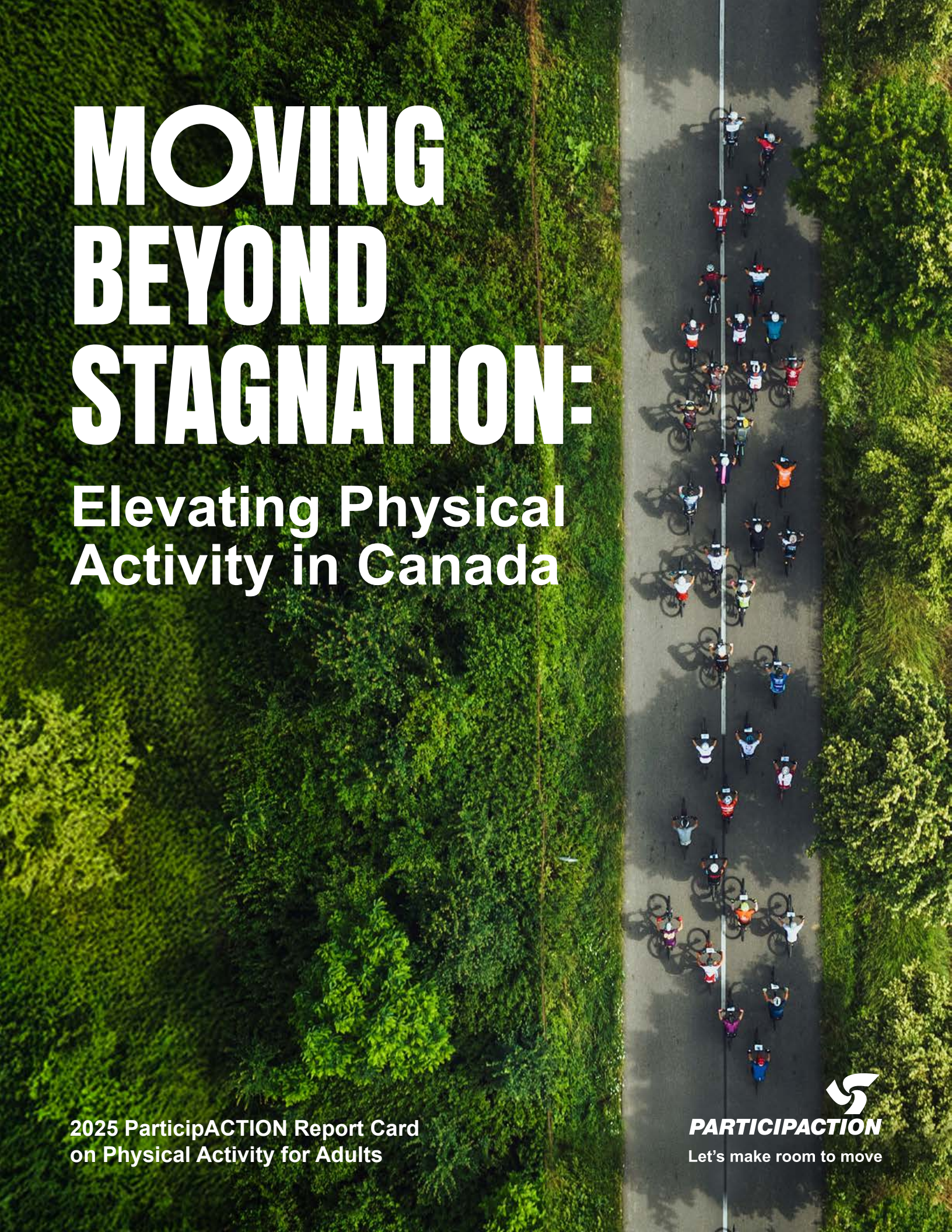

# MOVING BEYOND STAGNATION:

## Elevating Physical Activity in Canada

2025 ParticipACTION Report Card
on Physical Activity for Adults

PARTICIPACTION
Let's make room to move

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## About the ParticipACTION Report Card on Physical Activity for Adults

ParticipACTION is a national non-profit organization that inspires and supports Canadians to make physical activity a vital part of their everyday life. As Canada's premier physical activity brand, ParticipACTION works with its partners, which include organizations in the sport, physical activity and recreation sectors, alongside government and corporate sponsors, to help Canadians reduce sedentary time and move more through innovative engagement initiatives and thought leadership.

The ParticipACTION Report Card on Physical Activity for Adults is the most comprehensive assessment of adult physical activity in Canada. It summarizes data from many sources, including the best available peer-reviewed research, to assign evidence-based grades across 17 indicators. Together, the indicators provide a complete and strong assessment of how Canada is doing as a country when it comes to promoting and facilitating physical activity among adults.

ParticipACTION's strategic and content partner, the *Sedentary Living Lab at the University of Alberta*, played a critical role in the research, development and communication of the 2025 Adult Report Card.

Canadian Fitness and Lifestyle Research Institute

ParticipACTION also extends special thanks to our strategic data partner, the Canadian Fitness and Lifestyle Research Institute (CFLRI).

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The 2025 ParticipACTION Adult Report Card and supporting resources are available online in English and French.

### Help us do our job better

The 2025 ParticipACTION Adult Report Card is based on the best available data, primarily from the previous two calendar years and earlier years where necessary. If you have data that could inform future grades for one or more indicators, please contact ParticipACTION at info@participaction.com.

### Date of publication:

November 19, 2025

# MOVING BEYOND STAGNATION: ELEVATING PHYSICAL ACTIVITY IN CANADA

There's something we need to talk about: physical activity levels in Canada have been low and stagnant for years.

Physical inactivity isn't just a personal health issue — it's a pressing public health concern. Low levels of physical activity are linked to higher risk of chronic disease, anxiety, depression and premature death. But the impacts don't stop there. Physical inactivity also drives up health-care costs, reduces productivity and weakens the social fabric of our communities.

The 2025 ParticipACTION Report Card on Physical Activity for Adults reveals that only 46% of adults living in Canada are meeting physical activity guidelines* — a number that has barely changed over time. The Report Card also shows that just 22% of communities (of at least 1,000 people) in Canada have a formal strategy for physical activity and sport. Meanwhile, many adults in Canada continue to struggle with insufficient sleep and fall short of daily step recommendations.

At a time when Canada is striving to build resilience, reduce public spending and unite people from coast to coast to coast, these findings are more than just data — they're a call to action and a **foundation for progress that we need to build upon**. Movement underpins public health, economic growth and social connection, and reaching a plateau in physical activity levels reveals the truth: **physical activity must be made a national priority**.

## The meaning of stagnation

The persistent lack of progress reflects how our modern lifestyles, driven by technological conveniences and shaped by systemic design, have socially engineered movement out of our daily routines. While there are important accessibility and efficiency benefits to being able to do things like shop, learn, bank, communicate online and from home, drive to work, and use escalators and moving sidewalks, we must acknowledge their undesirable impact on daily movement behaviours when they become the default way of carrying out our to-do lists.

*Doing at least 150 minutes of moderate-to-vigorous physical activity per week.

Stagnation simultaneously reveals that the list of barriers — such as time, cost, energy, motivation, and lack of access to public facilities and active transportation — is getting longer, and that there's only so much that individuals and organizations can do without increased support. It also draws attention to Canada's investments in physical activity, which, although well intentioned, have often been short term and distributed in a fragmented fashion among organizations and sectors. While these efforts have provided opportunities for micro-advancements, stop-start programmatic support and investments can create gaps and stunt momentum. The result? Increasing physical activity in Canada is like **pushing a boulder uphill**: slow, full of setbacks and far too heavy for any one person, organization or sector to do alone.

Beyond the hindrances, long-standing physical activity trends unveil the successes and motivation that must be preserved. Despite a growing list of barriers, adults in Canada have demonstrated their adaptability and found ways to get active. Sport, physical activity and recreation organizations across the country have continued to provide meaningful opportunities for people to move more where they live, learn, work and play with minimal resources and unwavering commitment. Canadians and organizations recognize the indisputable benefits of physical activity, and they aren't ready to let the boulder tumble backwards and accept the consequences of physical inactivity.

So, how do we push the boulder beyond the plateau? How do we elevate physical activity in Canada? ***We* make room to move.**

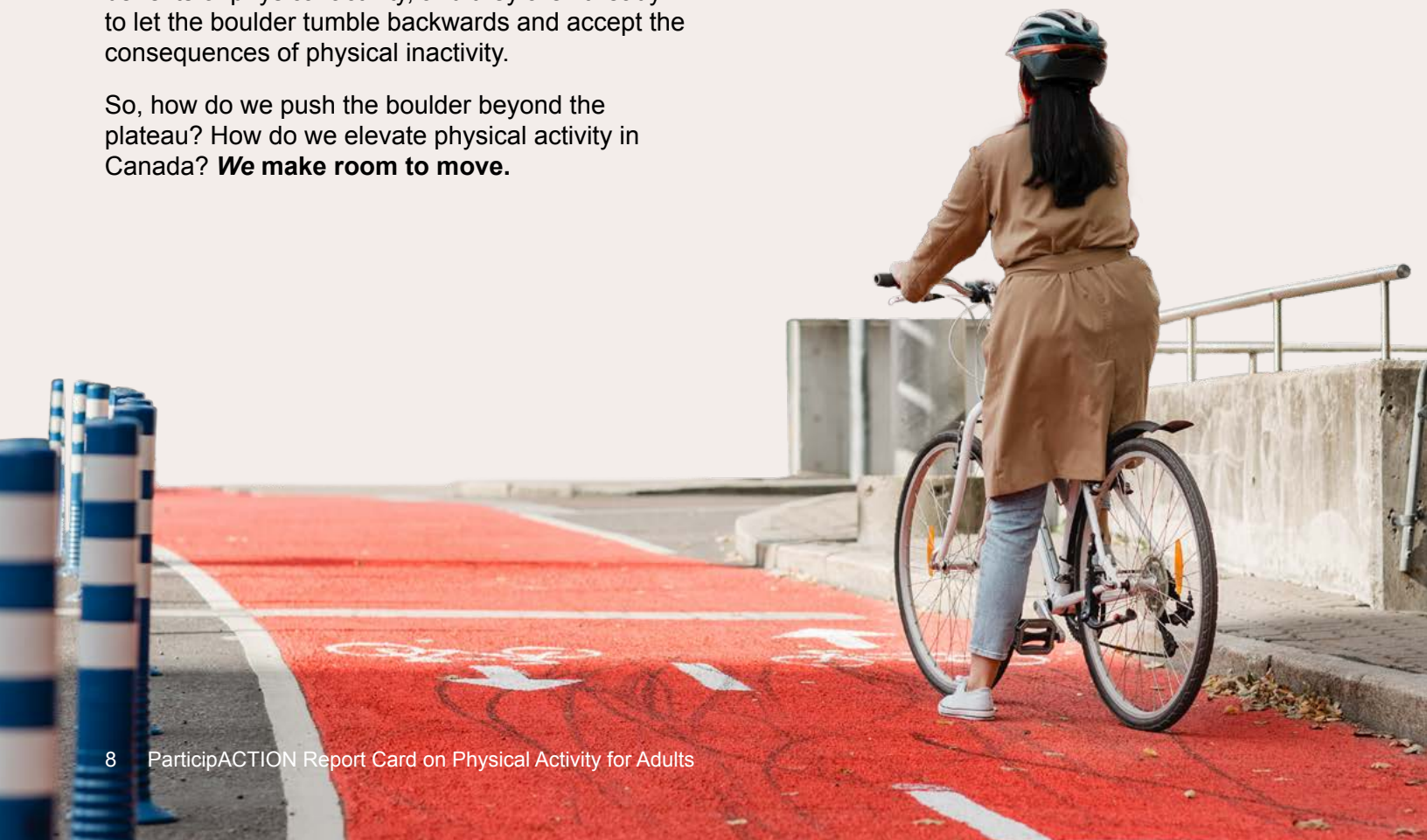
## Changing the unchanged

Change isn't just possible; it's essential.

Government, non-governmental organizations, communities, researchers, the private sector and individuals all have a role to play in creating more room for movement — not just through programs and policies, but by shifting how we design our environments, prioritize our investments and support everyday physical activity.

Employers are well positioned to encourage movement by implementing policies like gym subsidies and paid time off for physical activity, or by encouraging walking/wheeling meetings and providing standing desks and on-site changing and gym facilities, helping to foster workplace cultures that value well-being.

Municipalities can promote active living by investing in infrastructure that improves walkability and creates bike paths. To reduce barriers, these changes must be equitably distributed, especially in underserved and low-income communities, so that everyone can access daily opportunities for physical activity, regardless of income, ability or location.



Active spaces and facilities are more than just places to move — they're vital community hubs that encourage connection and engagement. Prioritizing inclusive design, such as gender-neutral change rooms, accessible entrances and pathways, adequate lighting and clear signage, helps ensure that everyone feels welcome and safe.

City planners can re-imagine outdoor play by designing parks with adults in mind, integrating features scaled for adult use and multi-generational equipment to encourage movement at every age. After all, outdoor play doesn't have to end with childhood.

Provincial, territorial and municipal governments can drive change through policies that span sectors and support physical activity across transportation, urban planning, workplaces and health care. Coordinated efforts, like encouraging active commuting, including physical activity counseling in health care and supporting workplace wellness, can create supportive environments and opportunities that make being active the easy choice.

Sport participation offers adults more than just physical benefits — it fosters connection, reduces stress and can help create a sense of purpose and accomplishment. By offering flexible scheduling and varied formats such as recreational leagues and drop-in play, sport organizations can make participation more appealing and sustainable for busy adults.

At an individual level, adults in Canada can give themselves permission to prioritize movement in their daily lives and schedules. It isn't always easy, but everyone deserves to experience the benefits of an active lifestyle. They can also expand their view of what's considered physical activity — every bit of movement matters, and something is always better than nothing.

Lastly, we're asking the Government of Canada to make steady, long-term investments in physical activity and coordinated plans that hold up as policies evolve. It must also continue to support organizations across the country that turn policies into progress. Other social issues in this country, including recycling or smoking cessation, have benefited from implementing system-changing models and policies with significant investments. They provide key lessons in **collective commitment, endurance and patience** that we can learn from and use to guide how we approach physical activity today.

## It's time to move beyond stagnation

Physical inactivity costs Canada **$3.9 billion in avoidable health-care expenditures** each year.[1] Treating and managing depression alone represents **$400 million annually**.[1] Inactive employees take **more sick days and are less productive**.[2] These aren't just health statistics; they're warning signs of how inactivity jeopardizes our economy, communities and resilience.

However, Canada's sport, physical activity and recreation sector contributes an estimated **$37.2 billion** annually in economic value.[1] Adults who are active daily have a **30% lower risk of depression and dementia**.[3] If only **1%** of people living in Canada switched from fossil fuel-powered vehicles to active transportation (i.e., walking, cycling, etc.), it could **save $564 million annually** by reducing greenhouse gas emissions.[1] **More than 75%** of adults in Canada feel welcomed and included through sport, physical activity and recreation activities.[1] A **15% relative increase in physical activity among adults in Canada** could reduce the economic burdens of treating and managing non-communicable diseases, depression and absenteeism, resulting in **total annual cost savings of almost $1 billion**.[4]

These numbers aren't just statistics related to physical activity — they're proof that movement is a high-impact, cost-effective solution that drives economic growth, reduces the strain on our health-care system, strengthens communities, improves mental health and even advances climate change action.

The return on investment in physical activity is clear. Now is the time to move beyond stagnation and leverage physical activity as both a personal well-being tool and a powerful policy solution. Making room to move will directly strengthen the foundations of what Canada has committed to building: **a more productive economy, a more sustainable health-care system and a more inclusive, connected society**.

So, let's continue to design the places and build the systems that support movement for everyone.

Let's turn our to-do lists into to-move lists.

Let's integrate physical activity into the core of our policies, programs and daily lives.

Let's make physical activity a national priority and start recognizing it as essential to building a healthier and more prosperous country.

**Let's make room to move, Canada!**

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# INTRODUCTION

For much of human existence, being physically active was a way of life, and being physically fit was necessary for the manual labour required to put food on the table. Due to economic and industrial developments over the past 200 years, a shift has occurred where the same energy is not required to complete our activities of daily living. In other words, physical activity (PA) is less of a way of life for most people and more of a lifestyle choice in countries such as Canada. Recognizing that PA provides many benefits for individuals, communities and societies, the challenge lies in how we can encourage and support engagement in PA for all, regardless of age, gender, sexual orientation, ethnic or Indigenous identity, or geographic location.

The purpose of the 2025 ParticipACTION Report Card on Physical Activity for Adults is to synthesize the state of PA in Canada and the various factors that contribute to physical (in)activity in the country using the best available evidence. Understanding where we stand is essential for identifying the path forward to a healthier, stronger and more active Canada.

## The *Canadian 24-Hour Movement Guidelines*: Many ways to move across the day

Until more recently, research and practice have tended to emphasize moderate-to-vigorous exercise (i.e., PA that is planned, structured, repetitive and done with the goal of improving fitness). Although these activities remain important and may provide optimal benefits for certain health outcomes (e.g., enhancing balance, recovering from injuries or illness, building muscle mass and strength), one can even experience benefits from incidental and unstructured PA (i.e., any movement that results in energy expenditure above resting levels), even when done at light intensity or accumulated through multiple short bouts.

The *Canadian 24-Hour Movement Guidelines for Adults* (Canadian Society for Exercise Physiology [CSEP], 2020) emphasize this broader understanding of the relationship between movement and well-being. They recommend that adults:

- Participate in a range of PA, including:
  - Sports (e.g., pickleball, softball);
  - Recreational activities (e.g., cycling for fun, swimming);
  - Active transportation (e.g., walking/wheeling or cycling to work);
  - Exercise (e.g., resistance training, jogging);
  - Weight-bearing activities (e.g., step aerobics, walking);
  - Non-weight-bearing activities (e.g., swimming, cycling);
  - Moderate-to-vigorous activities (e.g., hiking, Zumba);
  - Light-intensity activities (e.g., yoga, tai chi);
  - Structured activities (e.g., soccer leagues, tennis tournaments);
  - Unstructured activities (e.g., dancing and playing with their kids).

- Engage in PA in a variety of environments and contexts, including:
  - Indoors (e.g., at swimming pools, gyms);
  - Outdoors (e.g., in greenspaces, parks);
  - At home (e.g., playing with a pet, vacuuming);
  - At work (e.g., taking active breaks, having walking/wheeling meetings with colleagues);
  - In the community (e.g., playing baseball at a local park).

Equally important, the *Canadian 24-Hour Movement Guidelines* categorize different types of movement behaviours across a continuum of energy expenditure and emphasize the importance of considering the combined impact of them across the entire day. Integrating PA, sedentary behaviour and sleep recommendations, it is advised that adults:

- Participate in at least 150 minutes of moderate-to-vigorous aerobic physical activity each week;
- Increase their levels of light physical activity, including standing if they are able;
- Engage in muscle-strengthening activities using major muscle groups at least twice a week;
- Limit sedentary time to eight hours per day, including limiting recreational screen time to three hours a day and breaking up sedentary time as often as possible;
- Obtain seven to nine hours of good-quality sleep on a daily basis, with consistent bed and wake-up times;
- Engage in activities that challenge their balance each week (for adults 65 years of age and older).

The health benefits of engaging in PA, reducing sedentary behaviour, and enhancing sleep duration and quality are well supported by evidence and practitioner experience (Ross et al., 2020). Following the guidelines is associated with a lower risk of mortality, cardiovascular disease, hypertension, type 2 diabetes, certain types of cancer, depression, dementia, weight gain, an adverse blood lipid profile, as well as improved bone health, cognition, quality of life and physical function (Ross et al., 2020). However, addressing any of these diverse movement behaviours, even to a small degree, can positively influence health and well-being (Ross et al., 2020). In short, **there are many ways to move, and all movement matters**. Everyone should be afforded diverse opportunities to find what moves them.

## The broad impacts of sport, physical activity and recreation in Canada

Although the health benefits of PA are well established and known, the broader social and environmental benefits and associated economic impacts are lesser known but no less important. Policymakers, practitioners and researchers play a critical role in shaping physical and social environments that support movement for all. Investing in infrastructure, policies and programming that facilitate PA can yield significant impacts across health, social, environmental and economic domains.

A recent report called *Measuring the Impact of Sport, Physical Activity, and Recreation in Canada* documents the impact of sport, physical activity and recreation (SPAR) in Canada across these four domains (Canadian Fitness and Lifestyle Research Institute [CFLRI], Canadian Parks and Recreation Association [CPRA] and Raymond Chabot Grant Thornton [RCGT], 2025). For instance, the report estimates that physical inactivity resulted in $3.9 billion in direct health-care costs and mortality in 2022. Further, it suggests that reducing levels of physical inactivity by just 10% from current levels could reduce the economic burden of illness by $629 million annually. However, as noted by the report's authors, the health impacts of PA are not solely due to the prevention of chronic diseases; thus, the full impact may be underestimated.

Beyond personal and population-level health, evidence suggests that PA can facilitate social impacts, including the personal development of life skills and pro-social behaviours, enhanced community engagement, and social cohesion and connectedness (Crossman et al., 2024; Eather et al., 2023; McCurdy et al., in press). Based on the value of volunteering alone, the social impact of SPAR was estimated to contribute $13.6 billion annually (CFLRI et al., 2025).

The relationships between the environment, SPAR, and health and well-being are apparent. For example, urban forests and active transportation networks provide co-benefits in terms of facilitating PA and reducing air pollution, both of which impact population health and well-being (CFLRI et al., 2025). Reductions in air pollution can further encourage PA (Kim et al., 2021). For instance, a 5% reduction in private car use in Canada could reduce the costs of greenhouse gases by $2.8 billion. In addition, aging recreational and active transportation infrastructure presents a major challenge for SPAR in the environmental context, with costs to replace facilities that were in fair, poor or very poor condition estimated at $42.5 billion in 2020 (CFLRI et al., 2025).

Finally, active recreation and sport industries and retail sales contribute $37.2 billion annually to Canada's gross domestic product (CFLRI et al., 2025).

## Moving towards integrated, multi-level, holistic solutions

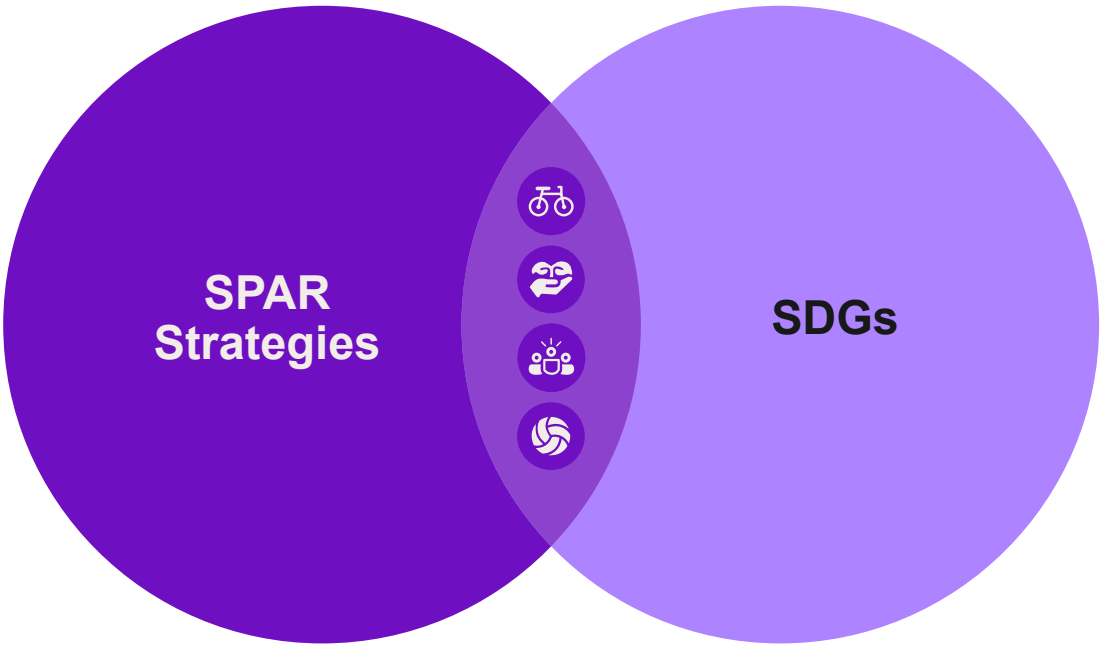
Concerted efforts across relevant sectors and parties are needed to integrate movement into people's lives to promote health and prevent and treat chronic conditions and disease. However, it is increasingly recognized that "more of the same is not enough" (Lee & Tremblay, 2023) and that society may benefit from placing greater emphasis on the prevention of chronic disease and promoting on well-being. In addition, there is increasing interest in the value of SPAR beyond the effects on individual health and well-being to acknowledge broader community and environmental impacts.

Importantly, there is also growing recognition of the interconnectedness between movement, its impacts and other aspects of daily life (e.g., the bi-directional relationships between PA and mental health, active transportation), indicating the need for collaboration among sectors (e.g., transportation, health, social services) and other partners. Recently, Spence et al. (2024) stressed the need for coordinated efforts between SPAR and other sectors to target the United Nations' (UN's) Sustainable Development Goals (SDGs), identifying the co-benefits readily addressed by PA promotion. For instance, partners from the transportation sector could work with those from the SPAR sector to facilitate the co-benefits of active transportation on population-level health and the environment (e.g., reduced carbon emissions; Figure 1).

*Figure 1. Canadian SPAR strategies and potential overlap with relevant SDGs.*

**Active Transportation Framework**
- SDG 3: Good Health & Well-being
- SDG 9: Industry, Innovation & Infrastructure
- SDG 11: Sustainable Cities & Communities
- SDG 13: Climate Action

***A Common Vision for increasing physical activity***
- SDG 3: Good Health & Well-being
- SDG 11: Sustainable Cities & Communities
- SDG 13: Climate Action




**Recreation Framework**
- SDG 3: Good Health & Well-being
- SDG 9: Industry, Innovation & Infrastructure
- SDG 11: Sustainable Cities & Communities
- SDG 15: Life on Land
- SDG 16: Peace, Justice & Strong Institutions

**Sport Policy**
- SDG 3: Good Health & Well-being
- SDG 5: Gender Equality
- SDG 11: Sustainable Cities & Communities
- SDG 13: Climate Action
- SDG 16: Peace, Justice & Strong Institutions

The *Measuring the Impact of SPAR in Canada* report provides succinct and evidence-based information that decision-makers, practitioners and researchers can use to advocate for investments in SPAR and related sectors (CFLRI et al., 2025). The 2025 ParticipACTION Adult Report Card focuses on measured variables and aims to offer actionable and useful recommendations to key decision-makers across SPAR and related sectors to act upon such investments effectively.

# INDICATORS AND GRADES

Every ParticipACTION Report Card to date has included grades. To guide our selection of the graded indicators and their associated benchmarks, the 2025 Report Card Research Committee (RCRC) articulated a framework consisting of daily behaviours, individual characteristics, spaces, places and cultural norms, and strategies and investments. This year, the RCRC changed some of the indicators to better reflect their corresponding benchmarks and availability of data (see Table 1).

*Table 1. Summary of the 2025 Adult Report Card indicators:*

| 2021 indicators | Status | 2025 indicators |
|---|---|---|
| Moderate-to-vigorous physical activity | Kept | Moderate-to-vigorous physical activity |
| Light physical activity | Removed | N/A |
| Total daily steps | Kept | Total daily steps |
| Muscle-strengthening activities | Kept | Muscle-strengthening activities |
| Balance activities | Kept | Balance activities |
| Active transportation | Kept | Active transportation |
| Sport participation | Kept | Sport participation |
| Sleep | Kept | Sleep |
| Sedentary behaviour | Name changed | Stationary time |
| 24-hour movement behaviours | Removed | N/A |
| | Added | Recreational screen time |
| Perceived capability | Kept | Perceived capability |
| Perceived opportunity | Kept | Perceived opportunity |
| Motivation | Kept | Motivation |
| Facilities and infrastructure | Kept | Facilities and infrastructure |
| Programming | Kept | Programming |
| Policies and leadership | Kept | Policies and leadership |
| Social environment | Kept | Social environment |
| Government | Kept | Government |

## Indicators framework

Daily behaviours were based primarily on the *Canadian 24-Hour Movement Guidelines for Adults* (CSEP, 2020), and the national strategies for PA (Public Health Agency of Canada, 2018), active transportation (Infrastructure Canada, 2021) and sport (Federal, Provincial and Territorial Ministers [F-P/T] Responsible for Sport, Physical Activity and Recreation, 2025). These consist of MVPA, total daily steps, muscle-strengthening activities, balance activities, active transportation, sport participation, sleep, stationary time and recreational screen time.

PA and other movement behaviours occur in physical and social environments that may facilitate or impede behaviour. The remaining indicators are intended to capture these facilitators and barriers. Individual characteristics were derived from the Capability, Opportunity, Motivation and Behaviour (COM-B) Model (Michie, van Stralen, & West, 2011) and reflect how perceptions, beliefs and experiences can influence movement. The role of spaces, places and cultural norms was informed by ecological models of PA (Spence & Lee, 2003) and *A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving* (Public Health Agency of Canada, 2018), which identifies spaces, places and cultural norms as an area of focus. Finally, the influence of investments and strategies is recognized across most of these frameworks. At the government level, strategies and investments help set standards or policies and provide resources for infrastructure, programs and services. They also generate guidelines for healthy behaviour that may moderate how those environments impact or support PA (Michie et al., 2011).

Ultimately, if adults in Canada recognize and value the benefits of engaging in PA, think they have sufficient skills or ability to participate in it, perceive that others in their community value and engage in PA, and feel that their local environments offer opportunities to easily partake in PA, the assumption is that this reflects a positive social climate for PA, which will reinforce the motivation to be physically active (Yun et al., 2018).

Letter grades are based on an examination of current data for each indicator against benchmarks. Together, the indicators provide a complete and robust assessment of how Canada is doing as a country when it comes to promoting and facilitating PA among adults.

Note that within the indicators, a bolded number reflects the key finding that factored into the grade. If there is more than one bolded number, the grade is based on the average of them.

Letter grade assignments corresponding to benchmark levels are outlined in Table 2.

*Table 2. Letter grade assignments and their corresponding benchmark ranges*

| A | B | C | D | F | INC |
|---|---|---|---|---|---|
| **A+ : 94-100%** | **B+ : 74-79%** | **C+ : 54-59%** | **D+ : 34-39%** | **F : 0-19%** | A grade of incomplete (INC) indicates that there were insufficient or poor-quality data to assign a letter grade. |
| **A : 87-93%** | **B : 67-73%** | **C : 47-53%** | **D : 27-33%** | | |
| **A- : 80-86%** | **B- : 60-66%** | **C- : 40-46%** | **D- : 20-26%** | | |

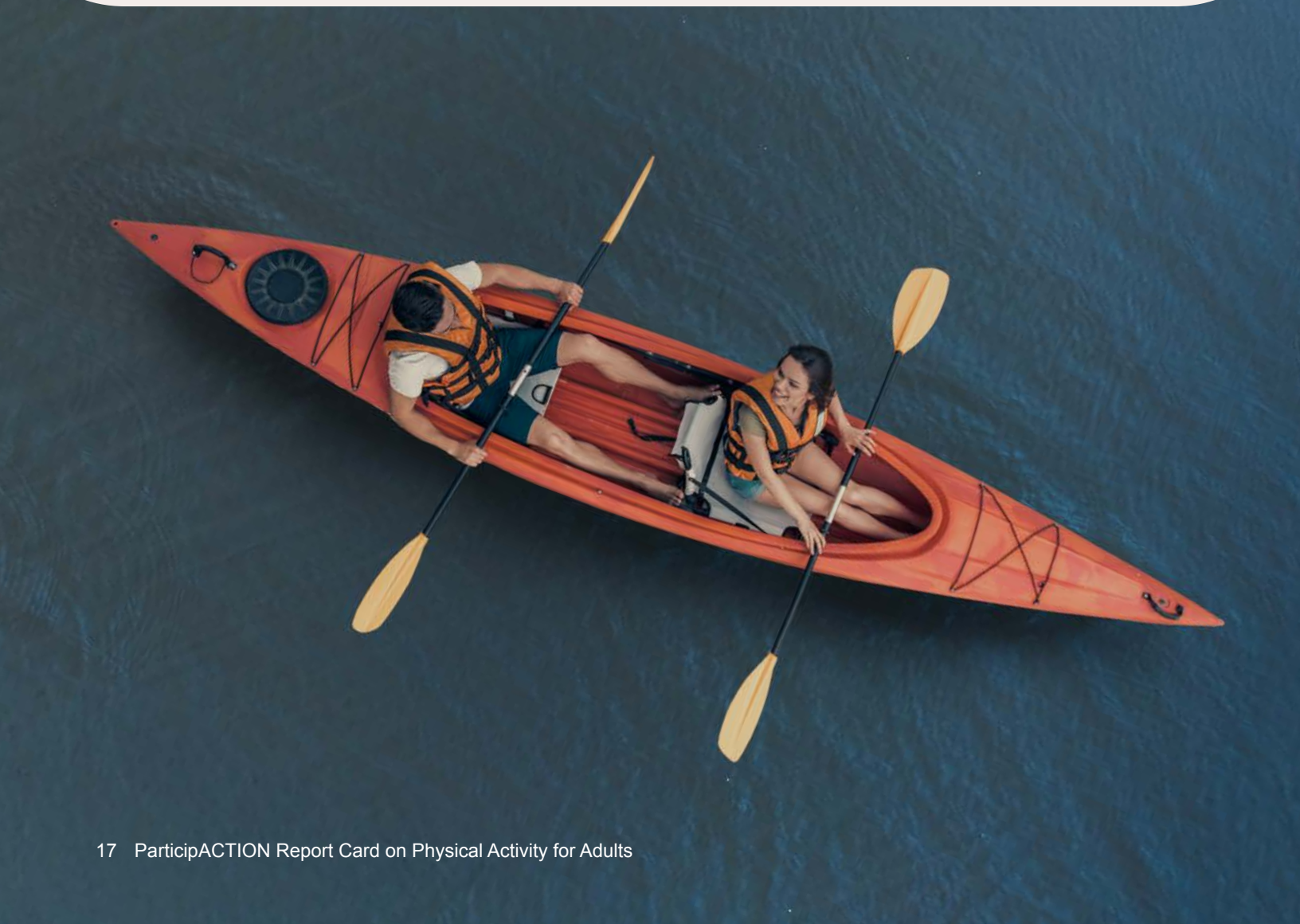
To describe groups of people or populations who experience barriers to equal access, opportunities and resources due to historical and ongoing discrimination that prevent them from engaging in PA, the term “equity-denied groups” is used throughout this Report Card. Specifically, based on Government of Canada terminology, “equity-denied groups” are defined as “groups of people who, because of systemic discrimination, face barriers that prevent them from having the same access to the resources and opportunities available to other members of society, and that are necessary for them to attain just outcomes.” In Canada, these groups generally include women, Indigenous Peoples, persons with disabilities, 2SLGBTQI+ communities, religious minority groups and racialized people.

Where available, we report on data for equity-denied groups in the indicators and/or propose recommendations to address gaps in the evidence.

However, due to the need for cultural humility and community engagement with Indigenous communities in working with data pertaining to Indigenous Peoples (see Article 9.1, the Tri-Council Policy Statement, 2022), custom tabulations for data pertaining to Indigenous communities are not reported.

**Disclosure**

Developed by a team of researchers and collaborators across the fields of adult PA, recreation and sport in Canada, this Report Card represents a targeted and purposeful synthesis of relevant literature and data sources. While in-depth literature searches and expert consultations were undertaken, systematic reviews and meta-analyses were not carried out.



# DAILY BEHAVIOURS

## Moderate-to-vigorous physical activity (MVPA)

### About MVPA

Moderate-to-vigorous PA (MVPA) is defined as any bodily movement produced by skeletal muscles that results in substantial energy expenditure above resting levels. This is PA performed at greater than 3 metabolic equivalent tasks (i.e., more than three times the intensity of rest), such as playing tennis, jogging, swimming or dancing; Bull et al., 2020).

Engaging in MVPA can lead to improved quality of life, physical function, and a reduced risk of non-communicable diseases and mortality (Bull et al., 2020). Though the overall amount of PA done appears to be more important for general health, activities at a higher pace or intensity may yield some additional benefits (Banach et al., 2023; Tarp et al., 2024). There are many ways that people can get their hearts and blood pumping throughout their days (e.g., cycling to work, playing pickleball, walking/wheeling around their neighbourhoods).

- Although MVPA is associated with a lower risk of mortality among adults and older adults, the total volume of PA may be more important than the intensity of the activity (Tarp et al., 2024).
- A quicker walking pace is linked to a lower risk of all-cause mortality, independent of total daily step count (Banach et al., 2023).
- Newcomers to Canada report lower participation and fewer minutes in leisure-time PA, with neighbourhood walkability accounting for the former (Masihay et al., 2024).
- Among adults living in Canada who are affected by more than one chronic condition, those who report being physically active experience greater life satisfaction compared with those who are inactive (Alonzo et al., 2022).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | C | C- |
| Key Finding | 46% of adults met the recommendation of doing at least 150 minutes of MVPA per week (CHMS, 2022-2024). | |
| Benchmark | The percentage of adults 18 years of age and older who meet the PA component of the *Canadian 24-Hour Movement Guidelines* (i.e., at least 150 minutes of weekly MVPA). | |

### Key findings:

- **46%** of adults 18 to 79 years of age living in Canada met the MVPA recommendation (i.e., at least 150 minutes of MVPA per week; CHMS, 2022-2024).
  - 50% of adults 18 to 64 years and 30% of adults 65 to 79 years of age met the MVPA recommendation (CHMS, 2022-2024).

- 53% of men and 39% of women met the MVPA recommendation (CHMS, 2022-2024).
- 31% of adults who reported having a disability met the MVPA recommendation vs. 48% of adults without a disability (CHMS, 2022-2024).
- 56% of adults who earned the highest incomes and 36% of adults with the lowest incomes met the MVPA recommendation (CHMS, 2022-2024).
- 44% of adults who immigrated to Canada within the last 10 years and 47% of adults who have lived in Canada for longer met the MVPA recommendation (CHMS, 2022-2024).

**The source of data for the* 2021 ParticipACTION Adult Report Card *used a different accelerometer (i.e., a motion sensor), which may have contributed to the difference in grades.*

## Recommendations/gaps:

### Policy

- Highlight in campaigns and other messaging that PA can be measured in minutes or steps, depending on personal preference and circumstances (Hamaya et al., 2024).
- Consider adults in the design of parks and playgrounds to encourage movement across generations (e.g., play features scaled for adult use, multi-generational outdoor equipment; Levinger et al., 2024; Talarowski et al., 2019).
- Facilitate workplace policies such as subsidies for health club use, paid time off for non-work-related PA and on-site facilities to support people in being active at work (Gelius et al., 2020).
- Initiate the system-wide implementation of physical PA counselling within health-care settings (Gelius et al., 2020).

### Practice

- Support people in setting minute-based MVPA targets based on their life circumstances, with the eventual aim of reaching 150 minutes per week.
- Communicate that, while increasing PA intensity can have additional benefits, moderate-intensity PA is enough to benefit health. In fact, the total amount of PA, regardless of its intensity, seems to be important for health (Stens et al., 2023; Tarp et al., 2024).
- Facilitate the training of allied health professionals to support PA participation.

### Research

- Explore the importance of individualized MVPA thresholds, contrasting the importance of volume and intensity for mortality risk (or other health outcomes; Tarp et al., 2024).
- Identify the prevalence of and contributors to PA across a variety of domains and contexts for equity-denied groups (e.g., racialized people, persons with disabilities). For instance, studies may consider more specific features of a neighbourhood or built environment that are especially relevant to newcomers to Canada, such as the presence of recreational facilities offering activities and spaces that appeal across a broad range of cultures (Akbar et al., 2024).
- Examine the PA paradox, which suggests that context may matter when it comes to PA and its benefits; PA done in one's leisure time may yield more favourable health outcomes than PA done as part of work (Coenen et al., 2020; Kazemi et al., 2024).

# Total daily steps

## About total daily steps

This indicator refers to the cumulative number of steps taken per day incurred across the full range of movement intensity, including light PA and MVPA (Tudor-Locke et al., 2011). When it comes to PA and its benefits, every step counts (Stens et al., 2023; Tudor-Locke et al., 2011). There are many ways that adults can take steps towards improving their well-being (White et al., 2024). For instance, they could walk or wheel to work, play with their children in parks, or dance in their kitchens while waiting for dinner to finish cooking.

- A plateauing of mortality risk is observed among adults who take around 7,000 to 8,000 steps per day (Paluch et al., 2022; Stens et al., 2023), with as few as 2,600 steps per day being linked to a lower risk of death from any cause (Stens et al., 2023).
- Daily step increments of 1,000 are linked to a 15% decreased risk of death (Banach et al., 2023).
- Taking 7,000 or more steps per day is associated with a reduced risk of depression (Bizzozero-Peroni et al., 2024).
- Among older women, MVPA minutes and step counts are similarly linked to a lower risk of all-cause mortality and cardiovascular disease (Hamaya et al., 2024).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | C | D |
| Key Finding | 32% of adults took at least 7,500 steps per day, which falls within the physically active lifestyle category (CHMS, 2022-2024). | |
| Benchmark | The percentage of adults 18 years of age and older living in Canada who take 7,500 or more steps per day through a variety of light, moderate and vigorous activities that contribute to daily movement. | |

## Key findings:

- **32%** of adults 18 to 79 years of age living in Canada took at least 7,500 steps per day, which falls within the physically active lifestyle category (CHMS, 2022-2024).
  - 35% of adults 18 to 64 years of age and 22% of adults 65 to 79 years of age took at least 7,500 steps per day (CHMS, 2022-2024).
  - 33% of men and 31% of women took at least 7,500 steps per day (CHMS, 2022-2024).
  - 25% of adults who reported having a disability vs. 33% of adults who did not report having a disability took at least 7,500 steps per day (CHMS, 2022-2024).
  - 33% of adults who earned the highest incomes and 24% of adults with the lowest incomes took at least 7,500 steps per day (CHMS, 2022-2024).
  - 24% of adults who immigrated to Canada within the last 10 years and 33% of adults who have lived in Canada for longer took at least 7,500 steps per day (CHMS, 2022-2024).

**The source of data for the* 2021 ParticipACTION Adult Report Card *used a different accelerometer (i.e., a motion sensor), which may have contributed to the difference in grades.*

## Recommendations/gaps:

### Policy

- Facilitate the development of environmental features such as well-maintained and connected sidewalks, streetlighting, accessible paths, and greenspaces that facilitate walking and wheeling (Gelius et al., 2020).
- Update PA or movement behaviour guidelines to include step count recommendations. To meet people where they are at in terms of overall PA levels, guideline messaging should include both absolute (e.g., 7,500 steps per day) and relative (i.e., an additional 1,000 steps from an individual's current average daily step count) targets.

### Practice

- Emphasize that while more steps may be better, even a little bit of movement is better than none (Banach et al., 2023; Ding et al., 2025; Stens et al., 2023). Furthermore, walking (or wheeling for those who use wheelchairs) can be done across a variety of activities and spaces, like interacting with friends or family at a local festival, or visiting a market, community centre or park (CSEP, 2020; Planta et al., 2023).
- Consider writing a 'green prescription' for clients or patients. Outdoor, nature-based activities are a good way to get in some steps while enhancing well-being and promoting a sense of connection to the environment (Outdoor Play Canada, 2025).
- Treat step count as a 'vital sign' like heart rate or blood pressure (Adams et al., 2025).
- Support those having difficulty changing their behaviour in developing goals focused on process (e.g., try these three ways to increase your step count this week) rather than solely on outcomes (e.g., 7,500 steps a day; White et al., 2024).
- Encourage inactive and moderately active people to increase their activity by just 1,000 steps per day (approximately 10 minutes of walking; Stens et al., 2023).

### Research

- Investigate the relationship between step count/cadence and health outcomes to ensure that findings extend to adults living with chronic diseases, older adults, adults with disabilities and adults experiencing low income (Stens et al., 2023).
- Explore the use of wearable PA monitors to track push counts among adults who use wheelchairs (Byrne et al., 2023).
- Test moderators of the relationship between step count and well-being, such as domain or types of activities (e.g., sports, occupational activities, volunteering, transportation, rehabilitation, unstructured active recreation).
- Examine minimum beneficial doses of steps accumulated at a light intensity within a 24-hour period relative to age and level of disability.

# Muscle-strengthening activities

## About muscle-strengthening activities

These types of activities use resistance to induce muscular contractions, which build strength, improve anaerobic endurance and increase the size of skeletal muscles.

There is no single or best way to train muscle mass or strength. While heavier loads and multiple sets can promote increases in strength and muscle mass, respectively, most combinations within resistance training programs (e.g., loads, sets and repetitions) can be beneficial (Currier et al., 2023). Even stretching may lead to some improvements in strength but may require larger volumes of activity than other forms of resistance training to achieve similar effects (Warneke et al., 2024).

- In general, enjoyment is important in resistance training. For example, small loads and lower resistance may be more enjoyable for older adults and untrained individuals, which can improve adherence (da Silva et al., 2024).
- Targeted muscle-strengthening exercises can promote muscular strength and balance and potentially prevent joint-related health issues such as osteoarthritis (Lanza et al., 2022; Øiestad et al., 2022).
- For those with osteoarthritis in their knees or hips, resistance training can help improve physical function and reduce pain, regardless of exercise volume (Marriott et al., 2024).
- A targeted strength-training program can help reduce the risk of muscle overuse injuries by about half (Lauersen et al., 2014).
- Doing any resistance training can reduce the risk of all-cause mortality by 15%, cardiovascular disease mortality by 19% and cancer mortality by 14% (Shailendra et al., 2022).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | D- | D+ |
| Key Finding | 35% of adults reported meeting the recommendation of engaging in muscle-strengthening activities using major muscle groups at least twice a week (CCHS, 2023; CFLRI, custom tabulation, PA Survey, 2025; CHMS, 2022-2024). | |
| Benchmark | The percentage of adults 18 years of age or older living in Canada who engage in muscle-strengthening activities using major muscle groups at least twice a week. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **39%** of adults 18 to 79 years of age reported that they engaged in “strength-building exercise” at least twice per week (CHMS, 2022-2024).

- 42% of adults 18 to 64 years of age and 30% of adults 65 to 79 years of age engaged in muscle-strengthening activities at least twice per week (CHMS, 2022-2024).
- 43% of men and 36% of women engaged in muscle-strengthening activities at least twice per week (CHMS, 2022-2024).
- 34% of adults who reported having a disability vs. 40% of adults who did not report having a disability engaged in muscle-strengthening activities at least twice per week (CHMS, 2022-2024).
- 43% of adults who earned the highest incomes and 32% of adults with the lowest incomes engaged in muscle-strengthening activities at least twice per week (CHMS, 2022-2024).
- 34% of adults who immigrated to Canada within the last 10 years and 40% of adults who have lived in Canada for longer engaged in muscle-strengthening activities at least twice per week (CHMS, 2022-2024).

- **29%** (CFLRI, custom tabulation, PA Survey, 2025) to **37%** (CCHS, 2023) of adults 18 years of age or older reported that they engaged in activities that increase muscle strength, such as exercises using resistance bands, lifting weights or using their own body weight (e.g., performing push-ups and triceps dips), at least twice per week.
  - 31% (CFLRI, custom tabulation, PA Survey, 2025) to 39% (CCHS, 2023) of adults 18 to 64 years of age participated in muscle-strengthening activities, compared to 24% (CFLRI, custom tabulation, PA Survey, 2025) to 28% (CCHS, 2023) of adults 65 years of age and older.
  - 31% (CFLRI, custom tabulation, PA Survey, 2025) to 39% (CCHS, 2023) of men participated in muscle-strengthening activities, compared to 28% (CFLRI, custom tabulation, PA Survey, 2025) to 34% (CCHS, 2023) of women.
  - 31% of adults living in urban or suburban areas participated in muscle-strengthening activities, compared to 25% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 22% of adults who reported having a disability participated in muscle-strengthening activities, compared to 31% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

## Recommendations/gaps:

### Policy

- Emphasize in campaigns that engaging in any resistance training twice per week is beneficial for health and maintaining independence (Currier et al., 2023).
- Develop policies that make educational resources and certified instructor-led fitness classes focused on promoting safe and effective muscle-strengthening activities more accessible.Exercises need to be done correctly for participant safety and maximum benefit, and not everyone knows how to do them, making home-based programs more challenging.
- Promote the value of resistance training for health and longevity and its inclusion in the *Canadian 24-Hour Movement Guidelines for Adults* (CSEP, 2020).

### Practice

- Communicate that engaging in any resistance training at least twice per week can lead to positive strength and hypertrophy outcomes (Currier et al., 2023).
- Support individuals in exploring what amounts and intensities of muscle-strengthening activities feel good to them while considering their goals and preferences (da Silva et al., 2024).
- Explain that resistance training combined with MVPA may be more beneficial than resistance training alone (Shailendra et al., 2022).
- Communicate that structured resistance exercise using free weights, dumbbells, body weight/ calisthenics or resistance bands can produce time-efficient improvements in muscular strength and physical capacity.
- Promote resistance training that is tailored to specific populations and consider a wide range of factors that influence participation (e.g., equipment availability, perceived complexity; Paluch et al., 2023).

### Research

- Determine minimal ‘doses’ of resistance exercise (i.e., consider multiple combinations of variables) that facilitate engagement and enjoyment to increase participation, rather than only focusing on one ‘optimal’ dose (Currier et al., 2023; da Silva et al., 2024).
- Clarify the dose-response relationships between resistance exercise and improved health outcomes (e.g. reduced cardiovascular disease, cancer mortality; Shailendra et al., 2022).
- Examine the potential benefits of ‘alternative’ muscle-strengthening activities (e.g., bouldering and daily activities like carrying groceries).

# Balance activities

## About balance activities

Balance activities help improve posture, stability and coordination and help reduce one's chances of falling or bumping into objects. Such activities include ballroom dancing, yoga, tai chi, bowling and exergames (i.e., interactive video games using physical exercise) that challenge balance.

- Research shows that creative, folk and ballroom dance can enhance balance and reduce the risk of falls among adults 60 years of age and older, including those living with Parkinson's disease (Li et al., 2024).
- Doing balance activities with others enhances motivation and engagement. For instance, a study found that a bowling game played with peers was superior to one played alone in terms of functional capacity and adherence to physical exercise (Da Silva et al., 2021).
- Exergames can support participation and social connections across generations while promoting balance (Chen et al., 2021; Chen et al., 2023; Ning et al., 2022; Qui et al., 2023). For example, one intervention found that older adults perceived enhanced social interaction when playing a game called Social Balance Ball with young people (Qiu et al., 2023). A meta-analysis reported that exergames, compared to physical training, led to greater improvements in postural control and dynamic balance in older adults; however, combined interventions may result in greater benefits to postural control (Chen et al., 2021).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | D- | D |
| Key Finding | 31% of adults 65 years of age and older reported that, they performed exercises that challenged their balance (e.g., yoga, dance and balance training) to strengthen their core muscles or lower back to improve their posture (CFLRI, custom tabulation, PA Survey, 2025). | |
| Benchmark | The percentage of adults 65 years of age and older living in Canada who perform PA that challenges balance. | |

## Key findings:

- **31%** of adults 65 years of age and older reported that, during the past seven days, they engaged in exercises to shift their weight, improve their core muscles or strengthen their lower back to produce good posture (e.g., yoga, dance, balance training; CFLRI, custom tabulation, PA survey, 2025).
  - 21% of men and 39% of women reported that they had done activities in the past seven days that challenged their balance (CFLRI, custom tabulation, PA survey, 2025).
  - 36% of older adults earning higher incomes reported that they had done activities in the past seven days that challenged balance, compared to 25% of older adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).
  - 31% of older adults living in urban or suburban areas reported that they had done activities in the past seven days that challenged their balance, compared to 33% of older adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 35% of older adults who reported having a disability reported that they had done activities in the past seven days that challenged their balance, compared to 31% of older adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

### Just One Move

The *Just One Move* tool can support people living with rheumatoid arthritis in moving more and living life to the fullest. Along with PA experts, rheumatologists and researchers, it was created by and for people living with rheumatoid arthritis. The tool offers users a diverse selection of movement options to meet people where they are at. Movements can be selected based on type (core, stretching or mobility), body area (full body or certain joints), equipment (bands or none) and other needs (flare-friendly, group or solo). Simple, foundational moves can be combined into fun "movement combos". Users can try short "movement snacks" when they only have a few minutes or longer workout routines when they want more. A key feature of the tool is its "habit builder", which offers strategies and guided planning to turn small moves into lasting habits. Videos provide guidance, and a built-in community space lets people share their wins, struggles and stories with others who truly understand.

## Recommendations/gaps:

### Policy

- Communicate to older adults that meeting balance recommendations alone or in combination with MVPA results in better perceived mental and physical health, supporting the notion that all PA is important (Prince et al., 2023).
- Facilitate analysis of currently available fall prevention exercise programs and provide support to ensure that programs are evidence-based. It is estimated that only 6% of programs in Canada meet the recommended criteria of offering a high challenge to balance, having a duration of three hours per week and being offered all year long (Touchette et al., 2021).
- Collaborate with partners in the community to implement evidence-informed programming to address fall prevention.

- Perform assessments and offer guidance to ensure that fall prevention programs can be sustained long term (Touchette et al., 2021).

### Practice

- Offer balance activities as another option for facilitating choice and activity engagement, given that meeting the recommendations for balance activities, independent of meeting MVPA guidelines, is associated with better perceived health (Prince et al., 2023).
- Communicate that exercises that challenge balance are the most effective way to reduce falls and can reduce the risk by up to 51% (Touchette et al., 2021). Balance exercises (e.g., heel-to-toe walking or marching in place) may be incorporated into exercise classes with other adults or done independently at home if people have sufficient knowledge to safely carry out the activities.
- In addition to structured exercises or activities performed with equipment (e.g., a balance training pad), encourage adults to explore alternative balance activities such as dancing, tai chi, yoga or exergames that involve shifting weight to challenge balance (Chen et al., 2021; Li et al., 2024; Ning et al., 2022).
- Encourage adults to investigate engaging in balance-challenging activities with others, including the young people in their lives. Social balance games can foster intergenerational bonds, enhance mobility and prevent falls (Chen et al., 2021; Chen et al., 2023; Ning et al., 2022; Qiu, 2023).

### Research

- Examine barriers across and at the intersections of equity-denied groups. Most participants in fall prevention programs are middle-class White women (Sibley et al., 2024).
- Consider using partner- or group-based balance activities, exercises or games to examine psychosocial outcomes like social connectedness, familial relationships, intergenerational bonds and enjoyment in addition to balance and falls (Qiu et al., 2023).
- Determine the use of conceptual frameworks and implementation strategies in fall prevention programs (Sibley et al., 2024).
- Investigate barriers and facilitators to including evidence-based recommendations in the design of fall prevention community exercise programs (Touchette et al., 2021).
- Develop a body of evidence on dose-response to support more specific public health guidelines for balance activities.

# Active transportation

## About active transportation

Active transportation refers to any form of human-powered transportation such as walking, cycling, wheeling, in-line skating, paddling or skiing performed for the purpose of getting to and from places (Transport Canada, 2011).

Active transportation has the potential to bring enjoyment and connection into people's daily commutes, which can often feel like a stressful or boring chore (Liu & Helbich, 2022). Travelling with family members, friends or colleagues can serve as a chance to share and connect at the start and end of a busy day.

- Commute satisfaction is higher for active commuting than it is for passive commuting (e.g., driving, using public transportation; Liu et al., 2022).
- Switching from passive to active commuting has been found to reduce the risk of depression (except for those who engage in long-distance commuting; Knott et al., 2018).
- A person who switches from driving to cycling for just one trip per day can reduce their carbon footprint by roughly 0.5 tonnes a year (Brand, 2021).
- Newcomers to Canada report greater participation in transportation-related PA, which may be accounted for by neighbourhood walkability (Akbar et al., 2024).
- A sizable minority of commuters living near work/school (i.e., within 5 kilometres) does not actively commute most days of the week. Of those who do, most cycle, wheel or walk for less than an hour per week (McCurdy et al., 2024).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | F | C- |
| Key Finding | 46% of adults reported using active transportation (e.g., walked, wheeled, cycled or used public transit) to get to and from destinations (e.g., work, university/college, parks, malls and friends' homes; CCHS, 2024; CFLRI, custom tabulation, PASS, 2024; CHMS, 2022-2024). | |
| Benchmark | The percentage of adults 18 years of age and older living in Canada who use active transportation to get to and from places (e.g., work, university/college, parks, malls, friends' homes). | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **42%** of adults 18 to 79 years of age reported that they used active transportation in the past seven days to get to places such as work, stores, friends' homes or school (CHMS, 2022-2024).
  - 45% of adults 18 to 64 years of age and 32% of adults 65 to 79 years of age reported using active transportation (CHMS, 2022-2024).
  - 40% of men and 45% of women reported using active transportation (CHMS, 2022-2024).
  - 35% of adults who reported having a disability and 43% of adults who reported not having a disability reported using active transportation (CHMS, 2022-2024).
  - 38% of adults who earned the highest incomes and 48% of adults with the lowest incomes reported using active transportation (CHMS, 2022-2024).
  - 57% of adults who immigrated to Canada within the last 10 years and 39% of adults who have lived in Canada for longer reported using active transportation (CHMS, 2022-2024).
  - 55% of adults living in urban or suburban areas reported using active transportation to get places in the past seven days, compared to 39% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 47% of adults who reported having a disability reported using active transportation to get places in the past seven days, compared to 53% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).
- **52%** of adults reported using active transportation like walking or cycling to get to places in the past seven days (CFLRI, custom tabulation, PA survey, 2025).*
- **45%** of adults reported using active transportation in the past seven days to get to places such as work, stores, friends' homes or school (at a moderate intensity; CCHS, 2023).*
- 47% (CCHS, 2023) to 53% (CFLRI, custom tabulation, PASS, 2024) of adults 18 to 64 years of age and 40% (CCHS, 2023) to 47% (CFLRI, custom tabulation, PASS, 2024) of adults 65 years of age and older engaged in active transportation.
- 45% (CCHS, 2023) to 57% (CFLRI, custom tabulation, PASS, 2024) of men engaged in active transportation, while 46% (CCHS, 2023) to 47% (CFLRI, custom tabulation, PASS, 2024) of women did so.

**The source of data for the 2021 ParticipACTION Adult Report Card was based primarily on active transportation to work, which may explain the difference in grades.*

## Recommendations/gaps:

### Policy

- Enact policies targeting environmental planning and incentives (e.g., walkability, bike paths), as people living in Canada tend to favour these over regulatory disincentives (e.g., parking fees and vehicle taxes; McCurdy et al., 2023; Xiao et al., 2022).
- Employ multi-component approaches targeting both infrastructure change (e.g., walkability, bike paths) and behavioural/social programs (e.g., campaigns, cycle training and regulation) to support active transportation (Roaf et al., 2024).
- Offer pedal-assist e-bike rentals and cycle-sharing programs, as these can decrease automobile use and increase active transportation (Roaf et al., 2024).

- Ensure that all transportation policies strive to enhance safe and accessible active transportation infrastructure to support physical activity and reduce $CO_2$ emissions (Spence et al., 2024).
- Include safe active transportation infrastructure in new development and reconstruction projects.
- Consider targeted strategies for commuters living near work/school (McCurdy et al., 2024).
- Address environmental barriers (e.g., hilliness) to walking or wheeling (within 2 km) and lack of equipment to promote cycling (within 5 km), especially among newcomers to Canada.

### Practice

- Offer information about the benefits of active transportation and explore possibilities for incorporating it into one's daily routine (Roaf et al., 2024; Moosburger et al., 2024).
- Promote the environmental and health co-benefits of active transportation (Roaf et al., 2024; Moosburger et al., 2024).
- Promote pedal-assist e-bike use, which allows users to reduce effort as needed (e.g., hills) while still reaping health benefits (Bourne et al., 2020).
- Improve access to equipment needed for active transportation, as this appears especially relevant for cycling within 5 km of work/school among people living near work/school (McCurdy et al., 2024).
- Offer credible educational resources on cycling safety to interested people (e.g., Cycling Canada's CAN-BIKE program).

### Research

- Consider examining the implementation and impact of fun and innovative ways to encourage active transportation through means besides walking and cycling (e.g., skating, cross-country skiing and rollerblading), such as creating canal corridors or 'freezeways' for people to move around urban areas (Benton et al., 2021; Halpenny & Vaugeois, 2018).
- Conduct high-quality prospective research examining the built environment and active transportation, especially walking or wheeling.
- Investigate education and informational campaigns that foster environmental awareness and stewardship and their influence on active transportation.
- Examine people's motives for initiating and maintaining engagement in active transportation (e.g., saving money, protecting the environment) to inform intervention efforts.
- Assess the energy expenditure and total volume of PA associated with e-biking relative to pedal-assist cycling and other means of transportation.

# Sport participation

## About sport participation

Sport participation is a subset of PA that is structured and goal-oriented; it can be competitive and/or contest-based (F-P/T, 2025). There are many ways to move via sporting activities. Adults might hone their curling skills, play squash with a colleague at lunch or train for the Masters Indigenous Games. They should be encouraged to (re)-imagine the possibilities of sport as an adult.

- Although individual sports and informal group PA have important benefits, team-based sport participation has a more positive effect on overall psychological health and well-being, even after accounting for PA volume (Eather et al., 2023).
- In general, sport can be beneficial for several social outcomes, including self-control, pro-social behaviour, interpersonal communication, a sense of belonging and social connectedness (Eather et al., 2023).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | D | D |
| Key Finding | 27% of adults reported that they participated in sport in the past 12 months (CFLRI, custom tabulation, PASS, 2024). | |
| Benchmark | The percentage of adults 18 years of age and older living in Canada who participate in sport. | |

## Key findings:

- **27%** of adults reported that they had participated in sport in the past 12 months (CFLRI, PASS, 2024).
  - 32% of adults 18 to 64 years of age reported that they participated in sport, compared to 13% of adults 65 years of age and older (CFLRI, custom tabulation, PASS, 2024).
  - 36% of men reported that they participated in sport in the last 12 months, compared to 19% of women (CFLRI, custom tabulation, PASS, 2024).
  - 32% of adults earning higher incomes reported that they participated in sport in the past 12 months, compared to 22% of adults earning lower incomes (CFLRI, custom tabulation, PASS, 2024).
  - 28% of adults living in urban or suburban areas reported that they participated in sport in the past 12 months, compared to 24% of adults living in rural areas (CFLRI, custom tabulation, PASS, 2024).
  - 21% of adults who reported having a disability reported that they participated in sport in the past 12 months, compared to 30% of adults who did not report having a disability (CFLRI, custom tabulation, PASS, 2024).

### *Canadian Sport Policy 2025-2035*

The *Canadian Sport Policy 2025-2035* proposes fostering a positive and impactful sport environment across Canada. It aims to guide collaborative efforts, ensuring that sport participation leads to personal growth, improved well-being and national excellence. It defines two key contexts: participation, which focuses on developing lifelong engagement in PA; and performance, which supports athletes in achieving their competitive ambitions ethically. Ultimately, the policy seeks to achieve three desired outcomes: healthy Canadians; strong and resilient communities; and having Canada recognized as an international leader in sport — all driven by shared values like inclusion, safety and fairness. However, it emphasizes that "sport must always be focused on the good of the participants involved." Finally, there is recognition of the role of evidence and the need for actions to be guided by continuous evaluation.

## Recommendations/gaps:

### Policy

- Monitor how implementing sport-related policies affects adults from equity-denied groups (Volf et al., 2022).
- Consider the local context when determining whether to construct sport facilities; policies may not be effective where local infrastructure already meets the existing needs of interested participants (Volf et al., 2022).
- Implement financial incentives and subsidized access to community-based sport programs (e.g., vouchers), with a focus on under-represented groups.
- Prioritize inclusive programming (i.e., beginner-friendly, culturally tailored and age-appropriate leagues) to further enhance reach and adherence.

### Practice

- Locate diverse sporting options in local regions to share with others, keeping in mind that enjoyment may be an especially important driver of sport participation (Crossman et al., 2024).
- Make sport more appealing and sustainable for adults by offering flexible scheduling, varied formats (e.g., recreational leagues, drop-in play) and opportunities to form friendships.
- Institute anad evaluate mechanisms to support volunteers, coaches and officials, including training and certification, feedback and incentives.
- Plan sport programs around what the community needs, such as making sure transportation is accessible. Consider factors like bus schedules to help people get to programs easily. Make sure participants with disabilities can bring their adapted recreation equipment with them when using public or special transportation (Active Abilities Canada [*previously Active Living Alliance for Canadians with a Disability*], 2025)
- Increase awareness and education of how to participate in sport later in life (e.g., beginner or entry-level courses or training) along with supports (e.g., field size, adapted equipment or modified rules) and activities that are suitable as people age (e.g., walking soccer).

### Research

- Examine how sport policies could be used to facilitate involvement among those who are not participating, whether out of a lack of access or interest (Volf et al., 2022).
- Identify potential mediators (e.g., connectedness) and moderators (e.g., enjoyment or purpose) in relation to participation in a variety of sports.
- Determine the impact of hosting major sporting events (e.g., world championships, the Olympics) as a stimulus for population-level PA, especially in the Canadian context.
- Regularly survey and assess opportunities within key sport and recreation providers about policies, capacity, partnerships, programming and infrastructure.
- Examine the role of sport participation as a source of PA for adults (e.g., Eime et al., 2016).

# Sleep

## About sleep

Sleep is defined as a natural periodic state of rest for the mind and body, in which the eyes usually close and consciousness is completely or partially lost so that there is a decrease in bodily movement and responsiveness to external stimuli (Chaput et al., 2020).

Getting the right amount of sleep is intimately tied to our social, emotional, cognitive and physical well-being (Chaput et al., 2024; Palmer et al., 2024; Ross et al., 2020). Although research suggests that most adults benefit from between seven and nine hours of sleep daily, individual sleep requirements may vary from person to person (Chaput et al., 2020; Scott & Perlis, 2025). People can use these population norms as a starting point while monitoring their own sleep to find a consistent routine that allows them to feel their best.

- Women are more likely than men to report nighttime insomnia symptoms (23.1% vs. 14.8%; Chaput et al., 2024) and unrefreshing sleep (17.2% vs. 13.5%; Chaput et al., 2024).
- Respondents coming from lower socioeconomic backgrounds are more likely to report poorer sleep compared to those coming from higher socioeconomic backgrounds (Chaput et al., 2024).
- A reciprocal relationship exists between the presence and quality of social relationships and sleep (Gordon et., 2021). For instance, the sleep of close others (e.g., romantic partners, parents, children, bosses), positive aspects of relationships (e.g., social support, intimacy) and negative aspects of relationships (e.g. conflict, abuse) influence people's sleep.
- Sleep loss can result in reduced positive mood, increased anxiety and blunted arousal to emotional stimuli (Palmer et al., 2024).
- Adults living in Canada who meet the sleep duration recommendations have an estimated life expectancy at age 20 years of 1.2 years longer and 2.6 years longer than short and long sleepers, respectively (Chaput et al., 2022).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | B | B |
| Key Finding | 70% of adults reported that they met the sleep duration recommendation of 7 to 9 hours for those 18 to 64 years old and 7 to 8 hours for those 65 years of age and older (CFLRI, custom tabulation, PA Survey, 2025; CHMS, 2022-2024). | |
| Benchmark | The percentage of adults living in Canada who meet the sleep duration recommendations of seven to nine hours per day for those 18 to 64 years of age and seven to eight hours per day for those 65 years of age and older. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **77%** of adults 18 to 79 years of age reported that they typically met the age-specific recommendations for sleep duration (based on a weighted average of five weekdays and two weekend days; CHMS, 2022-2024).
  - 81% of adults 18 to 64 years of age and 61% of adults 65 to 79 years of age met the sleep duration recommendation (CHMS, 2022-2024).
  - 75% of men and 79% of women met the sleep duration recommendation (CHMS, 2022-2024).
  - 56% of adults who reported having a disability vs. 79% of adults who reported not having a disability met the sleep duration recommendation (CHMS, 2022-2024).
  - 78% of adults who earned the highest incomes and 71% of adults with the lowest incomes met the sleep duration recommendation (CHMS, 2022-2024).
  - 79% of adults who immigrated to Canada within the last 10 years and 76% of adults who have lived in Canada for longer met the sleep duration recommendation (CHMS, 2022-2024).
- **63%** of adults reported that they met the sleep duration recommendation (CFLRI, custom tabulation, PA survey, 2025).
  - 65% of adults 18 to 64 years of age and 56% of adults 65 years of age and older met the sleep duration recommendation (CFLRI, custom tabulation, PA survey, 2025).
  - 58% of men and 67% of women met the sleep duration recommendation (CFLRI, custom tabulation, PA survey, 2025).
  - 62% of adults living in urban or suburban areas met the sleep duration recommendation, compared to 64% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 52% of adults who reported having a disability met the sleep duration recommendation, compared to 64% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

## Recommendations/gaps:

### Policy

- Offer culturally sensitive campaigns that resonate with diverse groups to address disparities in sleep patterns among Canadian sub-populations (Chaput et al., 2024).
- Integrate sleep health into national public health strategies (e.g., sleep education, surveillance, promotion) alongside PA, nutrition and mental health.
- Promote workplace policies that support healthy sleep patterns (e.g., limiting extended work hours, offering flexible schedules, providing sleep health education). Prioritizing sleep-friendly workplace environments can reduce burnout, increase productivity and improve overall well-being among working adults.
- Include sleep assessment and education as a routine part of primary health care. Health systems should integrate standardized sleep screening (e.g., for insomnia, sleep apnea, short sleep duration) into routine health assessments, similar to how blood pressure is measured. Additionally, health-care providers should receive training on sleep health to deliver basic education and referrals.

### Practice

- Consider collecting a list of local resources to refer people to support for sleep and related issues (e.g., social workers, psychologists, sleep specialists).
- Encourage consistent sleep-wake schedules, even on weekends. Regular sleep and wake times help regulate the body's circadian rhythm, leading to better sleep quality and duration. Health-care practitioners and wellness programs should emphasize the importance of maintaining consistent sleep routines—even on days off—to avoid "social jetlag" and promote long-term sleep health.
- Promote sleep hygiene education as part of lifestyle counseling. Simple behavioural changes—such as limiting screen time before bed, creating cool and dark sleep environments, avoiding caffeine or alcohol late in the day, and establishing a calming bedtime routine—can significantly improve sleep quality. Educating adults on these strategies through health-care providers, community programs or digital tools can empower them to make lasting improvements.
- Integrate relaxation and stress management techniques into daily routines. Stress and anxiety are leading causes of sleep disturbances. Practices such as mindfulness meditation, deep breathing, progressive muscle relaxation and cognitive behavioural strategies can help adults unwind and fall asleep more easily. Embedding these tools into mental health and wellness programs can enhance both sleep and overall well-being.
- Offer education to health-care providers on sleep hygiene in general and how life changes (e.g., menopause) could impact sleep hygiene (Mukherjee et al., 2015).

### Research

- Examine the intersectionality of race, socioeconomic status and geographical location (e.g., daylight exposure) as factors that influence sleep patterns (Chaput et al., 2024). Adults from lower socioeconomic backgrounds, racialized communities and shift-working populations often experience poorer sleep yet are underrepresented in research.
- Track shifts in sleep disparities over time to help identify trends and vulnerable periods among diverse populations (Chaput et al., 2024).
- Examine how inequities in sleep could be addressed. Culturally sensitive interventions and campaigns that resonate with diverse groups could be a key focus (Chaput et al., 2024).
- Test cost-effective and scalable sleep health interventions at the population level (Chaput et al., 2022).
- Explore the role that PA can play in mitigating sleep disturbances associated with age-related physical changes (e.g., hormonal changes with menopause).

# Stationary time

## About stationary time

Stationary time is defined as the time spent not moving while awake. This could include time spent reclining, sitting or standing absent of ambulation (Tremblay et al., 2017). It is often used as a proxy indicator for sitting time because it correlates with that behaviour and is easier to measure. However, sedentary behaviours are not just defined by the absence of energy expenditure but also by being in a sitting or reclining position. As a result, many recommendations around sedentary behaviours focus on breaking up sitting time. For example, the *Canadian 24-Hour Movement Guidelines for Adults* recommend that adults limit sedentary time to eight hours or fewer per day, which includes breaking up long periods of sitting as often as possible (CSEP, 2020). For adults who use wheelchairs, breaking up sitting may not be feasible. Reducing stationary time acknowledges and emphasizes the need for movement breaks regardless of physical ability.

- Breaking up stationary time with short bouts of PA can boost brain function, improving the ability to perform certain cognitive tasks, at least in the short term (Feter et al., 2024).
- Retirement may disproportionately impact older adults of lower socioeconomic status, who tend to engage in more sedentary behaviours and experience poorer health than those of higher socioeconomic status (Vigezzi et al., 2025).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | F | C- |
| Key Finding | 42% of adults met the stationary time recommendation of 8 hours or less per day (CHMS, 2022-2024). | |
| Benchmark | The percentage of adults living in Canada who limit stationary time to eight or fewer hours per day. | |

## Key findings:

- **42%** of adults met the recommendation for stationary time (i.e., eight hours or fewer of stationary time per day; CHMS, 2022-2024).*
  - 43% of adults 18 to 64 years of age and 40% of adults 65 years of age and older met the stationary time recommendation (CHMS, 2022-2024).
  - 35% of men and 49% of women met the stationary time recommendation (CHMS, 2022-2024).
  - 35% of adults who reported having a disability and 43% of adults who reported not having a disability met the stationary time recommendation (CHMS, 2022-2024).
  - 45% of adults who earned the highest incomes and 37% of adults with the lowest incomes met the stationary time recommendation (CHMS, 2022-2024).
  - 36% of adults who immigrated to Canada within the last 10 years and 43% of adults who have lived in Canada for longer met the stationary time recommendation (CHMS, 2022-2024).

** For the benchmark of eight or fewer hours of stationary time per day, a cut-off point of nine hours or fewer was employed, as recommended by Ross et al. (2020) when using accelerometer-measured data as opposed to self-reported data.*

** The source of data for the 2021 ParticipACTION Adult Report Card used a different accelerometer (i.e., a motion sensor), which may contribute to the difference in grades.*

## Recommendations/gaps:

### Policy

- In educational campaigns, emphasize the risks of prolonged and uninterrupted sitting, which are distinct from the risks associated with not getting enough PA.
- Create a culture of movement by adopting workplace policies that allow employees to take regular breaks or alternatives to sitting (e.g., variable standing desks, support for active meetings, prompts to break up sitting time more often) to reduce stationary time at work.
- Implement prompts and environmental cues in public spaces (e.g., libraries, community centres, airports) that encourage standing or light activity, such as pedal-powered charging stations, standing desks or signage promoting movement breaks, as studies show that these can reduce and interrupt stationary time.
- Consider funding subsidized/discounted leisure programs for older adults experiencing low income, as they are more likely to experience increases in sedentary behaviour (Vigezzi et al., 2025).

### Practice

- Encourage colleagues or clients to break up long periods of sitting (e.g., by standing up) or being stationary (e.g., by moving around or wheeling) as often as possible (Ross et al., 2020).
- Suggest sit-to-stand workstations and psychosocial strategies (e.g., goal-setting), as evidence suggests that these can reduce sitting in the workplace (Rouyard et al., 2025).
- Encourage the use of movement reminders on smartphones and wearable devices to help people remember to break up sitting and stationary time.

### Research

- Examine the long-term effects of excessive sitting or stationary time on health-related outcomes (e.g., well-being, diabetes).
- Ascertain the specific pathophysiological pathways through which sitting may influence health outcomes and how and to what extent those pathways differ from those associated with PA (Chaput et al., 2023).
- Investigate minimum and optimal cut-offs for sitting and stationary time that are necessary to elicit benefits while considering proportional time for sleep and PA.
- Develop interventions to reduce sitting time among adults in a variety of settings (e.g., at home, work).

# Recreational screen time

## About recreational screen time

Recreational screen time is defined as time spent engaging in screen behaviours that are not related to school or work (Tremblay et al., 2017). The *Canadian 24-Hour Movement Guidelines for Adults* recommend that adults engage in no more than three hours of recreational screen time per day.

- Among a sample of adults residing in Spain, excessive recreational screen time on working days was negatively associated with perceived poor health in men, adjusting for leisure-time PA (Biaani et al., 2020).
- According to a large study of adults residing in the United Kingdom (Xu et al., 2024), TV-viewing time was associated with increased risk of various brain-related disorders (e.g., incident dementia, stroke, Parkinson's disease).
- Motivation, psychological capabilities and social opportunities are strong correlates of recreational screen time among adults living in Canada and may be suitable targets for interventions (Liu et al., 2022).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | N/A | C+ |
| Key Finding | 57% of adults reported that they met the recreational screen time recommendation of 3 hours or less per day (CHMS, 2022-2024). | |
| Benchmark | The percentage of adults living in Canada who engage in no more than three hours of recreational screen time per day. | |

## Key findings:

- **57%** of adults reported that they met the recreational screen time recommendation of three hours or fewer per day (CHMS, 2022-2024).
  - 59% of adults 18 to 64 years of age reported and 51% of adults 65 years of age and older reported that they met the recreational screen time recommendation (CHMS, 2022-2024).
  - 52% of men reported and 62% of women reported that they met the recreational screen time recommendation (CHMS, 2022-2024).
  - 47% of adults who reported having a disability vs. 58% of adults who reported not having a disability met the recreational screen time recommendation (CHMS, 2022-2024).
  - 60% of adults who earned the highest incomes and 55% of adults with the lowest incomes met the recreational screen time recommendation (CHMS, 2022-2024).
  - 61% of adults who immigrated to Canada within the last 10 years and 56% of adults who have lived in Canada for longer met the recreational screen time recommendation (CHMS, 2022-2024).

## Recommendations/gaps:

### Policy

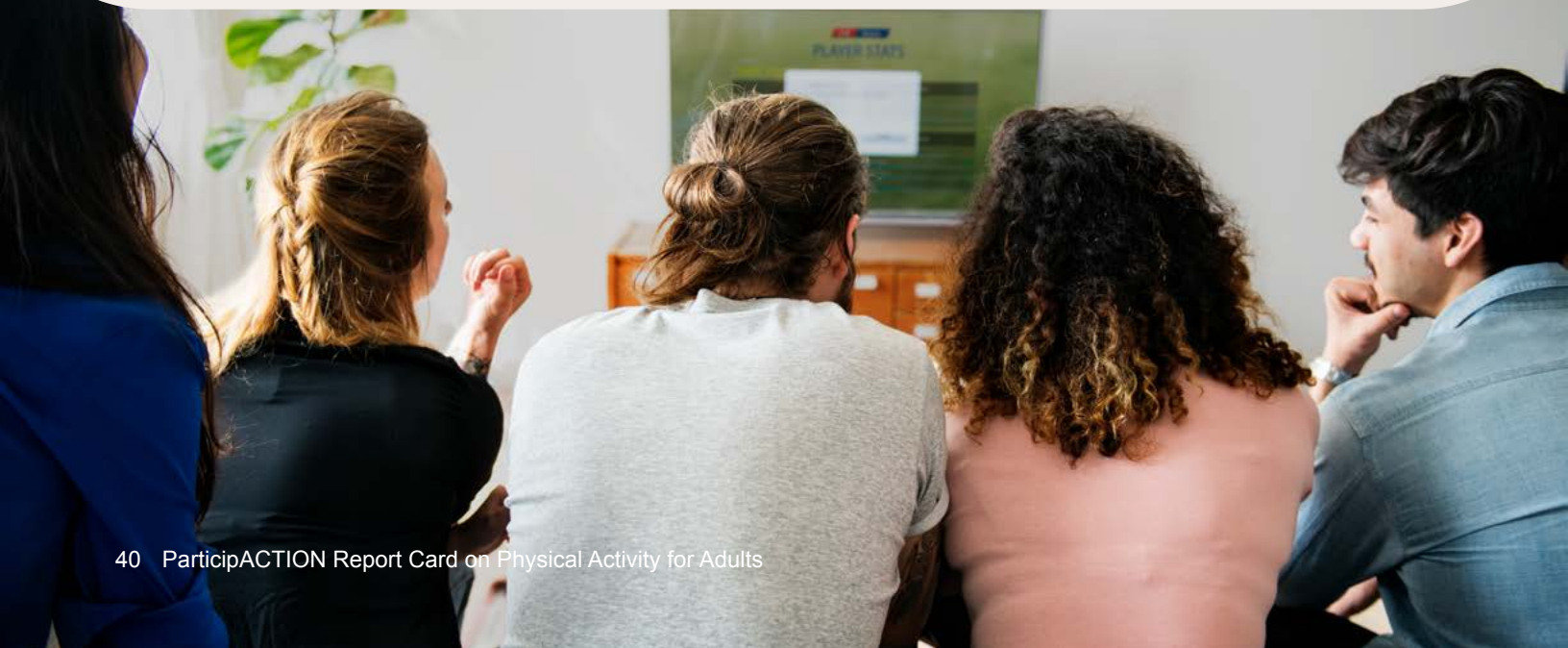
- Launch public health campaigns that raise awareness of the health risks of excessive recreational screen time and promote alternative leisure activities. Evidence suggests that such campaigns can influence behaviour change.
- Implement screen time guidelines within workplace wellness programs, encouraging limits during non-work hours, as structured interventions in these programs have been shown to reduce recreational screen use among adults.

### Practice

- Promote awareness of the recreational screen time recommendations within the *Canadian 24-Hour Movement Guidelines for Adults* (CSEP, 2020).
- Encourage adults to break up long periods of recreational screen time (Ross et al., 2020).
- Encourage adults to set personal screen time limits using digital well-being tools or apps, as evidence shows that self-monitoring strategies can effectively reduce recreational screen time.

### Research

- Ascertain the specific pathophysiological pathways through which recreational screen time may influence health outcomes in adults (Chaput et al., 2023).
- Explore the health impacts of recreational screen time on adults independent of stationary time and PA. In particular, the validity of recreational screen time guidelines needs to be established.
- Investigate the health benefits of re-allocating recreational screen time to movement behaviours.
- Evaluate the long-term effectiveness and scalability of multi-component interventions that combine behavioural, environmental and digital strategies for reducing recreational screen time among diverse adult populations.



# INDIVIDUAL CHARACTERISTICS

## Perceived capability

### About perceived capability

Capability refers to an individual's physical and psychological capacity to engage in a given activity (Michie et al., 2011). It consists of two subcomponents: physical capability (e.g., skills, strength) and psychological capability (e.g., knowledge, reasoning; Liu et al., 2023).

- Among inactive middle-aged and older adults, participants who intended to initiate PA in the next 30 days were more likely to be "without frequent restrictions to their activity and with at least moderate levels of self-perceived health and strong levels of community belonging" (Massie et al., 2022).
- Older adults' capability is influenced by functional capacity (e.g., strength) and perceived risk of injury from PA (e.g., falls; Meredith et al., 2023).
- Greater levels of psychological capability to limit screen time were found among adults living in Canada who always met screen time guidelines, compared to those who never did (Liu et al., 2023).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | B | A- |
| Key Finding | 75% of adults agreed that they have the physical ability and 85% agreed that they have the psychological ability to be physically active (CFLRI, custom tabulation, PA Survey, 2025). | |
| Benchmark | • The percentage of adults living in Canada who agree or strongly agree that they are physically capable of participating in PA (e.g., skills, training).<br>• The percentage of adults who agree or strongly agree that they have the psychological ability (e.g., knowledge) to participate in PA. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **75%** of adults at least somewhat agreed that they have the physical ability (e.g., sufficient stamina, physical skills) to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 76% of adults 18 to 64 years of age, and 72% of older adults 65 years of age and older at least somewhat agreed that they have the physical ability to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 75% of men and 75% of women at least somewhat agreed that they have the physical ability to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 79% of adults earning higher incomes at least somewhat agreed that they have the physical ability to be physically active, compared to 67% of adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).
  - 75% of adults living in urban or suburban areas at least somewhat agreed that they have the physical ability to be physically active, compared to 75% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 49% of adults who reported having a disability at least somewhat agreed that they have the physical ability to be physically active, compared to 80% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

- **85%** of adults at least somewhat agreed that they have the psychological ability (e.g., attention, knowledge) to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 83% of adults 18 to 64 years of age, and 91% of older adults 65 years of age and older at least somewhat agreed that they have the psychological ability to be active (CFLRI, custom tabulation, PA Survey, 2025).
  - 82% of men and 87% of women at least somewhat agreed that they have the psychological ability to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 86% of adults earning higher incomes at least somewhat agreed that they have the psychological ability to be physically active, compared to 80% of adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).
  - 85% of adults living in urban or suburban areas at least somewhat agreed that they have the psychological ability to be physically active, compared to 85% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 76% of adults who reported having a disability at least somewhat agreed that they have the psychological ability to be physically active, compared to 86% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

## Recommendations/gaps:

### Policy

- Use campaigns to reinforce the idea that the activities that people currently engage in have value and can count towards achieving the *Canadian 24-Hour Movement Guidelines* (e.g., walking the dog, doing yard work, walking/wheeling to stores).
- Support movement that many people have the capability to do in workplaces and where adults spend most of their time (e.g., standing, taking the stairs, having walking meetings).
- Consider the unique challenges experienced by adults with disabilities when promoting PA in campaigns.
- Conduct public health campaigns targeted at developing behavioural regulation strategies and habits among those who are already physically active to encourage long-term maintenance and prevent a return to inactivity when facing barriers.

### Practice

- Offer child-friendly PA programs for adults with childcare demands to encourage PA with their children (Dunn et al., 2025).
- Attempt to foster the immediate benefits of PA (e.g., enjoyment, socialization) to enhance older adults' psychological capability and motivation for PA (Massie et al., 2022).
- When promoting PA, consider older adults' physical capability (e.g., strength) and psychological capability (e.g., perceived risk of falls; Meredith et al., 2023).

### Research

- Examine the effects of using exercise/fitness apps on capability and/or motivation to engage in PA (Dunn et al., 2025).
- Identify factors associated with perceived low capability for PA (e.g., disability, lack of skills).
- Determine the relevance of physical literacy for adults (Active Aging Canada, 2020; Lloyd et al., 2024).
- Demonstrate the significance of PA by exploring its potential to address complex public health concerns (e.g., climate change, carbon emissions).

# Perceived opportunity

## About perceived opportunity

Perceived opportunity includes all the external factors perceived by an individual that enable, facilitate or impede a behaviour (Michie et al., 2011; Liu et al., 2023). They are broken down into two sub-components: physical opportunities (e.g., weather, the built environment) and social opportunities (e.g., interpersonal, cultural; Liu et al., 2023).

- Social isolation was associated with reduced PA among middle-aged and older adults living in Canada (Hopper et al., 2024).
- Among inactive middle-aged and older adults, racialized individuals were less likely to have intentions for PA, compared to those who identified themselves as White. These ethnic-racial differences in PA intentions may be due to cultural differences in preferred modes of PA and the availability or accessibility of them, which ultimately may decrease PA intentions (Massie et al., 2022).
- Greater levels of social opportunity were found among adults who always met screen time guidelines, compared to those who never met the guidelines or those with increased screen time (Liu et al., 2023).
- The “fit environment” (e.g., neighbourhood safety), social support (i.e., availability of social interaction) and subjective norms (i.e., socio-cultural aging stereotypes) were found to impact the opportunity for PA among older adults (Meredith et al., 2023).
- Intention to begin PA in the next 30 days is associated with a strong sense of community belonging among inactive middle-aged and older adults (Massie et al., 2022).
- Between 2018 and 2023, a modest positive shift in some social climate components for PA was observed among adults (Fagan et al., 2023). About half of the respondents reported that physical inactivity is a serious public health concern (49% in 2023 vs. 55% in 2018). Additionally, compared with 2018 respondents, those in 2023 were more likely to report seeing other adults exercising and children playing in their neighbourhoods. However, they were also less likely to see people walking or using wheelchairs in their neighbourhoods.

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | B | B |
| Key Finding | 74% of adults agreed that they have the physical opportunity and 70% agreed they have the social opportunity to be physically active (CFLRI, custom tabulation, PA Survey, 2025). | |
| Benchmark | • The percentage of adults living in Canada who agree or strongly agree that they have physical opportunity to participate in PA (e.g., perceived available opportunities in the community, a lack of barriers).<br>• The percentage of adults who agree or strongly agree that they have social opportunities to participate in PA (e.g., perceived social support from peers, family). | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **74%** of adults at least somewhat agreed that they have the physical opportunity (e.g., time, access, equipment) to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 73% of adults 18 to 64 years of age, and 79% of older adults 65 years of age and older at least somewhat agreed that they have the physical opportunity to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 75% of men and 74% of women at least somewhat agreed that they have the physical opportunity to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 77% of adults earning higher incomes at least somewhat agreed that they have the physical opportunity to be physically active, compared to 69% of adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).
  - 75% of adults living in urban or suburban areas at least somewhat agreed that they have the physical opportunity to be physically active, compared to 72% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 60% of adults who reported having a disability at least somewhat agreed that they have the physical opportunity to be physically active, compared to 77% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

- **70%** of adults at least somewhat agreed that they have social opportunities (e.g., support from friends, family) to be active (CFLRI, custom tabulation, PA Survey, 2025).
  - 69% of adults 18 to 64 years of age and 73% of adults 65 years of age and older at least somewhat agreed that they have social opportunities to be active (CFLRI, custom tabulation, PA Survey, 2025).
  - 68% of men and 72% of women at least somewhat agreed that they have social opportunities to be active (CFLRI, custom tabulation, PA Survey, 2025).
  - 74% of adults earning higher incomes at least somewhat agreed that they have social opportunities to be physically active, compared to 62% of adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).
  - 71% of adults living in urban or suburban areas at least somewhat agreed that they have social opportunities to be physically active, compared to 67% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 61% of adults who reported having a disability at least somewhat agreed that they have social opportunities to be physically active, compared to 72% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

## Recommendations/gaps:

### Policy

- Foster a sense of belonging and social connectedness through community PA programs and physical recreation opportunities (Harris et al., 2022; Massie et al., 2022).
- Consider perceived safety as an important factor in helping adults stay active in their neighbourhoods and incorporate it into the design of urban infrastructure to promote health (Ottoni et al., 2021).

### Practice

- Offer PA programs that include social interaction and encourage participation in them among adults who are experiencing social isolation (Hopper et al., 2024; Meredith et al., 2023).
- Recognize that preferred PA may vary across ethnicities and support culturally preferred PA while providing a variety of PA options as new learning opportunities (Massie et al., 2022).
- Provide additional support (e.g., neighbourhood maps showing various walking routes and amenities) to promote walking or wheeling for those who perceive their neighbourhoods as less walkable (McCormack et al., 2022).
- Use more diverse imagery and clearer descriptions of offered activities, share details on the level of fitness or ability needed to take part in them and provide alternatives to online booking (Clemson et al., 2025).

### Research

- Investigate whether current measures for assessing PA participation at the national level (e.g., CCHS) are culturally sensitive enough (Massie et al., 2022).
- Consider the influence of social climate (e.g., task-oriented and caring social climates) on engagement and well-being across various PA contexts (Allodi, 2010; Dickens et al., 2022).
- Conduct further validation of existing measures of the social climate of PA.
- Explore the benefits for adults of active co-play between adults and children (e.g., rough-and-tumble play, game-based interventions; Bustamante et al., 2020; Houghton et al., 2014; Paquette & Dumont, 2013).

# Motivation

## About motivation

Motivation refers to the brain processes that energize and direct a behaviour (Michie et al., 2011). It includes reflective motivation, which involves evaluations and plans (e.g., beliefs, attitudes), and automatic motivation, which involves emotions and impulses arising from relevant learning and/or innate dispositions (e.g., non-conscious behaviour and habits; Michie et al., 2011; Liu et al., 2023).

- Motivation was associated with PA levels among women who used the ParticipACTION mobile app (Dunn et al., 2025).
- Greater levels of automatic and reflective motivation to limit screen time were found among adults that always met screen time guidelines, compared to those who never met the guidelines or those with increased screen time (Liu et al., 2023). Automatic motivation was the strongest predictor.
- Self-identifying as an 'exerciser', the health benefits of PA and the immediate positive emotions (e.g., enjoyment) experienced before and after engaging in PA motivated older adults to participate in PA, whereas negative sensations (e.g., pain) reduced their motivation (Meredith et al., 2023).
- Among inactive middle-aged and older adults living in Canada, age was one of the strongest predictors of PA intention. The long-term benefits of PA (e.g., improved physical health outcomes) may not motivate older adults, particularly in late life. Strategies that induce PA intention by focusing on the immediate benefits of PA (e.g., sensory experiences, enjoyment) may be more effective (Massie et al., 2022).
- The removal of financial health incentives led to statistically significant reduced daily step counts among Canadian subscribers of a commercial mHealth app (Spilsbury et al., 2023).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | B+ | B- |
| Key Finding | 80% of adults agreed that they want to be physically active, but only 51% agreed that they sometimes do physical activity without thinking (CFLRI, custom tabulation, PA Survey, 2025). | |
| Benchmark | • The percentage of adults living in Canada who agree or strongly agree that they have the motivation (e.g., desire, interest or positive attitude) to participate in PA.<br>• The percentage of adults who agree or strongly agree that they have the automatic motivation (e.g., habit) to participate in PA.* | |

*Automatic motivation was not part of the motivation benchmark in the 2021 Adult Report Card. This may have influenced the grade change.

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **80%** of adults at least somewhat agreed that they have the desire to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 78% of adults 18 to 64 years of age and 84% of adults 65 years of age and older at least somewhat agreed that they have the desire to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 78% of men and 82% of women at least somewhat agreed that they have the desire to be physically active (CFLRI, custom tabulation, PA Survey, 2025).
  - 81% of adults earning higher incomes at least somewhat agreed that they have the desire to be physically active, compared to 77% of adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).
  - 80% of adults living in urban or suburban areas at least somewhat agreed that they have the desire to be physically active, compared to 81% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).
  - 74% of adults who reported having a disability at least somewhat agreed that they have the desire to be physically active, compared to 81% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

- **51%** of adults at least somewhat agreed that they sometimes engage in PA before they even realize they are doing it (CFLRI, custom tabulation, PA Survey, 2025).
  - 53% of adults 18 to 64 years of age and 47% of adults 65 years of age and older at least somewhat agreed that they sometimes engage in PA before they even realize they are doing it (CFLRI, custom tabulation, PA Survey, 2025).
  - 53% of men and 50% of women at least somewhat agreed that they sometimes engage in PA before they even realize they are doing it (CFLRI, custom tabulation, PA Survey, 2025).
  - 52% of adults earning higher incomes at least somewhat agreed that they sometimes engage in PA before they even realize they are doing it, compared to 51% of adults earning lower incomes (CFLRI, custom tabulation, PA Survey, 2025).”
  - 51% of adults living in urban or suburban areas at least somewhat agreed that they sometimes engage in PA before they even realize they are doing it, compared to 50% of adults living in rural areas (CFLRI, custom tabulation, PA Survey, 2025).”
  - 47% of adults who reported having a disability at least somewhat agreed that they sometimes engage in PA before they even realize they are doing it, compared to 52% of adults who did not report having a disability (CFLRI, custom tabulation, PA Survey, 2025).

## Recommendations/gaps:

### Policy

- Develop strategies to strengthen motivation for PA using positive messages and realistic representations of older adults who participate in PA (Massie et al., 2022).
- Tailor movement campaigns to the characteristics of target groups (e.g., adults with disabilities).
- Include point-of-decision prompts for movement as part of public education initiatives (e.g., signs to use the stairs).

### Practice

- Foster immediate benefits of PA (e.g., enjoyment, socialization) to enhance adults' psychological capability and motivation for PA (Massie et al., 2022).
- Foster motivation (e.g., habits, attitudes) for limiting sedentary behaviour by addressing environmental cues and routines (Liu et al., 2023).
- Encourage adults to focus on positive emotions (e.g., enjoyment) through PA and support them in safely managing negative sensations (e.g., pain; Meredith et al., 2023).
- Help adults maximize the benefits of exercise/fitness apps (e.g., self-tracking) and minimize negative experiences (e.g., guilt for not meeting goals) to increase adults' motivation for PA (Dunn et al., 2025).
- Encourage goal-setting and self-monitoring to support behaviour change. Helping adults set realistic and personalized PA goals can boost their motivation and accountability. Regular feedback reinforces positive habits and helps them overcome barriers.

### Research

- Consider how to intervene on less conscious and more 'automatic' processes that may shape PA participation. Traditional theoretical approaches to PA promotion have been dominated by more 'reflective' frameworks.
- Research the effects of using exercise/fitness apps on capability and/or motivation to engage in PA (Dunn et al., 2025).
- Investigate the effectiveness of existing interventions and optimal intervention strategies that motivate adults to limit their sedentary behaviour (Liu et al., 2023).
- Explore PA influences among older adults, including various equity-denied groups (Meredith et al., 2023).

# SPACES, PLACES & CULTURAL NORMS

## Facilities and infrastructure

### About facilities and infrastructure

Facilities and infrastructure include a wide variety of developed spaces and places that foster PA. These include sidewalks, paths, trails, dedicated bike lanes, parks, greenspaces, recreational and sport fields and facilities, gardens, and playgrounds.

- In four Canadian cities studied, regardless of where individuals lived, adults spent more time being physically active in areas near homes or parks and those with higher walkability (Firth et al., 2022).
- Adults who relocated to a less walkable neighbourhood than where they lived previously participated in 41 fewer minutes of active transportation compared to those who did not relocate (McCormack et al., 2023).
- Rural residents living in Canada reported lack of facility access and inadequate social support as barriers to PA (Pelletier et al., 2021).
- Active transportation and leisure PA levels were higher among adults who immigrated to Canada than adults born in Canada, but differences in active transportation were attenuated after adjusting for walkability. Positive associations were found between walkability and active transportation, regardless of immigration status, but the relationship was strongest among adults born in Canada (Akbar et al., 2024).
- Among adults living in the United States, relocating from a city with low walkability to one with high walkability increased walking by an average of 1,100 daily steps (Althoff et al., 2025).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | B | B+ |
| Key Finding | 74% was the average score reported across the areas of supportive environments for active transportation and supporting access to safe and appropriate facilities for physical activity and sport (CFLRI, custom tabulation, CCS, 2020-2021; CFLRI, custom tabulation, PAWS, 2020-2021; CFLRI, custom tabulation, SOS, 2020-2021; Newstead et al., 2024). | |
| Benchmark | • The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that provide supportive environments for active transportation (e.g., bicycle lanes, access to public transportation, access to non-motorized trails).<br>• The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that support access to safe and appropriate facilities for PA/sport. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

## Active transportation

- **66%** of communities with at least 1,000 residents indicated that they have at least one of the following amenities to help support active transportation in their community: a public transportation system; carriers for bicycles on buses and other types of public transportation; bicycle parking at public transit park-and-ride lots; a walkable or pedestrian-friendly downtown core; or pedestrian-friendly elements in the design of supercentres (CFLRI, custom tabulation, CCS, 2020-2021).
- **74%** of communities with more than 1,000 residents have at least one of the following facilities to support active transportation within their community: designated bike lanes; non-motorized multi-purpose trails; and multi-purpose trails that also permit vehicular traffic (CFLRI, custom tabulation, CCS, 2020-2021).
- **71%** of workplaces have at least one of the following facilities on site or nearby to support active transportation within their community: bicycle racks; designated bicycle lanes; vehicular traffic-calming zones on routes with lots of pedestrian traffic; access to public transportation; public transit park-and-ride lots; bicycle parking at public transit park-and-ride lots; walkable or pedestrian-friendly areas; access to safe sidewalks, intersections or pathways; access to walking or cycling trails; and showers and changerooms (CFLRI, custom tabulation, PAWS, 2020-2021).
- **69%** of Canadians reported having access to key destinations by public transit (grocery stores: 63%; workplaces: 76%; cultural/arts facilities: 65%; health-care facilities: 75%; educational facilities: 69%; sport/recreational facilities: 68%; Newstead et al., 2024).
- **89%** of Canadians reported having access to key destinations by cycling (grocery stores within 15 minutes: 80%; workplaces: 96%; cultural/arts facilities: 85%; health-care facilities: 93%; educational facilities: 90%; sport/recreational facilities: 89%; Newstead et al., 2024).
- **80%** of Canadians reported having access to key destinations by walking (grocery stores within 15 minutes: 71%; workplaces: 95%; health-care facilities: 90%; cultural/arts facilities: 60%; educational facilities: 83%; sport/recreational facilities: 80%; Newstead et al., 2024).

## Physical activity and sport

- Approximately **68%** of all municipalities have facilities that are in better than fair condition (CIRC, 2019).
- **73%** of communities with more than 1,000 residents stated that sporting facilities in need of repair, poor

lighting and crime are not important barriers in their community (CFLRI, custom tabulation, CCS, 2020-2021).

- **75%** of communities with more than 1,000 residents have at least one of the following facilities: family changerooms within recreational facilities; washrooms at parks and greenspaces; drinking fountains at parks and greenspaces and childcare services to support PA or sport program participants (CFLRI, custom tabulation, CCS, 2020-2021).
- **88%** of sport organizations agreed to some extent that they focus on making facilities physically safe, and **58%** agree to at least some extent that they focus on making facilities welcoming (CFLRI, custom tabulation, SOS, 2020- 2021).

### *Municipal Guide*

Active Abilities Canada and the Canadian Disability Participation Project 2.0 have developed evidence-based best practices for disability inclusion in municipal recreation in the areas of workplace culture, staff training, built environment, programming, communication, partnerships, persuading decision-makers and evaluation. Known as the *Municipal Guide for Disability Inclusion in Recreation and Physical Activity*, this resource provides 'how-to' strategies for staff at all levels in municipal recreation departments to ensure that persons with disabilities have more opportunities to participate in physical activity and recreation. For further information and access to the best practices, visit https://activeabilities.ca/municipal-guide/.

## Recommendations/gaps:

### Policy

- Establish policies and provide environments that support employees' PA and decision-making around active transportation (Christopher et al., 2024).
- Develop context-specific health promotion strategies to address geographic location (e.g., urban vs. rural) as an influence on PA, especially for those living in rural or isolated communities (Pelletier et al., 2021).
- Prioritize the development and maintenance of accessible, safe and inclusive active spaces in all communities. Governments should continue to invest in the design and upkeep of walking trails, bike paths, public parks, recreation centers and multi-purpose sport facilities that are free or low cost to use. Infrastructure should be equitably distributed across neighbourhoods—especially in underserved and low-income communities—to reduce barriers and support daily PA for all adults, regardless of income, ability or geographic location (e.g., rural, northern regions).
- Embed active design principles into urban planning and transportation policies. Policies should mandate walkable community design—such as mixed-use zoning, connected sidewalks, bike lanes and access to public transit—to encourage active transportation and reduce reliance on cars.
- Establish climate event-related guidelines for SPAR activities and events (e.g., sport and recreational facilities, schools, municipalities).

### Practice

- Develop and implement workplace strategies (e.g., offering flexible working hours, bicycle parking) to promote PA and facilitate active transportation among employees (Christopher et al., 2024).
- Deliver varied, culturally relevant and beginner-friendly programs (e.g., walking/wheeling groups, dance classes, pickleball) that accommodate different fitness levels, interests and schedules. Making programs low-cost, drop-in and socially engaging helps increase participation and sustained use of facilities.
- Ensure facilities and active spaces are welcoming, safe and accessible to all. Facility managers and staff should prioritize inclusive design and operations—such as offering gender-neutral changerooms, accessible entrances and paths, adequate lighting, and clear signage. Creating a respectful and comfortable atmosphere for all users, including older adults, newcomers to Canada and adults with disabilities, encourages more frequent and confident use of active spaces.
- Employ climate-related supports/actions (e.g., canopy covers, cooling stations) to enable adults to engage in outdoor activities.

### Research

- Examine the impact of built environment features beyond walkability (e.g., the presence of culturally diverse amenities and/or activities) on PA duration among newcomers to Canada (Akbar et al., 2024).
- Evaluate the long-term impact of built environment changes on adult PA levels. While associations between walkable neighbourhoods or access to recreation spaces and PA are well established, causal evidence from longitudinal or natural experiment studies is limited. Research should examine how specific infrastructure changes (e.g., new bike paths, park renovations, pedestrian zones) influence PA over time and across different adult sub-groups.
- Investigate how the design, accessibility and perceived safety of facilities affect their use by equity-denied populations. Studies should explore how factors like facility design, cultural relevance, affordability and perceived safety influence usage and identify ways to make facilities more inclusive and engaging for all adults.
- Examine the impacts of climate events (e.g., wildfire smoke, heat waves) on SPAR, including policy development, perceptions, impacts and access to indoor facilities.

# Programming

## About programming

Organized PA includes guidance about a range of planned physical activities (e.g., exercise, swimming lessons) and the amount of time each should be performed. The recreation sector enhances the well-being and resilience of communities by providing meaningful programs and services. These programs help reduce barriers to participation and foster engagement in a wide range of activities (Public Health Agency of Canada, 2018).

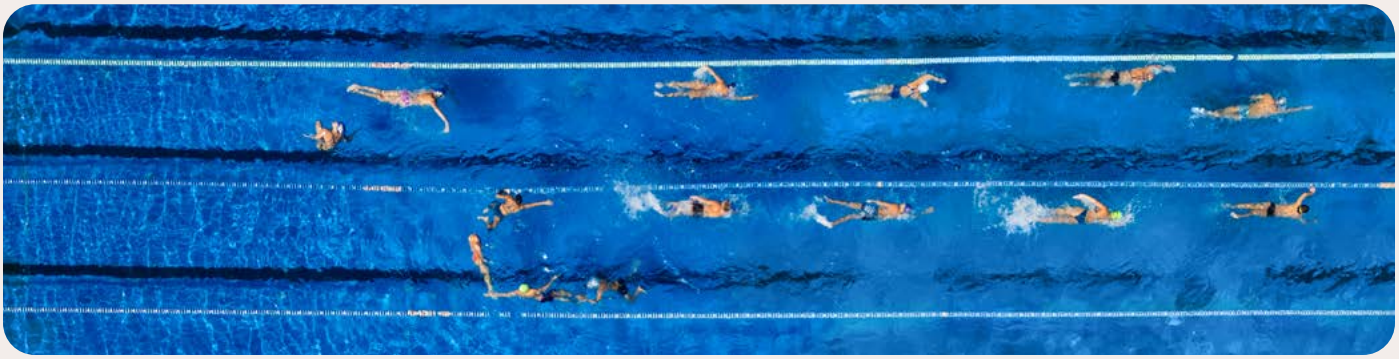
- Virtual platforms could be a potential and sustainable option in supporting older adults' PA, particularly for those who have limited access to in-person PA support (Mehrabi et al., 2024).
- The quality of sport, recreation, health or other organized PA programs can impact individuals, and high-quality, engaging experiences can have lasting positive effects for life (Mulchandani et al., 2019).
- Older adults with increased risk of social isolation have different needs for PA-related social support (Zimmer et al., 2022).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | B- | B- |
| Key Finding | 64% of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) support physical activity programming for various populations (CFLRI, custom tabulation, CCS, 2020-2021; CFLRI, custom tabulation, SOS, 2020-2021). | |
| Benchmark | The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that support programming for various populations. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **84%** of communities with at least 1,000 residents provide programming to at least one specific targeted population (CFLRI, custom tabulation, CCS, 2020-2021).
- **44%** of sport organizations provide programming that supports specific targeted populations (e.g., youth, women and girls, persons with disabilities, and Indigenous populations; CFLRI, custom tabulation, SOS, 2020-2021).



## Recommendations/gaps:

### Policy

- Promote inclusive, affordable and flexible PA programs tailored to diverse adult populations (e.g., beginner-level classes, culturally relevant activities, options for different age groups and abilities). Flexible scheduling (e.g., evenings, weekends, drop-in) helps adults with varying work and family commitments participate regularly.
- Integrate PA programming into workplace wellness policies and initiatives. Governments and health agencies should encourage employers to implement on-site or subsidized PA programs, such as walking groups, fitness classes and active breaks. Supporting active workplaces through incentives, resources and guidelines can help adults incorporate movement into their daily routines, improving their adherence to PA and overall health.
- Establish guidelines to address the potential impacts of climate events on SPAR programming (e.g., wildfire smoke, heat waves).

### Practice

- Consider virtual platforms (e.g., real-time, pre-recorded) as one option to support individuals' PA at home, especially for those with limited access to in-person programs (Mehrabi et al., 2024).
- Design PA programs that emphasize social connection and enjoyment to boost motivation and adherence. Adults are more likely to stick with PA when it is fun and provides opportunities to build social relationships. Program leaders should foster supportive, non-competitive environments that encourage group activities, peer support and positive feedback to enhance enjoyment and commitment.
- Offer flexible participation options, including varied times, locations and delivery modes (in-person and virtual). Busy adults need convenience and choice to fit activity into their schedules. Providing options like evening and weekend classes, workplace sessions, community-based programs and online classes increases accessibility and helps adults overcome common barriers like time constraints and transportation.
- Allow participants with disabilities to bring their own caregivers or support workers to programs without charging them extra, being sure to mention this in promotional materials so that everyone knows (Active Abilities Canada, 2025).
- Offer programming that addresses the diverse needs of various populations (e.g., cultural considerations, varying abilities, skills and gender). For instance, programming for Indigenous populations could include a range of Indigenous role models (e.g., extended family members, coaches, elite Indigenous athletes, exemplary community members; Sutherland, 2021).

### Research

- Establish best practices for effective virtual PA programs and examine ways to promote long-term adoption among adults and older adults (Mehrabi et al., 2024).
- Investigate which program components most effectively promote long-term PA adherence in diverse adult populations. There is limited understanding of which specific elements—such as group dynamics, intensity, frequency or incentive structures—best support sustained participation across different adult sub-groups (e.g., older adults, newcomers to Canada, people with chronic conditions).
- Explore how hybrid delivery models impact participation rates, accessibility and health outcomes among adults with varying preferences, technological literacy and access to optimize program design.
- Track the impacts of climate events on SPAR programming (e.g., cancellations and events being moved indoors).

# Policies and leadership

## About policies and leadership

Policies are powerful tools for influencing populations' PA (Gelius et al., 2020). Addressing physical inactivity requires a systems-based approach; there is no single policy solution (WHO, 2018). This indicator is about policy at an organizational or community level.

- Active transportation policy approaches that target the enablement of choice, environmental planning (e.g., the creation of safe transportation) and fiscal measures (e.g., the use of incentives) were the most favoured, while policies that used disincentives were the least favoured among adults living in Canada (McCurdy et al., 2023).
- Through discussion among individuals from multiple sectors (e.g., persons with physical disabilities, disability organizations and local/provincial governments), five key accessibility issues related to PA opportunities were identified in a Canadian context: representation and visibility (e.g., prioritize hiring persons with disabilities), finances (e.g., reduce direct costs for participants), connection and social support (e.g., foster social networks that provide informational support), education and programming (e.g., enhance awareness of existing services and resources), and government programs and policies (e.g., enforce accessibility standards for indoor and outdoor spaces; Herbison et al., 2023).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | C- | C |
| Key Finding | 48% was the average score reported across the areas of key settings with a formal strategy or plan for physical activity, sport, recreation or active transportation and that are aware of or use physical activity guidelines and information (CFLRI, custom tabulation, CCS, 2020-2021; CFLRI, custom tabulation, PAWS, 2020-2021; CFLRI, custom tabulation, SOS, 2020-2021). | |
| Benchmark | • The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that have a formal strategy or plan for PA, sport, recreation or active transportation.<br>• The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that are aware of/use PA guidelines and information. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

- **42%** of communities with at least 1,000 residents have a formal plan for parks and recreation, and **22%** have a formal strategy for PA and sport opportunities for its citizens (CFLRI, custom tabulation, CCS, 2020-2021).
- **17%** of communities with at least 1,000 residents have a plan for active transportation (CFLRI, custom tabulation, CCS, 2020-2021).
- **61%** of communities with more than 1,000 residents indicate the use of key resources or guidelines in programming (CFLRI, custom tabulation, CCS, 2020-2021).

- **85%** of sport organizations indicate that strategic resources or guidelines have influenced their policies or programming (CFLRI, custom tabulation, SOS, 2020-2021).
- **59%** of workplaces state to at least some extent that employer support and encouragement help employees be more active (CFLRI, custom tabulation, PAWS, 2020-2021).

## Recommendations/gaps:

### Policy

- Consider inclusive PA opportunities at the early stages of project/program planning (e.g., designing physical spaces; Herbison et al., 2023).
- Advocate for workplace policies that support PA (e.g., flex time to accommodate PA, active meetings, supporting active transportation to and from work, subsidies for health club use).
- Monitor how policies implemented at the organizational or municipal levels affect those from equity-denied groups (Volf et al., 2022).
- Implement multi-sectoral policies that integrate PA promotion across transportation, urban planning, workplaces and health care (Gelius et al., 2020).
- Advocate for coordinated policies—such as creating walkable cities, encouraging active commuting, embedding PA counseling in health care and supporting workplace wellness—to create supportive environments and opportunities that make being active the easy choice for adults (International Society for Physical Activity and Health, 2020).
- Incorporate evidence-based strategies and research to demonstrate the impact of SPAR among all levels of government and organizations to advocate for sustainable SPAR facilities and opportunities.
- Assess how communities support safe active transportation and develop active transportation plans.

### Practice

- Promote social support and group-based activities to enhance motivation and enjoyment. Programs that foster connections, such as group walks, exercise classes or team sports, create a sense of community and accountability. Social encouragement can increase enjoyment and make PA a more sustainable part of adults' lives.
- Use existing tools to advocate for SPAR within the jurisdiction (e.g., to measure the impact of a project or organization).

### Research

- Examine the effectiveness of population-wide interventions targeting environmental and policy changes on PA behaviours. Most evidence comes from small-scale or individual-focused interventions. Research is needed to evaluate how large-scale changes—such as new infrastructure, policy shifts or community-wide campaigns—impact PA levels across diverse adult populations over time.
- Investigate how social determinants of health influence PA disparities and identify strategies to reduce these gaps. More research is required to understand how to develop and tailor interventions that increase PA inclusively.
- Solicit more information and data on the policies and procedures for fostering PA at the organizational and community levels.

# Social environment

## About social environment

"Social environment" refers to the immediate physical and social setting in which people live (Infrastructure Canada, 2021). Anyone within an environment can control or influence adults' PA opportunities and participation within that setting.

- Supportive behaviours (i.e., supporting autonomous engagement, developing caring connections, fostering trust through expert instruction, and managing conflict directly and effectively) positively influence the quality of older adults' experiences and their continued and regular participation in PA classes (Morrison et al., 2023).
- Though both urban and rural residents in Canada report time and cost as barriers to PA, rural residents also report lack of facility access and inadequate social support (Pelletier et al., 2021).
- Social-environmental factors (e.g., social support, access to low-cost facilities) are identified as the main contributors to PA inequalities between rural and urban residents in Canada. For instance, rural residents with lack of social support were less likely to meet PA guidelines, while this was not the case for urban residents (Pelletier et al., 2022).
- Older adults with increased risk of social isolation have different needs for PA-related social support (Zimmer et al., 2022).
- Sedentary time at work is higher among urban adults between the ages of 18 and 34 years than among rural adults in the same age group. Among adults between the ages of 35 and 64 years, sedentary time at work is higher for those born in Canada than for those who immigrated to Canada. It is also higher for non-racialized adults than for Indigenous adults (Prince et al., 2024).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | C | C- |
| Key Finding | 45% was the average score reported across the areas of key settings that have enough staff to fulfill physical activity and sport mandates, support volunteers, and have partnerships for facilities or delivering programs (CFLRI, custom tabulation, CCS, 2020-2021; CFLRI, custom tabulation, PAWS, 2020-2021; CFLRI, custom tabulation, SOS, 2020-2021). | |
| Benchmark | • The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that have sufficient staffing and human resources to fulfill each setting's mandate and vision in relation to PA/sport.<br>• The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that support volunteers.<br>• The percentage of key settings (e.g., municipalities, workplaces, sport and recreation organizations, public health) that have partnerships/collaborations for facilities or program delivery. | |

## Key findings:

The bolded percentages were averaged to generate the key finding.

## Physical activity/sport

- **48%** of communities indicate having sufficient administrative and executive staff/personnel to fulfill their mandates to a considerable extent (CFLRI, custom tabulation, CCS, 2020-2021).
- **38%** of communities indicate having ample leaders, coaches, technical staff and officials to achieve their mandates to a considerable extent (CFLRI, custom tabulation, CCS, 2020-2021).
- **32%** of communities indicate having enough volunteers to accomplish their mandates to a considerable extent (CFLRI, custom tabulation, CCS, 2020-2021).
- **59%** of sport organizations indicate having sufficient administrative, managerial and executive staff/personnel to meet their mandates to a great extent (CFLRI, custom tabulation, SOS, 2020-2021).
- **33%** of sport organizations indicate having ample coaches and technical staff to fulfill their mandates to a great extent (CFLRI, custom tabulation, SOS, 2020-2021).
- **22%** of sport organizations indicate having enough volunteers to achieve their mandates to a great extent (CFLRI, custom tabulation, SOS, 2020-2021).

## Volunteers

- **51%** of communities (with at least 1,000 residents) and **48%** of sport organizations indicate having a mechanism for gathering feedback from volunteers (CFLRI, custom tabulation, SOS, 2020-2021).
- **48%** of communities (with at least 1,000 residents) and **39%** of sport organizations indicate having a process for ensuring appropriate training for volunteers (CFLRI, custom tabulation, SOS, 2020-2021).
- **28%** of communities (with at least 1,000 residents) and **19%** of sport organizations indicate having a process for evaluating the number and quality of volunteers (CFLRI, custom tabulation, SOS, 2020-2021).

## Partnerships/programs

- **83%** of communities indicate having partnerships/collaborations for providing sport programming (CFLRI, custom tabulation, CCS, 2020-2021).
- **87%** of communities indicate having partnerships/collaborations for facilities (CFLRI, custom tabulation, CCS, 2020-2021).

## Recommendations/gaps:

### Policy

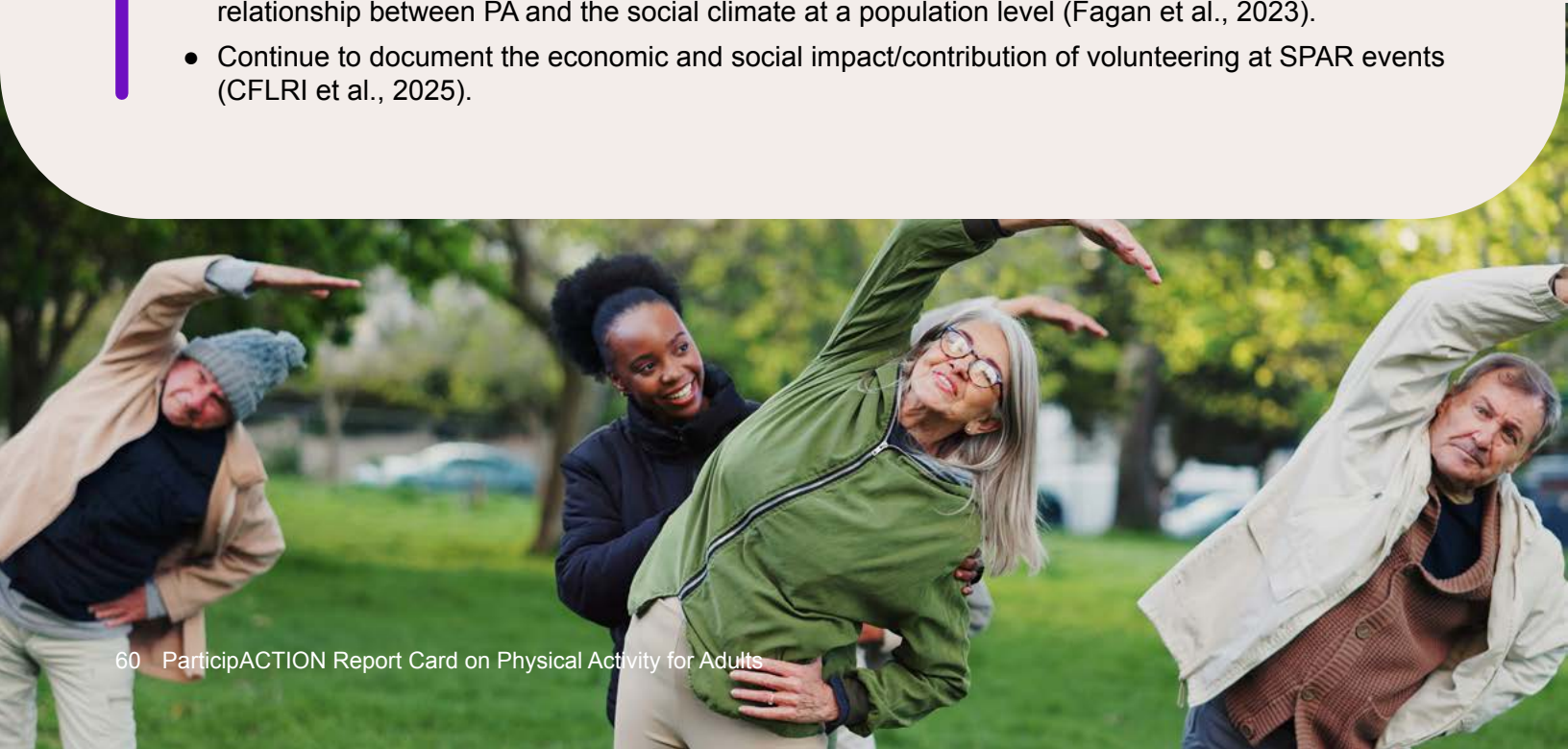
- Continue using public awareness campaigns, policies and/or strategies to emphasize that physical *inactivity* is a serious public health concern (Fagan et al., 2023).
- Dedicate funding to initiatives that encourage movement through key social environments (e.g., workplaces, health care, communities; International Society for Physical Activity and Health, 2020).

### Practice

- Identify adults' social support needs and consider them when providing exercise classes to promote positive experiences with PA (e.g., a sense of togetherness) and encourage continued engagement in PA (Craig et al., 2025; Morrison et al., 2023; Zimmer et al., 2022).
- Develop training standards for PA instructors who work with adults with disabilities. Training should focus on learning support strategies for the most prevalent disabilities and identify common support needs (Active Abilities Canada, 2025).
- Engage community members in repurposing neighbourhood spaces to create social connections (e.g., Activate Your Neighbourhood).
- Foster social connectedness when developing PA promotion strategies for rural residents (Pelletier et al., 2022).
- Consider facilitating a social movement focusing on what people value to engage communities in PA (Harris et al., 2022).
- Ensure supportive mechanisms are in place to enhance volunteers' experiences.

### Research

- Examine the facilitators of and barriers to volunteering in Canada's SPAR sector.
- Identify the perceived barriers to PA among both urban and rural residents (e.g., access) that may inform contextually relevant PA policy development, strategies and program delivery (Pelletier et al., 2021).
- Monitor and examine the stability of the social climate of PA and assess the potential bidirectional relationship between PA and the social climate at a population level (Fagan et al., 2023).
- Continue to document the economic and social impact/contribution of volunteering at SPAR events (CFLRI et al., 2025).



# STRATEGIES & INVESTMENTS

## Government

### About government

For this report, government refers to any provincial or federal governmental body with the authority to influence adults' PA opportunities or participation. Such influences may include providing funding for programs and services, establishing standards for infrastructure and programs, and setting policies.

- As part of the analysis related to the Global Observatory for Physical Activity (GoPA!), Canada is recognized as "a nation that places great attention on PA research, surveillance, and policy" (Cathro et al., 2024). Relative to other countries, Canada is a global leader in PA-related research, has a comprehensive surveillance system and has made impressive steps towards establishing national strategies.
- In June 2023, the Public Health Agency of Canada (PHAC) hosted a cross-country series of five themed "Healthy Living Roundtables", with PA and *A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving* being significant discussion topics. Emerging themes included a focus on equity-denied groups, creating a cultural norm of PA and the importance of the built environment and active transportation, especially in the context of pandemics that may require restrictions around transportation (e.g., COVID-19; PHAC, 2023).
- A recent commentary called for better coordination between national SPAR strategies (e.g., *A Common Vision* and the *National Active Transportation Strategy*) and Canada's plan (Government of Canada, 2019) for addressing the United Nations' Sustainable Development Goals (SDGs; Spence et al., 2024). There are co-benefits to be gained from coordinating SPAR strategies and addressing the SDGs. For instance, actions to address SDGs 3 (Good Health and Well-being), 5 (Gender Equality), 9 (Industry, Innovation and Infrastructure), 11 (Sustainable Cities and Communities), 13 (Climate Action), 15 (Life on Land) and 16 (Peace, Justice and Strong Institutions) overlap with SPAR strategies (e.g., engaging in active transportation contributes to sustainable communities and can be part of climate action).
- A modest positive shift between 2018 and 2023 in the social climate of PA could indicate that public awareness campaigns, policies and/or strategies influenced adults living in Canada (Fagan et al., 2023).

| Year | 2021 Adult Report Card | 2025 Adult Report Card |
|---|---|---|
| Grade | C | B |
| Key Finding | 68% was the total score based on the following areas: the number and breadth of physical activity-related policies; supporting actions; accountable organization(s); reporting structures; funding; and monitoring and evaluation plans (ParticipACTION, 2024). | |
| Benchmark | • Demonstrated progress through the key stages of public policy-making (e.g., policy agenda, formation, implementation, evaluation and decisions about the future).<br>• Evidence of leadership and commitment in promoting PA opportunities for adults of all ages and abilities.<br>• Funds and resources are allocated for implementing PA promotion strategies and initiatives for adults of all ages, abilities and cultures.<br>• Investments in professional organizations are made. | |

## Key findings:

For the government indicator, we adopted the findings from the same indicator in the 2024 ParticipACTION Report Card on Physical Activity for Children and Youth (ParticipACTION, 2024). Given that the data for the 2024 ParticipACTION Children and Youth Report Card was accumulated within 18 months of the 2025 ParticipACTION Adult Report Card's release, the assumption was that most of the government indicator findings would still apply. Based on an analysis using the Policy Audit Tool Version 2 (PAT V2; Ward et al., 2021), the overall government indicator score was 68%. Specifically, an environmental scan was conducted of PA-related federal, provincial and territorial (F-P/T) government policies. A list of these policies, broken down by province and territory, was then sent to members of the Sport, Physical Activity and Recreation Council (SPARC) for feedback and potential additions according to the PAT V2 audit criteria. Each SPARC member was asked to comment on the items identified for their region, and an additional member provided feedback on any federal policies. The items were then scored according to a rubric, and all provincial and territorial policies were proportionally scaled based on their percentage of Canada's total population (e.g., if a province has five policies and makes up 10% of Canada's population, it contributes 0.5 to Canada's total score).

## Number and breadth of relevant policies (score: 8 out of 10):

- The proportional number of relevant PA-related provincial and territorial government policies identified is 4.2 (range = 2 to 8 policies), and the total number of relevant PA-related federal government policies is 13, resulting in an overall total of 17.2 (a score of 4 out of 5).
- The breadth of government policies proportionally spanned 3.6 sectors at the provincial and territorial levels (range = 2 to 10 sectors) and 5 sectors at the federal level, resulting in an overall total of 8.6 sectors (a score of 4 out of 5).

## Identified supporting actions (score: 14.7 out of 20):

- The proportional number of relevant provincial and territorial government policies that identified supporting actions was 3.7, while a total of 11 federal government policies were identified, adding up to an overall total of 14.7 out of a maximum score of 20.

## Of the relevant policies:

- 76% identified responsibilities for delivering actions (i.e., identified accountable organizations), resulting in a score of 15 out of 25.
- 70% identified systems for reporting the delivery of actions (i.e., identifiable reporting structures), resulting in a score of 10 out of 15.
- 70% identified explicit references to funding to support identified actions, resulting in a score of 15 out of 20.
- 53% identified systems for monitoring and evaluating progress and the impact of the policy, resulting in a score of 5 out of 10.

## Total score: 67.7 out of 100

An environmental scan reveals that, since the 2024 ParticipACTION Children and Youth Report Card was published, all provinces and territories in Canada continue to offer and/or provide a variety of policies, strategies or investments related to PA. While most provincial and territorial governments helped create and are part of *A Common Vision for increasing physical activity and reducing sedentary living in Canada: Let's Get Moving*, four of them have added their own sport-specific strategies, and five of them have included sport, PA and/or recreation strategies. Of note, 12 provinces and territories have introduced new strategies and investments related to PA, including: 11 new policies/strategies; 23 new funding programs; 19 new infrastructure investments; four new research investments; five new resources/programs; three new tax measures; and three new legislations.

### *Measuring Impact*

*Measuring Impact* presents findings from a collaborative project by the CFLRI and the CPRA. It aims to provide comprehensive quantifiable data on the social, health, environmental and economic benefits of SPAR within Canada. The research highlights substantial financial contributions across these domains, demonstrating the significant impact of SPAR. Notably, the economic impact was valued at $37.2 billion in 2022, while the environmental impact (based on infrastructure replacement) reached $42.5 billion in 2020. Furthermore, the social impact from volunteering was estimated at $13.6 billion in 2020, and the health impact showed $3.9 billion in health-care costs due to physical *inactivity* in 2022. To date, two reports and several infographics have been generated to describe the findings, and two calculator tools are available for practitioners to estimate the economic impacts of SPAR programs or projects.

## Recommendations/gaps:

### Policy

- Continue to promote the public health benefits of PA through campaigns, policies and/or strategies (Fagan et al., 2023).
- Identify and monitor indicators for each area of focus in *A Common Vision*.
- Support the implementation of *A Common Vision* and the *Canadian Sport Policy 2025-2035*.
- Establish national measurable targets for the prevalence of adults' engagement in PA (e.g., increasing PA rates by 15% by 2030).
- Provide provincial and territorial PA and sedentary behaviour statistics at least bi-annually.

### Practice

- Coordinate between national SPAR-related strategies (e.g., *A Common Vision, Canadian Sport Policy, Framework for Recreation in Canada*) and Canada's plan for addressing the UN's SDGs (Spence et al., 2024).
- Consider adults in the design of parks and playgrounds, as certain amenities can encourage movement across generations (e.g., play features scaled for adult use, multi-generational outdoor equipment; Levinger et al., 2024; Talarowski et al., 2019).

### Research

- Estimate the return on investment and effectiveness of tax credits (i.e., the PA tax credit) and other economic tools for facilitating PA among adults.
- Investigate how various policies affect PA among equity-denied groups.
- Use larger sample sizes of equity-denied groups in national surveys to better examine the prevalence of PA across and at the intersection of these groups.

# MAJOR DATA SOURCES USED FOR THE 2025 ADULT REPORT CARD

## Physical Activity Survey (PA Survey, 2025)

In 2025, the Canadian Fitness and Lifestyle Research Institute (CFLRI) surveyed adults living in Canada to assess their daily movement behaviours (i.e., MVPA, active transportation, muscle-strengthening activities, balance activities, stationary time, recreational screen time, sport participation and sleep) and individual factors that may impact these behaviours (i.e., capacity, opportunity and motivation). The primary objective of this survey was to collect information on variables for the 2025 Adult Report Card.

## Canadian Community Health Survey - Annual Component (CCHS, 2023)

The CCHS is a cross-sectional survey, coordinated by Statistics Canada, that collects self-reported health-related data at the sub-provincial levels. The survey items (referred to as “modules”) are grouped according to a particular health theme. In most cycles, modules include general health, chronic conditions, smoking and alcohol use. Thematic content related to PA was included in the 2023 cycle.

## Canadian Health Measures Survey (CHMS, 2022-2024)

The CHMS is another one of Statistics Canada’s data collection platforms that provides key information relevant to Canadians’ health. It includes physical measures (e.g., anthropometry, cardiovascular health/fitness, daily steps, oral health), blood measures, urine measures, etc. In addition, household interviews are conducted to gather information on health-related behaviours, including nutrition, smoking habits, alcohol use, medical history, current health status, sexual behaviour, lifestyle and PA. The CHMS Cycle 7 (2022-2024) provides accelerometer-measured data for steps, MVPA and stationary time, as well as self-reported data for active transportation, recreational screen time, strength training and sleep duration.

## Canadian Infrastructure Report Card (CIRC, 2019)

The CIRC assesses the condition of Canada’s municipally owned infrastructure to help decision-makers identify cracks in this important foundation and inform solutions to address them. It was produced by a consortium of organizations in 2019, including the Association of Consulting Engineering Companies Canada, Canadian Construction Association, Canadian Parks and Recreation Association, Canadian Public Works Association, Canadian Society for Civil Engineering, Canadian Urban Transit Association, Canadian Network of Asset Managers and the Federation of Canadian Municipalities. The survey included several types of cultural, recreational and sport facilities, including the following: ice arenas (i.e., indoor ice arenas with one to five pads or more and outdoor ice arenas); swimming facilities (i.e., indoor pools of 25 m or 50 m or more, leisure pools, outdoor pools, wading pools and splash pads); arts and culture facilities (i.e., galleries, libraries, museums and archives, presentation and performance spaces); and other facilities (i.e., indoor and outdoor skate parks, indoor curling rinks, indoor and outdoor stadiums, indoor and outdoor tennis courts, indoor and outdoor sport fields, community centres, multi-purpose facilities). Statistics Canada collected and analyzed the data before they were released in the latter part of 2018.

## Opportunities for Physical Activity in Canadian Communities Survey (CCS, 2020-2021)

The CFLRI's Canadian Communities Survey examined municipal perspectives on programs, facilities, policies, partnerships, networking, capacity and other opportunities for sport, PA, active transportation and recreation.

## Opportunities for Physical Activity at Work Survey (PAWS, 2020-2021)

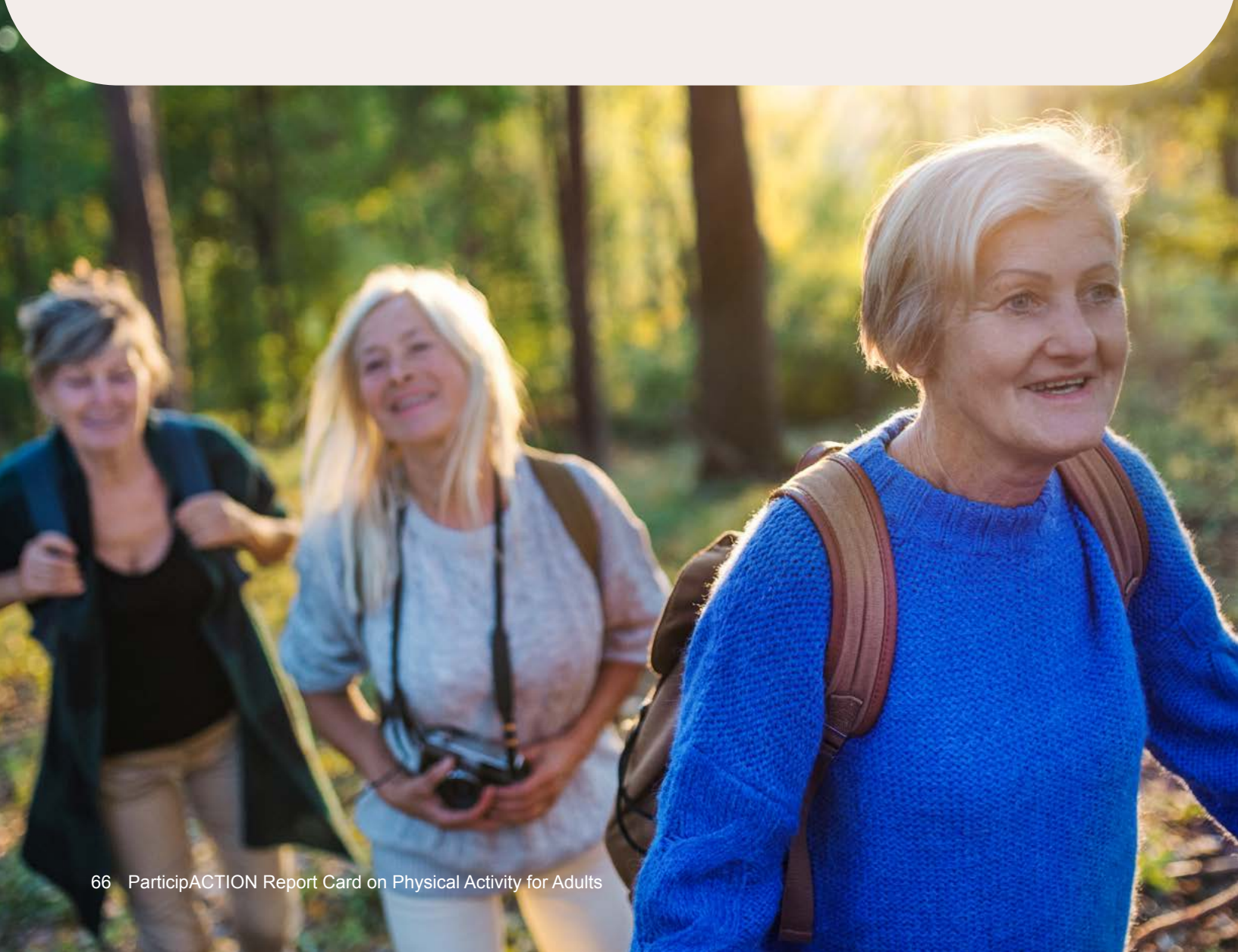
The CFLRI's Workplace Survey collected data on supportive workplace policies, the availability of facilities where people can be active at or near their workplaces, work-related benefits of PA, work-related barriers to PA, demand for resources and the encouragement of PA.

## Physical Activity and Sport Survey (PASS, 2024)

In February and March 2024, the CFLRI conducted a panel survey designed to learn about the beliefs, attitudes, motivations and capacity toward sport and PA among adults 18 years of age and older.

## Sport Organization Surveys (SOS, 2020-2021)

The CFLRI conducted a survey to collect data for assessing policy, programs and facilities among sport organizations. It was administered to sport administrators at a local, provincial/territorial and national level in 2020.



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