

Physical Activity (Age 18 and Older)

Name	Physical Activity (Age 18 and Older)
Short/Other Names	Not applicable
	The percentage of the population age 18 and older who reported being physically active
Description	Being physically active for adults is defined as participating in at least 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week, in bouts of 10 minutes or more. Moderate exercise is defined as an activity that causes a person to breathe harder and sweat at least a little.
Interpretation	High results are desirable.
HSP Framework Dimension	Social Determinants of Health: Biological, material, psychosocial and behavioural factors
Areas of Need	Not applicable
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Indicator Results	Accessing Indicator Results on Your Health System: In Depth

Identifying Information

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Indicator Description and Calculation

The percentage of the population age 18 and older who reported being physically active

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Calculation: Description Population age 18 and older considered physically active divided by the total population age 18 and older. Population estimates are based on weighted survey responses to reflect the total population.

Calculation: Geographic Assignment Place of residence

Calculation: Type of Measurement Percentage or proportion

Calculation: Adjustment Applied None

Calculation: Method of Adjustment Not applicable

Description:

Denominator Population age 18 and older (based on weighted survey responses)

Exclusions:

Non-response categories (refusal, don't know and not stated) are excluded as of 2009.

Description:

Numerator Population age 18 and older who are physically active (based on weighted survey responses)

Background, Interpretation and Benchmarks

The health benefits of physical activity include a reduced risk of ill health and premature death. In particular, studies have found that physical activity reduces the risk of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress and anxiety, and prolongs independence in those who are older. The economic impact of physical inactivity can be substantial. A 10% reduction in the prevalence of physical inactivity has the potential to reduce direct health care expenditures by \$150 million a year.

Rationale

Monitoring trends in prevalence of physical activity is important for understanding population health risks and for planning and evaluating policies and programs for the promotion of physical activity. The Active 2010 strategy is just one example of a multi-faceted approach by the Ontario government that involves government leadership and stakeholder participation in order to continue development of amateur sport and increase physical activity rates within the province.

Interpretation High results are desirable.

HSP Framework Dimension Social Determinants of Health: Biological, material, psychosocial and behavioural factors

Areas of Need	Not applicable
Targets/Benchmarks	Not applicable Chen J, Millar WJ. <i>Starting and sustaining physical activity. Health Reports.</i> 2001. Katzmarzyk PT, Janssen I. <i>The economic costs associated with physical inactivity and obesity in Canada: An update. Canadian Journal of Applied Physiology.</i> 2004.
References	Statistics Canada. <i>Health trends.</i> Accessed September 16, 2016. Public Health Agency of Canada. <i>Physical activity.</i> Accessed September 16, 2016. Statistics Canada. <i>Canadian Community Health Survey — Annual component (CCHS).</i> Accessed January 22, 2018. Canadian Research Data Centre Network. <i>The Canadian Community Health Survey: What's New in the 2015 Cycle?</i> [PPT presentation]. January 25, 2017.
Availability of Data Sources and Results	
Data Sources	CCHS, Statistics Canada, Statistics Canada. CANSIM Table 105-0509: Canadian health characteristics, two year period estimates, by age group and sex, Canada, provinces, territories and health regions. Type of Year: Calendar
Available Data Years	First Available Year: 2015 Last Available Year: 2016
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region
Result Updates	
Update Frequency	Every year
Indicator Results	Web Tool: Your Health System: In Depth URL: Accessing Indicator Results on Your Health System: In Depth
Updates	Not applicable
Quality Statement	This indicator is calculated based on 2 years of pooled data from 2015 and 2016. Data for the Canadian Community Health Survey (CCHS) is collected yearly from a sample of approximately 65,000 respondents. CANSIM Table 105-0509 presents estimates from 2-year combined data and features estimates for all provinces and territories as well as for health regions. The 2-year combined data has higher precision (less variability) than annual estimates; annual CCHS estimates are not available at the health region level. Some values have data quality flags that indicate "use with caution" or "suppressed" due to high coefficients of variation: health regions with small populations and results disaggregated by age group or sex within small regions.
Caveats and Limitations	The CCHS covers the population age 12 and older living in the 10 provinces and 3 territories. Excluded from the survey's coverage are the following: –Persons living on reserves and other Aboriginal settlements in the provinces –Full-time members of the Canadian Forces –Children age 12 to 17 living in foster care –The population of institutionalized persons –Persons living in 2 Quebec health regions: Nunavik Region and Terres-Cries-de-la-Baie-James Region Altogether, these exclusions represent less than 3% of the Canadian population age 12 and older.
Trending Issues	As a result of a redesign in 2015, the CCHS has a new collection strategy and sample design. For this reason, Statistics Canada does not recommend making comparisons with CCHS data from 2001 to 2014. Prior to the 2015 CCHS, physical activity was reported based on physical activity during leisure time for the population age 12 and older. Data for Ontario's local health integration networks and British Columbia's regional health authorities was received from Statistics Canada through custom tabulation requests:
Comments	Source: Statistics Canada. Selected CCHS Indicators for Ontario by Local Health Integration Network, 2015–2016. February 27, 2018. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada. Source: Statistics Canada. Selected CCHS Indicators for British Columbia by Regional Health Authority, 2015–2016. March 12, 2018. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada.