

# Healthy Active Living in Newfoundland RESEARCH PROJECT



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# Executive Summary

## Background and Results

The health and well-being of school-aged children is a growing concern in Canada. Promoting physical activity, healthy eating, and mental well-being are areas that have received increasing attention in policy and research related to youth populations. However, research also shows that information alone is not enough to change youth health attitudes and behaviours. For instance, research has illustrated that Canadian youth are well versed in school and public health messages (Rail, 2009), yet many admit to not doing the very things that are associated with being healthy, such as being active, eating well, and getting enough sleep (Burrows, Wright, & Jungersen-Smith, 2002). In fact, only 8% of Canadian boys and 4% of girls aged 6 to 17 meet the Canadian Physical Activity Guidelines (Statistics Canada, 2011a) and approximately 64% of waking hours are spent in a sedentary manner (Statistics Canada, 2011b). Across Canada, 59% of children 2 to 17 years of age consume fruit and vegetables less than five times a day (Shields, 2004). In Newfoundland, 75.2% of the population is consuming less than 5 servings of fruit and vegetables per day. Today, the total number of 12 to 19 year olds in Canada at risk for developing depression is a staggering 3.2 million (Canadian Mental Health, 2015).

The gap between youth health knowledge and action is a source of growing concern for educators and health professionals alike (Canadian Index of Wellbeing, 2009) and needs to be addressed. More knowledge and awareness of the types of healthy active living initiatives, programs, and activities that exist targeting children and youth is greatly needed. The purpose of this research was to conduct an environmental scan to provide a better understanding of the landscape of healthy active living initiatives, programs, and activities across Newfoundland. This study was comprised of three parts: (i) a review of literature and online scan of programs related to healthy active living, (ii) focus group meetings with key representatives from the healthy active living community, and (iii) an electronic survey distributed to education, sport, recreation, health and community partners.

This study revealed information regarding Newfoundlanders' perceptions about the meaning of healthy active living, types of programs, funding information, evaluation processes, challenges, opportunities, strengths and possible improvements for future. In addition, background about programs across Canada is discussed.

It is clear that participants characterize healthy active living as holistic, focusing on all the dimensions of health—physical, mental, emotional, and spiritual. Healthy active living programming must reflect this understanding and include a balance of physical activity, mental well-being and healthy eating. Based on results of this study, the majority of healthy active living programming for school-aged children and youth in Newfoundland is very much focused on physical activity with very few initiatives that provide opportunities for children and youth participate in healthy eating and positive mental health activities.

One clear message from the participants in this study is that healthy active living programming would not be possible without the many volunteers who dedicate their time to children and youth. Every community has

champions who consistently volunteer to organize and facilitate a variety of physical activity programs. While this is positive news, participants warned about trends of burnout and less new volunteer activity.

Results indicated that most physical activity programs are fee-based which presents significant financial barriers for many families across Newfoundland. Some programs receiving public sector funding, thus it is important to better understand how and what is being done with that funding to support healthy active living for children and youth. Also, participants in the focus groups and survey indicated very little evaluation is happening to assess healthy active living programming in communities in Newfoundland.

An interesting paradox emerged when asking study participants about the strengths, opportunities and challenges associated with healthy active living programs for school-aged children and youth. On one hand community members identified many improvements that are needed with regards to such factors as funding, resources, expertise, prioritizing of healthy active living diversity and partnerships, while on the other hand people are very proud and appreciative of what is being offered. As such, many challenges were also discussed as strengths. Overall, the data shows there are concerns about all variables related to strengths, opportunities and challenges, which suggests that healthy active living needs to be addressed in a more comprehensive way.

It is evident that participants' believe there is an appropriate amount of programming for school-aged children and youth however a shift in what is being offered needs to reflect more balance, more commitment to the holistic approach. After careful analysis, it is very clear that a multi-level, collaborative strategy is needed to ensure better balance and a more interconnected approach to promoting healthy active living for children and youth. Of utmost importance will be a comprehensive, ongoing evaluation process that is accessible and available to the public.

This report highlights the gaps, overlaps, challenges and barriers, exemplars, success stories, and opportunities in current initiatives and programs, as well as explores best practices of coordinated approaches from other jurisdictions. This information is essential for the future development and implementation of effective initiatives and programs designed to support a healthy, active Newfoundland population.

## Recommendations

Based on the results of this study, the following recommendations are presented:

### General

- Design a multi-level, collaborative strategy to ensure better balance and a more interconnected approach to promoting healthy active living for children and youth.
- Develop an updated government-wide strategy focused on enhancing the health and wellness of children and youth that includes multiple departments who target objectives in their business plans to meet the government-wide wellness priorities that include all dimensions—mental, physical, emotional, and spiritual.
- Foster better partnerships between government, university researchers and community organizations to help inform future strategies and initiatives.

## **Facilities**

- Make improvements to the built environment, especially indoor spaces for physical activity.
- Consider sharing and using spaces in a more comprehensive way to help improve opportunities for healthy active living among children and youth.

## **Programming**

- Focus on a balanced healthy active living approach with programming that is accessible, affordable, inclusive and developmentally appropriate.
- As schools are a focal point for healthy active living in most communities, provide additional funding for comprehensive school health programs to improve the current compartmentalized approach that is prevalent across the province.
- Provide better education and information for organizations about how to merge healthy eating, physical activity and mental well-being activities.

## **Program Leaders**

- Government working together with communities should consider how to sustain programming and promote a more holistic approach.
- Provide support, training, recognition, updated information, contemporary techniques and evidence-based professional development for program leaders to support a holistic lifestyle approach.

## **Funding**

- Review program access and affordability to support better healthy active living in all communities.
- Address issues such as affordability for healthy foods, access to mental health promotion programs, and improved support (resources, education, guidance) for organizations about healthy eating and positive mental health.
- Fund training for leaders on how to actively incorporate all the dimensions (mental, emotional, physical, spiritual) into a program regardless of primary objectives, setting, and/or population.

## **Evaluation**

- Review current and future programs and include an evaluative component to ensure programs are meeting the needs of the community and addressing all dimensions holistically.
- In partnership with university researchers, develop an evaluation package that can provide needed support to program leaders and communities for expertise and consistent measures that can be archived to establish trends and inform planning.

# Introduction/Background

## The health and well-being of school-aged children is a growing concern in Canada.

Promoting physical activity, healthy eating, and mental well-being are areas that have received increasing attention in policy and research related to youth populations. However, research also shows that information alone is not enough to change youth health attitudes and behaviours. For instance, research has illustrated that Canadian youth are well versed in school and public health messages (Rail, 2009), yet many admit to not doing the very things that are associated with being healthy, such as being active, eating well, and getting enough sleep (Burrows, Wright, & Jungersen-Smith, 2002). In fact, only 8% of Canadian boys and 4% of girls aged 6 to 17 meet the Canadian Physical Activity Guidelines (Statistics Canada, 2011a) and approximately 64% of waking hours are spent in a sedentary manner (Statistics Canada, 2011b).

Across Canada, 59% of children 2 to 17 years of age consume fruit and vegetables less than five times a day (Shields, 2004). In Newfoundland, 75.2% of the population is consuming less than 5 servings of fruit and vegetables per day. Today, approximately 5% of male youth and 12% of female youth, age 12 to 19, have experienced a major depressive episode. The total number of 12 to 19 year olds in Canada at risk for developing depression is a staggering 3.2 million (Canadian Mental Health, 2015).

The gap between youth health knowledge and action is a source of growing concern for educators and health professionals alike (Canadian Index of Wellbeing, 2009) and needs to be addressed. More knowledge and awareness of the types of healthy active living initiatives, programs, and activities that exist targeting children and youth is greatly needed. The purpose of this research was to use a variety of strategies to better understand the landscape of healthy active living initiatives, programs, and activities in Newfoundland.





# Project Summary

The Government of Newfoundland and Labrador has demonstrated a commitment to helping people and communities achieve lifelong active health and well-being through government initiatives, such as the Provincial Wellness Plan, Healthy Students-Healthy Schools, After-School Physical Activity Initiative, and Recreation and Sport Strategy. Additionally, many local and regional programs have also demonstrated a key commitment to healthy active living programs and initiatives. While supporting communities to develop and implement programs for children and youth is an important component for promotion of active living and overall wellness, it is a challenge to coordinate these programs effectively and understand the impact that these initiatives have on health, learning, and performance outcomes. As such, provincial organizations and stakeholders committed to enhancing the health and wellness of children and youth would benefit from better knowledge and awareness of the types of initiatives that exist in the province. To address this gap, the School of Human Kinetics and Recreation and the Government of Newfoundland and Labrador's Department of Seniors, Wellness, and Social Development, and Recreation Newfoundland and Labrador partnered to conduct an environmental scan to provide a better understanding of the landscape of healthy active living initiatives, programs, and activities across Newfoundland.

As presented here, the results of this environmental scan will help future research projects, as well as future community, regional, and provincial strategies.



# Study Design

In research, environmental scans offer a practical and systematic way of retrieving and organizing information about specific contexts in order to assist policy and decision making processes (Graham, Evitts, & Thomas-MacLean 2008).

Data collected in environmental scans often focus on both internal and external sources, with the goal of highlighting information that is both day-to-day and part of larger societal trends; such trends may include, political shifts, advances in healthcare, and technological changes. Furthermore, environmental scans often include multiple sources of data, multiple populations and/or subjects, and various types of knowledge.

This study was comprised of three parts: (i) a review of literature and online scan of programs related to healthy active living, (ii) focus group meetings with key representatives from the healthy active living community, and (iii) an electronic survey distributed to education, sport, recreation, health and community partners.

In the following sections, we will outline why we chose to use the term “healthy active living,” provide a brief overview of our online literature review and program search, present the various strategies we used to collect information about healthy active living programs for school-aged children and youth, as well as how we analyzed the data.

## Healthy Active Living

While the physical is an important aspect of being healthy, the whole child is more than one dimension. This study reflects a more holistic understanding of children’s health and wellness where all the dimensions (social, emotional, mental, spiritual) of an individual are considered. Researchers agree that to promote and support students to be healthy and active for life, a focus on a balance of the physical, emotional, social, and spiritual dimensions of the individual is needed (Cameron, 2014, Kilborn, 2014, Kilborn & Cameron, 2015; St. Leger, 2010). As such, healthy active living programming includes more than physical activity, but also healthy eating, and mental well-being.

## Literature Review Methodology

Article searches were conducted across multiple databases (SportDiscus, Pubmed, Web of Science, PsychINFO, ERIC, Google Scholar) to retrieve peer-reviewed articles related to healthy active living initiatives for children and youth across Canada. Studies were included if the programs targeted school-aged children which



includes an age range of 5 to 17. Search terms included physical activity, school-based physical activity, active living, healthy living, after school programs, physical activity interventions, school-based health interventions, community-based programs, school based physical activity, healthy eating, community program, community initiative, Canada, youth, teen, adolescents, children. Programs were excluded if it was a one-off event. A reviewer independently reviewed each article and recorded the findings in a table if the information was deemed relevant. Reference lists for each article were examined to find additional articles. The Canadian programs were grouped in categories of physical activity, healthy eating, and mental well being across Canada and within Atlantic Canada.

## Online Search Methodology

A systematic scan included using the search engine Google with the search terms of wellness initiatives in Newfoundland, Canada physical activity initiatives, Recreation Newfoundland, and Government of Newfoundland physical activity initiatives. A top-down approach was used which began at the national level, then moved to provincial government, and continued on to initiatives connected to organizations and municipalities. Once all 160 initiatives were gathered, the initiatives were grouped according to initiative type, regional comparisons, targeted age groups, government initiatives, and program evaluation types. When selecting further sub-categories under each of these groups, mutually exclusive categories were created to ensure that a program was not used in more than one category.

## Focus Group Methodology

The research team organized and hosted three focus groups across Newfoundland in February of 2015 in the following locations: St. John's, Corner Brook and Gander. The goal of these regional meetings was to collaborate with key community representatives (e.g., Recreation NL, Sport NL, Education representatives, Health Promotion Coordinators) to gather information related to:

- a) the types of programs and initiatives that are currently available to children and youth;
- b) the types of populations and how many children and youth are being served by these programs;
- c) the types of people running the programs or initiatives;
- d) how programs and initiatives are being evaluated for effectiveness.

**Participant recruitment.** Participants were recruited through purposive sampling and contacted through their professional emails. In total 16 representatives attended the focus group in St. John's, 9 representatives attended the focus group in Gander, and 12 representatives attended the focus group in Corner Brook.

**Data Collection.** The Principle Investigator of the study, as well as one and/or two research assistants led each focus group. The focus groups were a full day in length and were designed to capture as much information as possible. Various facilitation strategies were employed (e.g., think-pair-share, world café, posted-notes, fill-in the blanks) throughout the day to get as much information as possible about the various programs, initiatives, and activities (see Appendix A for focus group facilitation guide).

**Data Analysis.** Data was transcribed from participants' notes and chart paper into an Excel spreadsheet. This information was then condensed and distributed to participants for member checking. Data were then analyzed

and coded by two different members of the research team to ensure reliability of codes was upheld. A thematic analysis approach using Lichtman's (2010) "Three C's Analysis Approach" (Coding, Categorizing, Concepts) was used to identify key categorizing and concepts within the data. Furthermore, triangulation occurred after the survey data was collected to ensure that both the data from the focus groups and the survey were congruent.

## Survey Methodology

In keeping with recommendations in doing environmental scans, we engaged multiple data collection strategies. The focus groups helped us to gain a more in-depth understanding of healthy active living programs, initiatives, and activities in Newfoundland so that we were better able to design a survey that could reach a broader population of Newfoundlanders. Focus group participants offered information and perspectives that provided the necessary information to design a comprehensive electronic survey via Survey Monkey.

**Participant recruitment.** Participants were recruited through a snowballing sampling technique to ensure maximum participation. A strategic recruitment strategy was developed to ensure that all communication channels were engaged, particularly through, email, media and social media channels. The survey link was provided in emails, media releases, social media posts and posted on websites. In total, over 500 people participated in the survey from various regions across Newfoundland.

**Data Collection.** The survey was designed and pilot tested several weeks before the final version was released. The survey was available for two weeks, from April 13th to 26th, 2015. The research team monitored the completion of the survey daily to ensure appropriate regional representation.

**Data Analysis.** All analyses were conducted using SPSS version 22. Demographic information, facilities and venues, healthy active living descriptions and programs, program types, key people, funding, evaluation, challenges, improvement, and strengths were determined by calculating frequencies and percentage of responses. Additionally, regional and perspective differences were explored for the challenges and opportunities to offering healthy active living programming to children and youth using ANOVAs.

## Study Limitations

Although this report highlights many important findings related to healthy active living programs for children and youth in Newfoundland, caution should be used when interpreting the results based on the following limitations.

The scope of this study was limited to Newfoundland and therefore does not represent the activities, initiatives and programs that are taking place in Labrador.

The survey sample was obtained through snowball sampling where the survey link was provided in emails, media releases and advertising. As such it is not known how many links were distributed throughout the province. In addition, survey participants were limited by access to technology. The survey was administered solely online therefore people with limited access to computers and/or internet may be underrepresented in the survey results.

The primary purpose of the focus groups was to provide detailed information to assist in the design of the survey, as well as supplement the results from the survey. Caution should also be exercised when generalizing results to the greater population of the province.

# Literature Review

The first stage of the research project consisted of a literature search and online search of existing initiatives, programs, and activities in Newfoundland and across Canada.

The information gained through this search provided a helpful way to frame the different types and areas of healthy active living for the purpose of this study. Examples of literature in Canada on healthy active living programs for school-age children and youth are presented in the following categories: physical activity, healthy eating and mental health. This is only a brief summary of a more comprehensive review document that can be found on the School of Human Kinetics and Recreation website.

## Physical Activity

It is well known that children and youth are not meeting the recommended physical activity guidelines for healthy growth and development (Active Healthy Kids Canada, 2008; Colley et al., 2011; Public Health Agency of Canada, 2008), suggesting there is a need for increased physical activity opportunities for youth in Canada. In addition, the least physically active children receive most of their physical activity during school hours (Cox et al., 2006), strongly supporting the need for school-based programs.

There are a number of school-based initiatives in Canada, such as the Alberta Project Promoting active Living and healthy Eating (APPLE) Schools, Action Schools!BC, Annapolis Valley Health Promoting Schools Project (AVHPSP), and Heart Healthy Kids (H2K) in Nova Scotia. These initiatives have all shown positive results in increasing physical activity rates, cardiovascular fitness, healthy eating habits or decreased sedentary habits. All of these programs used either a comprehensive school health approach or whole school approach and have been associated with university research projects that measured either health and/or program outcomes.

Many studies have suggested that evidence-based after school programs can help children become more physically active (Active Healthy Kids, 2014; Durlak et al., 2010; Gardner et al., 2009; Young et al., 2007). There are many after-school programs across the country that report improvements in children's physical activity, cardiovascular endurance and/or attitudes toward physical activity. Some examples of these after-school programs are: Youth Fit for Life in Calgary (Annesi et al., 2009), CATCH Kids Club initiated by Ontario YMCA and Boys and Girls Club as part of Ontario's After School Strategy (Sharpe et al., 2011), and Girls on Track (Rajan & Basch, 2012).

Active transport (AT) (i.e., walking or biking) is another focus area to increase physical activity in children. There has been a decrease in the use of non-motorized transport to and from school (McDonald, 2007; Pooley et al., 2005; Sirard and Slater, 2008). Children who use AT participate in more physical activity than those who use other modes of transportation (Cooper et al., 2003, 2005; Dollman and Lewis, 2007). A two-year School Travel Plan (STP) intervention pilot took place in 12 schools across four provinces (British Columbia, Alberta, Ontario, and Nova Scotia). Results clearly indicated that AT to and from school appears to be beneficial to physical activity levels of children.

Children who participate in sports often experience a number of positive benefits including improved positive developmental indicators, self-esteem, emotional regulation, problem solving, goal attainment, social skills, and academic performance (Holt, Kingsley, Tink, & Scherer, 2011). Although sport is considered to be a key component of physical activity, national surveys in Canada suggest that sport participation has declined from 77% to 59% among Canadian youth aged 15-18 years, and from 57% to 51% of children aged 5-14 from 1992 to 2005 (Ifedi, 2008). Throughout Canada, sport participation has been most prevalent for children from high-income households (68%) and lowest for children that come from lower income households (44%) (Clarke, 2008). Access to sport and leisure facilities for those children that live in lower-income neighbourhoods (Gordon-Larsen, McMurray, & Popkin, 2000) may also impact participation rates. An example of a program that provides financial assistance for sport participation is the Canadian Tire Jumpstart program (PHE Canada, 2013).

## Healthy Eating

Eating habits develop early in life; therefore, it is important to provide healthy options to children to ensure development of healthy eating habits. Unfortunately this is not the reality in many jurisdictions. For example, 2003 data suggest more than half of the grade five students in Nova Scotia (N = 5200) did not meet Canada's Food Guide to Healthy Eating recommendations for minimum servings from the four food groups (Nova Scotia Department of Health and Wellness, 2015). During the school day children have multiple opportunities to purchase unhealthy food and beverages. The availability of food such as fries, hot dogs, pizza, and junk food is associated with greater consumption while at school (Park et al., 2010; Templeton et al., 2005) and student body weight (Taber et al., 2012).

Many provinces have implemented guidelines for healthy eating or food and beverage sales policies to facilitate access to healthy meals and snacks while students are outside of their homes. Some examples of healthy eating guidelines include: Alberta Nutrition Guidelines for Children and Youth (Alberta Health Services, 2012), Prince Edward Island School Food and Nutrition Policies (Taylor et al., 2012), British Columbia's Food and Beverage Sales in Schools Guidelines (Masse et al., 2013) and the Food and Nutrition Policy for Nova Scotia Public Schools (Province of Nova Scotia, 2006). Many of these



policies have promoted positive changes to schools' food environments, fundraising initiatives, students' healthy eating habits within school time, and nutrition education (Mâsse et al., 2013; Quintanilha et al., 2013; Taylor et al., 2012).

Other programs that focus on improving healthy eating habits among children and youth include APPLE Schools in Alberta, the Annapolis Valley Health Promoting Schools Project in Nova Scotia, and the Ontario Northern Fruit and Vegetable Program and Youth Fit for Life. These programs showed a significant increase in children's fruit and vegetable intake and improved diet quality (Annesi et al., 2009; Fung et al., 2012; He et al., 2012).

## **Mental Well Being**

Mental health is essential for Canadian youth since many struggle with stress, anxiety, and depression (Murnaghan et al., 2012). Schools and communities have struggled to understand how to help children and youth deal with these issues. Some school-based mental health programs have chosen to focus on prevention such as positive psychology and mental health instead of using an intervention illness-based approach (Health and Education Research Group, 2012; Morrison & Kirby, 2012).

Mental fitness, as described by Morrison, Kirby, Losier & Allain, (2009), is a student capacity to be self-determined, to think about, plan and act on personal decisions that contribute to emotional, social, and physical development. Morrison et al. (2009) suggest that mental fitness is associated with student attitudes and behaviors, pro-social and oppositional behaviors, and tobacco use. Other research has shown that school connectedness is correlated with physical activity, anger, harassment, and health risk behavior (Bond et al., 2007; McNeely & Falci, 2004; Rassmussen et al., 2005). In a study completed by Murnaghan et al. (2012) in New Brunswick and Prince Edward Island, mental fitness was assessed in conjunction with school connectedness, pro-social and anti-social behaviors, positive and negative affect, and smoking. This study showed correlation between mental fitness and girls, high school students and high-income communities (Murnaghan et al., 2012).

Researchers have also found that after school health education programs can assist youth in developing social and emotional coping skills, foster healthy relationships, and acquire health education (Durlak et al., 2010; Young et al., 2007; Gardner et al., 2009). For example, the Girls on the Run, International (GOTRI) promotes a balanced and healthy lifestyle and teaches young girls how to make healthy choices (Rajan & Basch, 2012).

Another mental health related initiative in Canada is Alberta's Healthy Minds Healthy Children Outreach Service. Developed in 2003, this program makes use of technology in an attempt to combat geographical barriers and help meet children's mental health needs in rural areas of Alberta (Lipton & Donsky, 2012). Upon evaluation of eight years of this program's success, it has been noted that this program should remain a priority of the Government of Alberta as it provides cost-effective and educational services that meet the needs of isolated rural professionals in order for them to provide timely and accessible supports to children of their region (Lipton & Donsky, 2012).

# Online Scan of Healthy Active Living Programs

In order to provide a comprehensive report of the healthy active living initiatives for school-aged children and youth in Newfoundland, information was gathered from a systematic scan of initiatives and programs that were accessible online.

Upon completion of an online search for healthy active living initiatives and programs that are available to children aged 5 to 17, the results were analyzed to reveal initiative types available, regional comparisons throughout the province, as well as government initiatives and evaluation of programs. The following is a summary of key findings of the online scan. A more detailed report can be found on the School of Human Kinetics and Recreation Website.

## Initiative Types

In this discussion of initiative and program types, there are seven categories that were used to separate initiatives. The seven categories used to distinguish the type of initiative or program included those that were sport focused, informational, provided funding, summer camps, wellness, unstructured, and after school programs.

The majority of programs throughout the province of Newfoundland were sport oriented (67)\* and a large number of initiatives and programs were purely informational (27). Funding initiatives (17) found in this online search were considered as those that provide funding to children and youth in order to promote physical activity and wellbeing.

\*Please note: numbers in brackets represent the number of programs/initiatives that were found online





A number of activity based programs for children and youth in the province are summer camps (17) typically running from the months of June to August.

Wellness initiatives are critical in developing a greater sense of well-being and healthy living and provide a more holistic approach than sport-focused programs. The wellness initiatives and programs (14) in Newfoundland provide a chance for children to enjoy the outdoors and do relaxing physical activities, while also learning how to take care of their health. Unstructured activities are a good way for children to meet new people and stay active; however, provide very little information on how to live a healthier lifestyle. These unstructured programs (9) typically allow children to drop-in at their own convenience and require no formal commitment to the program. After school programs (8) are usually sport focused, but can also provide students with alternative activities. These programs often take place at school, at local community centres or YMCA's.

## Regional Comparisons

When completing the online search for healthy active living programs, three regions were highlighted: the Avalon Region (Avalon Peninsula), the Central/Southern Region (Burin Peninsula to Glovertown), and the Western/Northern (Grand Falls Windsor and remainder of the island). Upon comparing regions, it is notable that the Avalon Peninsula had the greatest number of programs and initiatives (68) compared to the Central/Southern region (11) and the Western/Northern region (38). There are also a number of province and country-wide programs and initiatives (43) that are available in all regions of the province which will not be discussed in this section.

An important note about regional differences is the type of programs that are offered in each region. The online search discovered more programs in the Avalon region (68) than in the Central/Southern (11) and Western/Northern (37) regions. After school programs also seemed more prevalent in the Avalon (6), compared to two in the Western/Northern and none in the Central/Southern region. Unstructured play (10), wellness initiatives (10) and summer programming (15) is more prevalent in the Avalon region, compared to other regions that had 0-2 of each.

One comparison that is of interest is that the largest category of programs in each region consists of those that are focused solely on sport. The Western/Northern region (32) has more programs and initiatives surrounding sport, followed closely by the Avalon region (26) and the Central/Southern region (6).

## Government Initiatives

The Government of Newfoundland and Labrador is committed to providing health and wellness initiatives for children and youth. The online search revealed a large amount of money contributing to initiatives and programs that impact the youth of Newfoundland. In particular, throughout 2006-2008, approximately \$2.4 million has been implemented within the Provincial Wellness Plan, which has lead to development of Regional Wellness Coalitions and Provincial Wellness Grants, as well as \$444,000 devoted to the After School Physical Activity initiative. Other initiatives and programs that are provided with funding through the Provincial Wellness Plan include the Alliance for the Control of Tobacco, Provincial Food and Nutrition Framework

and Action Plan, and Healthy Students, Healthy Schools. Although these numbers seem promising, little information is provided online to explain exactly what this funding was used for.

The Government of Newfoundland and Labrador are also responsible for a number of other initiatives/ programs that the online search did not yield any funding information. These programs include Active Healthy Newfoundland and Labrador, Safe and Caring Schools Policy, Get Up On It, Newfoundland and Labrador Smoker's Help Line, and the Aboriginal Sport and Recreation Circle of Newfoundland and Labrador.

## Evaluation

From our online search, there is little information available about the evaluation of programs at the government level with the exception of mentioning the importance of evaluation in the Provincial Wellness Plan. While some evaluation is reported to be taking place for programs such as the After School Physical Activity Initiative, this information is not available online.

Evaluation processes have begun to make their way into municipal level planning however, as there are currently five municipal recreation master plans conducted that include evaluation of existing programs, needs assessments and recommendations for future planning. External consulting companies for St. John's, Paradise, Torbay, Grand Falls-Windsor, and Corner Brook have conducted these plans.

Another program that has evaluated their effectiveness is the Kids Eat Smart Foundation, which was evaluated in 2013 by Goss Gilroy Management Consultants. Within this evaluation, findings supported the contribution of the program to the provincial government policy priorities, the reach of the program within the province, outcomes of the program, as well as effective practices that need to be continued in the future.

The online search may be one issue limiting the amount of information available to the public on evaluation of programs. Although the Government of Newfoundland and Labrador as well as other provincial and national programs have little or no information about their program evaluation online, there may have been some evaluation that has not been published.

# Summary of Survey and Focus Group Results

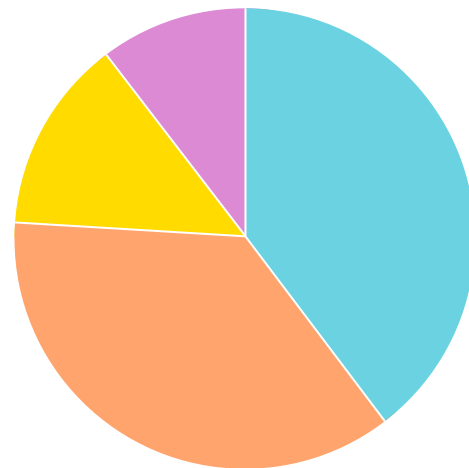
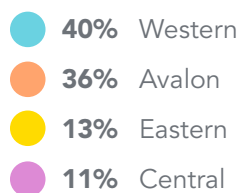
## Survey Demographics

The survey portion of this study collected a range of demographic information from respondents. The following provides a summary of this information. A complete table of all the demographic numbers and percentages can be found in Appendix B.

The gender and age of the survey respondents were mostly females (68.3%), and within the range of 35-44 years of age (31.3%), followed by 45-54 years of age (29.4%), and 25-34 years of age (20.6%). The majority of respondents lived in the Western or Avalon regions of Newfoundland (see Figure 1), with most representative community populations in communities with 1,001-10,000 residents (30.3%) or more than 100,000 residents (23.0%) (see Figure 2).

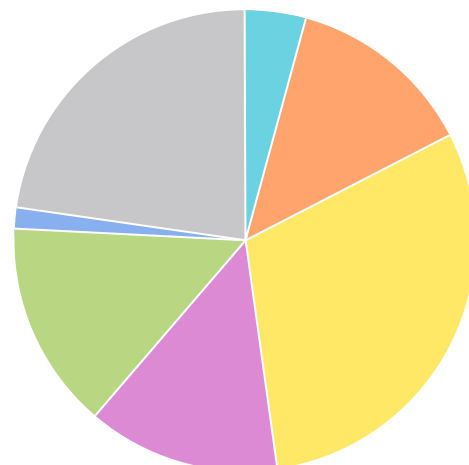
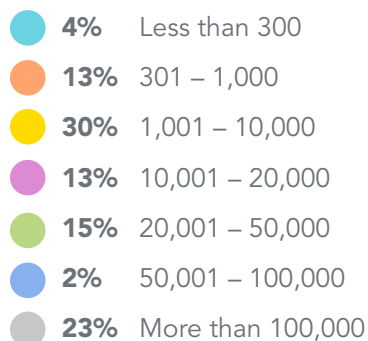
**FIGURE 1**

Regional survey representation (n=486).



**FIGURE 2**

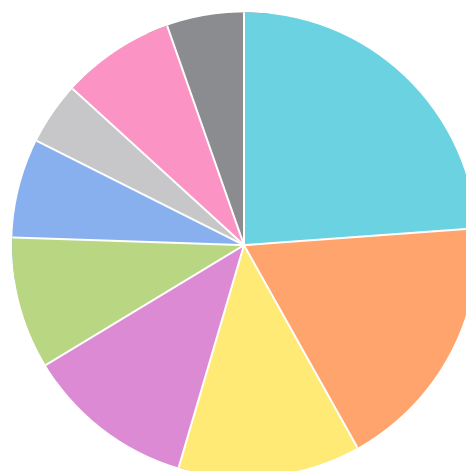
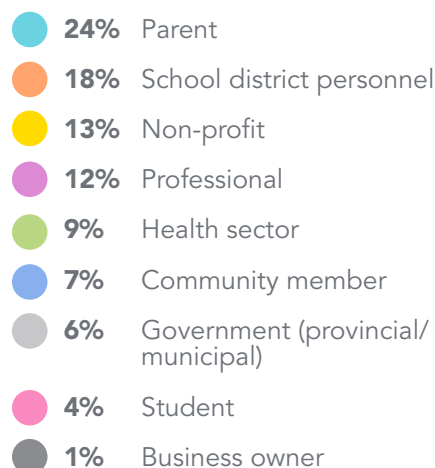
Population of survey respondent communities (n=479).



As many respondents' involvement with healthy active living programming for children and youth could come from multiple perspectives (e.g., work- related, personality), it was important to specify what perspective they were answering the survey from. Figure 3 summarizes who was represented.

**FIGURE 3**

Survey respondent perspective (n=500).



## Facilities and Venues in Newfoundland Communities

Survey respondents were asked to identify the types of facilities and venues that are available or accessible in their community for school-aged children and youth to participate in healthy active living programming and initiatives. These community facilities and venues are listed in Table 1. The most commonly available facilities available in various communities included playgrounds (95.1%), parks or natural areas (83.3%), gymnasiums (80.0%), and indoor ice arenas (78.7%). The facilities that were rarely listed as being available included volleyball courts (31.2 %), outdoor ice rinks (25.3%), and rock climbing walls (25.1%).

**TABLE 1**

Facilities and Venues

VARIABLE	NUMBER (%)	VARIABLE	NUMBER (%)
<b>Facility/Venue (n=474)</b>		Tennis court	296 (62.4)
Playgrounds	451 (95.1)	Skate Park	283 (59.7)
Park or natural area	395 (83.3)	Golf course/driving range	259 (54.6)
Gymnasium	379 (80.0)	Curling rink	244 (51.5)
Indoor ice arena	373 (78.7)	Squash/racquetball courts	184 (38.8)
Ball diamond	365 (77.0)	Running track	182 (38.4)
Outdoor basketball court	331 (69.8)	Outdoor volleyball courts	148 (31.2)
Swimming pool	330 (69.6)	Outdoor ice rink	120 (25.3)
Playing field	328 (69.2)	Rock climbing wall	119 (25.1)
Fitness centre	309 (65.2)	*Other	55 (11.6)

\*Other responses included walking/hiking trails, community centres, and cross country/ downhill skiing

Note: Respondents were able to select more than one response

## Characterizing Healthy Active Living

During the focus groups, participants were asked how they would characterize or define ‘healthy active living.’ In other words, what does ‘healthy active living’ mean? Throughout the focus group discussions, participants emphasized two themes: holistic and lifestyle-oriented. Participants felt that while past conceptions of healthy active living were more focused on primarily the physical dimension, they now believe that healthy active living should be thought of as more holistic—a balance of all the dimensions of an individual (mental, physical, emotional, spiritual), as well as a balance in programming between physical activity, healthy eating and mental well-being. This theme also included the concept of health promotion where participants explained that healthy active living was focused on health promotion not disease prevention.

Healthy active living is about the social, emotional, physical, mental, cognitive.

– ST. JOHN’S

Activities that increase emotional, physical, healthy eating, socialization in everyday life.

– GANDER

Encouraging healthy eating, physical activity and positive mental health. Needs to be a collaborative effort between schools, community groups, organizations with support from parents.

– CORNER BROOK

Participants also described healthy active living as being lifestyle-oriented, a way of life, where individuals make healthy choices a priority. Some participants explained that healthy active living was more of a culture, a mindset, a day-to-day way of living in our families and communities that incorporates healthy activities as part of every day life.

Should be as simple as putting on a pair of socks, it’s a lifestyle that should be naturally engrained into everyone’s lives, families.

– ST. JOHN’S

A lifestyle rather than a bunch of scheduled activities or a diet.

– GANDER

Healthy active living: lifelong, a mindset.

– CORNER BROOK



Healthy Active Living in Newfoundland Research Project

These perspectives were further supported by the survey results where the majority of survey respondents identified that healthy active living included each of healthy eating, physical activity, and mental well-being (87.3%), rather than only one or the other. Respondents also identified that making healthy lifestyle choices (70.5%) and a holistic approach, including social, mental, physical, and spiritual aspects (67.0%) were important. Table 2 summarizes what ‘healthy active living’ means to survey respondents.

**TABLE 2**  
Healthy Active Living Descriptions

HEALTHY ACTIVE LIVING VALUES	NUMBER (%)
<b>Description (n=458)</b>	
Healthy eating, physical activity, and mental well-being	400 (87.3)
Making healthy lifestyle choices	323 (70.5)
Holistic (Social, mental, physical, spiritual)	307 (67.0)
A way of life	278 (60.5)
Preventative approach	248 (54.1)
Healthy eating	119 (25.9)
Physical activity only	29 (6.3)
Other*	3 (0.7)

\*Other responses included work/life balance, adult responsibility, availability  
Note: Respondents were able to select more than one response

## Defining Healthy Active Living Programs

After characterizing the term ‘healthy active living,’ focus group participants then began to describe the nature of healthy active living programs for school-aged children and youth. Participants believed the following key elements should be considered for healthy active living programs:

- Reflect the elements of healthy active living – holistic, lifestyle-oriented
- Accessible, affordable, safe – location, cost, developmentally appropriate
- Social, enjoyment and fun
- Inclusive – all ages, special populations
- Family-focused/child-centered – must get parents on board
- Community-based, collaborative and builds connections
- School-based – curriculum, afterschool programs, cross-curricular



- Variety – programs for children and youth should include physical, healthy eating and mental health, and include various levels/types
  - Physical – physical activity, physical education, physical literacy, sport, movement
  - Healthy Eating – nutrition, cooking, healthy eating habits
  - Mental Health – self-esteem, self-confidence, resilience, interpersonal relationships
  - Structured, unstructured, competitive, non-competitive, experiential, individual, group, fitness, indoors, outdoors, skill-based, recreation

These elements were then presented to survey respondents, where a large proportion of respondents (91.0%) identified that accessible and affordable healthy active living programs were of the utmost importance for children and youth. Additionally, respondents felt healthy active living program should include a variety of activities, such as healthy eating, physical activity, and mental well-being (83.2%). Family-centered programming was also identified as being an essential element (72.1% of the respondents), as these types of programs would allow parents to participate with their children. Table 3 summarizes survey respondents' perceptions of the key elements of programs that promote healthy active living for school-aged children and youth.

**TABLE 3**

Elements of Healthy Active Living Programs

HEALTHY ACTIVE LIVING VALUES	NUMBER (%)
<b>Elements of HAL Programs (n=458)</b>	
Accessible and affordable	417 (91.0)
Variety off activities (healthy eating, physical activity, and mental well-being)	381 (83.2)
Developmentally appropriate	330 (72.1)
Family-centered (parents and children participate together)	330 (72.1)
Focus on making healthy lifestyle choices	304 (66.4)
Inclusive	301 (65.7)
Opportunities for unstructured activity	269 (58.7)
Child-centred	261 (57.0)
Other*	15 (3.3)

\*Other responses included non-competitive, socially safe, and professional input (e.g. schools)

Note: Respondents were able to select more than one response

## Types Of Healthy Active Living Programs

One of the activities in the focus groups included participants identifying specific healthy active living programs for school-aged children and youth that are offered in their communities. Participants included the name, description, who was involved in offering the program, funding information and any evaluation information if known. Three themes emerged regarding the types of programs that are offered. The overwhelming message of

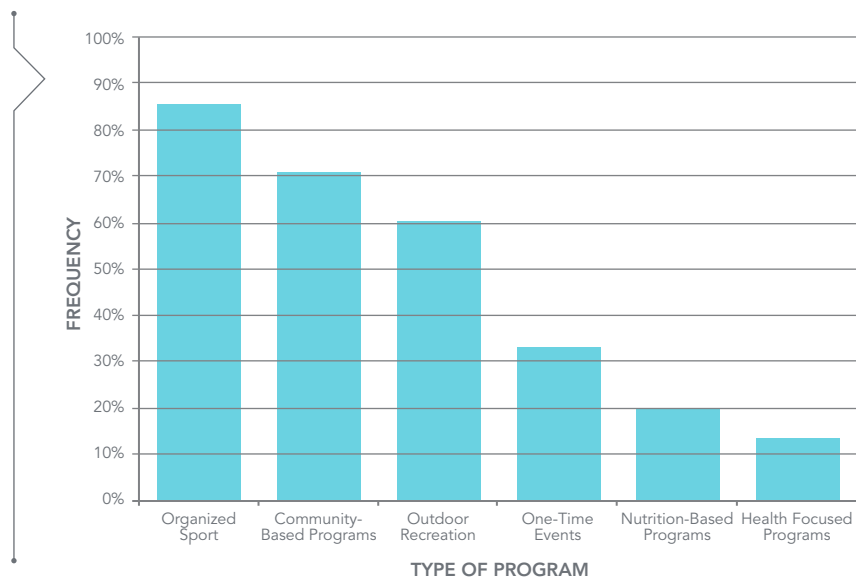
the first theme is that there seems to be a wide variety of programs available for school-aged children and youth. Types of programs that were highlighted by participants included community-based (e.g., cadets, brownies, scouts), school-based, nutrition-healthy eating, fitness, sport, targeted populations (e.g., girls-only, special Olympics), physical activity and private business/organizations.

The second theme illustrates very clearly that the majority of healthy active living programs offered in Newfoundland communities are physical activity-related. Among the physical activity-related programs, sport was discussed most often. Non-competitive physical activity, recreation and outdoor activity programs were also identified but not as frequently as sport.

While a wide variety of healthy active living programs for school-aged children and youth were identified, the third theme reveals a lack of focus on healthy eating and mental health programming and youth.

The focus group results provided a foundation of knowledge about healthy active living programs across the island to guide the questioning for the online survey. Survey results also emphasized similar types of programs that the focus group participants highlighted. As can be seen in Figure 4, when asked what types of programs are available for children and youth in their communities, survey respondents suggested that organized sport (85.5%), followed by community-based programming (70.2%), and outdoor recreation (59.8%) occur either frequently or very frequently. In contrast, very few participants listed mental health focused programs (13.2%), nutrition-based programs (19.3%), and one-time events (32.7%) as very frequently or frequently occurring programs. For full responses to this question, please see Appendix C.

**FIGURE 4**  
Types of healthy active living programs for children and youth.



## Healthy Active Living Program Leaders

Focus group participants were asked about the people that are running the programs/initiatives across Newfoundland. As participants listed specific programs, they identified key coordinators and facilitators of healthy active living programs for school-aged children and youth. Three themes emerged that paint a picture of who the key leaders are: paid staff, volunteers and specific individual champions.

Healthy active living programs that are facilitated by paid staff are those that are offered by schools, government-funded initiatives, health authorities, sport organizations, recreation centres or private businesses. This means that the personnel who set up and deliver the program are either full or part-time employees or contract personnel of those particular sectors (e.g., Newfoundland English School District employees, recreation directors, private dance studio instructors, Janeway Outreach Coordinator). This theme also includes paid coaches from private sport organizations and studios. Many of the healthy active living programs and initiatives would not be possible without the efforts of volunteers in all communities across Newfoundland. Specifically, participants mentioned student-volunteers, parents, coaches and community members as being the key leaders in running programs for school-aged children and youth.

Finally, participants were able to name specific individuals that consistently championed programs that provide opportunities for children and youth to be healthy and active. This was most common in the more rural areas in Newfoundland.

When survey respondents were asked who the key people are that run healthy active living programs for children and youth in their communities, they indicated overwhelmingly adult volunteers (including coaches) were the most common leaders in the province. The next most common groups identified were student volunteers (includes coaches) and paid school-based staff. In contrast, paid health sector staff were considered as the least common leaders of these programs, followed by paid government staff and paid sports organization staff. See Table 4 for mean scores for each.

**TABLE 4**  
Ranking of Key People Running Healthy Active Living Programs

VARIABLE	MEAN SCORE
<b>People (n=423)</b>	
Adult volunteers (includes coaches)	1.75
Student volunteers (includes coaches)	3.20
Paid sports organization staff	3.24
Paid health sector staff	3.95
Paid school-based staff	4.15
Paid government staff	4.71

Note: 1 – most common, 6 – least common

## Funding

Funding is an important part of ensuring opportunities for children and youth to be healthy and active for life. Focus group participants identified two main sources of funding for communities in their efforts to support programming for young people: grants (government and private corporation) and fee-based structures. Many programs are offered in communities through nationally or provincially-based programs, such as Participaction, Participation Nation, FRCPs and Brighter Futures, High Five and Janeway Lifestyle Program. Other programs rely upon federal, provincial and municipal government grant funding that individuals and organizations must apply for. Some of these grant sources include the Public Health Agency of Canada, Wellness Fund projects, as well as local municipal sport and recreation funding. There are also programs that are funded by partner corporations, such as Jumpstart (Canadian Tire) and Kraft Celebration grants.

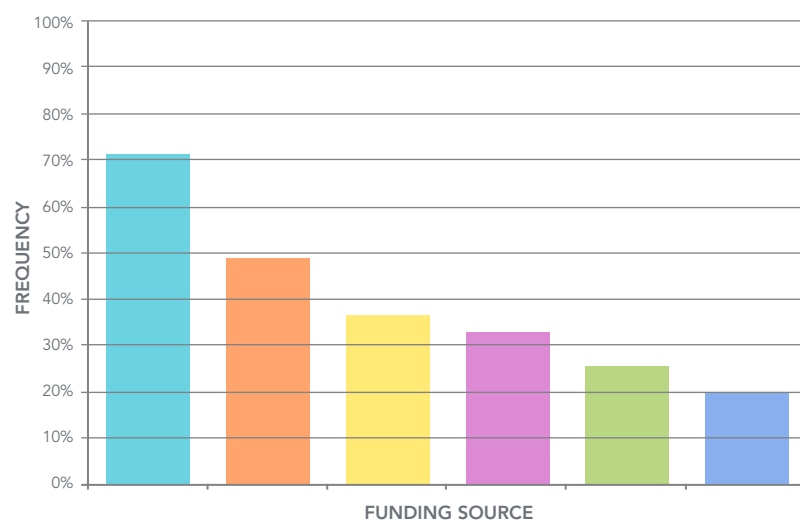
Many of the other healthy active living programs for school-aged children and youth are available only if parents are able to pay for them. In other words, these programs rely on registration and membership fees to operate. According to focus group participants, fee-based structures are found in recreation facilities, sport leagues, fitness centres, private clubs/studios, school lunch programs, summer programs and special events.

When survey respondents were asked how well the three areas of healthy active living programs (physical activity/sport/recreation, healthy eating/nutrition, mental health) for children and youth are funded, results supported what focus group participants discussed.

Survey participants suggested that physical activity programs are either very frequently or frequently funded by fee-based memberships (71.4%), and local fundraising (48.9%). Government funded grants (36.6%) and school districts (32.8%) were less likely suggested to provide frequent funding for these physical activity programs. Non-governmental organizations (25.8%) and private businesses (19.8%) are the least likely suggested sources of funding for physical activity programs.

**FIGURE 5**

Extent that sectors fund physical activity programs for children and youth (n=399).

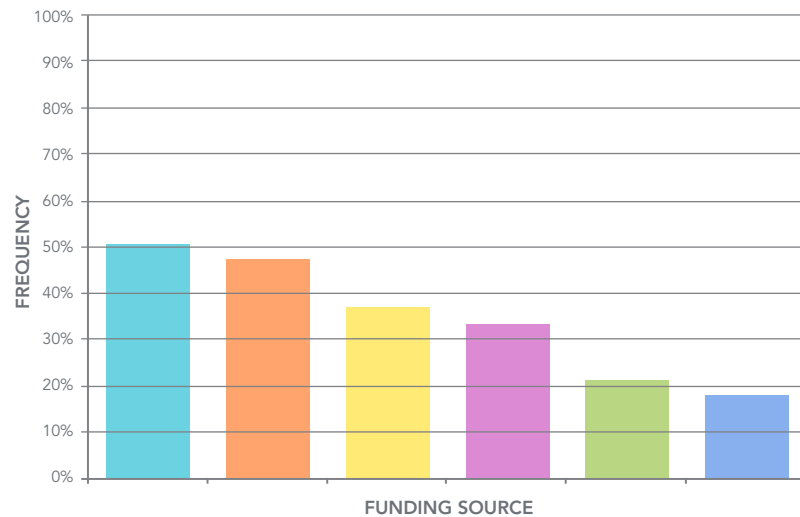


Nutrition programs were mentioned as being either very frequently or frequently funded by the school district (50.4%), government funded grants (47.1%), and local fundraising (36.8%); however, non-governmental organizations (32.8%), fee-based memberships (20.8%), and private businesses (18.0%) were less likely suggested as very frequent or frequent funders of these programs.

**FIGURE 6**

Extent that sectors fund healthy eating/nutrition programs for children and youth (n=399).

- School Districts
- Government Funded Grants
- Local Fundraising
- Non-Governmental Organizations
- Fee-Based Memberships
- Private Businesses

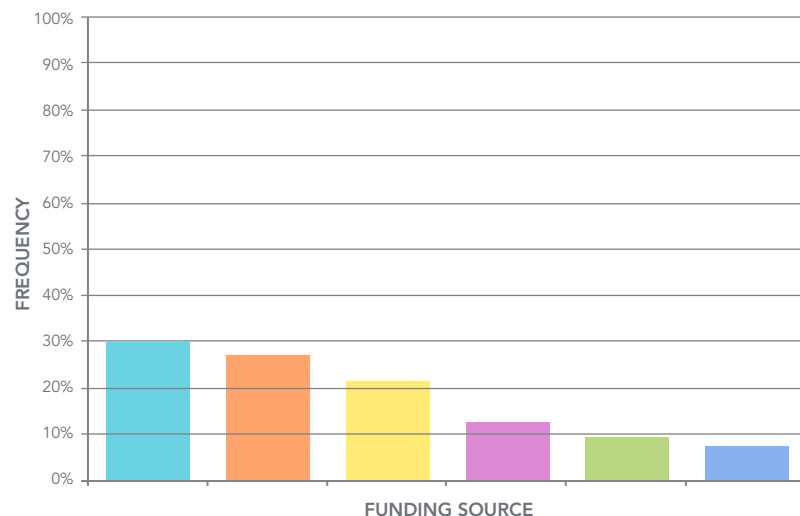


Survey respondents very frequently or frequently agreed that mental health programs were funded much less than other types of programs. Responses suggested that mental health programs were funded by government grants (29.8%), school districts (26.8%), and non-governmental grants (21.3%), and even less likely through local fundraising (12.5%), fee-based membership (9.5%), and private businesses (7.3%).

**FIGURE 7**

Extent that sectors fund mental health programs for children and youth (n=399).

- Government Funded Grants
- School Districts
- Non-Government Grants
- Local Fundraising
- Fee-Based Membership
- Private Businesses



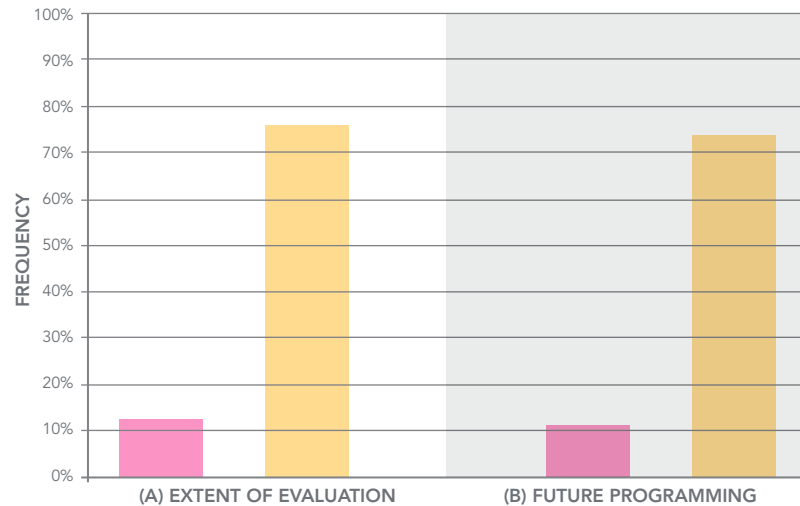
## Program Evaluation

As illustrated in Figure 8, survey responses suggested that programs in Newfoundland were seldom or rarely evaluated for their effectiveness. For those that are evaluated, results seldom or rarely inform future programming. Full data sets for program evaluation can be found in Appendix D.

**FIGURE 8**

Evaluation of healthy active living programs: (a) Extent of evaluation and (b) extent of results informing future programming (n=399).

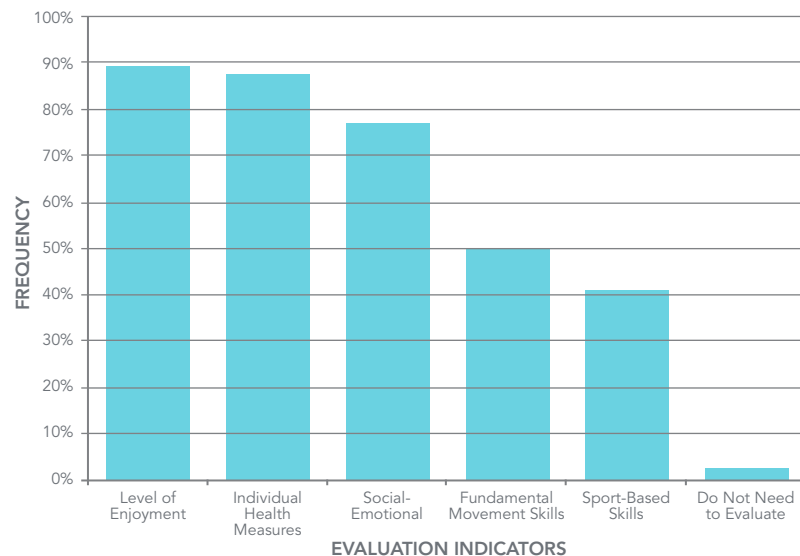
- Very Frequently/  
Frequently
- Seldom/Rarely/  
Never



When asked what indicators should be evaluated, level of enjoyment (88.9%), individual health measures (87.3%), and social-emotional (76.7%) factors were listed most frequently. Fewer respondents suggested that evaluation should be focused on fundamental movement skills (49.6%), or sport-based skills (40.5%). Very few respondents (1.8%) suggested that we do not need to evaluate.

**FIGURE 9**

Indicators for evaluating healthy active living programming (n=399).





## Strengths, Opportunities and Challenges

In the focus groups, participants were asked to articulate the strengths, opportunities and challenges of healthy active living for school-aged children and youth in their community. These were asked as different questions within a specific facilitation method (see Appendix E through G). While participants discussed these three different perspectives separately, interestingly the themes emerged as very similar for strengths, opportunities and challenges related to healthy active living programming. The four themes that emerged from the focus groups in each of the perspectives later informed the design of the survey. The following section highlights the four key themes, in no particular order, related to strengths, opportunities and challenges.

### Theme 1: Resources

The first theme to emerge from the focus groups related to the strengths, opportunities and challenges of offering healthy active living programs was resources (i.e., human resources, financial resources, knowledge resources, etc.). Participants spoke about various resources, particularly in the areas of funding, people, support, technology, and volunteers. While resources were identified as a strength, particularly from participants in Gander and Corner Brook, they were also framed as a barrier and an important area to address in future healthy active living initiatives. Participants felt that increased resources for healthy active living could make programs even better. Often times, there are limited levels of funding, people, and support to provide healthy active living programs for children and youth. With this in mind, there is often a high cost for children and youth to become involved in these programs, which is not always attainable. Some other ideas suggested from the focus groups included developing a database of available programs, increasing research capacity and knowledge translation in the province, increased general and targeting funding with evaluative components, and more support from people in Newfoundland.

#### PARTICIPANT QUOTES ABOUT RESOURCES

*Outfit all schools with the same equipment so it's a level playing field and don't have to scramble for equipment.*

*Business and volunteers [are] spread thin with fundraising, volunteer support.*

*We have resources but people are not calling to get the money.*

*[Challenge]: Available research: promising practices are not being researched to allow for future programming.*

*[We] have community champions, volunteers and teachers that give back to community.*

*Give feedback about programs about what works and what hasn't worked.*

*Resource sharing: programs use/share from other programs.*

*Need a database of all activities available and facilities: good for new people to province to see what's offered.*

*[Strength]: Parent volunteers that contribute greatly to school and community events.*

## Theme 2: Infrastructure

The second common theme to emerge in the focus groups relates to infrastructure. While participants did highlight specific barriers related to facilities and equipment for healthy active living programming, they also spoke about existing strengths within their communities. Participants suggested that there are already adequate equipment, facilities, venues, and outdoor areas available to promote healthy active living for children and youth in the province. In fact, there was sense of pride in the responses by participants when talking about existing community centers and schools that are used for healthy active living programming. Interestingly, there was also more of an emphasis from Corner Brook and Gander participants than St. John's related to the importance of the great outdoors for healthy active living. There was recognition that the outdoors can play an important role in facilitating healthy active living. Participants clearly recognized that we live in a beautiful place and communities can take advantage of this landscape to lead healthy and active lifestyles.

With that said, improving infrastructure within Newfoundland that deals with healthy active living programs can improve the impact that these programs have on children and youth in the province. One aspect that can be addressed includes more effective ways to facilitate transportation to and from places. Participants suggested that advocacy for updating facilities and improving outdoor spaces should be a priority.

### PARTICIPANT QUOTES ABOUT INFRASTRUCTURE

*Use of the outdoors in our programming plays a big role in the active lifestyle here.*

*Can access ice time at arenas in smaller communities more easily than larger communities.*

*Have facilities (arenas, pools)—need a lot of maintenance but usable.*

*Transportation to and from activities for kids who live far (have this in some places but people don't know about it. Need to market).*

*There is a need for multi-purpose facilities, re-purpose and expand on existing facilities.*

*Facilities need to become multipurpose (e.g. include walking tracks). Re-evaluate existing structures.*

*No scheduling conflicts in smaller communities.*

*Seasons and landscape allow for a large variety of activities.*

*Community planning of physical environment: need for green space in communities and neighbourhood planning.*

### Theme 3: Programming

The third theme to emerge from the focus groups associated to strengths, opportunities and challenges is related to healthy active living programming. Many participants discussed that a strength of current healthy active living programs is *how* they are run. This includes the topics of scheduling, breadth of activities, access to activities, and schools as playing a strong role across the province (emphasized by Corner Brook and Gander participants). What was also evident in both the focus groups and survey that a significant number of healthy active living programs are available to children and youth in Newfoundland. In the focus groups alone, St. John's participants mentioned 135 different healthy active living programs, Gander listed 92 healthy active living programs, and Corner Brook highlighted 86 programs. With that said, participants discussed a number of opportunities to improve programming in Newfoundland. Firstly, there could be more activities introduced in a wider variety of formats to improve healthy active living for children and youth. Secondly, schools already play an important role across the province so we need to support schools more, which in turn will support healthy active living programming. Lastly, participants also discussed key opportunities and the need for more evaluation and professional development related to healthy active living research and evaluation. While there were many strengths discussed with regards to programming, participants also suggested on numerous occasions that the way programs were conducted and governed was a barrier to healthy active living in Newfoundland. Some of the barriers mentioned by participants included: program structure, scheduling, programs, transportation, implementations, connections, and breadth.

#### PARTICIPANT QUOTES ABOUT PROGRAMMING

*We have fabulous programs out there but we need to make the connections with them.*

*The community and smaller areas are making connections and are supporting active living activities, projects, and incentives.*

*[There is often] over-managing/ over-scheduling of activities.*

*Programs are geared for bigger communities: inhibits sponsorship and government funding.*

*Lack of long term planning due to changing governments [is a challenge].*

*Improve the partnership between health and education.*

*Competing family demands, schedule overload, and a lot of programs during supertime.*

*How do we get communities together to develop programs? (100km worth of communities with only a few kids in each one).*

*Thinking of healthy active living in terms of "programming" is a challenge/ barrier. Not everything has to be/should be programmed and structured. We need a balance.*

#### Theme 4: Healthy Active Living Culture

The fourth theme to emerge from the focus groups related to the strengths, opportunities and challenges in offering healthy active living programs is what we call 'healthy active living culture.' Broadly speaking, this theme relates to culture and society. This culture includes a connection between people and consistent messaging that discusses the importance of healthy active living for youth in the province. This message about healthy active living culture was stronger in Corner Brook and Gander focus groups where participants suggested that in small communities there is more potential to impact healthy active living, as people often feel more connected to each other. Participants also suggested they can prioritize what needs to be done and place value towards certain aspects of healthy active living.

Participants also suggested that there should be more opportunities to create a healthy active living culture in communities. Some of the suggested opportunities to improve healthy active living culture included: better access to programs, more equal access, a larger breadth of programs, more community connections, various opportunities based on geography, a more holistic approach, and a more inclusive environment. It is also important to note that Corner Brook and Gander participants knew their communities so well that they felt they knew exactly what they needed to better meet the needs of all children.

While there was a strong sense of healthy active living culture in the focus groups, this type of culture was also identified as a clear barrier to effective healthy active living programming. Many participants suggested that there was not enough, a lack of, and inconsistent communication related to healthy active living programs. A myriad of barriers were presented including: a lack of priority in families, communities and government (time); tenuous politics that shift with new leadership; fear of engaging in healthy active living programming (liability); limited promotion surrounding the benefits of healthy active living; and, limited engagement with healthy active living-related education, evidence, and evaluation.

#### PARTICIPANT QUOTES ABOUT HEALTHY ACTIVE LIVING CULTURE

*Spreading the word (communication) is easier in smaller areas.*

*People are concerned about children's health.*

*Educate kids - you don't need to be athletic to be healthy... just be active (walk the dog, etc.) and eat well, balanced.*

*Government is not good at making connections: need interdepartmental connection.*

*Conflicting messages: eating clean, weight watchers, exercise habits. Consistent, accurate information, challenging previous messages is needed.*

*Need more interaction with healthy active living for people to learn about what each of us are doing and to find ways to work together.*

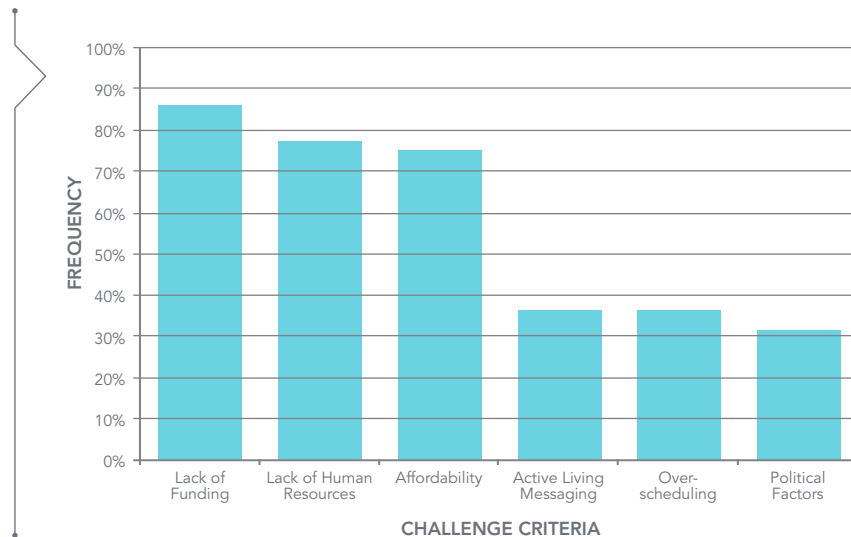
*Self-conscious: won't go to programs because you don't want to fail or stand out.*

## Strength, Opportunities and Barriers Survey Results

As is illustrated in Figure 10, survey participants strongly agreed or agreed that a lack of funding (85.6%), lack of human resources (76.9%) and affordability (74.4%) are considered as challenges to healthy active living programs. Political factors (31.2%), overscheduling of our children (35.6%), and inconsistent healthy active living messaging (35.9%) were less frequently agreed upon challenges to healthy active living programs.

**FIGURE 10**

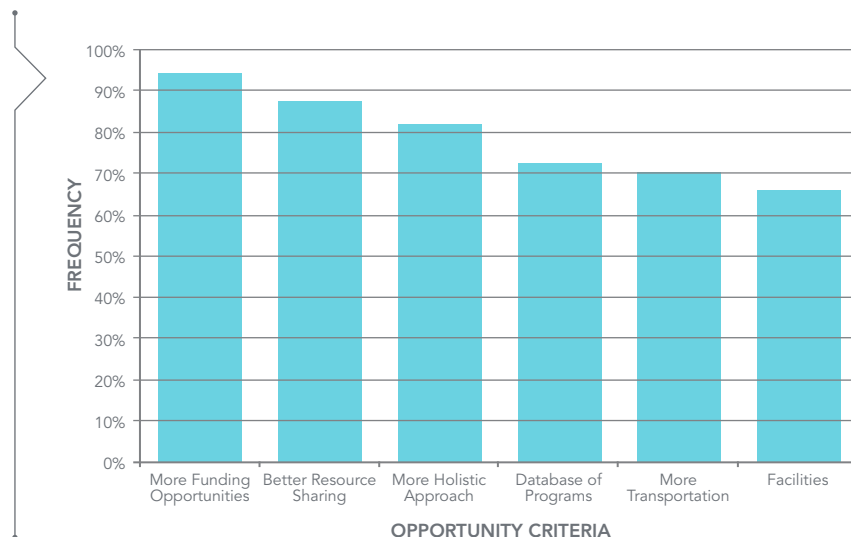
Challenges to healthy active living programs for children and youth (n=390).



Participants either strongly agreed or agreed that more funding opportunities (94.1%), better resource sharing (87.3%), a more holistic approach (81.4%), better diversity (81.7%), and a better built environment (77.8%) are certainly opportunities for improvement of healthy active living programming. Community connections (76.5%), better equipment (73.9%), school-based programs (73.4%), research-community partnerships (72.9%), and creating a provincial online database of programs (72.0%) were also either strongly agreed or agreed upon opportunities for improvement. Other opportunities for improvement agreed upon by respondents included more transportation (69.8%) and facilities (66.1%). Figure 11 summarizes these findings about improving healthy active living programs for children and youth.

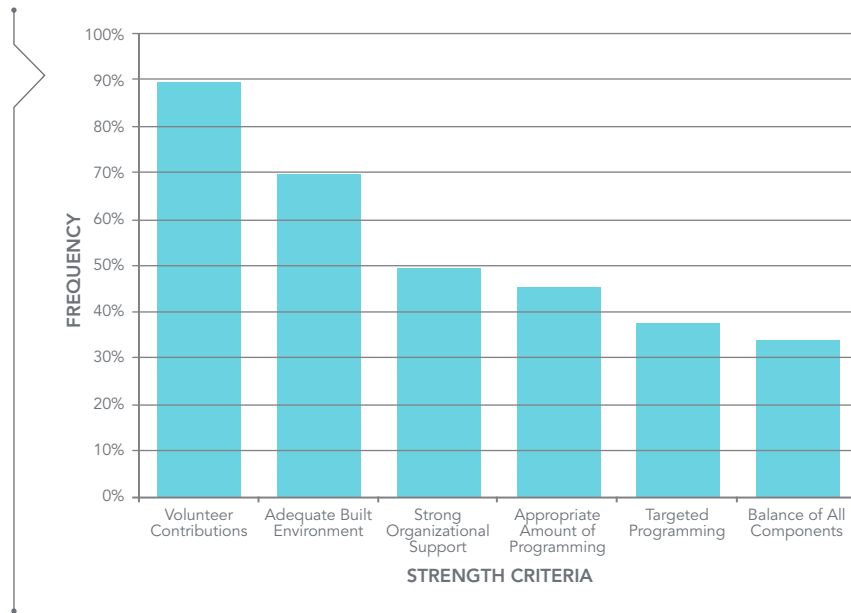
**FIGURE 11**

Improving healthy active living programs for children and youth (n=387).



The majority of respondents strongly agreed or agreed that volunteer contributions (88.9%) are a current strength of healthy active living programming in Newfoundland communities. A number of respondents also agreed that an adequate built environment (69.5%), strong support from local and provincial organizations (49.0%), appropriate amount of programming to meet needs (44.8%), as well as targeted programming (36.7%) can also be seen as strengths. However, as can be seen in Figure 12, few participants strongly agreed or agreed when asked if there was a good balance of physical activity, healthy eating, and mental health programming (33.6%).

**FIGURE 12**  
Strengths of healthy active living programming in Newfoundland communities (n=384).





# Conclusion and Recommendations

Planning and facilitating the focus groups not only provided great feedback and insight about healthy active living programming for school-aged children and youth but much needed conversations among and across sectors, and opportunities for new connections between university researchers, government and community partners.

Consistently across the province in each focus group location, participants expressed appreciation for having the opportunity to participate.

Strength of the day: Showing a concern and taking an active role in wanting to continue [to promote] health and wellness for children and youth in our province...long overdue.

– ST. JOHN'S

It is great to know that we are all concerned. [I like the] opportunity to discuss about things happening in the province...sometimes we get stuck in our own region.

– GANDER

[It was good to have] the opportunity to be heard and collaborate with other professionals...to collaborate with members of other groups, i.e. health field, government service.

– CORNER BROOK

The information gathered from the literature review, online scan, focus groups and survey has provided a robust overview of healthy active living programming for children and youth across Newfoundland. This study revealed information regarding Newfoundlanders' perceptions about the meaning of healthy active living, types of programs, funding information, evaluation processes, challenges, opportunities, strengths and possible improvements for future. In addition, background about programs across Canada has been discussed. Based on these results, this final section of the report presents conclusions and recommendations.

## Facilities

Results indicate that there was more focus on outdoor areas such as natural parks and playgrounds from perspectives of participants from Gander and Corner Brook. While outdoor spaces are an important setting for physical activity, there is question about whether this is consistent year-round. Also noteworthy is that there are a number of facilities available in communities in Newfoundland but concerns about maintenance and

usage were prevalent in comments and discussions in both the survey and focus groups. Improving the built environment, especially indoor spaces for physical activity, would benefit many communities. In addition, sharing and using spaces in a more comprehensive way could help improve opportunities for healthy active living among children and youth.

## Characterizing Healthy Active Living

It is clear that participants characterize healthy active living as holistic, focusing on all the dimensions of health—physical, mental, emotional, spiritual and healthy active living programming must reflect this understanding and include a balance of physical activity, mental well-being and healthy eating. Based on results of this study, the majority of healthy active living programming for school-aged children and youth in Newfoundland is very much focused on physical activity with very few initiatives that provide opportunities for children and youth participate in healthy eating and positive mental health activities.

## Types of Programs

It is evident from both the focus groups and online survey that participants believe there is a significant amount of programming for children and youth in Newfoundland, however it is mostly focused on physical activity. During the focus groups, mental health was only discussed five times and mostly in reference to select organizations such as the Canadian Mental Health Association or individual school information sessions. Of the few healthy eating/nutrition references again, it was mostly in reference to school-based initiatives such as breakfast programs.

It appears that perspectives are beginning to shift in understanding that a more comprehensive, collaborative and holistic approach is a better strategy for addressing children's health and wellness. While focusing on one dimension on surface may seem to be a great service, in reality it translates into limited overall health benefits for children. As we have seen in other jurisdictions in Canada (e.g., Nova Scotia's Annapolis Valley Health Promoting Schools Project and Alberta's APPLE Schools) comprehensive approaches that merge healthy eating, mental health and physical activity are showing positive results. A balanced healthy active living approach with programming that is accessible, affordable, inclusive and developmentally appropriate has a greater potential to enhance wellness among children and youth in Newfoundland. As participants in this study have identified, schools are a key component of promoting healthy active living among children and youth, especially in rural Newfoundland. Thus, efforts to provide additional funding for comprehensive school health programs may improve the current compartmentalized approach that is prevalent across the province. In addition, education and information for organizations about how to merge healthy eating, physical activity and mental well-being activities in all programming is needed.

## Program Leaders

One clear message from the participants in this study is that healthy active living programming would not be possible without the many volunteers who dedicate their time to children and youth. Every community has champions who consistently volunteer to organize and facilitate a variety of physical activity programs.

While this is positive news, participants warned about trends of burnout and less new volunteer activity. As such, sometimes when these specific champions decide to leave, there is no one to take their place and the program dies. Therefore, the province will need to work together with communities to consider how to sustain programming and promote a more holistic approach. An awareness that support, training, recognition, updated information, contemporary techniques and evidence-based professional development for program leaders will become increasingly important if a holistic lifestyle approach is to be realized.

## Funding

Results indicated that most physical activity programs are fee-based which presents significant financial barriers for many families across Newfoundland. Participants also commented on costs for getting to and from facilities as a barrier to participation. It is well-known that socio-economic status is related to physical activity participation, thus a better understanding of the barriers faced by lower socio-economic segments of the population is crucial for developing new strategies and initiatives (Drenowatz et al, 2010; Humbert et al., 2006; Veselska, Geckova, Reijneveld & vanDijk, 2011). Some researchers suggest that comprehensive, multilevel programming targeting physical activity behaviours, social and physical environments, as well as other psychosocial considerations are needed (Cerin & Leslie, 2008; Veselska, Geckova, Reijneveld & vanDijk, 2011). Program access and affordability will need to be reviewed to support better healthy active living in all communities.

The few programs that exist in the province related to mental health and healthy eating are based either in schools or offered by organizations that rely on government grants. Many participants in the focus groups suggested that balance is the key and that affordability for healthy foods, access to mental health promotion programs, and improved support (resources, education, guidance) for organizations about healthy eating and positive mental health would be valuable. Essentially, we need to help people understand how to actively incorporate all the dimensions into a program regardless of primary objectives, setting, and/or population. Children learn best by doing so training leaders about how healthy eating and positive mental health activities can be incorporated into physical activity programs would enhance existing programming.

With many programs receiving public sector funding, it is important to better understand how and what is being done with that funding to support healthy active living for children and youth. Also, there are concerns about difficulties in accessing funding and accountability. Therefore, it will be important that current and future programs are reviewed and include an evaluative component to ensure programs are meeting the needs of the community and addressing all dimensions holistically.

## Evaluation

Overwhelmingly participants in the focus groups and survey indicated very little evaluation is happening to assess healthy active living programming in communities in Newfoundland. Evaluation is considered any formal process that measures outcomes (e.g. healthy lifestyle habits, fitness, nutrition, program effectiveness, etc.) or collects feedback from participants and/or parents, which is then used for future planning and shared with other organizations and the public. In the future, it will be important to support communities and organizations to assess whether programming is meeting intended healthy active living goals. This is essential for grant-funded

programs as it ensures accountability and provides a mechanism to track trends and best practices. Furthermore, it is recommended that government partners with university researchers to develop an evaluation package that can provide needed support to program leaders and communities for expertise and consistent measures that can be archived to establish trends and inform planning.

## **Strengths, Opportunities and Challenges**

An interesting paradox emerged when asking study participants about the strengths, opportunities and challenges associated with healthy active living programs for school-aged children and youth. While on one hand community members identified many improvements that are needed with regards to such factors as funding, resources, expertise, prioritizing of healthy active living diversity and partnerships, on the other hand people are very proud and appreciative of what is being offered. As such, many challenges were also discussed as strengths. What is important to note in this situation is that study participants offered many good suggestions about how to proceed in the future with healthy active living initiatives. Overall, the data shows there are concerns about all variables related to strengths, opportunities and challenges, which suggests that healthy active living needs to be addressed in a more comprehensive way. We recognize and celebrate what is already happening in communities and it is evident that participants' believe there is an appropriate amount of programming for school-aged children and youth however a shift in what is being offered needs to reflect more balance. There needs to be consistency across all communities, as well as better connections and communication at all levels.

After careful analysis, it is very clear that a multi-level, collaborative strategy is needed to ensure better balance and a more interconnected approach to promoting healthy active living for children and youth. Leadership from government is crucial to build a culture of healthy active living and overall wellness in the province, thus an updated government-wide strategy focused on enhancing the health and wellness of children and youth would be helpful. A government strategy of this nature would include multiple departments who target objectives in their business plans to meet the government-wide wellness priorities that include all dimensions—mental, physical, emotional, and spiritual. Partner organizations, university researchers and community members would be important partners in this initiative to ensure action items are appropriate to the goals. Of utmost importance will be a comprehensive, ongoing evaluation process that is accessible and available to the public.

Another key component to future planning is being able to communicate successes and best practice, as well as providing an avenue for collaboration and sharing between different sectors and communities. On-going communication, social marketing and messaging to families and communities about healthy eating, mental well-being and physical activity as a whole needs to be a priority. Many jurisdictions have funding initiatives with targeted wellness objectives that require organizations to submit evaluations and project summaries which are submitted to a coordinator and posted on a central website. This will help build a database of evidence-based programming and provide much needed information for strategic planning.

## Summary of Recommendations:

Based on the results of this study, the following recommendations are presented:

### General

- Design a multi-level, collaborative strategy to ensure better balance and a more interconnected approach to promoting healthy active living for children and youth.
- Develop an updated government-wide strategy focused on enhancing the health and wellness of children and youth that includes multiple departments who target objectives in their business plans to meet the government-wide wellness priorities that include all dimensions—mental, physical, emotional, and spiritual.
- Foster better partnerships between government, university researchers and community organizations to help inform future strategies and initiatives.

### Facilities

- Make improvements to the built environment, especially indoor spaces for physical activity.
- Consider sharing and using spaces in a more comprehensive way to help improve opportunities for healthy active living among children and youth.

### Programming

- Focus on a balanced healthy active living approach with programming that is accessible, affordable, inclusive and developmentally appropriate.
- As schools are a focal point for healthy active living in most communities, provide additional funding for comprehensive school health programs to improve the current compartmentalized approach that is prevalent across the province.
- Provide better education and information for organizations about how to merge healthy eating, physical activity and mental well-being activities.

### Program Leaders

- Government working together with communities should consider how to sustain programming and promote a more holistic approach.
- Provide support, training, recognition, updated information, contemporary techniques and evidence-based professional development for program leaders to support a holistic lifestyle approach.

### Funding

- Review program access and affordability to support better healthy active living in all communities.
- Address issues such as affordability for healthy foods, access to mental health promotion programs, and improved support (resources, education, guidance) for organizations about healthy eating and positive mental health.

- Fund training for leaders on how to actively incorporate all the dimensions (mental, emotional, physical, spiritual) into a program regardless of primary objectives, setting, and/or population.

### Evaluation

- Review current and future programs and include an evaluative component to ensure programs are meeting the needs of the community and addressing all dimensions holistically.
- In partnership with university researchers, develop an evaluation package that can provide needed support to program leaders and communities for expertise and consistent measures that can be archived to establish trends and inform planning.

The future of this province is only as healthy as the next generation. We can no longer continue to compartmentalize children's well-being and focus primarily on one dimension of health. Building a culture of healthy active living with a more holistic wellness-oriented approach has been identified in this study as being essential to improving the health and wellness of children and youth in Newfoundland.





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# APPENDIX A

## Focus Group Meetings – Facilitation Guide

### 1. Welcome, Introductions and Housekeeping

**PROCESS:** Welcome participants as they check in. Introduce the facilitators and review the objectives of the meeting & give overview and background of project.

Meet & Greet: Speed dating – Name, where from, one interesting fact about self

### 2. Characterizing Healthy Active Living

**PROCESS:** Think-Pair-Share

How would you define Healthy Active Living?

How would you define 'Healthy Active Living' programming for school-aged children and youth?

- a) What is the difference between the terms “physical activity” and “healthy active living”?
- b) How has your idea of “Healthy Active Living” changed over time?
- c) What is the difference between how you see “HAL” and how children and youth see “HAL”?

### 3. Brainstorming Healthy Active Living Programs

**PROCESS:** Write as many different programs on separate post-it notes then meet and greet with 3 other people and compare notes – organize your post-its into categories on pieces of chart paper.

### 4. Healthy Active Living Programming – Filling in the Blanks

**PROCESS:** Information sheets. Group members begin filling in details for each one of their (programs) post-its on information sheets provided.

### 5. Healthy Active Living Programming – Adding to what we know

**PROCESS:** Gallery Walk. Each group reviews and adds any other details to the other groups' information sheets. (5min x 3)

Large group discussion to summarize.

## LUNCH

## 6. Afternoon Intro

**PROCESS:** Review and refocus. Review the agenda for the afternoon.

## 7. HAL Programs – Outcomes, barriers & opportunities

**PROCESS:** World Café (15-15-15). Culminating with a large group discussion.

- Outcomes/Evaluation
  - How do we know if a program is effective at promoting healthy active living for children and youth? What outcomes are being assessed?
  - Do you feel evaluation is happening in all the programs? Why or why not?
  - Who does the assessment? How do organizations share the evaluated information?
- Barriers/challenges
  - What are the barriers/challenges in developing and/or implementing healthy active living programs and initiatives for children & youth in Newfoundland?
- Strengths/Opportunities/Gaps
  - What are the strengths of healthy active living programming in NL? What do we do well?
  - What are the potential opportunities for healthy active living programs/initiatives for children & youth in Newfoundland

## 8. Questionnaire

**PROCESS:** Think-Pair-Share (5–5–10–10)

- What?
  - Since this is an environmental scan of the entire province, what information do you think we need on this survey so that we can better inform government
- Who?
- How? (distribution)
  - How do we reach all corners of the province?

## 7. Closure and Next Steps

# APPENDIX B

## Demographic information of the survey respondents

DEMOGRAPHIC VARIABLE	NUMBER (%)
<b>Perspective (n=500)</b>	
Parent	119 (23.0)
School district personnel	90 (18.0)
Non-Profit	64 (12.8)
Professional	59 (11.8)
Health Sector	46 (9.2)
Community Member	34 (6.8)
Other*	31 (7.0)
Government (Provincial/ Municipal)	30 (6.0)
Student	22 (4.4)
Business Owner	5 (1.0)
<b>Age (n=486)</b>	
18-24	22 (4.5)
25-34	100 (20.6)
35-44	152 (31.3)
45-54	143 (29.4)
55-64	59 (12.1)
65-74	7 (1.4)
75 or older	3 (0.6)

DEMOGRAPHIC VARIABLE	NUMBER (%)
<b>Gender (n=486)</b>	
Female	332 (68.3)
Male	152 (31.3)
Other	2 (0.4)
<b>Region (n=486)</b>	
Western	193 (39.7)
Avalon	177 (36.4)
Eastern	64 (13.2)
Central	52 (10.7)
<b>Community Population (n=479)</b>	
Fewer than 300	20 (4.2)
301 - 1,000	64 (13.4)
1,001 - 10,000	145 (30.3)
10,001 - 20,000	64 (13.4)
20,001 - 50,000	69 (14.4)
50,001 - 100,000	7 (1.5)
More than 100,000	110 (23.0)

\*Other category included responses of teacher, coach, and professor

# APPENDIX C

## Types of programs available for children and youth

PROGRAM VARIABLE	VERY FREQUENTLY	FREQUENTLY	SELDOM	RARELY	NEVER	UNSURE
Type of Program (n=440)						
Organized sport	210	166	33	15	8	8
Community-based	103	206	62	25	25	19
Outdoor recreation	68	195	112	37	11	17
Non-competitive physical activity	55	175	130	41	9	30
Physical activity or sport for target audiences	34	124	118	74	43	47
Unstructured physical activity opportunities	48	152	106	66	26	42
Fitness-related	58	131	113	78	34	26
One-time physical activity/sport events	39	105	150	81	39	26
Nutrition-based	15	70	144	117	31	63
Mental health focused	6	52	135	128	46	73

# APPENDIX D

## Evaluation of healthy active living programs in the community

EVALUATION CRITERIA	NUMBER (%)
<b>Extent of Evaluation (n=399)</b>	
Very frequently	5 (1.3)
Frequently	45 (11.4)
Seldom	147 (37.2)
Rarely	119 (30.1)
Never	33 (8.4)
Unsure	46 (11.6)
<b>Extent of Results Informing Future Programming (n=399)</b>	
Very frequently	5 (1.3)
Frequently	40 (10.1)
Seldom	144 (36.5)
Rarely	108 (27.3)
Never	38 (9.6)
Unsure	60 (15.2)

# APPENDIX E

## Challenges to healthy active living programs for children and youth

VARIABLE	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
<b>Challenges (n=390)</b>					
Lack of funding	190	144	31	21	4
Lack of human resources	144	163	46	32	5
Affordability	131	159	49	47	4
Lack of transportation	124	117	82	59	8
Lack of facilities	108	114	54	92	22
Lack of equipment	93	141	61	82	13
Not deemed a priority	84	155	79	62	10
Geographical location	73	96	95	98	28
Lack of targeted programs	42	113	144	83	8
Lack of expertise available in community	54	127	84	108	17
Inconsistent/confusing HAL messaging	36	104	133	99	18
Too many programs and overscheduling of our children	33	106	104	112	35
Political factors	43	79	177	79	12

Note: Other responses included competitive mentality, technology and small populations leading to a lack of programming



# APPENDIX F

## Improving healthy active living programs for children and youth

VARIABLE	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
<b>Improvement (n=387)</b>					
More funding opportunities for programming	217	147	17	5	1
Better resource sharing	159	179	37	11	1
A more holistic approach	147	168	56	13	3
Better diversity of programming	135	181	54	15	2
Better built environment and policy planning	144	157	72	12	2
Better intersectoral and community connections	111	185	75	14	2
More equipment	122	164	64	32	5
More school-based programming	134	150	77	21	5
Better research-community partnerships	88	194	88	15	2
Creating a provincial online database of programs	106	173	74	28	6
More transportation	139	131	80	30	7
More facilities	124	132	85	40	6

Note: : Other responses included improved communication of benefits, parent education, municipal planning, increased school access for communities, and increased physical education in schools

# APPENDIX G

## Strengths in community's approach to healthy active living programming

VARIABLE	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
<b>Strengths (n=384)</b>					
Volunteer contributions	162	179	24	18	1
Adequate built environment	82	185	46	63	8
Targeted programming	29	112	151	77	15
Appropriate amount of programming to meet needs	41	131	100	97	15
Strong support from local and provincial organizations	48	140	113	68	15
Good balance of physical activity, healthy eating and mental health	50	79	109	127	19

Note: Other comments included the importance of physical education teachers in various programming



# Healthy Active Living in Newfoundland

RESEARCH PROJECT

