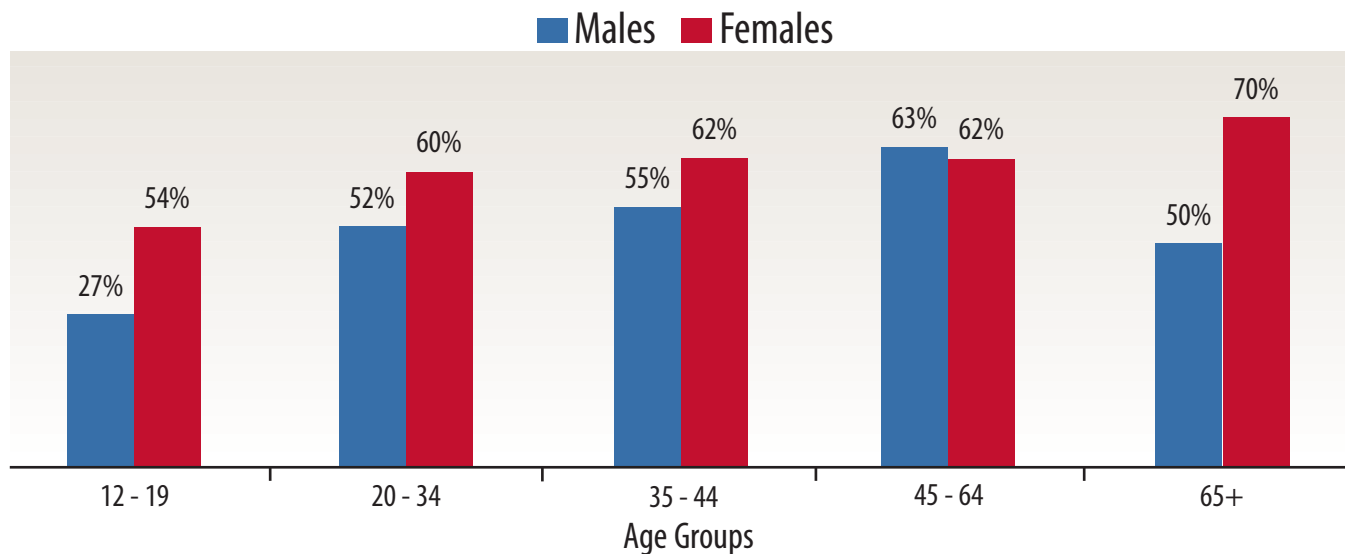


CHILDREN & YOUTH	Component	Rating	Summary
Physical Activity & Inactivity	Physical Activity Levels	R	In 2007/8, four in ten Torontonians aged 12 to 19 were inactive—and girls of this age were especially inactive (53.5%). Inactivity among Toronto teens is higher than both the provincial and national averages (about 3 in 10 in each case) and is more prevalent today than it was in 2003, when 33% of 12- to 19-year-olds were inactive.
	Screen Time	R	In 2007/8, the average 12- to 19-year-old in Toronto spent 19.1 hours per week in front of a computer (10.8 hours) or television (8.3 hours) screen. These numbers are roughly in line with the national average, but this remains a concern.
	Sports Participation	Y	Parents report that nearly a quarter (23%) of children in kindergarten to grade six never or rarely play sports; an additional 19% participate only occasionally.
		Y	Despite declining enrolment rates in the Toronto District School Board (TDSB) elementary schools, the number of athletic participants increased from 70,300 to 85,600 from 2005/6 to 2008/9 and 800 new sports teams were formed during the same period.
		R	Most students in grades 7 and 8 say they do not participate weekly in sports either at school (62%) or after school (56%). Students in grades 9 to 12 are even more likely to say they do not participate at school (75%) or elsewhere (67%).
		Y	Despite declining enrolment in TDSB secondary schools, from 2005/6 to 2007/8 there were increases in number of athletic teams (from 2,500 to 3,000) and athletic participants (from 30,200 to 32,300).
	Active Transportation	Y	Between 1986 and 2006, declining proportions of students aged 11 to 13 walked or cycled to school (down from 57% to 49%) or back home (down from 60% to 56%).
		Y	During the same period, declining proportions of students aged 14 to 15 walked or cycled to school (down from 39% to 33%) or back home (down from 43% to 39%).
Culture, Demographics & Attitudes	Migrant and Ethnocultural Groups	INS	Half (50%) of visible minority students in grades K through 6 participate in extracurricular sports, as compared to 70% of their non-visible minority counterparts.
		INS	Immigrant youth aged 12 to 19 are more likely to be inactive (43%) than are their Canadian-born counterparts (39%).
	Socio-economic Factors	INS	Overall, activity rates are highest for Torontonians with high levels of income and education. For students in grades K through 6, parents' income and education levels affect participation rates.

ADULT POPULATION	Component	Rating	Summary
Physical Activity & Inactivity	Physical Activity Levels	R	In 2007/8, most Torontonians (57%) over the age of 12 were inactive. Toronto's rate of inactivity is higher than the national average of 50% and has risen six points since 2005.
	Screen Time	Y	In 2007/8 the average Torontonian aged 12 or older spent 16.3 hours per week in front of a computer (6.3 hours) or television (10.0 hours) screen outside of work or school.
	Active Transportation	G	Between 1999 and 2009, the proportion of Torontonians who bicycle grew from 48% to 54%. The proportion who used cycling for transportation to work, school or to go shopping grew from 20% to 29%.
		G	Between 2001 and 2006, employed Torontonians who usually travel to work on foot increased from 6.4% to 7.1%. Those who usually get to work by bike went up from 1.3% to 1.7%.
Influences & Attitudes	Socio-economic & Ethnocultural Factors	INS	People with low incomes and levels of education are the least physically active. When asked why they are inactive, these groups most often name a lack of time as a factor—but they are more likely than others to name social isolation or feeling embarrassed or intimidated.
		INS	Inactivity is more common among immigrants (64%) than among Canadian-born Torontonians (49%).
	Neighbourhoods	INS	In general, physical activity rates are lowest in neighbourhoods with low average incomes, and in neighbourhoods with limited access to parks, schoolyards, and recreational spaces.
		INS	Residents in the east and northeast areas of Toronto report the lowest levels of physical activity; residents of the northeast also have the highest rates of diabetes.
	Attitudes	INS	When Torontonians describe their reasons for being physically active, they most often cite staying healthy (43%), enjoyment (22%), being fit or in shape (21%), or losing or controlling their weight (9%).
		INS	When inactive Torontonians explain their inactivity, the most commonly cited reasons are lack of time (45%), lack of willpower (20%), physical discomfort (12%), or feeling socially isolated (8%), intimidated (8%), or embarrassed (7%).
		INS	Most Torontonians with disabilities see active recreation as very important (55%) or important (39%).
Community & Built Environment	Workplaces	INS	Seven in ten Toronto workers (72%) have access to gyms, playing fields, or other outdoor spaces that enable physical activity at or near work. Nearly half of all workers have access to a gym at or near work. Those without access to such facilities at or near work are significantly less likely to be active.
	Accessibility	INS	About two-thirds (63%) have visited an outdoor recreation site in the past year. Among people with disabilities, the top suggestions for service improvement relate to increased disability awareness training and experience for staff.
	Programs & Courses	INS	Toronto offered nearly 50,000 physical activity courses in 2008. Eight in ten of the 327,000 registrants for these courses were under the age of 25. Swimming, sports, fitness, and skating were the most popular programs.
		INS	In 2008, Toronto Parks and Recreation offered 8,500 courses (a third of them free) in the city's priority neighbourhoods. Registration for neighbourhood courses increased 23% from 2000 to 2008.
		INS	The YMCA of Greater Toronto currently has 48,598 members at the four Health, Fitness and Recreation centres in the city. Of these, 11,907 memberships are financially assisted (24%) and 19,889 have family rate memberships (40.9%). The YMCA GTA offers a wide range of programs in health and recreation at four major facilities in the city. Over the period 2007-09, average daily usage at these facilities increased by 14 %.



## Percent of Population Inactive During Leisure Time, Toronto, 2007/8



Source: Statistics Canada, Canadian Community Health Survey

## Community Snapshots

### Toronto Wheelchair Basketball Club

The Toronto Wheelchair Basketball program started as a pick-up program run in partnership by ParaSport Ontario, Ontario Wheelchair Sports Association and Bloorview Kids Rehab. For children with a disability, especially a recently injured child, getting involved in a new sport can be a very intimidating process of going to a new place, meeting new people and trying out new sporting equipment. For these, as well as other reasons such as lack of equipment and program awareness, many children do not become engaged in sport or physical activity post-discharge. The aforementioned organizations decided to eliminate these barriers to physical activity by running a drop-in program right at Bloorview Kids Rehab. Bloorview Kids Rehab supplies the sport-specific wheelchairs, and to get the program up and running, ParaSport Ontario and Ontario Wheelchair Sports provided skill development sessions by athlete and coach ambassadors to introduce the children to the sport and help them become comfortable with their basketball skills.

The drop-in program was such a success, with over a dozen children coming out on a regular basis, that organizers decided to make the program into a proper club so the participants could feel like a team and work towards competing in the future. The program then entered ParaSport Ontario's Community Development program, funded by the Ontario Trillium Foundation. This consultation program is currently working with the Wheelchair Basketball program to become an official club. Coaches have been recruited and they are in the midst of forming an Executive Committee with governance, an official name and logo, and plans for fundraising, sponsorship and marketing.

### York University's Pre-Diabetes Detection and Physical Activity Intervention Delivery Project (PRE-PAID)

Drawing on the collaborative efforts of a number of researchers from various academic disciplines (physiology, epidemiology, psychology) at York University's Physical Activity and Chronic Disease Unit in the School of Kinesiology and Health Science, and funded by the Ontario Ministry of Health Promotion and the Ontario Trillium Foundation, PRE-PAID examines the effectiveness of screening/prevention and community-based interventions on the prevention of Type 2 diabetes. Data from 2007 that mapped diabetes in the City of Toronto and GTA demonstrated that there are some neighborhoods of the city that are at very high risk for developing Type 2 diabetes and that these neighborhoods are typically the most challenged financially and socially. PRE-PAID researchers

recognized that if intervention through physical activity can occur with individuals who are pre-diabetic, there is a very good chance of preventing those individuals from having overt diabetes and cardio-vascular disease. Focusing on high-risk ethno-cultural populations (Chinese, South Asian and African/African-Caribbean) in these high-risk neighborhoods, PRE-PAID worked to both screen community members for pre-diabetes and then introduce culturally relevant community-based physical activity.

Exercise programs were facilitated by York University students who hold Certified Exercise Physiology designations and who come from the ethno cultural communities under study, and were held in areas that are very accessible to community members (e.g., community centres, churches, exercise centres within apartment complexes, etc.). Working with community leaders and health agencies (e.g., the Black Creek Community Health Centre) to recruit participants and achieve community buy-in, PRE-PAID endeavours to motivate behaviour change through free, easy-to-access, and culturally relevant and socially acceptable physical activities (e.g., Bollywood dance, line dancing, bocce, badminton) led by multicultural facilitators.

### Toronto Public Health's (TPH) Active and Safe Routes to School (ASRTS)

ASRTS is a collaborative initiative between families, schools and the community. This community approach helps to ensure children's safety when actively traveling to and from school. Community support for Active & Safe Routes to School includes TPH, Toronto Transportation Services, Toronto Police Service and Green Communities Canada.

The Active & Safe Routes to School initiative provides a number of tools, resources and activities from which schools may choose. Schools can then tailor these activities to develop a program that best meets their needs. It also provides an opportunity to try different elements of the program which can lead to a formal walking program and the variety of environmental supports that need to be in place for children to actively and safely walk to schools. The ultimate goal of the program is to have more children and families walking to and from school. Seventy-nine (79) schools were involved in the program in the 2008 to 2009 school year.

**For more community snapshots, please visit:**  
**[www.getactivetoronto.com](http://www.getactivetoronto.com)**

## Research & Data Gaps

### In the years to come, our priorities are to:

- Identify a core set of indicators that can be measured and reported annually
- Research various measures of physical activity to identify strengths, weaknesses and gaps, in particular informal physical activities that might not usually be measured
- Research measures of activity for pre-school age population
- Gather more information on students' and adults' attitudes toward

physical activity in order to understand what might motivate them to do more

- Deepen our understanding of barriers to increased activity for specific groups, including young women, recent immigrants and their children, and low-income groups
- Make better use of administrative program data from major programs to track and analyze activity patterns
- Continue research and analysis on spatial and neighbourhood patterns of physical activity building on earlier studies (e.g. Diabetes, CIHI)



# Data Sources for Report

The data findings in this report are derived from a variety of data sources. Most of the data on levels of physical activity are derived from the large Statistics Canada Canadian Community Health Survey. Other large scale data sources were the 2006 national Census and censuses of students in the Toronto Board of Education. Small local surveys also provided attitudinal data.

Administrative data from the City Of Toronto and the YMCA GTA provided program usage data. Finally a number of published research studies provided information. A more detailed list of all data sources is provided at [www.getactivetoronto.com](http://www.getactivetoronto.com)

## A. LARGE SURVEYS/CENSUS

1. Canadian Community Health Survey (Surveys done in 2003, 2005 and 2007/08; 2007/08. (For Toronto Ages 12-19 was 461; Ages 12+ 4415)
2. 2006 Census
3. Toronto District School Board Student Census Survey 2006: Grades 7-8 and Grades 9-12
4. 2008 Toronto District School Board Parent Census Survey 2008: Kindergarten to Grade 6

## B. LOCAL SURVEYS

5. City of Toronto 2009 Recreation and Physical Fitness Municipal Survey (Ipsos Reid)
6. City of Toronto Cycling Study Tracking Report (1999 and 2009) (Ipsos Reid)

7. 2009 Environics Survey Module for Get Active Toronto
8. Getting Services Right for Torontonians with Disabilities: Demographics and Service Delivery Expectations. 2006 Survey done for Toronto Parks, Forestry and Recreation

## C. ADMINISTRATIVE PROGRAM DATA

9. Toronto District School Board Student administrative data
10. Toronto Parks, Forestry and Recreation administrative program data
11. YMCA GTA program data

## D. OTHER STUDIES

12. Physical Activity and Diabetes, Chapter 7 in Neighbourhood Environments and Resources for Healthy Living—A Focus on Diabetes in Toronto, ICES Atlas. Toronto: Institute for Clinical Evaluative Sciences; 2007.
13. "Active school transportation in the Greater Toronto Area, Canada: An exploration of trends in space and time (1986–2006)" Ron N. Buliung, Raktim Mitra, Guy Faulkner, Journal of Preventive Medicine, 2009. Data derived from Transportation Tomorrow Survey (TTS)
14. Toronto's Vital Signs® 2009 Toronto: Highly Desirable but Seriously Unaffordable

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