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# The Practitioner's Corner: An exploration of municipal active living charter development and advocacy

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## THE PRACTITIONER'S CORNER

### An exploration of municipal active living charter development and advocacy.

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#### Abstract

*Background:* Numerous municipal active living-related charters have been adopted to promote physical activity in Canada throughout the past decade. Despite this trend, there are few published critical examinations of the process through which charters are developed and used. *Purpose:* Thus, the purpose of this study was to establish greater understanding of active living charter development and advocacy. *Methods:* Semi-structured interviews were conducted with eight primary contributors to different active living-related charters across Ontario, Canada. Interview questions explored participants' experiences developing and advocating for an active living charter. Interviews were analyzed using open, axial, and selective coding. *Results and Conclusions:* Participants consistently described a process whereby an impetus triggered the development of a charter, which was subsequently adopted by regional or municipal council. Continued advocacy to develop awareness of the charter and to promote desired outcomes in the community was valued and the capacity of the working group as well as the local political context played pivotal roles in determining how the charter was implemented. Outcomes were, however, only objectively evaluated in one case that was described – evaluation being a process that many participants thought was omitted in regard to their own charter. This work provides practical guidance for health professionals developing regional active living charters as a component of broader advocacy efforts. **Health & Fitness Journal of Canada 2013;6(2):101-115.**

*Keywords:* Health Promotion, Physical Activity, Municipal Policy, Capacity, Qualitative Research, Population Health

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#### Introduction

Physical activity is a key contributor to public health, and those who engage in regular physical activity experience improved health and wellness (Bauman, 2004; Warburton et al., 2010). Despite the evidence indicating that individual benefits of physical activity also translate to societal health, economic, and environment outcomes (Global Advocacy Council for Physical Activity, 2010), many municipalities lack the political will to engage in strategies to improve physical activity (Bull, 2011). This state of affairs is troubling, given the opportunity for municipalities to influence physical activity behavior through policy.

Social-ecological models (e.g., Wicker, 1979) have been used to theorize that health policy influences population-level physical activity by changing the social and physical environment so that it promotes targeted desirable behavior. The presumptions that are implicit in such models are that policy leads to changes in social and physical environments that, in turn, influence physical activity and ultimately promote population health (Schmid et al., 2006). Indeed, these expectations are supported by evidence revealing the potential influence of social and built environments on physical activity (e.g., Brownson et al.,

2001; Green and Kreuter, 1991; Owen et al., 2000; Sallis et al., 1998). Consequently, there is momentum toward developing international, national, and municipal charters to develop awareness and advocate for active living policy (Daugbjerg et al., 2009). Charters are particularly impactful at lower levels of government because local and community-based initiatives have a direct influence on communities and, as such, even national-level policies rely on lower-level action (Bull et al., 2004).

Municipal active living charters are documents that provide a philosophical framework to guide efforts that promote the value of physical activity and establish local policy to support active lifestyles. Charters are typically intended to target municipal decision makers because these individuals have the power to shape the degree to which a community promotes the physical activity of its constituents. Despite the influx of charters and the support for municipal policy change (Bull et al., 2004), there is a remarkable paucity of literature to delineate the process of municipal charter development and use. During our literature review, we were only able to find a brief two-page report on the development of a youth physical activity charter within the Australian hospital system (Parker et al., 2003). Given that the utilization of existing research is a fundamental determinant of policy impact (von Lengerke et al., 2004), research on charter development processes is crucial to ensure desired effects on health.

The purpose of this study was to establish a greater theoretical and practical understanding of active living charter development at a municipal level. We focused on active living charters within Ontario, Canada – a province

where numerous communities have recently adopted active living-related charters (see Table 1).

### Methods

Given the importance of exploring the charter development process to guide future efforts, we focused on garnering insights and experiences from those directly involved in charter development and implementation. We used qualitative semi-structured interviews and adopted several strategies that are featured in Grounded Theory, which is a theoretical and methodological framework to guide exploration that is directed toward generating theory throughout the process of interviewing participants and analyzing data (see Corbin and Strauss, 2008). Notably, we made use of the methodological tools including constant comparison (i.e., continually contrasting emergent concepts during analysis), memoing, and theoretical sensitivity, which were particularly appropriate for an exploratory approach (Charmaz, 2006; Corbin and Strauss, 2008; Eaves, 2001). Although the current investigation did not closely follow a specific guiding theoretical orientation, a range of established methodological tools were used to guide the sampling, interviewing, analysis, and integration of core concepts.

### Sampling

A comprehensive review of active living charters from Ontario municipalities was first completed to identify primary contributors as potential study participants. Semi-structured interviews were completed with one male and seven female contributors to regional charters focusing on active living ( $n = 4$ ) and active transportation ( $n = 4$ ). All participants were employees of municipal

## Active Living Charter Development and Advocacy

**Table 1: Compilation of municipal active living-related charters in Ontario, Canada.<sup>a</sup>**

Year	Charter title (municipality) <sup>b</sup>	Scope	Contributing Group(s)	Development Process
2002	Toronto Pedestrian Charter	Pedestrian	Toronto Pedestrian Committee (Community)	Developed by committee
2006	Sudbury Municipal Pedestrian Charter	Pedestrian	Sudbury/Manitoulin Heart Health Project	Adapted from Toronto Pedestrian Charter
2007	Algoma Municipal Pedestrian Charter (Sault Ste. Marie area)	Pedestrian	Algoma Take Heart Coalition	Adapted from Toronto and Sudbury Charters
2007	Haliburton Kawartha Pine Ridge (HKPR) Health Unit Active Communities Charter	Active Community	Health Unit	Developed by health unit
2009	Active Living Charter of the City of Kingston	Active Living	Kingston Coalition for Active Transportation (members from the city, health unit, university, school board, etc.)	Developed by coalition
2009	Charter of Physical Activity, Sport, Recreation, Play and Well-Being (Cambridge)	Physical Activity	Active Cambridge (members from community, university, not for profit organization)	Adapted charter from another country
2011	Lambton County Active Community Charter	Active Community	Health Unit	Adapted from HKPR charter
2012	Adoption of the Toronto International Charter for Physical Activity (London)	Physical Activity	Healthy Communities Partnership (e.g., members from health unit, university, college, school board, not for profit groups, etc.)	Adopted an existing international charter
2012	Active Living Charter (Township of South Dundas)	Active Living	Partnership between health unit and township recreation department	Developed by health unit and township

<sup>a</sup> For simplicity, use of the term active living charter in this article denotes pedestrian, active living, active community, and physical activity charters.

<sup>b</sup> These charters are a selection from Ontario municipalities, and contributors to these charters were not necessarily involved in the current study.

health units with the exception of one participant who was a municipal employee. Furthermore, the charters discussed were adopted, on average, 2.37 ( $SD = 1.40$ ) years prior to the interview period and were intended for rural or mixed town/rural municipalities ( $n = 5$ ) as well as large cities with over 100,000

inhabitants ( $n = 3$ ). Ethical approval for this study was granted from the authors' institution and informed consent was obtained from participants prior to conducting each interview.

### Interviews

Considering the distribution of participants across Ontario, interviews were conducted over the phone and audio recorded (ranging in duration from 40 to 60 minutes). Although there are arguments against telephone interviewing, little evidence supports these claims and there are a number of benefits associated with telephone interviewing (e.g., participant comfort, retention of anonymity, increased rapport; Novik, 2008). The interview guide targeted several key concepts including: (a) circumstances leading to the charter, (b) chronological stages of charter development, (c) key factors in the process, and (d) reflection on charter outcomes. Although these key concepts were targeted throughout the interviews, the interview content varied in different phases of the data collection period following the iterative procedures endorsed by Corbin and Strauss (2008). Through the analysis of earlier interviews, novel concepts and areas of deeper interest were identified and integrated into later interviews. For example, specific areas of interest included: (a) the influence of the capacity of the working group, (b) determining the scope of the charter, (c) keeping the charter relevant over time, and (d) specific government and community advocacy efforts.

### Data Analysis

Each interview was recorded and transcribed verbatim. Analysis began with memoing (i.e., continued reflexivity; Bradbury-Jones, 2007), which was conducted directly following interviews and throughout the analysis process to enhance analytic reflection. This process facilitated the main form of analysis,

which included open, axial, and selective coding (Corbin and Strauss, 2008). Open coding involved breaking data into meaning units (i.e., a single, mutually exclusive, portion of text that is an idea and is coherent on its own; Tesch, 1990) and categorization into initial concepts. During axial coding, differing viewpoints were compared and literature was consulted to clarify concepts and reduce the number of codes. For example, developing a thorough understanding of the concept 'capacity' involved comparing differing perspectives of what this concept meant for participants and by reviewing existing literature involving capacity and policy change (see page 11 for further explanation and discussion of results pertaining to capacity). Finally, the remaining concepts were integrated into a theoretical framework during selective coding. Constant comparison was employed throughout this process to develop understanding of the charter development process by comparing new perspectives with initial concepts and theory (Corbin and Strauss, 2008). Analysis concluded when the authors came to a consensus regarding the theoretical framework.

Credibility for the analysis was enhanced by sensitizing to the field through an extensive review of existing literature and active living policy before interviewing participants (Lincoln and Guba, 1985). An expert review of the data analysis was also conducted by the fourth author, who had extensive experience with health policy research and implementation. Further, dependability and confirmability were supported through the interactive process of coding between the authors as a team (Tobin and Begley, 2004).

### Results

Participants described charters that were initiated by public health or municipal staff who created working groups to develop an active living charter as a means to advocate for physical activity. The results outline several components of the charter implementation process, including: context and initial impetus, development, adoption within municipal government, advocacy, and outcomes. Two influential concepts within this process included the capacity of the working group as well as the local political context surrounding the charter. The following sections will expand upon these concepts individually, and then describe how each concept fits within an integrated process.

### Impetus for Developing Charter

The participants involved in this study reported vivid recollections of how the charter development process was initiated within groups or organizations involved in health and physical activity advocacy. Charters were initially viewed as *“a base foundation document that could mobilize communities (P3)”* and assist with future advocacy and policy-oriented efforts. The primary reasons identified by participants for developing a charter involved being an advocacy tool for political settings as well as a way to educate and engage community members in physical activity. For example, one participant stated that:

*“We wanted to create a road-map for policy development because our work was really starting to become more oriented towards [municipal policy]. So this was meant to be a tool to help us move forward in that and help us use it to advocate within our municipality. (P2)”*

Along these lines, it is important to note that active living charters were rarely initiated as a means of their own. Rather, they were developed as an intermediary step that would facilitate future efforts to advocate and educate:

*“We decided that if we wanted to change people’s behaviors and have people cycle and walk to different destinations, then we would need a charter to be the first step in changing policy... our first step towards getting political buy-in to help change our community. (P6)”*

In addition to general advocacy for active living, participants identified several more specific goals such as advocating for the design of new community developments to involve activity-promoting built environments, and as a means of supporting efforts to join a national level physical activity initiative

The sentiment that the timing was right for a charter further emerged from participants citing how the regional and national political environments and the existing research base were undergoing a shift towards the development of active living policy as a means of promoting societal health. For example, one participant noted that:

*“If you look at any of the research that’s been going on right now about the built environment and physical activity, it’s all about livable healthy communities. [The Charter] very much fits in with all of those principles, and so I think that the timing was right more than anything. (P8)”*

### Charter Development

The impetus for a charter typically led working groups to explore other regions’ charters as well as the benefits of active living charters. Previously accepted charters from other regions were

invaluable resources and served as the foundation for new charters – as stated by one participant: *“We looked at [an existing charter] and adapted the values for our own. (P3)”* Moreover, several participants described how their group decided to adopt an existing charter without making any amendments to the primary content:

*“[Another region] had a great document to be able to reproduce. I think that’s what made it so much easier for us, is that it was essentially done, and I think a lot of other health units should probably take a look at what they’ve done and reproduce it with permission. (P7)”*

Along with decisions about the use of existing charters, participants were faced with the question of whether to address a topic that was relatively concrete (e.g., pedestrian charter) or broad (e.g., active community charter). As an example, one participant noted the process of determining the charter’s scope: *“And that was an interesting process. Like, what are we going to call it? Is it healthy communities, is it active communities, is it... We didn’t want just a pedestrian charter. Something broader than that. (P3)”*

During the development process, several participants described their group’s efforts to gather community feedback and/or endorsement for the charter. Although participants valued the feedback and support that they received, they consistently suggested that community feedback is challenging to apply directly to the charter’s development and adoption. As one participant who conducted a community workshop with nearly 100 individuals suggested:

*“Well I don’t know if it’s true everywhere, but it was difficult to engage people in an abstract way... We wanted*

*them to see the document and provide some input, but the tendency for the group was to talk about specific things, like safety of children walking to schools. (P4)”*

From this quote, it is clear that it was challenging to focus respondents on a more abstract discussion of the charter document, as opposed to concrete aspects that concerned them personally.

### **Charter Adoption Process**

The municipal adoption process involved (at the very least) a presentation before a regional or municipal council, and the subsequent support from council. In larger regions, participants presented the charter to a number of municipalities’ councils or to several subcommittees before standing before regional council. In geographically and politically dispersed regions, this process was lengthy: *“We have 19 municipalities in our district, so when we presented it to one of these municipalities or to the city we would have that educational piece telling them of the importance of what the charter means. (P2)”*

As hinted at in the passage above, participants had to ‘make a case’ for having the charter accepted even though most council members felt that physical activity was important to promote:

*“I would say that, in general, it was really hard to disagree with what’s on [the charter] because it’s pretty positive. Any time we’ve presented it to a local council, they were all like, ‘oh yeah, that makes a lot of sense.’ But only two out of four of [the councils] passed resolutions to adopt it. And the two that didn’t, they just were a bit reluctant to tie themselves to it. They said it was a really good thing, but they just didn’t want to take that sort of step. (P7)”*

Thus, participants described the importance of making a case for the

charter's adoption by: (a) describing the social benefits of physically active communities, (b) using local census results to illustrate the need for more activity, (c) identifying limitations in local infrastructure, (d) demonstrating that community members want their municipality to support active living, and (e) identifying the progression of other regions in physical activity policy. For example, one participant described how they gathered information to identify weaknesses in the local infrastructure, *"We wanted them to understand the limitations of the infrastructure... so hopefully when there are opportunities to improve the infrastructure, they'll be more supportive of it. (P5)"* In addition to these approaches for making a case, participants ultimately highlighted the value of finding economic benefits for having an active community:

*"That's why we mentioned tourism and building a vibrant community, because those are the sorts of things that speak to decision makers. You know - health - they're not going to disagree with that. But when they come to actually taking action and making decisions, I think things like economic development and tourism, and the business of attraction and retention, those are the sorts of things that speak loudly. (P3)"*

### **Charter Outcomes, Advocacy, and Awareness**

A main concern identified by participants was the struggle to ensure that the charter maintained relevance and ultimately had an impact once the initial excitement of its adoption wore off. Despite the consistent desire for their charters to be fruitful, participants reported differing opinions regarding the extent that their charter had a valuable

contribution to their region. Among the most frequently reported outcomes, participants reported that their charter was cited in policy documents as well as physical activity planning strategies, and was associated with a number of subsequent advocacy efforts. Furthermore, several participants reported how charter discussions directly led to positive changes in the municipality's support of physical activity. One participant described this direct influence: *"Our office of sustainability just purchased bike lockers that are scattered throughout the municipality... And that really came from the charter discussions. (P5)"*

Notably, it was evident from participants' responses that advocacy efforts following charter adoption were often responsible for meaningful political and community-level change. One participant described how, in the years since the charter was adopted, her group built upon the charter initiative:

*"It's more of a reference document now because we have other documents and we have engaged many innovative partners in our community that we weren't aware of or didn't have connections to [when the charter was developed]. So the development and adoption of the charter helped us increase our capacity on land use planning, and built environment issues. (P2)"*

The potential value of continued advocacy was also revealed in cases where charters were associated with few continued efforts, as another participant described a lack of continued advocacy using the charter and her group's subsequent struggle to have the charter referred to in local planning.

Although participants identified several outcomes, these responses were



primarily based on personal and subjective retrospection and many participants felt that formal evaluation of charter outcomes was absent in relation to their charter: *"It would have been nice to come back after three years and say 'Did the charter really have an impact in our community' (P1)".* Only one participant indicated that formalized evaluation took place in his region (i.e., series of public meetings and expert reviews about how the charter's principles were being addressed). Meanwhile, participants described the need for objective evaluation of charter outcomes and progress, which was considered essential to identify outcomes of the charter and encourage further advocacy.

### Capacity

The concept of *capacity* was relevant throughout the charter process and was described in this context as the collection of resources available for a group to advocate for physical activity. Financial resources were clearly an important aspect linked to capacity (e.g., *"the challenge for municipalities is this: Do we get the dollars to do that? (P5)"*). Capacity was also described as the experience and commitment of group members as well as connections to other groups and individuals, such as partnerships with similar physical activity initiatives. For example, one participant described the benefits of establishing a network of connections within the municipal government: *"We have a strong partnership with our social planning people here in the city. (P6)"* Participants also highlighted the value in developing partnerships with similar physical activity initiatives (e.g., national initiatives, local organizations, school

board programs) to extend the capacity of any single group.

Likewise, participants described the value of political *champions* for contributing to the impact of a charter by providing credibility and bringing discussion of the charter into new forums. In encouraging political figures to champion a charter, one participant identified the joint incentives for both parties:

*"And the councilors took it as an opportunity... to educate the public about how much council was spending on trail and cycling developments... and our councilor loved it, he was a big champion of it. [He thought] I can endorse the charter, and show everyone where our tax dollars are going. (P5)"*

### Local Political Context

The political context surrounding the charter implementation process was a final influential aspect, and was often described in terms of the complexity and idiosyncratic nature of any given context. As an example of this complexity, one participant stated that: *"Our health unit actually has [several] counties, and each has its own office and its own staff. We communicate obviously, but our work is geographically based that way. So we all used the charter in different ways. (P3)"*

Local contexts were particularly relevant when existing documents from other areas were adapted for a new region and framed to decision makers: *"...realizing that not every community can adopt those principles, we went through the charter and said, 'We can increase mobility, we can reduce road danger.' But some of the other things, we had to tweak. (P5)"* As another example, a participant who contributed to a charter that included rural regions had to consider the

charter's implications for different populations: *"a concern from the rural municipalities was 'we already believe in this, but what is signing a charter going to mean for us?' (P7)"*

The regional context also influenced whether charters for diverse regions were developed separately for each municipality within a region (e.g., creating several distinct charters) or developed and adopted at the regional level and applied to each municipality within the region. Although the predominant approach involved an initial region-wide charter, several participants indicated that conflict arose when municipalities were asked to adopt a regional initiative. As one participant stated: *"The [municipal directors] said right away, 'We don't want a top-down approach telling us what to do, we want it from the bottom up.' (P5)"* Thus, an alternative approach was for each municipality to form charter documents simultaneously; these were united by similar concepts and met a collective regional need, but ultimately met the needs of each municipality:

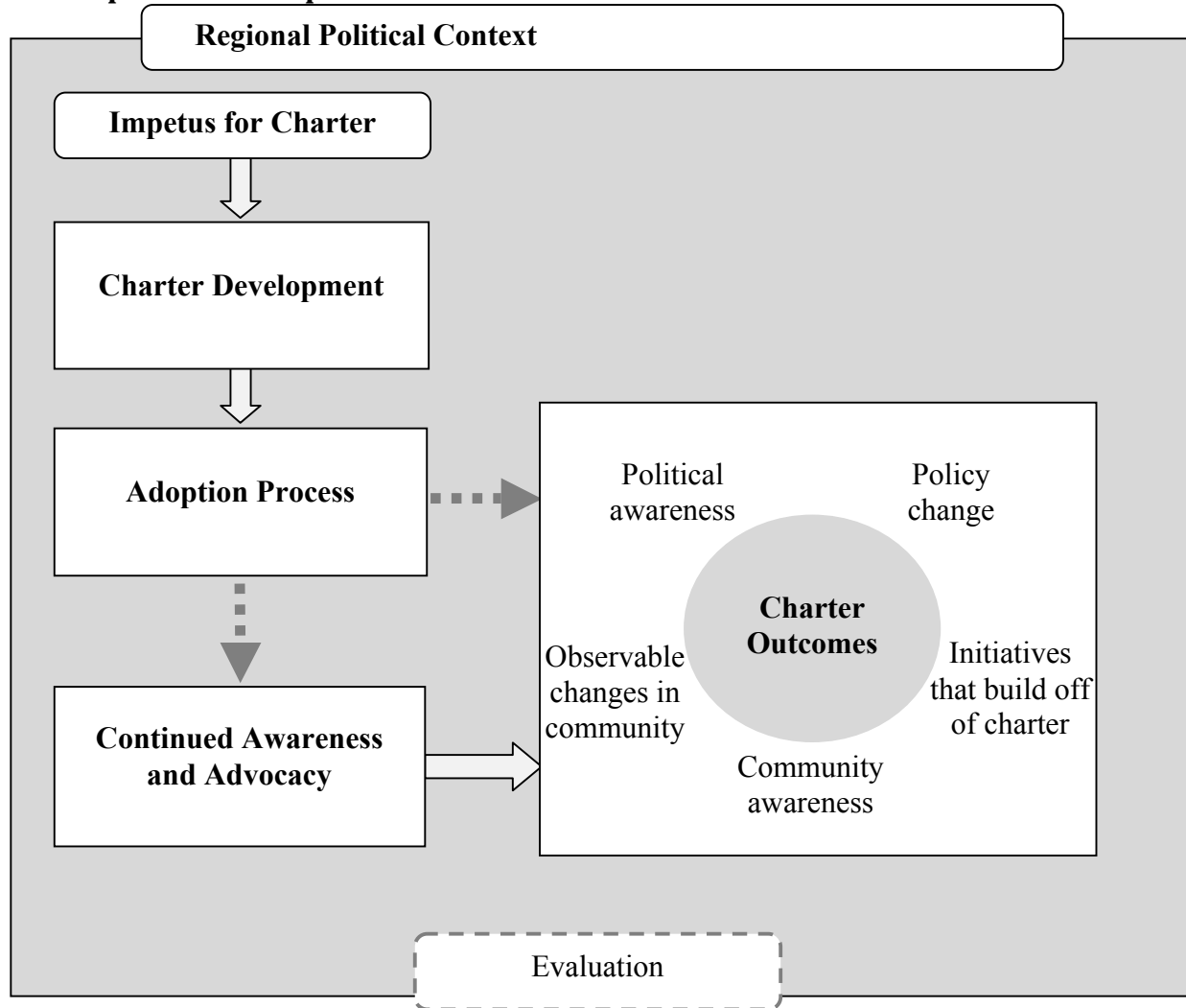
*"The next step was that local committees would be formed in each municipality that would take those overriding priorities and design what that would look like specific to their community. Because obviously the [the largest city in the region] has a whole different capacity and budget... then a rural municipality or [small town]. What trails might look like as a priority in one community would be completely different in another. But there still seemed to be a sense of needing some sort of county-wide awareness links or network to build upon what each community was doing and to have some overall coordination and effectiveness. (P7)"*

### **Theoretical Framework of Active Living Charter Development and Advocacy**

In addition to identifying the core concepts above, participants' responses hinted at a process-based interpretation. Thus, Figure 1 was developed to integrate these concepts within an overarching theoretical framework. Participants described a process whereby an initial impetus led to the development of a charter (or use of an existing charter from another region) that was adopted by municipal government and was often followed by continued awareness and advocacy efforts. Although this process of charter implementation seemed to involve these relatively consistent phases across participants, the specific pathway varied and there was substantial variance in relation to several key concepts that influenced the charter process.

One of the most striking differences among the accounts was the degree to which an overall advocacy campaign was associated with the charter itself. In some cases, there was relatively little sustained effort to support the charter through advocacy to ensure that a charter's goals were met. In other cases, the charter was an aspect of an overall physical activity promotion agenda, of which there were many other programs and initiatives, and continued efforts were sustained over time. The capacity of the working group – in terms of resources, networking, and access to relevant knowledge – was a key determinant of the degree that continued advocacy was possible. It was simply not feasible for groups with little capacity to continue community advocacy with the charter once it was adopted.

**Figure 1: Theoretical framework relating key concepts of the charter development and implementation process.**



The local political context and the specific intentions for the charter were two additional aspects that influenced the pathway of charter development. Given that each regional context had differing political processes and climates, differing approaches were taken. Furthermore, the goals of the charter influenced how the process was enacted. For example, one participant described how the charter was intended to change policy, whereas another stated that community awareness was an important aspect of her region's charter. The types of advocacy and communication with the charter – as

well as how the charter itself was developed – would be expected to differ between these two cases.

### Discussion

Active living charters represent a socio-ecological approach to promoting health (Sallis et al., 1998) that has been widely adopted at municipal levels. Although there is substantial evidence supporting the importance of physical activity and the efficacy of health policy, there is minimal understanding of the process involved in developing and advocating for active living charters. The

current study identified several core concepts in relation to the process of active living charter development, adoption, and advocacy across eight municipalities in Ontario, Canada. Participants described charters that were primarily initiated by public health and municipal staff who developed working groups or coalitions to develop, adopt, or adapt active living charters as a means to advocate for physical activity over a period of time. We sampled participants from a range of municipalities across Ontario that faced unique barriers to charter development and adoption to ensure that the results are applicable for broader national and international health promotion efforts.

Notably, participants' comments supported the suggestion that charters are perhaps most valuable when associated with an integrated advocacy agenda, rather than when used as a stand-alone document that is at risk of becoming irrelevant in a shifting political context. Integrated approaches may produce robust and meaningful community outcomes because of enhanced collaboration, capacity, and political support – key factors for policy outcomes. These comments are upheld by recent research identifying the importance of these concepts as determinants of policy outcomes (Rütten, et al., 2003a; Wholey et al., 2010). The existing research base and participants' comments both support the proposition that charters will be most effective when considered as a tool within an integrated physical activity agenda as opposed to a standalone advocacy effort.

Extending this discussion regarding integration with other advocacy approaches, there is potential for physical activity advocacy to join forces with

advocacy in other related domains – most notably, in environmental change. Given that outcomes involving community health and environmental conservation often mutually benefit one another (e.g., increased cycling behavior may improve health and reduce environmental impact; reducing air pollution may influence cardiovascular health), there is potential for a synergistic and collaborative relationship among efforts to advocate for physical activity and for environmental change. Future efforts should consider taking advantage of these parallels by integrating advocacy across domains.

Another important concept among participants was their group's decision about whether an existing charter should be entirely adopted, adapted to some degree, or whether a novel charter should be developed. There were benefits and drawbacks stated both for adopting an existing charter (e.g., easier, with increased credibility) as well as developing regional-specific charters (e.g., fits the local context). As an indication of the implications of such a decision, participants described the concerns within rural municipalities about whether charters adopted in larger municipalities were relevant (e.g., irrelevance of sections involving commercial areas) and the extent to which goals for promoting physical activity were comparable (Van Dyck et al., 2011). Thus, although few conclusions can be made in support of either charter adoption or development, this is an important consideration.

An important limitation to all of the charter processes described, however, was a lack of formal evaluation. Most of the charter outcomes discussed in this study were based on retrospective opinions, even though critical evaluation of outcomes was viewed as being

essential. An implication of this lack of assessment is that program evaluation approaches should be integrated within charter development (Rütten et al., 2003b; Devlin-Foltz et al., 2012). Vedung (1997) describes program evaluation in public policy as being a practical assessment of ongoing and finished activities for their impact and quality, which appraises relevant outcomes of the process using both quantitative and qualitative means. In translating these principles to a policy-related context, any number of outcomes and processes can be appraised – ranging from objective assessments of activity levels and references in policy, to more subjective outcomes such as community feedback (e.g., Phillips et al., 2013; de Silva-Sanigorski et al., 2010). Future charter-related efforts should consciously apply program evaluation, which can be used to provide tangible feedback that can be used to improve ongoing programs and inform future efforts. One notable challenge in evaluating charters, however, is that tangible changes within the community (e.g., behavior, health outcomes) may take a long period of time to emerge. In light of this comment and the current findings, future investigations should also revisit charters and investigate whether key objectives were obtained.

The sample of participants that contributed to this study may also limit the degree that these results can be applied in different contexts. Specifically, only contributors to readily available charters – the majority of which had been successfully adopted – were recruited in this study. Unsuccessful efforts to have municipal active living charters adopted may have been overlooked through the recruitment process of this study.

Further, participants interviewed for this study were primarily employees of municipalities or health units, within Ontario. As such, interviews with volunteer contributors and involving charters from across Canada would provide a voice to perspectives that are, as of yet, unheard. Further, community level comparative research could examine the efficacy of municipal commitments in specific regions by comparing physical activity metrics of comparable communities that have and have not adopted active living charters.

### Conclusions

Charters are developed and implemented to change public policy and develop awareness of physical activity – often as an important component of larger health promotion initiatives. This article provides initial insights into the multiple and varied pathways of municipal charter development and the often unplanned and synergistic benefits of active living charters. Given the apparent trend toward municipal charters in Canada, cities and municipalities are increasingly able to draw upon the experiences of other communities in the development of active living charters. As discussed here, various models of charter adoption, adaptation, and development are available – which should be matched to the needs and capacity of various communities. The considerable organizational capacity required as well as the local political context must be considered for effective implementation and evaluation of active living charters at a municipal level. Future research efforts should expand upon this investigation using quantitative and qualitative means to explore the community-level outcomes associated

with charter-related advocacy. Despite the distinct context sampled in the current study (i.e., Ontario municipal government and public health staff), this work is applicable to health promotion practice nationally and internationally because municipal active living charters are becoming a ubiquitous tool for promoting community health.

### Conclusions

Charters are developed and implemented to change public policy and develop awareness of physical activity – often as an important component of larger health promotion initiatives. This article provides initial insights into the multiple and varied pathways of municipal charter development and the often unplanned and synergistic benefits of active living charters. Given the apparent trend toward municipal charters in Canada, cities and municipalities are increasingly able to draw upon the experiences of other communities in the development of active living charters. As discussed here, various models of charter adoption, adaptation, and development are available – which should be matched to the needs and capacity of various communities. The considerable organizational capacity required as well as the local political context must be considered for effective implementation and evaluation of active living charters at a municipal level. Future research efforts should expand upon this investigation using quantitative and qualitative means to explore the community-level outcomes associated with charter-related advocacy. Despite the distinct context sampled in the current study (i.e., Ontario municipal government and public health staff), this work is applicable to health promotion

practice nationally and internationally because municipal active living charters are becoming a ubiquitous tool for promoting community health.

### Authors' Qualifications

The authors' qualifications are as follows: . Blair Evans M.A., Alex J. Benson M.Sc., Terry L. Mitchell M.Ed., PhD., C. Psych, Jennifer E. Robertson-Wilson M.A., PhD., and Mark A. Eys M.A., Ph.D.

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