

KEY FINDINGS AND RECOMMENDATIONS

Taken from a Qualitative Evaluation of the

Active Kids, Healthy Kids Strategy

Prepared for:

Nova Scotia Health Promotion
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Table of Contents

1.0	Introduction.....	1
1.1	Objectives	1
1.2	Methodology.....	2
2.0	The Active Kids, Healthy Kids Strategy.....	4
2.1	Background to the <i>AKHK</i> Strategy.....	4
2.2	The <i>AKHK</i> Strategy	5
3.0	Key Findings.....	7
3.1	Relevance.....	7
3.2	Focus of the Strategy	8
3.3	Collaboration.....	8
3.4	Support.....	10
3.5	Integration within the Strategy.....	11
3.6	Other Initiatives and the Strategy	11
3.7	Impact	12
4.0	Supporting Findings.....	14
4.1	Organizational Structure and Resources.....	14
4.2	Components of the <i>AKHK</i> Strategy	16
5.0	Recommendations for Re-Positioning the <i>AKHK</i> Strategy	24
5.1	The Future of the Strategy	24
5.2	Coordination and Collaboration.....	27
5.3	Communications	31
5.4	Role of the School System.....	33
5.5	Community Development Approach	37
5.6	Evaluation	38
5.7	Conclusion	38
	References.....	i
	Appendix A: Tables Outlining the <i>AKHK</i> Components and Activities	
	Appendix B: Active School Communities: Lessons Learned	

1.0 Introduction

The *Active Kids, Healthy Kids* Strategy provides a blueprint for achieving a physically active culture by the year 2010, and is premised on developing integrated strategies that focus on the home, school and community, supported by coordinated efforts across government, the community and non-government organizations. The Strategy is seen as holding potential to significantly reduce future health care costs associated with preventable chronic disease. Its long-term goal is to increase the number of children and youth who accumulate at least 60 minutes of moderate or higher intensity physical activity on a daily basis.

The following report contains the key findings and recommendations from a qualitative evaluation of the *Active Kids, Healthy Kids* Strategy, prepared by Martell Consulting Services Ltd. in association with the Canadian Fitness and Lifestyle Research Institute (CFLRI). This report was prepared for publication on the web site of Department of Health Promotion and Protection (Physical Activity, Sport and Recreation).

Two appendices are also attached including a table outlining progress on the *AKHK* Components and Activities, and a summary report on the Active School Communities and Lessons Learned.

1.1 Objectives

The stated goal of the evaluation is to inform the future implementation of the *AKHK* Strategy through an assessment of the implementation and relevance of the complete *AKHK* Strategy, as well as the effectiveness of the individual 32 activities within the Strategy. The specific objectives of the evaluation were to:

- Describe the *AKHK* Strategy, each of the 32 activities within the Strategy, how they were planned including their impact on the delivery of programs and services for children, youth and families;
- Assess relevance of the Strategy to key stakeholders in and outside of government;
- Identify staff and stakeholder perceptions of successes, challenges and issues in the implementation of the *AKHK* Strategy;
- Identify how a future *AKHK* Strategy should reflect other major initiatives affecting Nova Scotia;
- Provide a separate report for the “lessons learned” in the Active School Community pilot sites; and
- Make recommendations (drawn directly from the evaluation findings) for improvements to various aspects of the *AKHK* Strategy.

1.2 Methodology

The evaluation occurred over a two-month period and entailed in-depth interviews and group discussions with approximately 100 stakeholders involved in the planning and implementation of the Strategy, primarily at the regional level. These included representatives from both government partners and non-government partner agencies. They were supplemented by a smaller number of interviews held with head office provincial government partners, other government officials and non-government partner organizations. A review of AKHK related documents was also undertaken.

1.2.1 Data Collection

Data collected for the evaluation was derived from the following sources:

- A review of *AKHK* related documents compiled in four binders by the Halifax Office;
- Interviews with Halifax Office Health Promotion and Protection (PASR) staff (6);
- Interviews with other Provincial staff involved with the *AKHK* Strategy (5);
- Interviews with other Provincial staff involved in related but separate initiatives (6);
- Interviews with non-government partner organizations (8);
- Interviews with the regional representatives (reps)(6);
- Group discussions (5) with the Active Communities committees (8-10 members each) and supplemented by interviews with individual members (10);
- Group discussions (7) with the Active School Committees (3-5 members each) and supplemented by group discussions (4) with children and youth (8-12 children each) and interviews with individual committee members (3);
- Photos and comments by children involved in the Active School pilots.

The Halifax Office provided lists of the key provincial and non-governmental contacts for the evaluation. The regional reps further assisted the evaluation process by scheduling the Active Communities and Active School Communities pilot site focus groups in their respective regions, as well as identifying individual committee members and others involved with the Strategy interested in providing one on one feedback. Those who were not able to make a discussion group and were unavailable for an individual interview were given the option of submitting comments by email.

The data collection process occurred over a five-week span with data analysis and report writing occurring over a further three weeks. Once the key findings and recommendations were identified, the consultant team drew upon the expertise of the Canadian Fitness and Lifestyle Research Institute to provide evidence on the effectiveness of the proposed recommendations.

1.2.2 Qualitative Methodology

The methodology chosen for the evaluation assessment was qualitative in nature. Direct quotations taken from in-depth interviews and group discussions with stakeholders are the basic source of raw data in qualitative inquiry, providing rich, detailed information to understand context and circumstances. They reveal stakeholders' depth of emotion, their thoughts about what is happening, their experiences and their basic perceptions. Anonymity is always assured stakeholders in qualitative research.

In a qualitative study, stakeholders' perceptions become the basis for the findings, analysis and recommendations. Contrary views may be presented; and, because the findings are a representation of stakeholder perception, it is possible that stakeholder understanding may differ from documented procedures.

Qualitative data are not quantified when reported but rather presented as patterns or themes. When analyzing and drawing conclusions using qualitative data drawn from interviews and group discussions, the researcher pays particular attention to finding the appropriate balance and weight of evidence. Perceptions reflecting single viewpoints are generally not reported; instead, the findings and recommendations reflect a synthesis of the findings from all data sources.

This report has not included stakeholders' direct quotations. It was determined that, given the small number of respondents per region and the provincial level, anonymity of respondents could not be assured if the direct quotes were included in a public document. Detailed stakeholder feedback has been provided to the client to guide staff in determining the future direction of the Strategy. That being said, the findings and recommendations contained in this report are an accurate and true reflection of the feedback received over the course of the evaluation.

2.0 The Active Kids, Healthy Kids Strategy

The *Active Kids, Healthy Kids (AKHK)* Strategy was created as a three-year provincial strategy (2002 – 2005), designed by a working group of government and non-government organizations on behalf of the Minister responsible for the Nova Scotia Sport and Recreation Commission. In 2003, the Office of Health Promotion (NSHP) was formed and the Sport and Recreation Commission became the Physical Activity, Sport and Recreation program area within the new department. In 2006, the Office of Health Promotion became Nova Scotia Health Promotion and Protection (NSHPP).

Funding and support for the Strategy came through Nova Scotia Health Promotion; the Department of Health, Public Health Services; and the Department of Education. The *Active Kids, Healthy Kids* Strategy was allocated \$800,000 a year for three years, for a total of \$2.4 million.¹ The Department of Health contributed \$100,000 per year to the Strategy (unrestricted funding) and the Department of Education contributed \$80,000 per year (\$10,000 to each of the eight Active School pilot sites). In addition, the Department of Education contributed funding of approximately \$400,000 to assist with data collection for PACY II conducted in 2006.

2.1 Background to the AKHK Strategy

The *Active Kids, Healthy Kids* Strategy is Nova Scotia's response to the 1997 joint commitment by federal, provincial and territorial ministers, to adopt measures to reduce the number of inactive Canadians by 10 percent. That commitment was driven by the link between the growth in Canada's physically inactive population and the increase in chronic diseases such as heart disease, stroke, Type 2 diabetes, osteoporosis and some cancers.

Nova Scotia chose to focus specifically on physical inactivity in children and youth as research estimated that three out of five Canadian children and youth were not active enough for optimal health benefits². The Province mandated the Sport and Recreation

¹ The Strategy that was announced by the Province was altered significantly from the original design created by the PACY Working Group and submitted to government for approval. Certain pieces integral to the Strategy were excluded including the communications strategy (costed at \$300,000 in Year 1, and \$260,000 in each of Years 2 and 3); cost-sharing with municipalities for youth physical activity coordinators (costed at \$200,000 in Year 1, \$500,000 in Year 2 and \$600,000 in Year 3); and girls-only programming (costed at \$60,000 for each of the 3 years). In addition, the Active Schools component was reduced from a projected cost of \$420,000 for each of 3 years to \$160,000 per year. The recommendation on mandatory physical education across the public school system (to be funded outside the Strategy) was also removed. Other adjustments to the Strategy lead to further reductions. It is also noted that of the annual \$800,000 assigned to the Strategy, \$120,000 were in-kind resources.

² The PACY 1 (2002) survey results among Nova Scotia students found that 90% of boys and 92.3% of girls in grade 3 were active enough for health benefits, but that this rate dropped to 62% of boys and 44% of girls in grade 7, and to only 12% of boys and 6.9% of girls in grade 11.

Commission to form the Physically Active Children and Youth committee (PACY)³ to develop a coordinated provincial strategy on the issue of inactive children and youth.

The *AKHK* Strategy was developed based on evidence drawn from an extensive review of the literature; input from experts in the field of physical inactivity, children and youth; and local input from stakeholders and youth at community, regional and provincial levels through more than 40 consultation sessions.

2.2 The *AKHK* Strategy

The *Active Kids, Healthy Kids* Strategy provides a blueprint for achieving a physically active culture by the year 2010, and is premised on developing integrated strategies that focus on the home, school and community, supported by coordinated efforts across government, the community and non-government organizations. The Strategy is seen as holding the potential to significantly reduce future health care costs associated with preventable chronic disease.

The Active Kids, Healthy Kids Vision

“In the year 2010, Nova Scotia is known as a province that experienced a fundamental shift in its support for active, healthy lives for children and youth. Nova Scotia is a province where a culture of physical activity for young people flourishes. It is a culture in which children, youth, and their families have rediscovered and renewed the joy and fun that comes from being physically active every day. Physical activity is an important part of the daily lives of children and youth of this province. Communities, schools and workplaces welcome and support a physically active lifestyle.”

The Strategy was designed to enable concentrated efforts to take place in various settings including the school, home and community while at the same time encouraging coordination of effort across a broad range of agencies and government departments. This inclusive approach to combating physical inactivity has been recognized by experts in the physical activity field as unique in increasing physical activity levels among children and youth.

³ PACY was originally made up of representatives invited from Departments of Health, Education, Community Services, the Youth Secretariat and was chaired by the Sport and Recreation Commission. In June 2001, the committee became the Physically Active Children and Youth Working Group and expanded to include representatives appointed by the Minister from the non-governmental sector and the university community.

2.2.1 Goal

The long-term goal of the Active Kids, Healthy Kids Strategy is to increase the number of children and youth who accumulate at least 60 minutes of moderate or higher intensity physical activity on a daily basis.

2.2.2 Guiding Principles

Ten guiding principles emerged from the working group's research to provide the framework for all work initiated under the Strategy.

Guiding Principles

1. Children have a right to a variety of structured and unstructured opportunities to participate in physical activity and play.
2. Quality leadership among service providers is essential to physical activity opportunities to maximize healthy child development.
3. Fair and safe play will be an integral part of structured opportunities for children and youth.
4. Helping inactive children and youth become more active will be a priority.
5. Daily activities at home, in schools and in communities will be the focus of the strategy.
6. The Strategy will identify and build on what is currently offered by existing groups, organizations and institutions in the community.
7. Initiatives will be based on evidence and best practices. A mix of policy, environmental changes and program opportunities is effective.
8. Children and youth will be listened to and involved in leadership.
9. Collaborative efforts among agencies, government and non-government organizations, is a proven method for achieving results.
10. Government commitment is necessary to create and sustain opportunities for healthy physical activity through policy, planning and standards.

3.0 Key Findings

The *Active Kids, Healthy Kids* Strategy was at the vanguard of Nova Scotia's emerging healthy lifestyle movement in terms of physical activity. Four years ago when the *AKHK* Strategy was launched, the value of daily physical activity and its role in chronic disease management was low on the average Nova Scotian's radar. Few were aware that a third of Nova Scotia's children and youth were overweight or that 60 minutes of moderate activity a day can go a long way to achieving health benefits.

Today, we need only open our daily newspaper or tune in to our favourite radio station to learn that Nova Scotia leads the Nation's growing obesity epidemic. We are also reminded on a regular basis that we will be the first generation whose children will die before we do because of unhealthy lifestyles.

At the same time, we read about skate-parks mushrooming up across the province for youth interested in unstructured activity; we hear good news stories about running programs in elementary schools with 100 percent participation by students and staff, and innovative dance programs that attract the interest of young girls.

The *Active Kids, Healthy Kids* Strategy can be credited for playing a key role in raising the general population's awareness of the need for increased physical activity by our children and youth. The evaluation has found that the *Active Kids, Healthy Kids* Strategy is an effective tool for encouraging children, youth and their families to increase their physical activity levels. It is also an equally effective tool for bringing stakeholders together across a range of backgrounds to plan and implement ways to increase physical activity levels among Nova Scotia's population.

3.1 Relevance

All stakeholders both inside and outside government see the continuing relevance of the *AKHK* Strategy to the province's soaring child obesity rates and health care costs. Some have indicated that the Strategy is even more relevant today than when it was first envisioned.

Stakeholders are familiar with the PACY I survey (2002) led by Dalhousie University and value the Strategy's efforts at increasing the physical activity levels of children and youth. Many of those interviewed believe the Strategy has made huge headway in getting the message across about the need for increased activity levels among the province's youth and believe it is time to expand the message population wide. Getting the message to parents province-wide is seen as the critical next step.

At the same time, feedback from the evaluation indicates that some key stakeholders within government are mixed in their views on the relevance of the *AKHK* Strategy to their own work. Individuals who sat on the initial PACY Working Group, which developed the Strategy, see great relevance; others were less forthcoming and indicated a lack of understanding of the connection between their work and the Strategy.

3.2 Focus of the Strategy

While everyone is in agreement that there is a need for a strategy that addresses physical activity, there was less agreement on where the focus for a strategy should lie. It was agreed that the Strategy with its focus on children, youth and families has made a good start but some felt that it is time for the Strategy to broaden its focus to all Nova Scotians. Others felt that it should be concentrated on children and youth up to and including grade 8. Some said they would like to see a broader focus but qualified their broadening of the focus from children, youth and families if there continues to be limited funding for the Strategy. As well, there are initiatives under the Strategy that have a different target population such as Move More and Make a Move. On balance, the findings suggest that the Strategy needs to continue its focus on children, youth and families, exploring opportunities to partner with existing adult initiatives as the way to optimize the effectiveness of limited funds.

3.2.1 Guiding Principles

One aspect of the Strategy that most would like to see maintained is the use of the guiding principles. The principles are valued for the flexibility they allow to meet the individual needs of communities and schools. They also provide a framework for developing action plans. Most noted that once the planning was done and work became operational, there was not a great deal of reference to the principles but as they had been built into the plans, they still provided the necessary framework. It was noted that the principles provide for a clear focus and a sense of shared values.

3.3 Collaboration

3.3.1 At the Provincial Level

The underpinnings to the Strategy are the collaborative relationships among the three core organizations – Health, Education, and Sport and Recreation (Health Promotion).

The evaluation has found that at the provincial level, there is still work to be done in building those relationships. Once the PACY Working Group disbanded, a PACY Management Group was established for a short time made up of representatives from Education, Health, Recreation Nova Scotia and Sport Nova Scotia; and chaired by the physical activity manager, Sport and Recreation. Staff changes within both Health and Education led to issues of attendance and the Management Group eventually dissolved. Within the Department of Health Promotion and Protection itself, there is the perception that there is limited communication and few indications of collaboration between the physical activity division and the healthy eating, social marketing or chronic disease prevention divisions. Communication within the physical activity division itself also needs to be strengthened with respect to the development and launching of new initiatives funded through Health Promotion.

Much of the challenge to collaboration at the provincial level appears to relate to the lack of structure within the new Department of Health Promotion and Protection to integrate work across divisions. This has resulted in a number of initiatives being developed with similar objectives but operating in isolation from one another. The most obvious of these are the Health Promoting Schools and the Sport Animator initiatives.

A second challenge to collaboration at the provincial level came with the disbanding of the PACY Management Group. The physical activity manager lost his key leads for taking issues and questions to the relevant departments. In hindsight, some committee members believe that had the committee continued to meet as a policy body, it may have found a way to better integrate the efforts of the individual provincial initiatives under a common framework. It was also noted that it would have been appropriate for the management group to model collaboration.

3.3.2 At the Regional Level

The state of collaboration at the regional level varies across the regions but on the whole is more evident than at the provincial level and holds promise for the long-term.

The Central, Highland, South Shore and Valley Regions, through the hard work of the regional representatives and their Active Communities committees, have each successfully developed strong working relationships with most of their core partners; and South Shore has expanded the core partnership to include Community Services. Evidence of collaboration at the regional level is manifested through community health boards building an emphasis on physical activity into their wellness grants, to municipalities developing policies in support of physical activity, to schools giving responsibility for scheduling after hours use of school facilities to Municipal Recreation. In addition, feedback indicated that the committee process helped participants broaden their reach beyond their traditional partners.

Although there has been success with collaboration at the regional level, it has not occurred without challenges. One challenge with collaboration is defining it. To some, it means sitting on a committee while to others it may mean saying they support an initiative. The level of commitment often varied by the individual or the organization involved. In many cases, partnerships were created, rather than collaborative relationships. Time needs to be taken at the start to define what is meant by collaboration. Those who established a vision and a common focus were more likely to succeed with collaboration. At one Active Community site, they built exercises into each of their committee meetings to provide the opportunity to continually learn about each other and about their region. They did “health checks” on their collaboration and that contributed to the ongoing success of the committee and commitment by committee members.

Collaboration is a time consuming process – it does not occur overnight. The time commitment needed to make it work was a challenge for some. The regional representatives found that working on the *AKHK* Strategy took most of their time and they expressed concern that some of their traditional relationships may have suffered as a result of this. For other organizations to commit the time to make collaboration work they need to see the benefits to their organization. This did not always happen, particularly with Public Health. Support for collaboration often was more at the individual level

rather than at the organizational level and as people changed, so did the support for collaboration. There may be a need for a document that outlines the benefits of participation to organizations that could be used to help organizations understand the value of their contribution, not only to the Strategy but also to their own organization.

It also has to be recognized that some geographic areas are going to be more ready and willing to collaborate than others. Where there is a tradition of collaborating on initiatives, this process can happen quite quickly. But where that tradition does not exist, additional time and resources need to be allocated to facilitate the collaborative process. As a result, a committee may take longer to become operational so there needs to be flexibility in timelines to allow this happen. If the process is forced to meet timelines, there is a greater likelihood that collaborative efforts will not succeed.

Defining roles has also created challenges to collaboration. In some settings, members were clear on their roles and were able to quickly focus on their vision and develop a plan. In other situations, this was not the case and committee members struggled over their roles and what they could contribute to the committee. Along with this was the question of who should take on the leadership role. It may be beneficial to provide guidelines regarding the role initially and on an ongoing basis for the regional representative on any committees related to the *AKHK* Strategy.

3.4 Support

Generally, there was felt to be good support from the regional representatives and from Halifax Office. The newsletter and the annual conference were also singled out as providing excellent opportunities for networking and information exchange. Although most said there was sufficient support from Health Promotion, they said it would have been nice for Halifax Office to have a greater presence in the regions through attending the occasional meeting or giving presentations.

Management at Department of Education indicated that there is strong support internally for the Strategy but noted lack of staff and other priorities in education prevented a more active role. This support however was not evident to the regions and most respondents reported a lack of support from School Boards and from the Department of Education for the Active Schools initiative.

There was also some question whether there was sufficient support at the most senior levels of government and other organizations. It was noted that while the Department of Education supported the Active Schools initiative financially, the money was given to School Boards to administer and there was not always the understanding of, or commitment to, the initiative on the part of the School Boards. This lack of understanding and support was also apparent with the difficulty in engaging Public Health in many locations. Health representatives were supposed to be one of the four core organizations at the regional level. Department of Health was represented on the original physical activity steering committee. However, Public Health nurses report to management at their District Health Authority, not to the Department and there was no mechanism in place to ensure support from the Department of Health translated into support from the District Health Authorities.

Related to this lack of support was the fact that there were integral components of the strategy that were unable to be implemented as planned under the Strategy's reduced budget allocation. These included a dedicated girls-only focus, a cost-sharing program with municipalities, and a communications strategy. Many felt that these aspects are crucial to long-term success of the Strategy and they question why they remain unfunded while new initiatives continue to be announced. The lack of cost sharing with the municipalities was of particular concern to the Municipal Recreation directors as they see their role as providing "legs" to the Strategy at the community level.

The announcement of new initiatives with similar mandates but with no planned integration with the *AKHK* Strategy also made some stakeholders question support from senior levels. There was more money given to other initiatives than to the Strategy. Committees felt they were under-resourced and would have been better able to effectively invest the additional money in physical activity opportunities. People are looking for assurances that there is a continued commitment to the Strategy at the most senior levels of government and if so, they would like to see this support demonstrated through additional funding.

3.5 Integration within the Strategy

There was some connection between Active Communities and Active Schools but mainly through the regional representative sitting on both committees. In some regions, the Active Communities committee has made efforts to become informed on other aspects of the Strategy such as Make a Move and have investigated how they can integrate these programs with their activities. The newsletter produced by Halifax Office serves as a vehicle for informing each initiative about the other activities, as did the annual conferences arranged by the Halifax Office for the *AKHK* committees and stakeholders. However, other than these initiatives there does not seem to be a formal mechanism for integrating the work of various initiatives. Knowing what all the pieces of the Strategy are and how they can connect could result in greater understanding of, and commitment to, the Strategy.

Formalizing these connections would be of benefit to all aspects of the Strategy. Making connections between the Youth Fitness Leadership program and Active Schools, for example, helps the Nova Scotia Fitness Association meet their objectives and helps the Active Schools with having qualified leaders for programs. Formal connections between Active Communities and Active Schools would ensure there is no duplication of effort and each could benefit from the contacts the other has made.

3.6 Other Initiatives and the Strategy

There have been connections between the *AKHK* Strategy with other initiatives such as Sports Animators, Health Promoting Schools and Physical Activity Grants but at the same time significant questions were raised around the development of these initiatives and their connection with the Strategy. Respondents see a fit between the other provincial initiatives and the Strategy because of their shared focus on physical activity but question if these initiatives were the most appropriate way to proceed. Many feel that the money could have been better used by building on what was already being

accomplished under the Strategy rather than developing complementary but separate initiatives.

Stakeholders also pointed out that the Strategy was evidence based, and that a significant amount of research and consultation had gone into the development of the Strategy by a multi-sector committee. It was unclear if the same level of planning was put into the development of the other initiatives as was put into the development of the *Active Kids, Healthy Kids* Strategy.

Regional representatives, in particular, felt that they had little or no input into these new initiatives (with the exception of the Physical Activity Grants) and that the announcement of some initiatives came as a surprise. Yet, they were placed in a position of supporting the initiatives and trying to integrate them with what was already being done and they found this sometimes created awkward situations. There was also some feeling that funding for new initiatives diminished the importance of the initiatives under the Strategy. It was noted that the challenge with the Strategy was bringing together people with an interest in physical activity but without the resources to make physical activity a priority. Many perceived that with the School Boards getting resources through these new initiatives, they may not see a need to be involved in any initiatives under the Strategy.

There was also the perception that the new initiatives have created a question of leadership. It was noted that money has gone to the School Boards for most of these new initiatives but many question whether School Boards have the capacity to manage them on an ongoing basis. There is also a lack of clarity of who should really be responsible for some of these initiatives. For example, the Sports Animators are housed in the School Boards but they look to the regional representatives for guidance and support. There is a strong feeling that once the three-year funding for these positions is over, they may not be continued and the regional representatives and Municipal Recreation will be expected to fill the gap.

3.7 Impact

There is general agreement that there has been significant impact as a result of the *Active Kids Healthy, Kids* Strategy and that the Strategy should be considered a long-term strategy with a goal of changing the culture around physical activity. Many instances of increased activity among children were noted although it is too early to tell if this increased level of activity will be sustained through adolescence and into adulthood. Many people however said they feel there is the start of a culture change, particularly in the schools.

Almost all respondents had stories of children and youth who had become more active and who had improved their self-esteem and self-confidence through their participation in activities. The Strategy seems also to be successful in helping children recognize the importance of healthy eating along with the importance of physical activity. Children reported that they felt better about themselves and in some cases, reported working better in school because of participating in physical activities.

The Strategy also seems to be successful in increasing awareness about the need for increased physical activity. It was noted that some doors, particularly in schools, that had

originally been closed were now being opened to allow for more opportunities for physical activity. However, it was felt that even more could be done to increase the Strategy's reach and impact through funding a social marketing campaign as part of the Strategy.

The Strategy has also been successful in creating new partnerships. It was noted that there was little prior connection in most regions between schools and the Municipal Recreation departments and that connection has now been facilitated through the Strategy. The Strategy has also been credited for bringing other non-traditional partners together and has allowed partners to broaden their own reach through their participation in the Strategy.

4.0 Supporting Findings

4.1 Organizational Structure and Resources

4.1.1 Management Structure

The structure to move the Strategy forward required the presence of an inter-sectoral committee mandated to encourage collaboration across government. The PACY Working Group finished its task and the short-lived Management Group was created but shortly after the Strategy was announced (fall 2002), significant changes occurred within the Department of Health, which impacted its ongoing role. The Office of Health Promotion was created in early 2003, taking over responsibility for chronic disease prevention, healthy eating, tobacco control, addiction services, and injury prevention. At the same time, Sport and Recreation was disbanded as a Commission, and moved under the Office of Health Promotion.

Associated staffing changes prevented the Health representative from continuing her role on the Management Group. About the same time, the Education representative returned to the Halifax Regional School Board leaving the Education seat also vacant. The loss of these two lead partners ultimately resulted in the Management Group's disbandment.

4.1.2 Staffing Resources

The *AKHK* Strategy has been resourced with 2 full-time positions within the physical activity division of NSHPP, Halifax Office. The Strategy falls under the responsibility of the manager of physical activity, along with other responsibilities that include development and management of the \$500,000 Physical Activity Grant Program (established in 2003); federal/provincial work on physical activity; and development and maintenance of the division's business plan indicators around physical activity and body mass index. A term position, physical activity consultant, supported the manager.

Much of the manager's time over the past three years has been spent not only monitoring and ensuring that all components of the Strategy move forward, but also taking an active role in implementing many activities of the Strategy. His role has ranged from developing policies that guide the community and regional action plans and use of funds, to sitting on an Active School Community committee and chairing the PACY Research Committee, to working on related policy, and making presentations on the Strategy to all levels of government.

The physical activity consultant has provided valuable support from developing resource materials, to providing partners and the regional committees with networking opportunities and regular e-bulletin updates on the Strategy, to administering funds. The consultant has also taken an active role in developing some of the initiatives.

Responsibility for implementing the Strategy at the regional level falls to the regional representatives. In the first year and a half of the Strategy, the time required to bring partner organizations onto the Active Communities and Active School Community

committees, and ensure the action plans were developed, was almost a full-time job. Strategy-related work demands have continued to be heavy with most regional reps reporting other aspects of their work have suffered. Responsibilities relating to leisure services and seniors in particular have taken a back seat since the introduction of the Strategy. Increasing the regional secretarial staff to full-time positions has helped ease the workload but regional reps still report difficulty meeting all their obligations.

4.1.3 Partners

To assist the physical activity manager and consultant in implementing certain activities under the Strategy, a number of partnerships were developed with non-governmental organizations. These included the Ecology Action Centre (Active Safe Routes to School, Pathways for People); Heartwood Institute (involvement in various youth leadership initiatives); Recreation Nova Scotia (activekidsns.ca web-site, Everybody Gets to Play, distribution of Health Canada's Physical Activity Guidelines, recognition program, Parent Public Education/Move More); Heart and Stroke Foundation of Nova Scotia (Parent Public Education/Move More, Make a Move); Cancer Care Nova Scotia (Make a Move) and Nova Scotia Fitness Association (Youth Fitness Leadership).

The collaboration that emerged from these partnerships was one of the strengths of the Strategy. The individual partners willingly took on additional responsibilities because they see a clear role for themselves as part of the solution to inactivity. Some of these organizations have expanded their mandates to include a mandate directed at physical activity.

4.1.4 Communications Support

The *AKHK* Strategy did not receive funding or support to create its own communications strategy. Shortly after the NS Sport and Recreation Commission moved under the Office of Health Promotion, the dedicated communications resource attached to Sport and Recreation was removed. The lack of dedicated resources for a communications strategy, including access to professionally prepared messaging materials, has been reported across the interviews as a key limiting factor for the Strategy.

4.2 Components of the AKHK Strategy

The Strategy consists of six components or building blocks. Each component has its own objective and distinct set of activities for a total of 32 activities. Tables 2.4.1 – 2.4.6, found in Appendix A, list the components by activity and provide an overview of progress made on each activity.

The Six Components

Policy and Program Development: To initiate and coordinate government leadership and planning to implement the *Active Kids, Healthy Kids* Strategy.

Active Communities: To mobilize and build the capacity of families, schools, local government and community organizations to increase the number of children and youth who are active enough for health benefits.

Active School Communities: To increase opportunities for children and youth to be active, through collaboration of families, schools and community organizations.

Active Community Environments: To create safe and accessible physical environments that will encourage young people to increase active modes of transportation, such as walking and cycling.

Public Education: To educate and motivate children, youth and their families to increase their levels of physical activity.

Evaluation and Monitoring: To evaluate the impact of the various components of the Strategy on the physical activity levels of children and youth in Nova Scotia.

4.2.1 Policy and Program Development

Goal

The goal of Policy and Program Development is to initiate and coordinate government leadership and planning to implement the *AKHK* Strategy.

Structure

When the PACY Management Group disbanded, it was not replaced by any other management structure. The Policy and Program component was implemented without a structured approach, relying upon NSHPP staff to work on individual activities “as opportunities arose.”

Overall Findings

The PACY Management Group characterized the *AKHK* Strategy as a long-term investment in the health and well being of the population. They knew that for the Strategy to affect change on a sustainable basis, it would require a strong mandate from the top leadership of the Provincial government, its departments, agencies, boards and

commissions. The management group recognized there was a role for the Department of Education to look at how daily physical education could be made mandatory and the impact it would have on facilities and staff; similarly the Department of Health needed to clarify and implement its role in physical activity as did the Department of Community Services in its dealings with early childhood development. Other roles recognized at the outset as requiring clarification included where and how the chronic disease prevention strategy, teen health centres, and the tobacco reduction strategy fit with the *AKHK* Strategy. The rationale behind the Policy and Program Development component was to assist key government departments in developing policies and environments that would support increased physical activity levels for children and youth. Its role was also to coordinate Strategy implementation through partnership development, funding criteria, technical assistance and accountability reports.

The *AKHK* Strategy, and in particular the Policy and Program component, would have been strengthened had the inter-sectoral management group remained in place, with a mandate to assist integration across government. Feedback from past working group members and key partners of the Strategy, supports a role for the committee to ‘role model’ collaboration – to encourage stronger communication among the Strategy’s partners, to encourage partners to define their roles under the Strategy, and to encourage stronger linkages within the Office of Health Promotion itself.

Areas that the management group may have impacted include, at minimum:

- Community Access to Schools policy
- Time to Learn Strategy
- Role clarification for Public Health and School Boards
- Integration of Provincial initiatives within the Strategy

4.2.2 Active Communities

Goal

The goal of Active Communities is to mobilize and build the capacity of families, schools, health authorities, local government and community organizations to increase the number of children and youth who are active enough for health benefits.

Over the three years of the pilot, the Active Community component worked across the province to build sustainable skills, resources and commitments to physical activity by developing collaborative efforts between municipal government, health organizations, School Boards, youth groups, sport and recreation groups and others.

Structure

Active Communities committees were established in four of the six regions under the leadership of the regional rep. Core members of the Active Communities committees included Education, Health, Municipal Recreation and Sport and Recreation. Some committees kept membership at these four core organizations; other committees expanded to include members from non-government organizations (Heart and Stroke Foundation of Nova Scotia), other government departments (Community Services in one Region) and the university community (University of Cape Breton). The Sport Animators

and Active Healthy Living Consultants (recent hires of the School Boards) joined the committees in late 2005.

The Active Communities model was a somewhat difficult fit for the Fundy, Cape Breton and Highland Regions. Made up of three distinct geographical areas – Cumberland, Colchester and East Hants – the Fundy Region lacks a history of partnering on joint initiatives. The School Board and the District Health Authorities lacked a clear position on physical activity and proved difficult to attract to the initiative. After a year of struggling to fit the model, the decision was taken to provide East Hants with the Active Schools pilot funding (selecting Hants North and its feeder schools as the pilot site), and to share the Active Communities funding between Cumberland and Colchester. In Cumberland County, a Coalition was brought together made up of representatives from community health boards, Amherst Recreation and local community organizations. Their portion of the budget went into a physical activity grant program. In Colchester, the funds were used to hire two active living coordinators to supplement the Municipal Recreation staff within the county (one position) and the town of Truro (one position).

Cape Breton for its part, was particularly challenged by geography to fit the Active Communities model and may have benefited from two Active Living coordinator positions to provide better coverage of the island.

In Highland Region, the model focused on a number of negotiated agreements with municipal units, either individually (Mulgrave and Guysborough) or collectively (the six municipal units in Pictou County). Other partners including the YMCA and Public Health were also involved in each of these agreements where appropriate. In Antigonish, the focus was on supporting the Active School Community Plot at East Antigonish High School.

Process

Each of the six regions, led by the regional representative, developed a three-year plan based on the vision, goal and principles of the *AKHK* Strategy. Each Plan was resourced with an annual budget of \$50,000 through the Strategy, supplemented in some regions through additional allocations from their respective partners. The committees were given flexibility to decide the main areas of focus for their Plans and how to allocate their budget. Monitoring occurred through annual reporting to the Halifax office.

Overall Findings

The Active Communities component has done a good job both in raising the profile of the need for physical activity within the regions, and in reducing the number of inactive children and youth within the regions.

Active Communities has also had good success in some regions – not all – in building strong collaborative relationships among core members on their committees.

The effectiveness of the Active Communities component was impacted by a number of factors including the state of readiness within the regions to working collaboratively through the existence of previous PACY related activities; the existence of a Municipal Recreation infrastructure; strong leadership from the regional representative; and adoption of a community development approach in moving the Strategy to the community level.

4.2.3 Active School Communities

Goal

The goal of Active School Communities is for families, schools and community organizations to work collaboratively to increase the opportunities for children and youth to be physically active.

An Active School Community is defined as one in which teachers, students, parents, administrators and community leaders work together to create physical and social environments that support active, healthy lifestyles. An Active School Community also supports policy, environment and initiatives that encourage physical activity in the home, the school and the community.

Structure

One school, or group of schools, in each of the seven English School Boards and the French School Board participated as pilot sites (for a total of 8 pilots) under the Active School Communities component of the *AKHK* Strategy. Three First Nations schools had initially planned to share funding as an additional pilot site but for reasons linked to insufficient communication and management, the funding for the First Nation pilot did not extend beyond the first year, although the school at Pictou Landing is still continuing with a committee and with programming.

The selection process for the pilot sites varied. In some regions, school boards took the lead for site selection; in others, the lead was taken by the regional representative. Schools were selected based on criteria such as their interest and the number of youth that could be reached through programming.

Each of the nine (9) pilot sites initially pulled together an inter-sectoral committee made up of, at minimum, representatives of school staff and administration, the regional representative, staff from Department of Health, Municipal Recreation – and in one case, the RCMP. Students and parent volunteers were also included on some committees. Membership varied over the three-year pilot as staff changes occurred within the schools and government departments. In the last year of the pilot, the newly created Sport Animators and the Active Healthy Living Consultants (placed within each of the province's nine School Boards) joined some of the committees.

Four of the Active School Communities committees were chaired by the school principal or vice principal; staff from Municipal Recreation chaired three. In one pilot, an administrator from the local Village Commission filled the chair.

Process

Each Active School Communities committee was mandated to develop a three-year Action Plan for increasing physical activity among children or youth. The committees were given the flexibility to design their own approaches and activities as long as they were in line with and supported the guiding principles of the *AKHK* Strategy. The *AKHK* manager reviewed the Action Plans before they received funding to ensure compliance with the guiding principles.

Each site received \$20,000 annually (\$10,000 from NSHPP and \$10,000 from Department of Education) for each of three years. These monies were supplemented at some sites by funds from partners on the committee (in particular the Community Health Boards) or through applications to outside sources.

At six (6) sites, partners pooled resources to hire part-time or full-time staff to coordinate the implementation of the Action Plans. Some sites also drew upon volunteers (from the retired community, local groups and churches) for assistance in implementing their Action Plans. Only one site chose to develop and implement its plan with limited assistance from a paid coordinator.

Overall Findings

Only in a few instances was the Active School Communities component able to develop a collaborative or sustainable model. While some sites achieved good success in reaching the inactive child through the integration of daily physical activity into the curriculum and the school day, others struggled to maintain their focus due to insufficient support at the individual school or School Board level.

Most of the sites have strong programming in place including after school programs, family nights and weekend programs. With one exception, these programs are not sustainable, or will be difficult to sustain without the support of a paid coordinator. However, in several instances, the Municipal Recreation Department is providing staff assistance to fill the coordinator position.

The pilots that had the greatest success were those that had the ongoing support and involvement of their school principal. These principals also came from a physical education background and understood the value of a physically active lifestyle on learning as well as on health.

4.2.4 Active Community Environments

Goal

The goal of Active Community Environments is to educate and motivate children, youth and their families to increase their levels of physical activity.

Structure

The Active Community Environments component is managed centrally from the Halifax Office and supported by the Ecology Action Centre.

Process

Funding was provided to the Ecology Action Centre to coordinate Active Safe Routes to School (ASRTS) and Pathways for People. A full-time coordinator was hired by the Ecology Action Centre to implement these programs. ASRTS was based on a national Go for Green program and was tailored for Nova Scotia. The program has been running since 2001, mostly in Halifax and it tries to get students walking or biking to school or walking in other areas. The intent is to promote health, physical activity and a better environment (fewer cars), and to create safe routes. The program also works with schools to get walking school bus (supervision of group of kids walking to school). There are curriculum pieces that link in environment, health and physical activity. The program receives \$50,000 per year of funding through the *Active Kids, Healthy Kids* Strategy. The

main activity of Pathways for People is the production of a quarterly newsletter called “Walking and Wheeling”. It is distributed to 230 people or organizations that have requested to be part of the mailing list.

Overall Findings

A number of the activities that were part of the Active Communities Environment component were activities that had been started prior to the *Active Kids, Healthy Kids* Strategy. These would include activities such as trail development and promoting outdoor activity opportunities such as skate parks and outdoor rinks. The main new components were Active Safe Routes to School and Pathways for People. Most of the effort was put into ASRTS and this has proven to be quite successful. Each year, more schools and more students have participated in activities such as the International Walk to School Day. However, an ongoing challenge for the program is support from individual schools. As principals change, so does the support for programs and programs have been cancelled with a change in the principal. If the support for the program came at the School Board level, particularly with respect to liability issues, it might be easier to convince more schools to allow some of the programs. Pathways for People’s main activity is a quarterly newsletter which appears to be well received. However, it has a limited audience although the newsletter has opened some doors with Municipal Recreation departments who have requested talks by the coordinator about Active Environments.

4.2.5 Public Education

Goal

The goal of the Public Education component is to educate and motivate children, youth and their families to increase their levels of physical activity.

Structure

The Public Education component is managed centrally from the Halifax Office and supported by several key partners including Recreation Nova Scotia, Heart and Stroke Foundation of Nova Scotia, Nova Scotia Fitness Association and Cancer Care Nova Scotia.

Process

The main partners and programs under this component are Recreation Nova Scotia (activekidsns.ca web-site, Everybody Gets to Play, Parent Public Education/Move More); Heart and Stroke Foundation of Nova Scotia (Parent Public Education/Move More, Make a Move); Cancer Care Nova Scotia (Make a Move) and Nova Scotia Fitness Association (Youth Fitness Leadership).

Youth Fitness Leadership is a unique certification program for youth 15 – 18 to lead fun, inclusive safe aerobic classes to youth (age 5 – 18). The program develops leadership skills and increases self-esteem. The Nova Scotia Fitness Association has been working with the Department of Education. They will be training physical education teachers so they can train youth leaders and students will be able to use it as credit.

Parent Public Education/Move More is a program designed to promote the benefits of an active lifestyle to individuals who do not know where to start. The (8-week) program is intended for adults wanting more energy, better health, and reduced stress. The goal of

the program is to get more parents physically active through creating an opportunity for all adults, including parents to incorporate physical activity in their lives.

Make a Move is intended to:

- Increase the number of health professionals in Nova Scotia who are providing minimal level counseling to inactive people to become at least moderately active to obtain some health benefits and
- Increase the consistency of messages about physical activity provided to the public.

Everybody Gets to Play is intended to help make recreation and physical activity more accessible to low-income families and their children; and assist recreation practitioners to mobilize their communities and develop sustainable programs. Workshops take participants through a capacity building process, providing them with insights and skills to alleviate inaccessible recreation and physical activity. Workshops have been held in all regions with recreation staff from various communities.

Activekidsns.ca is a website that allows stakeholders to share their success stories as well as provides evidence-based information, research and programs. As well, there is an e-bulletin that is sent to various organizations with the intent that they will in turn send the e-bulletin to their membership.

Overall Findings

Most of the projects under this component are still in the early stages of delivery due to the time needed to develop the program. However, there are some indications that the programs are helping to meet the demand for public education on physical activity issues. Make a Move held a couple of pilot workshops. They now have requests for additional workshops for close to 200 people. The requests have come from all parts of the Province and for a wide cross-section of health professionals. The Youth Fitness Leadership program has only certified five youth to date but another 100 or so other youth are presently going through the certification process and there is ongoing interest in having this training for youth. Since most of the public education programs are quite new, it is too early to assess their effectiveness but early indications are that these programs are filling a definite need in the community.

4.2.6 Evaluation and Monitoring

Goal

The goal of the Evaluation and Monitoring component is to evaluate the impact of the various components of the Strategy and their effect on the physical activity levels of children and youth in Nova Scotia.

Structure

The Evaluation and Monitoring component was originally to be overseen by the PACY Management Group. The management group expected to use the Research activities (see

table 2.4.6 in Appendix A) of this component to support the managers of the other components; while they expected the Evaluation activities would provide management with insights into what aspects of the Strategy do and do not work well, enabling adjustments to be made to the Strategy over the three-year period. This approach to managing the *AKHK* Strategy was in line with the importance PACY placed on research and evidence-based decision-making.

Early into the *AKHK* Strategy, the management group disbanded and responsibility for managing the *AKHK* Strategy fell to the manager of physical activity. Without additional resources to oversee and manage the evaluation, the evaluation was put on hold.

It was also intended that the accelerometer study (2005–06) would provide clear evidence of change in physical activity levels among Nova Scotia’s children and youth (comparing 2005–06 results with the 2001–02 results) while the Evaluation would identify aspects of the Strategy that have contributed to the change. This latter expectation presupposes that the Evaluation of the *AKHK* Strategy would have a formal linkage with the 2005–06 accelerometer survey. Although the 2005–06 PACY research study did build in an additional sample at each Active School Community site, the data will not be available until the fall of 2006 and thus unavailable to this present evaluation.

Overall Findings

The Evaluation and Monitoring component was negatively impacted by not having a management committee in place to oversee, plan and direct its activities. Direct linkages with partners at the provincial level – contacts who could raise questions on the Strategy’s behalf – were lost.

By not implementing the evaluation framework as initially intended means that the regions have lost out on the opportunity to capture data that would demonstrate the effectiveness of the various components. There should have been some data that was collected by all Active Communities sites and all Active School sites to allow a roll-up of the data to the provincial level. Each pilot site should have also been encouraged to collect that data that would be specific to each site to demonstrate the effectiveness of their programs to their partners.

5.0 Recommendations for Re-Positioning the *AKHK* Strategy

Feedback from the evaluation has indicated that the *Active Kids, Healthy Kids* Strategy is as necessary today, if not more so, than when it was first launched. Back in 2002, PACY I survey results among Nova Scotia students found that 90% of boys and 92.3% of girls in grade 3 were active enough for health benefits, but that this rate dropped to 62% of boys and 44% of girls in grade 7, and to only 12% of boys and 6.9% of girls in grade 11.

These results are supported by the 2002/03 Canadian Community Health Survey, which shows that 51% of Canadian youth and the same proportion of Nova Scotia youth (52%) aged 12-19 were physically inactive. However, as many as 79% of Canadian youth (78% in Nova Scotia) may not have been active enough to meet international guidelines for optimal growth and development.^{i,4}

Girls are significantly less active than boys, with 59% of Canadian girls and 44% of Canadian boys being considered physically inactive.

Half of Canada's children aged 6–17 years reportedly take physical education classes three or more days a week at school and 17% have daily physical education.ⁱⁱ

While the PACY II (2006) results have not yet been released, the ongoing focus on obesity and health care costs in our province speak to the continuing need to focus on strategies that encourage and promote healthy lifestyles among our children and youth.

During the evaluation, a number of themes, heard from multiple sources, emerged. The recommendations that follow are based on these themes and where appropriate, evidence is presented from other research in support of the recommendations. The recommendations address the strengthening and re-positioning of the *AKHK* Strategy as the lead provincial initiative in building a physically active culture.⁵

5.1 The Future of the Strategy

By far the majority of stakeholders agreed that the Strategy has helped to increase awareness about the need for physical activity among Nova Scotians and has positively affected the number of children and youth participating in physical activity opportunities. Stakeholders see an ongoing role for the *Active Kids, Healthy Kids* Strategy and support a continued focus on children, youth and their families.

⁴ For the purpose of these analyses, the term physically inactive is equivalent to an energy expenditure of less than three kilocalories per kilogram of body weight per day (KKD). International guidelines for youth require a much higher level of activity (6-8 KKD). This level of physical activity can be achieved by playing team sports for an hour or a half an hour of running, combined with an accumulated hour of walking throughout the day.

⁵ We suggest that a “*Revisiting the Strategy Workshop*” be held to use these recommendations as the basis for discussing, adjusting and re-positioning the *AKHK* Strategy. Key stakeholders for the workshop should include members from the original inter-sectoral committee, the Halifax Office staff, the regional reps, the Active Communities/Active Schools committees, other partners (NGOs) and the PACY research team.

In accordance with the goal set by the Ministers responsible for sport, recreation and fitness in Bathurst, in 2003, the Province has committed to increase physical activity rates among children and youth by 10 percent by the year 2010. The Premier has been a strong advocate for physical activity evidenced, for example, by his involvement in the International Walk to School Days, and his stance on mandatory physical education and community access to public schools outside school hours.

To build upon this commitment and to take maximum advantage of the momentum that has built up around the Strategy, ministerial authority must be maintained and strengthened for the Strategy and extended across all core government departments. To move the Strategy forward, a clear and consistent message is required from the Premier down through senior government levels that physical activity is to be supported by all core departments, agencies and boards.

The following recommendations emerged from the consultation and speak to re-positioning the Strategy as the Province's lead initiative to increase physical activity levels among children, youth and their families.

5.1.1 Demonstrate Provincial support for the Strategy and its vision of a physically active culture by committing to long-term funding.

Increasing the level of physical activity is a long-term strategy. Our sedentary lifestyle has not happened overnight and it cannot be expected to revert to a more active lifestyle overnight. Many of those interviewed suggest that it will take at least a generation to change the culture sufficiently to affect real change in physical activity levels. In the same way that the public education system will always be funded, a commitment to long-term funding for encouraging and sustaining physical activity is also necessary to demonstrate its importance to the health of Nova Scotians.

The Coalition for Active Living's Pan-Canadian Physical Activity Strategyⁱⁱⁱ calls for the creation of sustainable long-term change that requires a significant investment in comprehensive, sustained, and effective action. The Coalition calls for collaborative intersectoral action and has identified five components to guide efforts nationwide to enhance population health and improve the quality of life of all Canadians by reducing physical inactivity:

- Healthy Public Policy;
- Community Physical Environments;
- Supportive Social Environments;
- Public Education; and,
- Research Development and Knowledge Exchange

On a national level the Pan-Canadian Healthy Living Strategy^{iv} recommends an integrated approach involving many sectors working together towards common goals. It offers a means to ensure greater alignment, coordination and direction for all sectors, and

provides a forum for multiple players to align efforts and to work collaboratively to address common risk factors.

The World Health Organization states that “the role of government is crucial in achieving lasting change in public health” and recommends that “Governments have a primary steering and stewardship role in initiating and developing the Strategy (on diet, physical activity and health), ensuring that it is implemented and monitoring its impact in the long term.”^v

5.1.2 Build physical activity into the business plans of the core departments – Community Services, Education, Health, Transportation and Public Works– and others as appropriate (Service Nova Scotia/Municipal Relations). This should occur at both the provincial and regional levels of government.

Without responsibility for physical activity being made a part of key departments’ mandates and built into specific job descriptions, involvement in initiatives related to physical activity will be based on particular departmental employee’s interest in the topic. As people change positions within departments, the necessary support for the Strategy may well disappear unless a department shows commitment to the Strategy by building it into their business plan and making it the responsibility of a given position and not of a particular person.

5.1.3 Find ways to involve/empower parents to ensure their commitment to physical activity and healthy eating.

It was noted throughout the evaluation that real change in the physical activity levels and healthy eating by children would occur only to the extent that parents supported this. Research also shows that parents can play an important role in supporting their children’s physical activity through providing encouragement, support by other means (e.g., payments, transportation),^{vi} modeling positive behaviours by being active themselves, helping their child establish activity goals, and providing reinforcement for activity. Moreover, more children in Canada have historically participated in unorganized physical activities and sports than in organized activities.^{vii}

The majority of Canadian municipalities (84%) with populations greater than 1,000 residents offer physical activity programming or scheduling targeted toward families although the proportion of structured and unstructured activity opportunities (e.g. family time at the rink or pool) was not investigated. Over half (58%) offer discounted fee structures for families to help encourage and promote physical activity and 46% of municipalities indicate that they have specific family-oriented physical activity programs available to their citizens.

The first recommendation of the 2006 Canada’s Report Card on Physical Activity for Children and Youth is that a multi-faceted public awareness initiative directed at parents and caregivers that re-establishes the importance of unstructured physical activity and “play” among families be implemented.

To support this work, the Report Card recommends that relevant support materials for parents that communicate the value of unstructured physical activity and provide strategies on how to implement that activity into family life can be distributed through government, non-government and corporate networks that provide other supports and information to parents. In particular, parents need support to increase their family's incidental, unstructured physical activity that is part of day-to-day living.^{viii}

Health Promotion and Protection should develop this public awareness material and find ways in which it can be easily distributed (e.g. notices of property assessment). In addition, it should work with local recreation providers to investigate ways to provide both structured and unstructured physical activity opportunities for families.

5.1.4 Continue to fund provincial initiatives internal to the Strategy.

Partnering with non-government organizations to deliver initiatives helped increase the reach of the Strategy. These partnerships included: Ecology Action Centre (Active Safe Routes to School, Pathways for People); Heartwood Institute (involvement in various youth leadership initiatives); Recreation Nova Scotia (activekidsns.ca web-site, Everybody Gets to Play, distribution of Health Canada's Physical Activity Guidelines, recognition program, Parent Public Education/Move More); Heart and Stroke Foundation of Nova Scotia (Parent Public Education/Move More, Make a Move/Physical Activity Counseling); Cancer Care Nova Scotia (Make a Move) and Nova Scotia Fitness Association (Youth Fitness Leadership).

The Strategy involved partner organizations in such a way that it allowed them to broaden their mandate to include physical activity. Many of the initiatives have spent a great deal of time in development and their outcomes will not be determined for several years. Once these initiatives have had the opportunity to be more fully implemented, they will need to be evaluated individually to determine the success of each. At that time, decisions about future funding can be made but for the present they need to be allowed to continue with their implementation.

5.1.4 Continue to provide on-going networking and education opportunities for all those involved with implementation of the AKHK Strategy.

The annual workshops, orientations and conferences established under the Strategy were cited by participants as important sources for information, resource exchange and networking purposes. They should be continued in the next phase of the Strategy and expanded to include participation from the PACY research team, Municipal Recreation, and all other partners.

5.2 Coordination and Collaboration

Evaluation feedback was clear that mechanisms are needed to coordinate and direct the various initiatives on physical activity across government under a common framework. There is also perception that confusion exists as to which area within government has the lead for physical activity given the recent proliferation of physical activity initiatives.

In addition, feedback spoke to the need for an inter-sectoral committee to coordinate the re-positioning and work of the Strategy and to role model collaboration for the core partners of the Strategy.

The following recommendations address the issues of collaboration among departments and partner agencies as well as the coordination of initiatives across government that promote physical activity and the vision of a more active population within Nova Scotia.

5.2.1 Ensure the lead for physical activity in the Province remains with the Physical Activity, Sport and Recreation (PASR) area within Health Promotion and Protection and incorporate all initiatives related to physical activity within Health Promotion, under PASR. Provide additional resources including staff to both the Halifax and Regional offices.

There was a great deal of confusion regarding initiatives that were announced after the Strategy but were not made part of the Strategy. Many of those interviewed during the evaluation stated there is a need to better coordinate these initiatives and ensure there is an appropriate fit with the Strategy.

The World Health Organization's Global strategy on Diet, Physical Activity and Health states "Health ministries have an essential responsibility for coordinating and facilitating the contributions of other ministries and government agencies. Bodies whose contributions should be coordinated include ministries and government institutions responsible for policies on food, agriculture, youth, recreation, sports, education, commerce and industry, finance, transportation, media and communication, social affairs and environmental and urban planning".^{ix}

Ontario, for example, has done this with its Active 2010 Strategy.⁶ The Strategy is primarily the responsibility of the Ministry of Health Promotion but works closely with government partners in the ministries of Health and Long Term Care, Education, and partners at the federal and municipal levels, and other sectors. It focuses on sport participation and achievement in concert with the Canadian Sport Policy and on enhancing participation in physical activity through:

- education and promotion
- surveillance and monitoring;
- fostering active communities through community development;
- focusing efforts on specific audiences; and,
- creating supportive environments.

Other provinces with coordinated provincial strategies include Saskatchewan,⁷ the Northwest Territories,⁸ and British Columbia.^x

⁶ <http://www.active2010.ca/Documents/active2010-strategy-e.pdf>

⁷ See <http://www.cyr.gov.sk.ca/index.cfm?page=36> and http://www.cyr.gov.sk.ca/assets/PDFs?PASS_2001.pdf

5.2.2 Establish an inter-sectoral committee of core government departments and other partners such as municipalities and NGOs. Mandate it to assist integration of the AKHK Strategy across government. Also mandate it to review and make recommendations on the various resources (e.g., physical activity grants, tax credits) being directed at supporting physical activity.

Feedback strongly supports the establishment of an inter-sectoral committee to guide the integration of governmental effort on physical activity under a common framework as well as to coordinate the re-positioning and work of the Strategy. This inter-sectoral committee would be made up of senior level and committed staff from the core departments, as well as NGO's and representatives from municipalities.

The mandate of this committee should be to provide advice to the Strategy and to government departments to ensure the Strategy is appropriately integrated into business plans and into initiatives related to physical activity and healthy eating. The committee should also review and make recommendations on the various resources (e.g. physical activity grants, tax credits) being directed at supporting physical activity.

5.2.3 Clarify roles within core partner departments and non-government organizations and support with training as required. Invite Community Services to be a core partner of the Strategy.

Physical activity occurs in many settings across government and a coordinated approach is required to maximize effectiveness of effort, particularly from the core departments. Evidence emerged in the evaluation that not all departments are clear as to what their role is in advancing a physical activity mandate. For example, only one region in Nova Scotia has been successful in bringing the Department of Community Services to the Active Communities committee table. With the Department's involvement with low-income youth and youth at risk, they are well-positioned to encourage the involvement of these youth in physical activity and to ensure that programs are developed that are accessible, and of interest, to this target population.

The Department of Community Services is also well positioned to influence the integration of physical activity opportunities in early childhood development programs. Research has demonstrated that physical activity levels of early childhood are related to chronic heart disease risk factors^{xi, xii} and recommends early intervention to support exercise and movement to prevent the negative consequences of physical inactivity and overweight/obesity^{xiii}.

Part of PASR's role is seen as supporting the core government departments both at the provincial level and within the regions, in understanding and implementing their roles.

The Active Healthy Kids 2006 report card notes that physical activity levels are lower among children and youth whose families report lower material wealth and perceived family wealth^{xiv} and notes that the Progress of Canada's Children report from the Canadian Council on Social Development has consistently identified poverty as a barrier

⁸ see <http://www.hlthss.gov.nt.ca/Features/Initiatives/activeliving/pdf/activeliving.pdf>

to participating in physical activity through recreation.^{xv} Barriers to lower socio-economic status children and youth include costly program fees and equipment, distant program locations, lack of transportation, inflexible program structures and schedules, a lack of awareness of programs and subsidy policies, experiences with racism, and attitudes of some staff and other participants toward youth. Low socio-economic status children and youth more frequently cited the need for an increase in accessible, affordable, safe physical activity opportunities in quality facilities. In addition parents cite discomfort in asking for recreation program subsidies and often identified cumbersome subsidy policies as a barrier.

Currently two-thirds of Canadian municipalities with populations greater than 1000 offer some form of programming or scheduling targeted to residents with lower incomes. The rate for Atlantic Canada is not different. Two out of five Canadian municipalities offer discounted fees for lower income individuals to participate in physical activity; however half of those in Atlantic Canada report that they do.^{xvi} There are opportunities at the municipal level to increase the proportion of municipalities that offer programming or scheduling and discounted fees for lower income individuals.

Other options for reducing the burden of program costs include offering ‘pay-as-you-go’ payment options, reducing user fees for low-income households, or providing services in lieu of fees. This is supported by the fact that 50% of adults agree to some extent that a drop or reduction in user fees would help them become more active and similarly that 48% of parents indicate that this would help their children become more active.^{xvii} Existing programs that provide opportunities for lower income families include Jumpstart,^{xviii} those offered by Boys and Girls’ clubs and the YMCA, KidSport and “Everybody gets to Play”.

5.2.4 Partner with municipalities through cost-sharing arrangement to fund Active Living coordinator positions across the province.

Municipal Recreation sees itself as a key partner in the sustainability of the Strategy, offering a province-wide delivery system for physical activity opportunities at the community level. Findings from the evaluation however suggest that Municipal Recreation is feeling somewhat left out as a partner. To move the Strategy forward municipalities will require sustainable resources through cost-sharing arrangements with the Province along with recognition of their role as a partner in delivery of physical activity initiatives.

5.2.5 Recognize the contributions of partner departments and non-government organizations in any reporting.

Respondents spoke to the need for an ongoing effort to increase partners’ capacity to contribute to the Strategy and their own mandates of encouraging physically active lifestyles. Currently, very few annual reports document the level of support from partners. This should be clearly documented so that the level of commitment is readily apparent. Documentation of this support also demonstrates its recognition.

5.3 Communications

The *AKHK* Strategy was released and implemented over its pilot period without the support of a professional marketing campaign. Feedback across the evaluation indicated this as a key limiting factor of the Strategy and called for an integrated marketing campaign. Such a campaign is needed to provide a consistent message across the province using a variety of media, and supported by professionally produced materials for use by regional reps and partners.

Evaluation evidence also found that many in the population are making the link between healthy eating and physical activity. Many of the Active School pilot sites for example have incorporated healthy eating as part of their programming. Youth also identified the important link between healthy eating and being physically active in leading a healthy active lifestyle. Most respondents see physical activity and healthy eating as intertwined and felt that neither should be promoted in isolation of the other

Finally, respondents perceived that the province's current social marketing efforts such as *momsanddads.ca* could be better integrated with the *AKHK* Strategy and that an integrated marketing campaign would assist all those working within and outside the Strategy to better communicate their healthy living message to the target populations.

5.3.1 Develop an effective marketing/communications strategy focusing on both physical activity and healthy eating.

For the *AKHK* Strategy to move forward, it will require funding dedicated to building an effective marketing and communications strategy.

Supplying information as a means of motivating or enabling individuals to be more active, in conjunction with environmental interventions, is deemed to be effective and is a recommended strategy^{xxix} in promoting an active lifestyle. Mass communication strategies can realistically be expected to influence knowledge about what constitutes healthy active living, understanding the importance and benefits of physical activity, attitudes toward being active and intention to become active.^{xx} However, increasing habitual physical activity is a complex process and is unlikely to be accomplished through communication strategies alone.^{xxxi}

Communications strategies that support physical activity include messages geared toward increasing knowledge and understanding of how much physical activity is needed for health benefits, increasing understanding of the benefits of physical activity, influencing attitudes and intention, and encouraging steps to becoming more active. Two-thirds of Canadians do not feel that information would enable them to be more active, and an even greater proportion of those who are currently inactive feel this way.^{xxii} Broad-based messages may be helpful in creating a background 'hum' for promotion or general awareness of the issue of physical activity^{xxiii} and help to change levels of knowledge and attitudes towards physical activity.^{xxiv} While they may have limited short-term impact on physical activity participation, they serve an important broader role of influencing the climate of public opinion in favour of health promoting public policies and providing an overall framework or umbrella under which a broader range of health promotion initiatives can take place.

Messages should be targeted to individual populations, as research has shown that tailoring of materials is generally more effective in modifying behaviour than use of generic material.^{xxv} An overall campaign should incorporate targeted strategies to increase physical activity behaviours based on readiness to change, tailored specifically to children.^{xxvi} Messaging can target which activities and what characteristics of those activities are perceived as being fun for different groups within the population. Those aspects that are universal would be appropriately marketed in broad based campaigns, whereas more population-specific aspects would be promoted through targeted and customized communications. Existing campaigns include:

- The *Long Live Kids* campaign from Concerned Children's Advertisers⁹ is an initiative of the Children's Healthy Active Living Program (CHALP) that brings together industry, issue experts and government to provide Canadian children with tools for healthy eating, active living and improved media literacy in order to support a balanced lifestyle and achieve optimal health and development.
- *VERB™ It's what you do*^{xxvii} is a national U.S., multicultural, social marketing campaign coordinated by the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC). It is a multi-year, repeated messaging of one concept. The VERB campaign encourages young people ages 9–13 (tweens) years to be physically active every day. The campaign combines paid advertising, marketing strategies, and partnership efforts to reach the distinct audiences of tweens and adults/influencers. Evaluation results show that after one year of the campaign, 74% of children surveyed were aware of the VERB campaign and levels of reported sessions of free-time physical activity increased for subgroups of children 9 to 13 years of age.¹⁰
- *Powerful Bones: Powerful Girls* is the Centers for Disease Control's campaign directed toward girls.¹¹

The Canadian Paediatric Society's *Healthy Kids, Active Kids* program, designed to assist paediatricians and other health care professionals to educate parents and young patients about the benefits of physical activity, good nutrition, and an active lifestyle, offers in-office counseling tools, community resources to assist in building connections in the community, access to champions or a network of paediatricians, and other useful resources. Policy approaches to encouraging health care professionals to counsel patients on physical activity can include training, professional awareness of the benefits of physical activity, reimbursement for counseling, and position statements on physical activity counseling by professional societies.

Physical activities that are currently popular with a particular age group should be promoted to build on existing skills and self-efficacy, and build on existing opportunities in the community. Walking is ranked the top physical activity among youth aged 12-19. Girls are more likely than boys to report participation in walking, swimming, social

⁹ see <http://longlivekids.ca/llk.phtml>

¹⁰ Background research supporting the messaging can be found at <http://www.cdc.gov/youthcampaign/research/PDF/4.4.04-ReLitSupportDvpRes.pdf>

¹¹ see http://www.cdc.gov/powerfulbones/index_content.html

dancing, volleyball and exercise classes, while boys are more likely than girls to report bicycling, jogging or running, weight training, downhill skiing, golf fishing tennis, gardening and team sports. Activities most popular with younger adolescents (aged 12-14) include bicycling, swimming, basketball, in-line skating, volleyball, baseball or softball and ice-skating.^{xxviii}

Opportunities continue to exist to promote Canada's Physical Activity Guide for Children and Youth (only 46% of Canadian parents indicated that they are aware of guidelines for physical activity of children and youth), and to promote physical activity through health care providers (one in ten parents report that they have received advice or information related to their child's physical activity from a health professional in the past year).

5.4 Role of the School System

The Department of Education and the School Boards are essential partners of the Strategy. The school environment offers an opportunity to reach children and youth five days out of seven during the school year through curriculum-related interventions as well as opportunities for physical activities after school hours. The evaluation has found however that in many areas of the province the link between Education and the Strategy has been weak.

The following recommendations arose in discussion across all regions and are aimed at strengthening Education's support of the Strategy.

5.4.1 Support implementation of the mandatory policy on daily physical activity within the schools through the provision of the appropriate resources.

The efforts that have been made to increase daily physical activity in schools have been recognized and appreciated but no one sees them as sufficient to ensure the implementation of daily physical activity. It was also noted that one Sports Animator per School Board has not been able to provide the level of support necessary to make daily physical activity a reality. One Sports Animator or physical activity coordinator per family of schools may be a more realistic approach to integrating daily physical activity into each school before, during and after school outside of curriculum.

The 2001 CFLRI report 'Increasing Physical Activity: Encouraging physical activity through school' reports that while almost half of schools report having a policy to provide daily physical education, only 16% report that they provide such classes daily.^{xxix} In Canada, The Canadian Association for Health, Physical Education, Recreation and Dance advocates for compulsory physical education^{xxx} and cites the following benefits:

- Academic performance is maintained, and in some cases enhanced, despite less curricular time devoted to other academic subjects when physical education time is increased.
- Physical activity reduces stress, strengthens the heart and lungs, increases energy levels, helps to maintain and achieve a healthy body weight – and improves overall outlook on life.

- Regular physical activity helps to lower blood glucose levels, promotes weight loss, reduces stress, and enhances overall fitness.
- Expanding physical education programs in schools may be an effective intervention for combating obesity rates, especially among girls.

In the United States, the 'Healthy People 2010' report recommends that more schools provide daily physical education for students from kindergarten to grade 12, encourage more to participate in physical education classes, and ensure that they are active during these classes for at least half of the time.^{xxx}

Schools are a key environment in which to target children and youth with health promotion interventions for several reasons,^{xxxii} including the amount of their day spent at school, access to the majority of the target population, influence of school staff,^{xxxiii} and the availability of facilities and equipment.

While some school based interventions have shown short-term increases in physical activity levels of children,^{xxxiv,xxxv} very few have demonstrated a sustained effect post-intervention. However this is often due to issues with research design, measurement or evaluation rather than actual effectiveness of school-based physical activity programs. Meta-analyses of relevant studies conducted to date,^{xxxvi,xxxvii, xxxviii} include the following key findings:

- Most interventions resulted in some improvements in knowledge and attitudes related to physical activity.
- The impact of interventions on physical activity levels varies. Many of the studies, particularly those focused on elementary school-age children, reported mild success in increasing activity levels through modified physical education classes. Some, but not all of the studies, also showed increases in out-of-school physical activity.
- School-based physical education appears to be effective in increasing levels of physical activity and improving physical fitness.
- School-based interventions that target physical education classes can positively impact physical activity levels in children.
- Interventions that involve trained physical education teachers and those that increase the length of time students are able to be physically active provide the strongest evidence of influencing these behaviours.
- Parent involvement is a marker of success for interventions targeting healthy eating and physical activity.

While few in number, studies of school-based physical activity interventions in Canada do lend support for the value of such programs. For example, analysis of the findings from the Annapolis Valley Health Promoting Schools Project (AVHPSP) indicates that students in schools that implement intensive, integrated nutrition and physical education programs have significantly lower rates of overweight and obesity, healthier diets, and are more physically active than students from schools without such programs.^{xxxix, xl} Physical education, in particular, was correlated with significant decreases in the risk of

both overweight and obesity, a finding that demonstrates the value of physical education classes to the health of children.

While a policy of daily physical activity is a good first step and many schools are having difficulty moving to its implementation, an eventual focus on daily physical *education* involving the use of physical education specialists would have a greater impact in ensuring that children and youth have the knowledge skills and attitudes necessary to lead a healthy active lifestyle both during their school years and after graduation. The 2006 Active Healthy Kids Report card calls for the implementation, enforcement and evaluation of consistent delivery of quality health and physical education classes and school-based daily physical activity policies.^{xli}

5.4.2 Implement the policy on community access to schools.

The Department of Education established a policy on community access to schools that empowers School Boards to open the schools to non-profit organizations and Municipal Recreation at no cost. This policy is of particular significance to the smaller rural communities whose residents may not have access to dedicated facilities for physical activity. The evaluation has found however that this policy is not being administered equally across the School Boards and that not all Municipal Recreation departments have access to schools.

The recently published Active Healthy Kids Canada report card encourages school-community partnerships.^{xlii} Nationally, 86% of municipalities with populations of 1,000 or more report working with schools to encourage people to be more active. In addition, 76% report having agreements with one or more local School Boards regarding shared use of school or municipal facilities, and the proportion having such agreements increases with increased size of the municipality.^{xliii}

5.4.2 Work with School Boards and Municipal Recreation to increase access for students to after school physical activity opportunities.

In addition to the community access to schools issue, the evaluation determined a further challenge facing after school programs run by Municipal Recreation, is that the gym is often booked by the school sports teams. This challenge was met in one school by dedicating the first two hours after school for programs under the Active Schools initiative. Sports teams could book the gym later in the day under the rationale that those involved in organized teams would be more likely to come back to the school later than those students who are currently inactive. It is this latter group of students for whom increased access must be facilitated.

Yet another challenge facing after school programs is the problem of bussing. Some schools have tried late bussing with limited success. For some schools, late bussing is difficult because the same bus is serving more than one school. Consideration could be given to extending the school day by one hour in all schools in a School Board and dedicating that hour to physical activity.

In its Pan-Canadian Physical Activity Strategy Strategy^{xliv}, the Coalition for Active Living recommends creating reciprocal, shared-use agreements for school and municipal facilities so that schools may use municipal facilities and municipal sport and recreation departments may use school facilities after school hours.

5.4.3 Work with School Boards, the Ecology Action Centre and others to develop active transportation programs for all schools.

The evaluation noted that success of school transportation programs was dependent on the principal of the school. A concern expressed about the programs by some principals is the liability issue. Work needs to be done with the School Boards and their insurers to address this issue. All School Boards need to encourage and support principals to implement these types of active transportation programs.

Active Transportation to school in Nova Scotia is encouraged by Go for Green's Active & Safe Routes to School (ASRTS) and the Ecology Action Centre.¹² ASRTS is a national program, which encourages the use of active modes of transportation to and from school. The benefits include increased physical activity for children and youth; a healthier lifestyle for the whole family; less traffic congestion around schools; safer, calmer streets and neighborhoods and improved air quality and a cleaner environment. While a number of Nova Scotia schools participate in this program, further enrollment and perhaps even intra provincial school challenges may assist in encouraging active transportation choices for commuting to school.

The National Transportation survey commissioned by Go for Green and conducted by the Canadian Fitness and Lifestyle Research Institute (in publication) found that only 23% of parents report that their child walks to school most of the time and that about half of children take the school bus. The main reason parents cite for children not walking or biking to school is distance. The majority of parents indicate that, even if safety were improved, the likelihood that their child would walk or bike to school would not change. This may indicate that safety is not the issue and there are other barriers to address in encouraging active ways of getting to school.

In 2001, 73% of Canadian schools and 81% of Nova Scotia schools did not have policies that support active commuting.^{xlv} Provincially there could be encouragement of such policies by providing links to Go for Green's Active and Safe Routes to School website. Schools could work with communities to ensure the development and enforcement of safe and maintained sidewalks, paths, trails and crosswalks. School Boards could ensure the use of crossing guards for busy roads. Schools could also assist in organizing parents to take turns in escorting groups of children and in organizing Walking School Bus (Go for Green website link) programs to assist children to overcome safety concerns.

In its Pan-Canadian Physical Activity Strategy Strategy^{xlvi}, the Coalition for Active Living recommends increasing active transportation by ensuring developers explicitly place priority on active transportation, rather than motorized transportation, when establishing and revitalizing communities. The Heart and Stroke Foundation of Canada,

¹² see http://www.goforgreen.ca/asrts/home_e.html

the Chronic Disease Prevention Alliance of Canada and Go for Green all advocate for active transportation, recommending specific funding for infrastructure that promotes physical activity, as well as tax incentives for use of public transit.

5.5 Community Development Approach

The evaluation identified support for maintaining the community development approach adopted by the Strategy throughout its work in the regions. Regional committees spoke to the importance of having the flexibility to roll out the Strategy in ways that best fit their region while still adhering to the guiding principles of the Strategy.

The following recommendations are based on regional committee feedback.

5.5.1 Continue to support the community development approach for the implementation of the Strategy. Continue the Regional Action Committees. Leave decisions on staffing, programming and funding of physical activity at the local level to the regional committees' discretion.

Those involved with the implementation of the Strategy at the community and school level appreciated the flexibility that the Strategy allowed in implementing it in a way that best met the needs of their communities. In most cases, this involved establishing a committee but in some cases, the Strategy was implemented without such a committee. Those interviewed liked the framework that was provided by the guiding principles but it was clear that they saw the flexibility provided as one of the key elements to achieving success.

5.5.2 Continue the Strategy's emphasis on capacity development within core partner departments and non-government organizations.

The regions identified specific areas where further capacity development is required and recommended that effort be directed to:

- Making the Strategy more relevant to front line staff in child care programs by offering professional development opportunities for staff or working with post-secondary institutions that provide the training in Early Childhood Education;
- Assisting public health nurses integrate a physical activity message into their community pre-natal classes, breastfeeding classes and home visits;
- Continuing to work on building the capacity of youth through the youth action team initiatives; and
- Working with municipalities to ensure their commitment to increasing physical activity opportunities includes active community environments.

5.6 Evaluation

Respondents consistently expressed disappointment that evaluation data had not been collected on the Strategy on an ongoing basis over the pilot period. While some Active Communities and Active School Communities did take on responsibility for collecting some data, and in at least one case undertook their own evaluation, there was no formal evaluation process in place across the regions. Stakeholders were looking for measures that would tell them whether their efforts were making a difference in the lives of inactive children and youth.

5.6.1 Develop umbrella performance measures for the Strategy that cut across regions and components, as well as regional specific performance measures. These measures should take into account the time and resources all partners put into the components.

Apart from the PACY survey data (which are only available every 4 years) there are no performance measures for which data are collected. By having some performance measures to which all initiatives could contribute, it would allow data to be rolled-up to the provincial level to better measure the effectiveness of the Strategy. However, since each Active Community and Active School has the flexibility to implement the initiative to best meet their needs, they should also have the flexibility to develop additional performance measures that reflect their unique situations.

5.7 Conclusion

The evaluation findings support a formal re-positioning of the *Active Kids, Healthy Kids* Strategy as a key component of the Province's response to Nova Scotia's growing rates of chronic disease and rising health care costs. Designed in the early 1990s as the Provincial response to the 1997 joint commitment by federal, provincial and territorial ministers to reduce the number of inactive Canadians, the Strategy has proven effective both in capturing the imagination and support of government and non-government partners and community members across the province, and in boosting activity levels of previously inactive children and youth. Challenges have been identified and recommendations formulated to enable the Department of Health Promotion and Protection (PASR), working collaboratively with its partners, to continue to move the *Active Kids, Healthy Kids* Strategy forward.

The recommendations are grouped under six headings: The Future of the Strategy, Coordination and Collaboration, Communications, Education, Community Development Approach, and Evaluation.

The Future of the Strategy

1. Demonstrate Provincial support for the Strategy and its vision of a physically active culture by committing to long-term funding.

2. Build physical activity into the business plans of the core departments – Community Services, Education, Health, Transportation and Public Works – and others as appropriate (Service Nova Scotia/Municipal Relations). This should occur at both the provincial and regional levels of government.
3. Find ways to involve/empower parents to ensure their commitment to physical activity and healthy eating.
4. Continue to fund provincial initiatives internal to the Strategy.
5. Continue to provide on-going networking and education opportunities for all those involved with implementation of the AKHK Strategy.

Coordination and Collaboration

6. Ensure the lead for physical activity in the Province remains with the Physical Activity, Sport and Recreation (PASR) area within Health Promotion and Protection and incorporate all initiatives related to physical activity within Health Promotion, under PASR. Provide additional resources including staff to both the Halifax and Regional offices.
7. Establish an inter-sectoral committee of core government departments and other partners such as municipalities and NGOs. Mandate it to assist integration of the AKHK Strategy across government. Also mandate it to review and make recommendations on the various resources (e.g. physical activity grants, tax credits) being directed at supporting physical activity.
8. Clarify roles within core partner departments/organizations and support with training as required. Invite Community Services to be a core partner of the Strategy.
9. Partner with municipalities through cost-sharing arrangement to fund Active Living coordinator positions across the province.
10. Recognize the contributions of partner departments /organizations in any reporting.

Communications

11. Develop an effective marketing/communications strategy focusing on both physical activity and healthy eating.

Role of the School System

12. Support implementation of the mandatory policy on daily physical activity within the schools through the provision of the appropriate resources.
13. Implement the policy on community access to schools.

14. Work with School Boards and Municipal Recreation to increase access for students to after school physical activity opportunities.
15. Work with School Boards, the Ecology Action Centre and others to develop active transportation programs for all schools.

Community Development Approach

16. Continue to support the community development approach for the implementation of the Strategy. Continue the Regional Action Committees. Leave decisions on staffing, programming and funding of physical activity at the local level to the regional committees' discretion.
17. Continue the Strategy's emphasis on capacity development within core partner departments/organizations.

Evaluation

18. Develop umbrella performance measures for the Strategy that cut across regions and components, as well as regional specific performance measures. These measures should take into account the time and resources all partners put into the components

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APPENDIX A

Status of Components and Activities under the Active Kids Healthy Kids Strategy

Tables 2.4.1 – 2.4.6

Table 2.4.1: Policy and Program Development

Activity	Status
<p>1. Inform and involve other provincial government departments and agencies about the Strategy and its implications</p>	<p>The physical activity division at NSHPP has concentrated on building working partnerships with Health, Education, Community Services, Transportation and Public Works, over the 2002–2006 period.</p> <p>This activity has taken the form of:</p> <ul style="list-style-type: none"> • (Numerous) presentations on the Strategy at local, regional, provincial and national levels • Participation within the Alliance for Healthy Eating and Physical Activity (Office of Health Promotion) • Organizing a <i>Physical Activity for Early Childhood Development Symposium</i> • Preparation of resource materials on Physical Activity and Early Childhood Development to accompany grants from Community Services for part day care centres. • Presentation to Early Childhood Management Group with Community Services • Participation on the Healthy Foods in Schools Committee (Office of Health Promotion) • Participation on the Chronic Disease Prevention Strategy (Office of Health Promotion) • Promoting the inclusion of active transportation policies, particularly for new developments (Department of Transportation and Public Works and municipal units) • Providing advice and consultation on messaging for momsanddads.ca social marketing campaign on physical activity <p>The PACY Working Group provided government with solid, evidence-based strategies for moving the Provincial agenda forward on healthy lifestyles; and the physical activity staff at NSHPP have done a good job in linking the decline in physical activity among youth and children (and the population generally) to the rise in the Province’s health care costs.</p> <p>Since the introduction of the AKHK Strategy, the Province has introduced additional initiatives directed at increasing the health of Nova Scotians, including the creation of the Office of Health Promotion (now Health Promotion and Protection). This is moving the Province towards a preventative model of health care. While it is beyond the scope of this assessment to determine the Strategy’s effect on these initiatives, anecdotal feedback suggests that the Strategy, and the work of the PACY committee, have most definitely influenced the growing movement in the province to healthier living.</p>
<p>2. Advocate and support a comprehensive Department of Education policy on community access to schools that will increase opportunities for physical activity</p>	<p>HPP encouraged its partner, Department of Education, to request all School Boards to adopt the Community Access to Schools Policy so as to provide for a reasonable degree of consistency across school boards. The request to school boards was sent November 7, 2003 although no deadline was set for compliance. As of this report writing, not all school boards have shared the policy with their school families.</p> <p>HPP staff and the committees of Active Communities and Active School Communities continue to advocate for the policy with varied success. While some communities through municipal recreation, and backed by the AKHK committees, have successfully negotiated access agreements on a school-by-school basis; other</p>

	<p>schools remain closed to their communities. P-3 schools present particular difficulties. Communities that have the most success with school access are those where there has been solid relationship building between municipal recreation, school principals, and school janitors. In these situations, the school administration has passed responsibility for scheduling of after-school usage of the school facilities to municipal recreation.</p>
<p>3. Implement the Department of Education's Time To Learn Strategy recommendations pertaining to instructional time for PE for students in P-12.</p>	<p>Department of Education in partnership with NSHPP has developed the Time to Learn Strategy, which recommends a minimum standard of 30 minutes per day of physical activity (during or outside the instructional day) for students in grades primary to nine; School Boards are encouraged to see that schools comply with these standards.</p> <p>The Active School Communities pilot has increased school awareness of potential physical activity opportunities for children in schools both during the instructional time and outside of the instructional day. A number of Active School pilot sites (at the elementary and middle level) have successfully incorporated daily physical activity (DPA) into their curriculum. Students and teachers report greater focus in class, and students report enjoying being physically active. The focus on physical activity has spilled over into family life with many of the pilot school communities hosting family active nights and weekends. It will be important to review the findings from the PACY II accelerometer survey to determine whether including DPA in the pilot schools has impacted the students' overall activity levels.</p>
<p>4. Encourage and work with Community Services on measures to increase appropriate PA in daycare and childcare settings.</p>	<p>In November 2004, NSHPP, in cooperation with Community Services, organized the <i>Physical Activity for Early Childhood Development Symposium</i>. Its intent was to first inform and engage key professionals within the provincial government (and affiliated) with a mandate in healthy early childhood development, recreation and physical activity. The session was attended by 47 professionals (80% of those invited). In follow-up, DCS allocated material and resource grants to promote physical activity in part-day child care centres supplemented by a resource created by the physical activity consultant <i>Active Living for Early Childhood</i>, to inform the centres on ways to create an active environment.</p> <p>More recently, (2006) the Department of Education has indicated interest in improving the skills of staff to deliver a physical activity component in the new pre-primary schools. There is also good indication that DCS is willing and able to partner with NSHPP for the day-care settings and family resource centres on a new initiative using the <i>TumbleBugs</i> program.</p> <p>The <i>TumbleBugs</i> Program from Gymnastics Nova Scotia (originally funded by Sport Futures) is a means to provide training, equipment and tangible reference materials for early childhood settings. The program has been piloted in several day-care centres and family resource centres (with help from South Shore Active Communities) and has resulted in positive feedback.</p> <p>The <i>TumbleBugs</i> Program is in further development with NSHPP, DCS and DoE for implementation in 2006–07.</p>
<p>5. Coordinate NS input on proposed federal/national physical activity policies and initiatives.</p>	<p>The physical activity division staff have met with and provided input to some complementary initiatives including the Pan-Canadian Healthy Living Strategy and the Atlantic Wellness Strategy.</p>

<p>6. Manage communication, implementation and evaluation of Strategy.</p>	<p><u>Management of the Strategy</u> Over the first few months of the Strategy an inter-sectoral management committee met on a regular basis to oversee the Strategy's implementation. Committee members included the then NS Sport and Recreation Commission, Public Health Services, Department of Education, Recreation Nova Scotia, and Sport Nova Scotia. The committee disbanded shortly after the Office of Health Promotion was established and key staffing changes in various departments occurred. Since that time, the six components of the AKHK Strategy have been managed by the physical activity manager with support from the physical activity consultant.</p> <p><u>Communications</u> The monthly Active Kids Healthy Kids e-bulletin is sent to partners and stakeholders; it contains timely pertinent information and announcements. HPP staff have been communicating and meeting regularly with partners. Four conferences were held for all key partners to promote initiatives and network. Two group meetings were planned for new staff hired through AKHK funds at the community level. HPP staff made many presentations at meetings and conferences. HPP staff and partners participated in topical interviews with media.</p> <p>There has been limited communication materials developed apart from the AKHK brochure, web pages and promotional collateral for exhibitions. Some initial work was done to create a communication reference manual for partners. A strategic communication plan would be better supported with communication expertise.</p> <p><u>Evaluation</u> The physical activity manager reports progress on the AKHK Strategy annually to Ministers and senior management from NSHPP and Education. Progress is drawn from annual reports on each activity funded under the Strategy prepared by the relevant partner/committee. The focus of these reports is on outputs, not outcomes.</p>
<p>7. Provide input on role of physical activity in the chronic disease prevention strategy being developed by the Unit for Population Health, Dalhousie University and Dept of Health</p>	<p>The physical activity manager was a key participant on the Leadership Committee for the Chronic Disease Prevention Strategy. Additionally, the manager facilitated a consultation with stakeholders to develop recommendations for the Strategy on increasing physical activity for the population of Nova Scotia.</p>
<p>8. Identify and disseminate information on evidence-based interventions and best practices.</p>	<p>Recreation Nova Scotia was contracted through the AKHK Strategy to develop and implement an on-line database and monthly bulletin that collects and distributes evidence-based information and success stories of programs that improve physical activity. The activekidsns.ca web-site was launched in 2004 and is focused on helping recreation, sport and physical activity practitioners and other stakeholders (health promotion) find ways to increase the activity levels of children and youth in Nova Scotia. Each month an E-bulletin is sent out that focuses on three success stories and three national/provincial resources and/or programs that were researched by the site coordinator.</p> <p>The activekidsns.ca averages just over 8,000 'hits' per month. The distribution list of the E-bulletins currently reaches over 600 RNS members and 150 other stakeholders/persons directly, most of whom are linked to various groups and have agreed to help expand the network's reach.</p> <p>The assessment is unable to comment on the effectiveness of the web site in enhancing practitioner knowledge.</p>

<p>9. Implement actions to attract additional funding from other stakeholders in government, non-government and corporate sectors.</p>	<p>Initiatives at the regional (Active Community and Active School Community) level have been successful in leveraging additional resources from their partners including Community Health Boards, Health Foundations, municipal recreation, local village commissions, and volunteer groups.</p> <p>In at least 4 regions, sustainable funding has come through the municipal level to hire the Active Living coordinators as municipal recreation staff to continue working with schools to promote physical activity when the AKHK funding ended.</p> <p>Regions also reported success in encouraging Community Health Boards across the province to include physical activity as a criterion of their wellness grants.</p> <p>At the provincial level, organizations such as the Nova Scotia Fitness Association Heart and Stroke Foundation, Recreation Nova Scotia and Cancer Care NS have also contributed resources to AKHK related activities.</p> <p>HPP leveraged funding to hire Sport Animators to work with each School Board to increase physical activity opportunities before, during and after school class time. DoE leveraged its budget to hire Active Healthy Living Consultants whose role is to work with physical education teachers to implement physical education curriculum. HPP and DoE collaborate to offer the Health Promoting Schools (HPS) initiative in each school board. HPS focuses on healthy eating and physical activity.</p>
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Table 2.4.2: Active Communities

Activity	Status
<p>1. Coordinate development and implementation of six regional plans on physical activity with participation by partners in recreation, health, education, and other interested organizations.</p>	<p>Multi-sector committees in the six regions developed and implemented three-year plans distinctive to each region. Each committee was represented by municipal recreation, Health, Education with members ranging in number from 4 to 12. Funds were used to hire staff in 5 of the 6 regions; and in some of the regions, other sources (partners on the committee) have matched these funds. Most committees were chaired by the regional representatives (in SSAC, the committee chair rotated on a meeting to meeting basis and in Highland, it rotated on a year-to-year basis as did Central. In Cape Breton, the chair changed from meeting to meeting.</p>
<p>2. Provide training to service providers on listening to and including young people in planning and leading programs and services.</p>	<p>Heartwood Institute and the Nova Scotia Youth Secretariat were contracted through the AKHK Strategy to provide youth inclusion training at the Active Communities and Active School Communities conferences (2003, 2004); Valley Active Communities conference (2004); at Active School Communities (Pine Ridge and West Kings); and at Cape Breton Active Communities forum (2005). Teens from JL Ilsley's <i>Just Live It</i> team and a certified youth fitness leader presented at the Canadian Parks and Recreation Association Conference. Youth fitness leaders lead fit breaks at meetings.</p> <p>Note: The Heartwood organization is known nationally for its work in youth development and leadership training. Heartwood's involvement with the AKHK Strategy is in line with the Strategy's guiding principles that "children and youth will be listened to and involved in leadership" and "identify and build on what is currently offered by existing groups, organizations and institutions in the community."</p>

<p>3. Assist provincial non-government groups with physical activity initiatives.</p>	<p>Funding has been provided through the AKHK Strategy to provincial recreation, fitness, sport, youth and environmental organizations [Nova Scotia Fitness Association, Ecology Action Centre, Recreation Nova Scotia, Sport Nova Scotia and Heart and Stroke Foundation].</p> <p>The AKHK Strategy has served as a catalyst for expanding the mandate of several organizations to include, in some cases for the first time, a focus on physical activity, and in other cases, to expand their focus on physical activity. NGOs, through their involvement in the Strategy, have moved beyond their traditional mandates to become part of the solution to inactivity. These organizations include the Ecology Action Centre (broadening its environmental mandate to include a focus on Active Transportation), Nova Scotia Fitness Association (expansion to train youth) and Heart and Stroke and Cancer Care Nova Scotia (to create a greater focus on physical activity).</p>
<p>4. Encourage post-secondary training programs to include physical activity in their curriculum.</p>	<p>Priorities were identified during the implementation phase of the Strategy based on available resources and funding therefore no initiatives were organized for post-secondary training</p>
<p>5. Sponsor a provincial forum to identify strategies to reduce barriers to participation by people with limited incomes.</p>	<p>Recreation Nova Scotia was contracted under the AKHK Strategy to identify strategies aimed at reducing socio-economic barriers to participation in physical activity. An opportunity was provided through the Canadian Parks and Recreation Association to expand the initial activity (hosting a provincial forum for brainstorming) into a capacity building process through access to their <i>Everybody Gets To Play</i> resource. <i>Everybody Gets To Play</i> is a Canada-wide initiative designed by CPRA and coordinated by Recreation Nova Scotia to improve the quality of life of children in low-income families by making recreation and physical activity more accessible.</p> <p>Over the period January – March 2006, eight <i>Everybody Gets To Play</i> workshops were held across the province, and attended by 148 municipal recreation staff and other community leaders. The workshops were organized by Recreation Nova Scotia and subsidized through the AKHK Strategy.</p> <p>The approach taken to train community leaders in the <i>Everybody Gets To Play</i> resource is in line with sound community development practices. The Strategy was able to offer each municipal recreation director five seats at the workshop. This helped build community understanding of and commitment for the resource and the principles behind it.</p>
<p>6. Identify need for youth fitness or physical activity programs.</p>	<p>The AKHK Strategy funded Nova Scotia Fitness Association to research and develop a youth fitness training and certification program for youth ages 15 to 17 to lead and instruct group fitness classes in schools and communities.</p> <p>This program has successfully trained over 80 youth, five of which are certified and numerous are currently involved in the certification process. The Nova Scotia Fitness Association has also worked with the Department of Education to have the program adopted in the school system. Twenty-four teachers in two school board regions have been trained to instruct the program. They have met with DoE about training more physical education teachers and to integrate this certification in the curriculum so students of the program will be able to receive a credit.</p>

Table 2.4.3: Active School Communities

Activity	Status
<p>1. Implement one three-year pilot project per school board to demonstrate school and community collaboration to increase physical activity.</p>	<p>There were eight pilot sites across the province, each of which received \$20,000 of funding annually – \$10,000 from Sport and Recreation and \$10,000 from Department of Education. Discussions were held with the Mi'qmaq Kina'matnewey and the Mi'qmaq Sport and Recreation Circle about including aboriginal school communities as pilot sites. Three schools were chosen but the only school in which programming was conducted was Pictou Landing.</p> <p>Examples of Active School initiatives include transportation such as <i>Active and Safe Routes</i> to school; physical environments such as playgrounds; intra-murals; supportive curriculum such as physical education; and youth leadership programs.</p> <p>Each Active School site established a committee to determine programming based on the Strategy's principles and was given the flexibility to determine how funds should be used. All sites, except Pictou Landing, had coordinators although Cusack-Cornwallis was able to partner with a university program to obtain a coordinator at low cost. It was felt having a coordinator was an important factor to the success of the programs.</p> <p>All school sites were successful in engaging youth who had been previously inactive in programs. One of the most successful ways of doing this was by incorporating non-traditional, cooperative games. As well, it was felt it was important that programs be offered during school hours or immediately following school to increase the accessibility to the programs. Schools were able to create new partnerships, particularly with municipal recreation departments. In some cases, partnerships were also created with Health and with local businesses. Most schools incorporated healthy eating as part of their programming and they feel that the increased emphasis on physical activity and healthy eating is finding its way into the culture of the school and positioning the school well to the move to Health Promoting Schools.</p>

Table 2.4.4: Active Community Environments

Activity	Status
<p>1. Build awareness in communities, youth, municipal planners, engineers and councilors.</p>	<p>Much of what has been done with respect to this activity is not necessarily done for the sole purpose of the Active Kids Healthy Kids Strategy. However, Active Communities Committees have reported success in making municipal planners, engineers and councilors more aware of the need for active environments. HPP worked with stakeholders to develop the Pathways for People Framework for Action that will be released later this year. It is difficult to determine if these efforts have had any impact on planning or policy at the municipal level but there has been an increase in the number of locations such as skate parks that are being developed and this may be linked to the efforts to create awareness.</p>
<p>2. Host a symposium of active transportation.</p>	<p>A symposium has not been hosted in Nova Scotia although Health Promotion had significant involvement in planning an Atlantic conference on active transportation held in Moncton in 2004. Over 60 delegates (youth and practitioners) from Nova Scotia attended. HPP staff have been key resources for several regional active transportation forums (e.g. in HRM and CBRM).</p>

3. Continue trail development initiatives with communities and government depts.	This is an ongoing activity.
4. Support active and safe routes to school.	This has been done in partnership with the Ecology Action Centre. Since 2001, the number of schools that participate in International Walk to School Day has risen from 9 schools to 137 schools. <i>Active and Safe Routes</i> to School has been successful in implementing a Walking School Bus program at some schools. This is where students, under parental supervision, walk to school in a group. As well, in some schools, buses will occasionally stop a distance from the school to discharge students who then walk the rest of the way to school. Curriculum pieces linking environment, health and physical activity have also been developed.
5. Establish an inter-departmental committee to improve active transportation.	An interdepartmental meeting was held in 2003 but there has been no report of any follow-up to this meeting or of any outcome as a result of this meeting.

Table 2.4.5: Public Education

Activity	Status
1. Integrate key physical activity messages into existing parent education initiatives.	The Move More program offers an 8-week program to adults (and family members) to increase their physical activity levels. Workshops have been held with recreation staff in an effort to have them integrate this program into their offerings. So far, programs have been offered in the Halifax Regional Municipality. Train-the-Trainer sessions were held in Cape Breton.
2. Provide training for health care providers, including doctors, on advising patients about physical activity.	This has been implemented through the Make a Move program. To date there are three Trainers and approximately 15 workshops, held in all districts, resulting in 200 trained health care practitioners. The demand for this education seems to be increasing and the workshops have been well received.
3. Coordinate distribution of Health Canada/Canadian Society for Exercise Physiology guidelines and resource materials on physical activity for children and youth.	The initial vision was that Recreation Nova Scotia (RNS) would act as a clearinghouse for the resource materials (to go to all member organizations). In addition, RNS made arrangements for the materials to be part of the fall registration package for the girl guide organization; and carried out a series of speaking engagements with physical education instructors, health professionals, youth groups, recreation directors, parents, schools and other AKHK partners. By the 2nd year, Recreation Nova Scotia found that the guides were available across the province – people were accessing them from the Internet and through the regional representatives.
4. Educate sport providers, parents and children and youth about fair play.	One of the pilot active schools has ensured that fair play is a key message to students in all their programming. Fair Play was a topic at the Active Communities and Active School Communities conferences. A Fair Play representative was a member of the PACY steering committee. There has been limited collaboration between the Fair Play initiative and the AKHK Strategy. HPP collaborated with DoE to integrate the Fair Play philosophy into their Positive Effective Behaviour Strategy through development of resource material.

5. Develop a provincial recognition program for contributions to physical activity for children and youth.	Recreation Nova Scotia developed a framework for a provincial recognition program for contributions to physical activity for children and youth in 2004. The initiative was subsequently put on hold primarily because the Department of Education was considering recognition awards and it was agreed that there is no point in duplication.
6. Provide advice and assistance to proposed Atlantic Health Canada campaign on active living and nutrition.	NSHPP has provided input on the planning of an Atlantic Canada campaign on Active Living and Nutrition and continues to provide input through involvement on the Pan Canadian Physical Activity Strategy.
7. Coordinate the Summer Active program in partnership with Health Canada.	The intent of this program is to get Nova Scotians to practice a healthier lifestyle through active living, healthy eating and smoke-free living. An event was held in Halifax Regional Municipality in 2003 to introduce the program. However, it was felt that a very small percentage of people were reached in relation to the time and effort required. The value of coordinating the program is being assessed.

Table 2.4.6: Evaluation and Monitoring

Activity	Status
1. Develop and implement an evaluation process for the Strategy.	<p>An Evaluation Framework was developed in consultation with the physical activity division in the fall of 2002 for the AKHK Strategy. The framework was developed to guide a three-year process and impact evaluation, and was scheduled to begin in 2003.</p> <p>For reasons linked to staffing changes occurring within the division and increased workloads facing the manager, the evaluation did not get underway. An annual reporting process was established early, which required lead partners to submit detailed annual reports. This annual reporting process has been supplemented by an assessment of the AKHK Strategy three years into its implementation.</p>
2. Disseminate information on current physical activity levels of Nova Scotia children and youth.	<p>Results from the 2001-02 accelerometer study (PACY I) were prepared by Dalhousie University and made available to partners, stakeholders and the public. Numerous scholarly presentations on the study results have been made by members of research team; the results have also been well covered by both the national and provincial media. The results of the study are often cited by policymakers and practitioners alike to help make the case for new programs and resources.</p> <p>In addition, a number of abstracts have been prepared on the PACY I results but to date, there has been no article prepared by the principal investigator on the core findings from the study published in a peer reviewed journal.</p> <p>Articles have been prepared by PACY team members on related aspects of the research and have appeared in <i>Medicine and Science in Sports and Exercise</i> (Physical Activity and Body Mass Index in Grades 3,7, and 11 Nova Scotia Students); <i>Journal of Park and Recreation Administration</i> (Children's Participation in Physically Active Leisure: Income, Gender, and Regional Differences); <i>World Leisure</i> ("I Just Wan to Have Fun, But Can I?") Examining Leisure Constraints and Negotiation by Children and Adolescents).</p>

<p>3. Identify and produce specialized reports from the research data that will help service providers select target groups and interventions.</p>	<p>Three fact sheets have been prepared based on the data from the PACY I research. These include:</p> <ul style="list-style-type: none"> • What are children and youth doing during their recreation? • What are the constraints to physical activity? • Role Models and Physical Activity of Children and Youth.
<p>4. Prepare proposal for 2005 study on the physical activity levels of Nova Scotia children and youth.</p>	<p>PACY I was replicated over the 2005–06 school year with the addition of a nutritional component. The proposal was peer reviewed by the NS Health Research Foundation. Plans are also in place to replicate the survey in 2009–10 (every four years) to track change over time.</p> <p>The Department of Education provided over \$250,000.00 to pay for the secondment of physical education teachers to collect data over 2005–06. They also facilitated access to School Board officials to help plan the study. The DoE database of schools was used to randomly select participating schools (80).</p>

APPENDIX B
Active School Communities
Lessons Learned

1.0 Introduction

The following report summarizes key “lessons learned” relating to the Active School Communities pilots. The findings have been pulled from the overall evaluation report entitled “Re-Visiting the *Active Kids, Healthy Kids* Strategy” (June 2006).

1.1 Background to Active School Communities

The goal of the Active School Communities component is for families, schools and community organizations to work collaboratively to increase the opportunities for children and youth to be physically active. An Active School Community is defined as one:

- In which all citizens including teachers, students, parents, administrators, and community leaders work together to create physical and social environments that support active, health lifestyles; and
- Which supports policy, environment and initiatives that encourage physical activity in the home, the school and the community.

Examples of Active School initiatives include transportation such as safe routes to school; physical environments such as playgrounds; intra-murals; supportive curriculum such as physical education; and youth leadership programs.

There were eight pilot sites across the province, each of which received \$20,000 of funding annually. The pilot sites are:

- Evelyn Richardson – Municipality of the District of Barrington
- Kingston Elementary, Pine Ridge Middle Schools – Municipality of the County of Kings, Village of Kingston
- J.L. Ilsley High – Halifax Regional Municipality
- Hebbville Academy – Municipality of the County of Lunenburg
- Hants North, feeder schools – Municipality of East Hants
- Cusack-Cornwallis – Cape Breton Regional Municipality
- East Antigonish – Municipality of the County of Antigonish
- École Stella-Maris – Municipality of Clare

2.0 Lessons Learned

The lessons learned gathered from the overall evaluation, are summarized under the following headings:

- Collaboration
- School Focus
- Leadership
- School Staff Support
- Active School Coordinator
- Daily Physical Activity
- Impact on Children and Youth
- Impact on Families
- Link between Physical Activity and Healthy Eating
- Youth Action Teams

2.1 Collaboration

The Active School Communities model called for Education, Health, Municipal Recreation and Sport and Recreation (through the regional representative) to develop the pilot sites through collaborative efforts at the committee level. An important lesson learned, however, is that collaboration at the committee level was adversely affected by the lack of clarity in the roles of two core partners.

Public Health as an organization found it difficult to identify a role for itself and, with two or three exceptions, did not take part, or play an active role in the Active School sites. There was only one site where both the organization and the individual Public Health nurse saw clear linkages between their organizational objectives and the Active School site's objectives. At a second site, the Public Health nurse saw clear linkages between her role as a nurse and the Active School pilot however she was not supported by her employer organization in her role with the Active School committee. In yet another pilot site, Public Health was represented at a senior level but found the lack of clarity around expectations of Public Health to be a limiting factor to her contribution. It is unrealistic to expect busy staff – senior level or front line – to come to a table without clear roles and expectations.

Education and the Schools Boards were similarly limited in their contribution to the Active School pilots. Unless the pilots received strong support from the individual school principals, the Active School pilots were treated like outsiders to the system.

- To increase the effectiveness of the collaborative model, clarification of roles is required for each of the core members.
- This clarification of roles will be assisted through building a mandate for physical activity into each of the core departments' business plans and making it the responsibility of a given position.

One of the more positive lessons learned from the efforts in collaboration is the willingness and the ability of Municipal Recreation to partner with the schools to provide opportunities for physical activity.

- Municipal Recreation sees a clear role for itself in working with the schools; in some pilots they took on the coordination role for the committees; in others, they partnered with the schools to offer the after school activities. In all sites, Municipal Recreation was a willing and committed partner.

Another positive lesson arising from the collaborative model is that there are assets that can be brought to the Active School sites from the local community. One pilot site partnered with a local church men's group resulting in the group taking on responsibility for the March break physical activity programming as well as responsibility for running the school's breakfast program. A second pilot site owes the construction and maintenance of its outdoor skating rink to volunteers from their local community including a local lumber company and the local fire departments.

- The individual Active School committees should have the flexibility to invite additional partners to the table as they are in the best position to know the strengths of their communities.

2.2 School Focus

Findings suggest that elementary and middle schools are the more appropriate level for selection as Active School sites. Senior high school students tend to be busy with their studies and part-time jobs and have difficulty fitting in additional extra curricular activities to their already tight schedules.

Findings also suggest that the high school culture tends to have a heavy focus on sports teams making them more difficult to attract to the Active School concept with its focus on unstructured or semi-structured physical activities. Physical education teachers' time is taken up with sport teams; school gyms are heavily booked by sport teams after school hours.

That being said, Youth Action Teams have shown to be an effective strategy for involving older youth interested in acquiring leadership skills (see section 2.10 below). Perhaps the most appropriate approach is to concentrate on the elementary and middle schools as Active School sites, while offering high school youth interested in leadership development the option of capacity building through the Youth Action Team model.

2.3 Leadership

The single most important element in the success of the Active School pilots is the ongoing strong leadership provided the pilots by the school principal. Pilots that had the greatest success were those that had the support and involvement of their principal from start to finish. It is likely not a coincidence that these principals also came from a physical education background and as such understand the value of a physically active lifestyle on learning as well as on health.

- Turnover among school administration is common. A number of the pilots were affected by change in senior leadership. To avoid the loss of commitment and focus when changes in administration occur, the out-going principal should find an equally committed champion among school staff to take over leadership.
- To ensure continuity in support of the program, School Boards must recognize the importance of the Strategy and commit to it. Support for physical activity should then be one of the selection criterion for a new principal.
- In addition, each Active School needs to re-commit on an annual basis to continuing the Active School pilot. Part of that commitment should entail ensuring the school continues to have a committed champion in place within the school administration or staff to play an active role in the Active School efforts.

2.4 School Staff Support

The school leadership needs to ensure that all school staff understand, support and role model (to the extent possible) the Active School concept.

- Regular communication on the goals and progress made on Active Schools can occur through staff meetings.

2.5 Active School Coordinator

Establishing an Active School is time intensive. Each of the Active School pilots used a portion of its budget to hire a coordinator to assist with the planning and implementation. One pilot depended less heavily on its coordinator (a university student hired on a part-time basis) than the other sites. In this site however the principal invested a considerable amount of both his personal and school time to making the pilot a success.

- The Active School committees agree that having a paid coordinator is essential to establishing a successful Active School. Teachers and other school staff cannot be expected to take on an Active School mandate without dedicated staffing resources.
- Feedback suggests that one coordinator may be able to work successfully with a family of schools.

2.6 Daily Physical Activity Not Difficult

A key lesson drawn from the pilots is that incorporating daily physical activity (DPA) into either the daily classroom curriculum or building it into recess, noon-time or after school hours can be accomplished in both an efficient and effective manner.

Findings indicate, however, that not all school staff are comfortable with the idea of leading classes in physical activities. Some teachers, for example, reported difficulty coming up with a variety of activities on a day by day basis. The solution, as one pilot found, is “to make it easy” for teachers to incorporate daily physical activity into their classroom.

- Building DPA into classroom curriculum requires the assistance of a (physical education consultant to make the appropriate links between the curriculum and an inventory of appropriate physical activities.
- Building DPA into recess/noon hour/after school hours requires the assistance of a physical education consultant to ensure that the activities are sufficiently structured for health benefits.
- It should not be left to the individual classroom teachers to come up with ideas on ways to build physical activity into their classroom teaching.

2.7 Impact on Children and Youth

Children and youth at the elementary and middle school grade levels responded positively and energetically to the opportunities provided to take part in physical activities during the school day. In schools that have incorporated daily physical activity (DPA), students remind their teachers that it is time for DPA.

Anecdotal evidence suggests that daily physical activity at the pilot sites has already made a difference in the participating school populations.

- The benefits from daily physical activity include self-reporting from students of increased concentration levels in the classroom backed up by similar reports from teachers.
- Teachers have also reported seeing greater confidence levels and enhanced self-esteem among some previously inactive children.
- There was also some evidence from teachers at one pilot site of increased endurance levels among previously inactive children.

2.8 Impact on Families

One hopeful lesson learned is that children in the pilot sites are having an impact on their families' activity levels. This influence is similar to that experienced when children introduced their parents to recycling.

- A number of the pilot sites have successfully built family nights (and in some instances, weekends) into their programming. One pilot's gymnasium is almost too small to accommodate the growth in the number of families taking part in the regular family evenings. Another pilot site experienced over 1,000 participants enrolling in its March break physical activities. In a third site, parents from one non-pilot school have asked to be included the family physical activity nights. The pilot in question is looking for ways to expand its reach to include this, and other, schools.

At the same time, feedback from principals at some pilot sites indicated that there is a need for strong and continuous messaging to parents about healthy living and their need to role model physical activity and healthy eating for their children.

- The Active School sites need support from a provincial communications strategy that supports the work the schools are doing with the children and encourages parents to build on the schools' work by parents themselves adopting and role modeling healthy living practices.

2.9 Link Physical Activity and Healthy Eating

Feedback from the Active School pilots indicated that children and school staff have successfully made the link between physical activity and healthy eating. A number of the pilots introduced the healthy eating component along with physical activity and have found the children and youth have responded positively to the introduction of healthier foods in their school environment.

- Anecdotal evidence suggests that children are receptive to the healthy living message and tie physical activity to healthy eating. Some anecdotal evidence was also collected suggesting that children are taking the healthy living message back to their homes.
- The emphasis on physical activity in the pilots has also been found to reduce potential opposition to changes in schools' nutrition policies (replacing pop with water, removing fatty foods from school cafeteria, removing 'junk food' from dispensers).

2.10 Youth Action Teams

Youth Action Teams are an effective means of involving the students in the leadership of the AKHK Strategy. It ensures the guiding principle of youth involvement is met. It provides opportunities for students to develop their leadership skills as well as to improve their self confidence. Youth Action Teams give the students more ownership of programs that are implemented. In one site with a Youth Action Team comprised of high school students, all program ideas were generated by the students. This site also started a junior Youth Action Team of students from grade 7 and 8 to ensure continuity on the team as students graduate.

- Sites with junior or senior high school populations should be encouraged to develop Youth Action Teams.

- Formal leadership development opportunities should be made available to students who are part of the team.

3.0 Summary

The key learning behind Active School pilots was that schools that had the greatest success were those that had the support and involvement of their principal from start to finish. It is likely not coincidence that these principals also came from a physical education background and understood the value of a physically active lifestyle on learning as well as on health. A third pilot that is now without a committee structure once had the support of its principal and for a time flourished; then the school administration changed and support for the pilot floundered. A fourth pilot started out with four principals covering a family of schools technically on-side but is now down to one committed principal.

Another pilot that has demonstrated strong success over the past year owes its strength in large part to the extraordinary efforts of its Active Living Coordinator. Until his addition to the team the pilot had struggled getting off the ground. If the school were to lose the services of this individual, it is not certain it could continue.

There is no question that the children have benefited from the Active School pilots. The key “lesson learned” relating to impact on children is that those sites that have built daily physical activity into the curriculum have seen change in children’s endurance levels as well as in eating habits. Feedback from the children themselves indicates an understanding of the importance of physical activity both for their health and their concentration in class. These schools have successfully drawn the inactive child into physical activity and introduced them to a world of fun and play.

The Active Schools component has demonstrated that with committed leadership in the school, supported by curriculum that includes an inventory of easy to implement physical activities, every child in the public school system can be active a minimum of 30 minutes a day. This can increase to 60 minutes by adding an after school component or by increasing the school day by an additional half hour to an hour. Daily physical activity is the one intervention that can reach inactive children and show them the joy – and health benefits – that come from an active lifestyle. Daily physical activity is “*a sure strategy for ensuring every child is active on a daily basis.*”

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