



# Active People, Active Places

## **BC Physical Activity Strategy Action Plan Evaluation Report**

**December 2019**

Prepared for BC Alliance for  
Healthy Living Society by



Active People, Active Places  
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Action Plan Evaluation Report**

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Prepared for BC Alliance for Healthy Living Society by Stride Consulting.

This report was written by Kerry MacKelvie, Stride Consulting.

## Acknowledgements

Many organizations and individuals contributed collaboratively to the evaluation of the Physical Activity Action Plan over the last three years.

BC Alliance for Healthy Living	Council (I SPARC)	Northern Health Authority
BC Ministry of Health	SportMedBC	Participants within workshops and programs all over British Columbia who provided feedback in surveys and interviews
Child Health BC	BC Healthy Communities Society	
BC Injury Research and Prevention Unit	Centre for Hip Health and Mobility	
viaSport	Vancouver Coastal Health Authority	Karen Strange
YMCA of Greater Vancouver	Fraser Health Authority	Heather Macdonald
Indigenous Sport, Recreation and Physical Activity Partners		Lindsay Richardson Laura Galloway Design

Many images in this document were submitted by Active Communities grantees, and demonstrate the diversity of projects funded under the Active Communities grants program. Images within the Aboriginal Healthy Living Activities section of this report mainly came from I SPARC and SportMedBC's AHLA and HealthBeat promotional videos. Images within the Appetite to Play section of this report came from Appetite to Play's promotional video.

## Acronyms used frequently in this report

AART	Active Aging Research Team
AHLA	Aboriginal Healthy Living Activities
ARW	Aboriginal Run Walk
BCAHL	BC Alliance for Healthy Living
BCIRPU	BC Injury Research and Prevention Unit
BCRPA	BC Recreation and Parks Association
CCRR	Child Care Resource and Referral
EYP	Early Years Provider
FNHA	First Nations Health Authority
HYHC	Honour Your Health Challenge
I SPARC	Indigenous Sport, Physical Activity and Recreation Council
MoH	Ministry of Health
UBC	University of British Columbia
UVic	University of Victoria
UWLM	United Way Lower Mainland
VCH	Vancouver Coastal Health Authority
YMCA GV	YMCA of Greater Vancouver

# 1. Executive Summary

## BC Physical Activity Strategy and Action Plan

*Active People, Active Places – B.C. Physical Activity Strategy* (the Strategy) was designed to guide and stimulate co-ordinated policies, practices and programs in physical activity to improve the health and well-being of British Columbians, and the communities in which they live, learn, work and play. It aims to foster active people and active places.<sup>1</sup>

The Ministry of Health (MoH), in partnership with ParticipACTION, led the development of the Strategy which includes a ten-year framework for action and a three-year targeted action plan (Action Plan). A multi-sector BC Physical Activity Leadership Council was established to provide oversight and guidance to the development of the strategy and action plan.

The framework for action (Figure 1.1) guides collective efforts to 2025 and describes key elements underlying the Strategy's long-term approach: a life course approach, an equity lens, a focus on supportive environments and partnerships, and seven implementation mechanisms. The three-year action plan was developed to activate a focused, collective and integrated effort to implement the objectives of the Strategy.

The Province of British Columbia provided funding for nine initiatives to deliver on the three-year action plan. The initiatives targeted four focus areas: children and youth (including early years), Indigenous peoples, older adults and communities. The BC Alliance for Healthy Living (BCAHL) provided oversight for the coordination, implementation and evaluation of the three-year action plan. In addition, the BC Physical Activity for Health Collaborative (Collaborative) was established to foster inter-sectoral collaboration to advance physical activity in BC and support the strategy. The Collaborative is a network of organizations (provincial physical activity, recreation and sport organizations, health authorities, researchers and government) involved in advancing physical activity in BC and committed to meeting the Strategy's goals.

### Where we are now

The first, three-year Action Plan within BC's ten-year Physical Activity Strategy kick-started coordination of physical activity policies, practices and programs to support the health and well-being of British Columbians and their communities. Over three years, eight initiatives made significant progress towards realization of the Physical Activity Strategy's vision of active people and active places. The initiatives developed strategies, capacity, and opportunities for British Columbians to be physically active, and initiated planning and improved environments to support and encourage active living. Across the eight initiatives, most initiative-specific objectives were accomplished, demonstrating good return on the strategic investment in Active People, Active Places' four focus areas. Where work still needs to be done to fully accomplish objectives, the foundation was built to support progress over the next several years within subsequent Action Plans.

<sup>1</sup> Active People, Active Places – BC's Physical Activity Strategy November 2015 <https://www.health.gov.bc.ca/library/publications/year/2015/active-people-active-places-web-2015.pdf>

# PHYSICALLY ACTIVE BRITISH COLUMBIANS

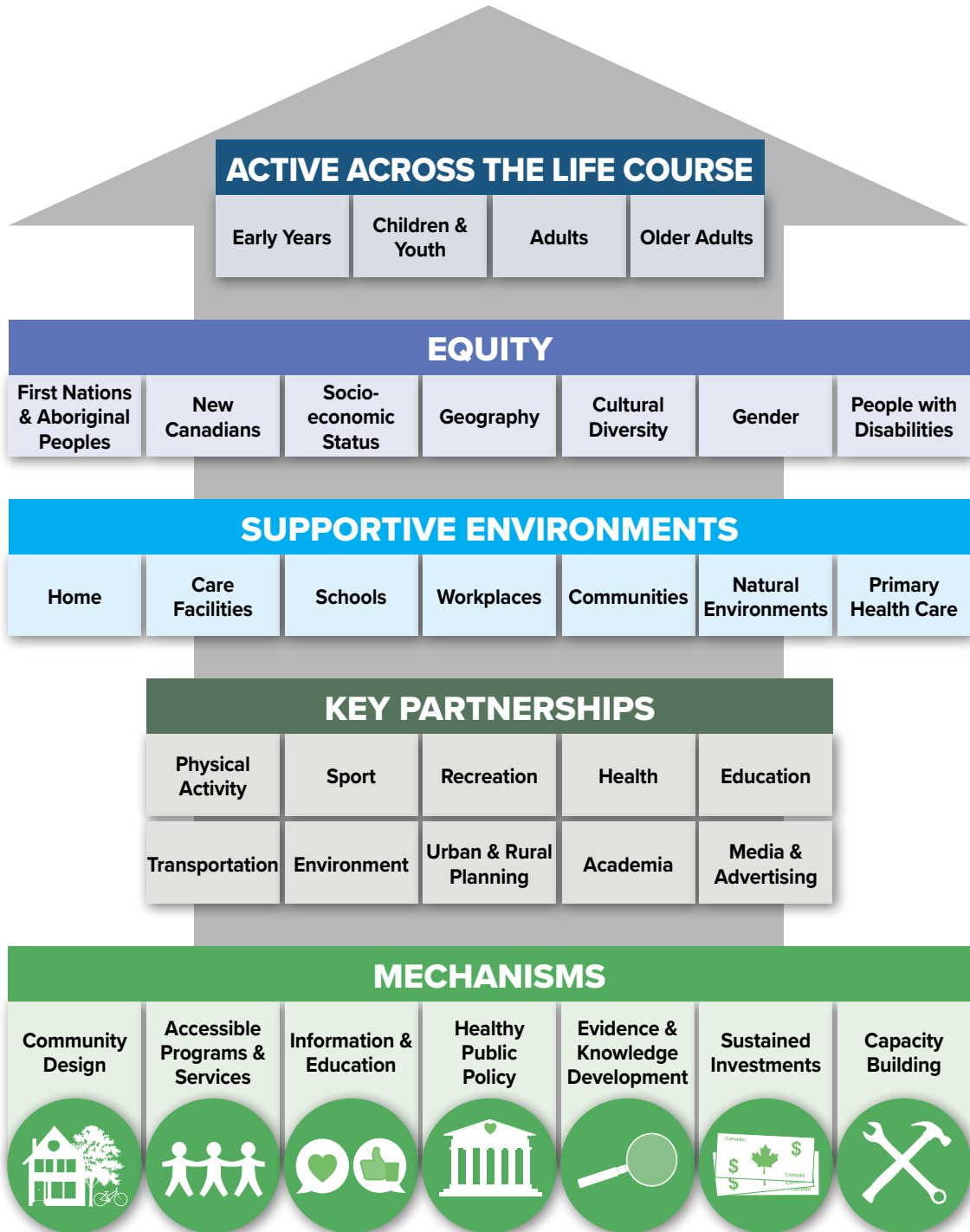


Figure 1.1  
BC Physical Activity Strategy's Framework for Action.

The evaluation of the three-year Action Plan involved eight of the nine supported initiatives:<sup>2</sup>

- » Physical Activity for Health Collaborative
- » Appetite to Play
- » Active and Safe
- » All Youth Matter
- » Mind Fit
- » Aboriginal Healthy Living Activities (Honour Your Health Challenge (HYHC), Aboriginal Run Walk (ARW), FitNation, and HealthBeat)
- » Active Communities
- » Choose to Move and Active Aging Grants

Across the eight initiatives included in the evaluation of the three-year Action Plan, the evaluation focused consistently on six key questions (see Figure 1.2).



Figure 1.2

**Key questions guiding the evaluation of the three-year Action Plan.**

<sup>2</sup> The Physical Literacy for Communities initiative started later and will continue to 2021; therefore, its evaluation is not included in this report.



## Collective accomplishments

All initiatives were implemented over the three-year time-frame, and facilitated by:

- » Implementation support delivered by BCAHL.
- » Alignment between lead organizations' missions and goals of the Physical Activity Strategy.
- » Organizational capacity among lead organizations and their partners.
- » Development and strengthening of partnerships.

Figure 1.3 and Table 1.1 summarize the collective reach of initiatives, demonstrating:

- » 1,396 opportunities for in-person physical activity interactions, including training workshops, programs and events.
- » Physical activity leadership capacity was built in all initiatives, with 7,654 people participating in-person in capacity-building activities, and 16,180 people visiting initiative websites for capacity-building purposes.
- » Across regional health authorities, the in-person reach of initiatives to BC communities was broad. In addition to this geographic reach, most initiatives offered more in-person opportunities in larger population centres.
- » Time and capacity were sufficient for some initiatives to create physical activity opportunities, specifically through Mind Fit, Aboriginal Healthy Living Activities, Active Communities, Choose to Move and Active Aging. Together, these initiatives created 1,278 opportunities for British Columbians to be more physically active, which resulted in 52,746 people participating in physical activities.

Sustainability planning was part of implementation for all initiatives. Funding stability was a consistent challenge to sustainability across initiatives.





## Collective Reach Snapshot of Action Plan Initiatives






Number of in-person workshops, programs, events	People engaged in physical activity	Partnerships	Capacity-building participants (in-person)	Capacity-building participants (online)
				
1,396	52,746	1,195	7,654	16,180
Appetite to Play, All Youth Matter, Mind Fit, Aboriginal Healthy Living Activities, Active Communities, Choose to Move/ Active Aging Grants	Mind Fit, Aboriginal Healthy Living Activities, Active Communities, Choose to Move and Active Aging Grants	All initiatives	Appetite to Play, All Youth Matter, Mind Fit, Aboriginal Healthy Living Activities, Active Communities, Choose to Move, and PA for Health Collaborative	Appetite to Play and Active & Safe Central websites

Figure 1.3  
Collective reach of Action Plan initiatives.

Table 1.1  
Number of communities directly reached (through in-person/in-community interaction) by Action Plan initiatives, by regional health authority.

Regional Health Authority	All Youth Matter	Appetite to Play	Mind Fit	Aboriginal Healthy Living Activities			Choose to Move, Active Aging Grants	Active Communities
				HYHC	ARW	FitNation		
Fraser	7	12	0	9	15	6	8	12
Interior	7	21	2	19	26	7	9	8
Island	4	14	1	12	22	7	8	7
Northern	4	13	1	11	24	11	5	10
Vancouver Coastal	5	9	1	2	9	2	5	15
<b>Total Communities</b>	27	69	5	53	96	33	35	52

## Initiative progress

### Physical Activity for Health Collaborative

The Physical Activity for Health Collaborative includes 21 member organizations dedicated to the goal of fostering inter-sectoral collaboration to improve British Columbians' physical activity levels.

- » Within the Collaborative, 36 partnerships among member organizations were strengthened, and this facilitated progress towards the group's collaboration goal and objective.
- » Within the first two years, Collaborative members increased their knowledge of local, provincial, national and international physical activity strategies and initiatives, and their awareness of physical activity inclusion policies. This new capacity supported steps towards development of physical activity inclusion policy resources.
- » Overall, the group was strong on many collaborative factors, such as mutual respect, understanding and trust among members, flexible approaches, having a sense of purpose, and leadership strength.

### Appetite to Play

Child Health BC, with partners Sport for Life Society, YMCA of Greater Vancouver, and Childhood Obesity Foundation launched the Appetite to Play web resource toolkit<sup>3</sup> and training workshops for early childhood educators in fall 2017, to build physical activity and physical literacy capacity in early years settings. By March 2019:

- » The web resource reached 14,668 people with information on how to promote and support physical activity in early years settings.
- » Appetite to Play trained 2,886 early years providers through in-person workshops in 69 communities (97 unique locations) across BC, virtual workshops, and online learning courses.
- » Early years providers emerged from training with significantly greater knowledge and confidence to promote physical activity in early years settings.

The initiative's continuous orientation towards quality improvement and building the capacity of Master and Regional Trainers helped Appetite to Play overcome their initial challenges in workshop reach. Appetite to Play transitioned to a sustainable model in April 2019, with an increased focus on online training modes and marketing, and implementation of a cost-recovery model.

### Active and Safe

The BC Injury Research and Prevention Unit (BCIRPU) and partners developed Active & Safe Central,<sup>4</sup> an evidence-based online platform to provide customized sport- and activity-specific injury prevention information for athletes and participants, coaches, teachers, administrators, and health professionals. A key partnership with the Canadian Injury Prevention Trainee Network boosted project capacity and facilitated evidence reviews to generate recommendations for over

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3 <https://www.appetitetoplay.com/>

4 <https://activesafe.ca/>

50 popular sports and physical activities on Active & Safe Central. By November 2018 (six months post-May 2018 launch):

- » Active & Safe Central assisted in building sport- and physical activity-injury prevention capacity among 1,288 British Columbians.
- » Website visitors most frequently sought information on soccer, badminton, and hockey.
- » Over 90% of users found the site increased their knowledge and comfort in using injury prevention recommendations.

## All Youth Matter

viaSport developed All Youth Matter: Youth Inclusion Training to increase the capacity of sport and recreation staff to include youth from marginalized populations in physical activities. Using the results of an extensive consultation with youth, recreation staff, and inclusion experts, viaSport led the development of the inclusion-training curriculum, and engaged a cohort of 20 facilitators to implement the training in a series of 54 workshops in 31 unique locations (27 communities). viaSport strengthened 16 partnerships to extend All Youth Matter's reach in early 2019. By March 2019, All Youth Matter engaged 845 workshop participants, and elicited positive results:

- » Most participants improved their knowledge, skills, and confidence to 'include youth'.
- » 96% of workshop participants were more confident about inclusion.
- » 99% of workshop participants planned to apply their learning to include more youth in sport, recreation and physical activity.

All Youth Matter used youth perspectives to yield a relevant training curriculum, and this built trust with youth, workshop participants, and implementation partners that will contribute to the initiative's sustainability and long-term impact.

## Mind Fit

YMCA of Greater Vancouver (YMCAGV) developed Mind Fit, a combined physical activity and mental wellness program, to reach youth with mild to moderate depression and/or anxiety. YMCAGV developed many partnerships with a range of community, health, and education organizations, and engaged 27 program leaders in capacity-building activities to promote consistent program delivery. Regional YMCAs delivered nine Mind Fit pilot programs in five communities by fall 2018, reaching 96 youth with recurring physical activity opportunities.

After participating in the program, the average scores for Mind Fit participants indicated that:

- » They were doing significantly better.
- » Their anxiety symptoms improved.
- » They believed that "being active makes me happier".
- » They were planning to stay active.

Community organizations previously involved in the lives of youth (i.e., before Mind Fit) tended to be more successful in Mind Fit delivery. YMCAGV offered delivery partners consistent support,

training, and flexibility in implementation. YMCAGV is continuing to roll-out Mind Fit to extend the reach of the program, with a variety of partner organizations.

### Aboriginal Healthy Living Activities Expansion

The Indigenous Sport, Physical Activity and Recreation Council (ISPARC), with their partner SportMedBC, focused on expanding the reach of the Aboriginal Healthy Living Activities (AHLA).<sup>5</sup> The AHLAs reached more people in Indigenous communities by strengthening partnerships and improving capacity-building processes for 499 healthy living leaders. The two-year Action Plan funding period resulted in enhanced tools, resources, curriculum, mechanisms to support remote training, and the new online Healthy Living Hub,<sup>6</sup> which improved the training of more leaders.

- » Most leaders emerged from training highly confident they could use their training to deliver a healthy living program in their community.
- » Enhanced capacity contributed to 9,962 people in Indigenous communities engaging in 379 physical activity opportunities over two years.
- » FitNation program participation increased 88% during the Action Plan funding period, while participation in other AHLAs increased between 11% and 25%.

Extensive training of local Indigenous healthy living leaders, mentors, and health practitioners helped mitigate challenges associated with travel to remote communities, and will contribute to AHLA sustainability.



5 The Aboriginal Healthy Living Activities include four programs aimed at helping Indigenous people be more active: Honour Your Health Challenge, Aboriginal Run Walk, FitNation, and HealthBeat.

6 <http://isparc.ca/hl/>

## Active Communities

Led by local governments in 52 BC communities and supported by BC Healthy Communities Society, Northern Health Authority, Fraser Health Authority, Vancouver Coastal Health Authority, and BCAHL, Active Communities grant projects aimed to increase physical activity opportunities in communities. Projects ranged from policy development, to built environment improvements, to delivery of community-wide physical activity events and programs.

By March 2019, local governments, with assistance from 871 cross-sectoral partners, were able to:

- » Create 737 physical activity opportunities.
- » Improve accessibility of 152 physical activity programs, facilities, and events.
- » Engage 41,238 physical activity participants.
- » Train 3,507 leaders in physical activity capacity-building activities.
- » Derive community benefits like collaboration and strengthened relationships, community empowerment and well-being.

Local governments recognized the benefit of partnerships, community commitment, and organizational capacity in implementing their Active Communities projects. Many also experienced significant challenges with low staff capacity, difficulties with community involvement, and lack of time to complete project activities. Nearly all local governments indicated that their projects, or the changes made, were sustainable.

## Choose to Move and Active Aging Grants



Between 2014 and 2017, the UBC Active Aging Research Team (AART), and their partners, BC Recreation and Parks Association (BCRPA) and YMCAGV, developed, implemented, and scaled-up Choose to Move, a six-month, choice-based physical activity planning and coaching program for inactive older adults. At the same time, AART led the Active Aging Grants program with United Way of the Lower Mainland. Together, Choose to Move and Active Aging Grants:

- » Delivered 153 physical activity-social connection opportunities in 52 unique locations (35 communities).
- » Increased physical activity participation of 1,450 older adults.
- » Increased capacity of 73 activity coaches and 29 community organizations to provide opportunities for older adults' physical activity.

AART attributed Choose to Move's successful scale-up to effective partnerships that supported implementation, evaluation, and capacity-building, and community-level partnerships that facilitated reach to older adults. A phased delivery approach, where AART slowly expanded Choose to Move's reach, allowed for continuous program adaptation and improvement. With additional funds allocated by the Ministry of Health to 2020, AART will continue provincial scale-up of Choose to Move and offer more Active Aging Grants to further extend their reach into remote and rural areas.

## Key lessons and future considerations

Evaluation of the implementation of the three-year Action Plan yielded lessons related to implementation, partnerships, capacity-building, physical activity opportunities and participation, and sustainability. Key lessons inform considerations for the future.

	Lessons	Future Considerations
<b>Implementation and reach</b> 	<p>Across initiatives, lead organizations consistently attributed their progress to key facilitating factors:</p> <ul style="list-style-type: none"> <li>• Dedication to partnership development</li> <li>• Substantial lead organization capacity</li> <li>• High quality, evidence-based products, that align with the lead organization's mission</li> <li>• A responsive implementation support system</li> <li>• Consistent attention to sustainability</li> </ul>	<p>Continue to prioritize and provide funding for partnership development, and cultivate lead organizations' capacity.</p> <p>Maximize use of new products delivered within the current Action Plan, and model development of new products and activities after successful development processes.</p> <p>Involve a backbone organization and health authorities to maintain an implementation support system with sustainability planning, and maximize reach for initiatives and grant programs.</p>
<b>Partnerships</b> 	<p>Partnerships strengthened implementation and implementation strengthened partnerships. Initiative leads indicated that diverse, committed partnerships assisted with delivery and integrated initiatives and organizations into a collaborative network.</p>	<p>Maintain and integrate partnerships established by the Collaborative and initiative-lead organizations, to increase future sharing and collaborative action.</p>
<b>Building capacity</b> 	<p>There was significant demand for capacity-building workshops, which were key mechanisms for increasing capacity across several Action Plan initiatives.</p>	<p>Use tested training resources, and train facilitators and workshop participants across initiatives. Create opportunities to translate capacity into practice through grants and projects. Consider continued funding for high demand capacity-building activities.</p>
<b>Physical activity opportunities and participation</b> 	<p>Initiatives that were able to increase physical activity opportunities did so because dedicated funding was applied alongside capacity-building efforts.</p> <p>Physical activity participation was influenced by well-targeted and accessible programs and events with established leadership.</p>	<p>Translate capacity into physical activity opportunities with high participation by maintaining contact with leaders, offering grants and creating new programs where possible.</p>
<b>Sustainability</b> 	<p>When sustainability planning was part of implementation and supported by partners, transition into the sustainability phase was quicker.</p>	<p>Integrate sustainability planning with implementation planning for all new initiatives, and provide support for sustainability planning.</p>



## 2. Introduction

### BC's Physical Activity Strategy and Action Plan

*Active People, Active Places* – B.C. Physical Activity Strategy (the Strategy) was designed to guide and stimulate co-ordinated policies, practices and programs in physical activity to improve the health and well-being of British Columbians, and the communities in which they live, learn, work and play. It aims to foster active people and active places.

The Ministry of Health (MoH), in partnership with ParticipACTION, led the development of the Strategy which includes a ten-year framework for action and a three-year targeted action plan (Action Plan). A multi-sector BC Physical Activity Leadership Council was established to provide oversight and guidance to the development of the strategy and action plan.

The framework for action (Figure 2.1) guides collective efforts to 2025 and describes key elements underlying the Strategy's long term approach: a life course approach, an equity lens, a focus on supportive environments and partnerships, and seven implementation mechanisms. The three-year action plan was developed to activate a focused, collective and integrated effort to implement the objectives of the Strategy.

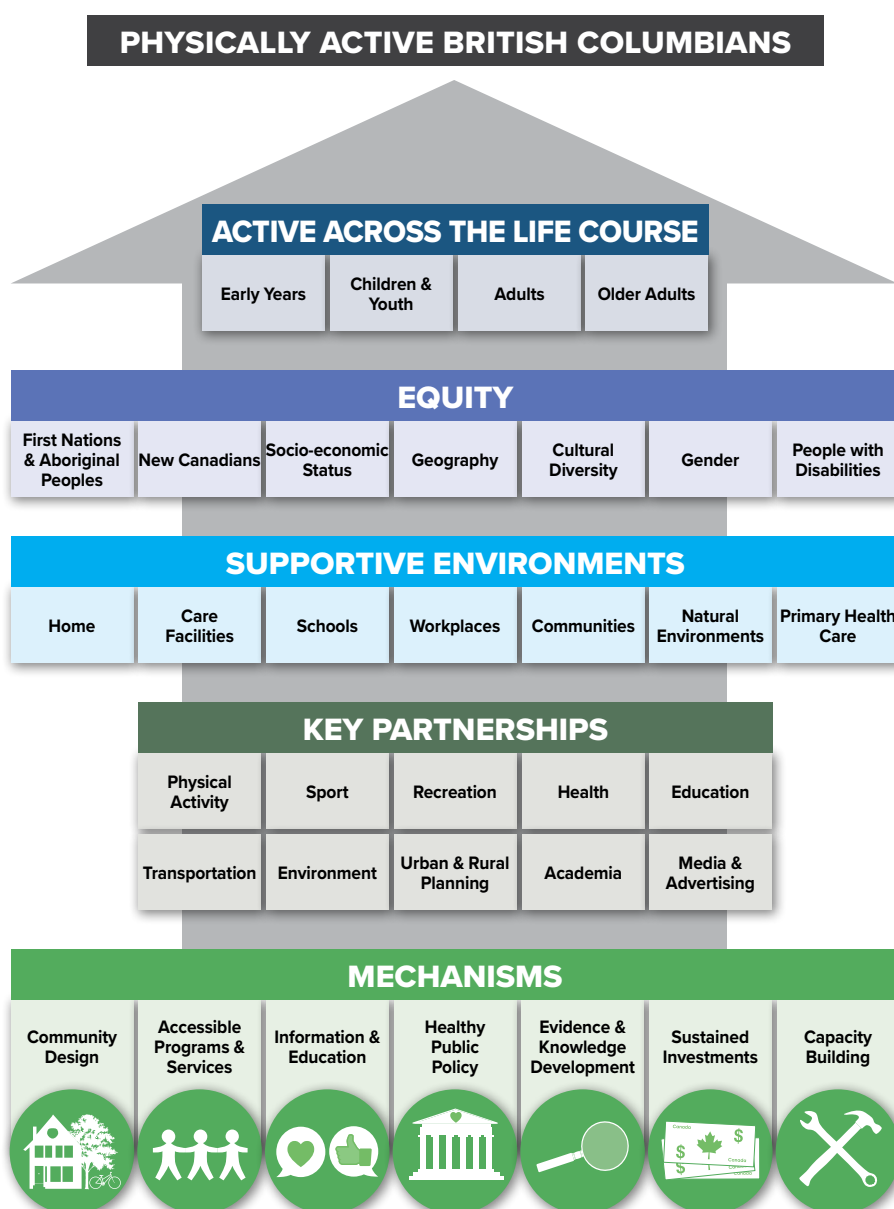


Figure 2.1  
BC Physical Activity Strategy's Framework for Action.

The BC Physical Activity Strategy lays out a 10-year vision for active people and active places:

- » **Active People:** Strategies and opportunities that help all British Columbians to be physically active.
- » **Active Places:** Well-planned and designed environments that support and encourage active living.

Key physical activity leaders and organizations in BC worked collectively to determine the best approaches to increasing physical activity levels, and to apply these approaches to the BC Physical Activity Strategy. A Physical Activity Leadership Council guided strategy development, which included comprehensive consultation with people working in the health, recreation, education, and environment sectors.

The Strategy and Action Plan provide a collaborative, consistent approach for enhancing participation in physical activity in BC, and offer guidance through key elements within the Framework for Action (see sidebar).

The Ministry of Health's Guiding Framework for Public Health includes a physical activity target of 70% of British Columbians (age 12+) being physical active or moderately active in their leisure time, by the year 2023.<sup>1</sup> Although BC is the most active province in Canada, with 65% of the population over 18 years of age reporting 150 minutes (or more) of physical activity per week,<sup>2</sup> there are still 1.5 million inactive British Columbians, many who are minimally active. The Physical Activity Strategy and Action Plan supports increasing physical activity levels to maximize health benefits.

The Province of British Columbia provided funding for nine initiatives to deliver on the three-year action plan. The initiatives targeted four focus areas: children and youth (including early years), Indigenous peoples, older adults and communities. The BC Alliance for Healthy Living (BCAHL) provided oversight for the coordination, implementation and evaluation of the three-year action plan. In addition, the BC Physical Activity for Health Collaborative (Collaborative) was established to foster inter-sectoral collaboration to advance physical activity in BC and support the strategy. The Collaborative is a network of organizations (provincial physical activity, recreation and sport organizations, health authorities, researchers and government) involved in advancing physical activity in BC and committed to meeting the Strategy's goals.

Table 2.1 provides an overview of the Action Plan goals, objectives and focus activities for the initiatives included in the evaluation of the three-year Action Plan (2015-2018). The Action Plan

### Framework for action—key points

- » Life course approach
- » Application of an equity lens
- » Emphasis on supportive environments and partnerships
- » Consideration of seven implementation mechanisms:
  1. Community design
  2. Accessible programs and services
  3. Information and education
  4. Healthy public policy
  5. Evidence and knowledge development
  6. Sustained investments
  7. Capacity-building

1 <https://www.health.gov.bc.ca/library/publications/year/2017/BC-guiding-framework-for-public-health-2017-update.pdf>

2 Statistics Canada. Table 13-10-0096-13 Physical activity, self reported, adult, by age group

2015/16-2017/18 objectives as presented in the Active People, Active Places Strategy<sup>3</sup> evolved as implementation planning progressed with initiative-lead organizations. As such, this evaluation holds the initiatives up to the objectives defined by the lead organizations and the evaluator (Table 2.1), which were specific to the actual, implemented activities of the initiative. This evaluation reports on progress of the eight initiatives that were substantially or fully implemented by the end of 2018.

The later funding timeline for Physical Literacy for Communities (2018-2021) precluded its inclusion in this evaluation. Sport for Life is conducting a complementary evaluation of the initiative to bring together understanding of implementation and outcomes associated with physical literacy training and mentoring in communities.

During the Action Plan implementation, *A Common Vision for Increasing Physical Activity and Reducing Sedentary Living in Canada (Let's Get Moving)* was released (May 2018). The initiatives and work implemented within the Action Plan align with priorities laid out in the Common Vision. At the same time, there is further work to do in BC to realize the Common Vision, as well as the vision of Active People, Active Places. The Common Vision, alongside the recent “Action Plan 2.0” consultation and this evaluation, provide guidance for the next iteration of the Physical Activity Strategy Action Plan.



3 <http://www.health.gov.bc.ca/library/publications/year/2015/active-people-active-places-web-2015.pdf>

Table 2.1

**Overview of initiatives included in the evaluation of implementation of the three-year Physical Activity Strategy Action Plan.**

Focus Area Action Plan Goal	Initiative and Lead	Objective	Key Activities
<b>COLLABORATE</b>	<b>Physical Activity for Health Collaborative</b> Coordinated by BCAHL	To collaboratively develop and support implementation of physical activity policies.	Engage and maintain a diverse membership within the Collaborative, and work collaboratively to develop and support the implementation of physical activity policy in BC.
<b>CHILDREN &amp; YOUTH</b> Increase physical activity and physical literacy for children and youth ages 0–19.	<b>Early Years</b> Child Health BC	To build capacity in early years settings to incorporate physical activity and physical literacy.	Develop better practice guidelines for physical activity and physical literacy, a physical activity toolkit and website for early years providers and settings (“Appetite to Play”).  Provide physical activity and physical literacy training to early years providers.
	<b>Active and Safe</b> BC Injury Prevention Research Unit (BCIRPU)	To support schools, communities and organizations in providing safe physical activity opportunities.	Develop a comprehensive and evidence-based tool and digital marketing for injury prevention in physical activity.
	<b>All Youth Matter</b> viaSport	To increase the capacity of community sport and recreation staff to engage non-participating children and youth.	Develop and implement an inclusion-education training program for recreation and sport programmers, local sport organizations, and sport council leaders.
	<b>Mindfit Pilot</b> YMCA Greater Vancouver	To increase physical activity and improve mental health in youth with depression.	Develop and pilot an integrated mental health and physical activity approach for youth with mild to moderate depression.
<b>FIRST NATIONS &amp; ABORIGINAL PEOPLES</b> Increase participation of First Nations and Aboriginal peoples in sport, recreation and physical activity.	<b>Aboriginal Healthy Living Activities</b> Indigenous Sport, Physical Activity and Recreation Council (I•SPARC)	To build physical activity capacity for healthy living leaders in Indigenous communities.  To increase the cultural capacity of those leading physical activity and sport.  To increase participation in Aboriginal Healthy Living Activities.	Enhance and increase training for healthy living leaders, increase locations and make more grants available for Aboriginal Run Walk, HealthBeat, Honour Your Health Challenge, and FitNation programs.  Enhance physical literacy training and opportunities in Indigenous communities.  Develop cultural awareness training for provincial sport organizations, coaches, and recreation leaders.

Focus Area Action Plan Goal	Initiative and Lead	Objective	Key Activities
<p><b>ACTIVE COMMUNITIES</b></p> <p>Increase physical activity levels of individuals and families in their communities.</p>	<p><b>Active Communities Grants</b></p> <p>BC Healthy Communities Society, BCAHL, Northern Health, Vancouver Coastal Health, and Fraser Health authorities</p>	<p>To increase physical activity opportunities at the community level.</p>	<p>Strengthen engagement and partnerships across sectors to increase physical activity opportunities within communities.</p> <p>Support physical activity planning and implementation of physical activity opportunities through grants to cross-sector healthy community partnership tables delivered via BC Healthy Communities Society (for Island Health and Interior Health), Vancouver Coastal Health, Fraser Health, and Northern Health.</p>
<p><b>OLDER ADULTS</b></p> <p>Increase physical activity levels and decrease sedentary behaviour in older adults.</p>	<p><b>Choose to Move Active Aging</b></p> <p>Active Aging Research Team (AART), Centre for Hip Health and Mobility</p>	<p>To build awareness, community capacity, and opportunities for older adults' physical activity.</p>	<p>With BCRPA, implement Choose to Move around BC as a 'launch pad' for low-active, community-dwelling seniors to increase their physical activity.</p> <p>Implement the Active Aging grant program in collaboration with the United Way Lower Mainland, to build capacity in community organizations by supporting them to insert physical activity into their existing programs.</p> <p>Communicate on physical activity for older adults through a website, in-person presentations, radio spots, transit advertising, and TV spots.</p> <p><i>Note: These initiatives had an earlier implementation than the rest of the Action Plan initiatives, and were evaluated by AART.</i></p>

## 3. Evaluation Overview

The purpose of the Active People, Active Places evaluation was to bring together the overarching perspective on the Action Plan implementation, and progress towards key short-term outcomes related to capacity-building, physical activity opportunities, and physical activity participation. The work needed to balance interests of Ministry of Health and BCAHL with those of the initiative-lead organizations, to deliver helpful evaluation insights on both fronts, while at the same time bringing a unified, sensible approach to the evaluation as a whole. Target audiences for this evaluation report are the funders of the Physical Activity Strategy Action Plan (Ministry of Health and BCAHL), and key stakeholders of the Action Plan. This report aims to facilitate learning about the implementation and impact of the first set of Action Plan initiatives, to influence and improve the initiatives delivered in the next iteration of the Action Plan.

This evaluation project had two related tasks: (1) assist and advise lead organizations on evaluation planning and implementation within their projects; (2) develop and implement a high-level evaluation approach for the Action Plan, that integrated well with evaluation work happening at the initiative and/or project level.

### Action Plan Evaluation Priorities

- » Usefulness of data in understanding and improving initiatives
- » Capacity-building
- » Efficiency and effectiveness of evaluation activities
- » Feasible and meaningful evaluation plans and data
- » Flexibility and foresight, recognizing that some methods may work better than others
- » Integration of evaluation activities within existing reporting processes, project management structures, and data collection avenues

### Assist and advise on evaluation planning and implementation with the initiative-lead organizations

The Action Plan included several distinct initiatives, which together, and over time, aimed to accomplish two goals: active people, and active places. Underneath these overarching goals, initiative development and implementation were complex. The evaluator built understanding of this complexity, and drew out the unique aspects of lead organizations and initiatives that culminated in the processes and impacts achieved over the three years.

As evaluator, Stride Consulting worked with and alongside the initiative leads to provide expertise and guidance to support effective evaluation of initiatives that would feed into effective evaluation of the Action Plan. In some cases, this approach called for evaluation capacity-building, working closely with initiative team members to coach them on clarifying their objectives, developing evaluation plans, and connecting the plans and resulting evaluation tools to their implementation plan. In other situations, evaluation capacity was firmly in place within the lead organization, and the focus was on building relationships for effective collaboration and data sharing. Regardless of



the level of evaluation capacity, key components were addressed, to ensure a consistent approach across six initiative lead organizations (Figure 3.1). Given AART’s much earlier launch (2014) and implementation timeline for the older adults initiatives, as well as their significant evaluation capacity, the Action Plan evaluation support role did not extend to this initiative. Rather, AART developed, managed, and reported on their evaluations of Choose to Move and Active Aging without central evaluation support through BCAHL and Stride Consulting.

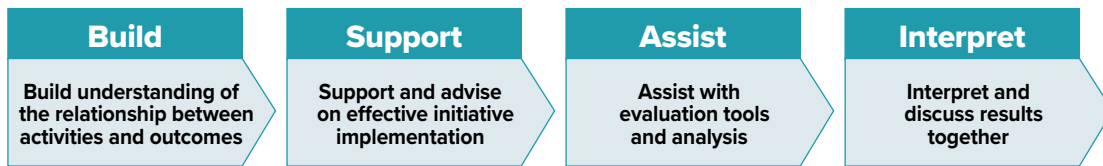


Figure 3.1  
Key components in working on Action Plan evaluation activities with initiative-lead organizations.

## Develop and implement a high-level evaluation plan for the Action Plan

Stride Consulting constructed and implemented the Action Plan evaluation plan to integrate with the initiative-level evaluation work. The Action Plan logic model guided and provided focus to the evaluation plan (simplified version provided in Figure 3.2). The simplified logic model shows the significant overlap in anticipated outcomes for initiatives, especially related to capacity-building, opportunities, and participation. From the logic model, and guided by the RE-AIM evaluation framework,<sup>4</sup> we constructed flexible evaluation frameworks, that drew on the data initiatives collected (condensed evaluation frameworks are provided in Appendix A).

The RE-AIM framework provided initial structure to the Action Plan evaluation. It allowed for a dual and integrated focus on both process and outcomes evaluation, and provided consistent guidance to all initiative leads. Essentially, the RE-AIM framework provides a structure, within public health interventions, to organize evaluation activities focused on reach (R), effectiveness (E), adoption (A), implementation (I), and maintenance (M). We built on the RE-AIM components to create a reporting structure with key questions meaningful to processes and accomplishments of Action Plan initiatives (Figure 3.3). These six key reporting areas and questions provide the overall structure for this report, and are considered consistently across initiatives. In September 2017, Stride Consulting submitted the “Interim Report on Physical Activity Action Plan Evaluation” to BCAHL, which was structured around these six key reporting areas, but focused mostly on implementation, given the early point in the initiatives’ implementation timeline.

4 [http://www.re-aim.hnfe.vt.edu/about\\_re-aim/index.html](http://www.re-aim.hnfe.vt.edu/about_re-aim/index.html)



**Implementation** » What factors are key to initiative implementation?



**Strengthening partnerships** » How did partnerships evolve with initiative implementation?



**Building capacity** » How was capacity to create and deliver physical activity opportunities built?

*\* Capacity = skills, knowledge, confidence, competence and resources to promote or lead physical activity.*



**Providing opportunities** » How many physical activity opportunities were created?\*

*\* Opportunities = physical activity programs, classes, events, creation of physical activity infrastructure or environment.*



**Increasing participation** » How many people participated in physical activity?



**Sustainability** » What factors are key to sustainability of Action Plan initiatives?

Figure 3.2  
Key reporting areas for the Action Plan Evaluation.

5 Durlak JA, DuPre EP. Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. Am J Community Psychol 2008; 41:327-50.



Figure 3.3  
Simplified logic model for Physical Activity Strategy Action Plan initiatives 2015–2018.

# 5. Appetite to Play

## Objective of initiative

Appetite to Play was developed to build healthy eating/food literacy and physical activity/physical literacy in the early years. Appetite to Play offers a coordinated approach to capacity-building for early years providers (EYP), to promote healthy eating and physical activity environments in early years settings. The objective of Appetite to Play is:

**To build the capacity of early years providers, such as those working in daycare centres, family-based day cares, preschools, parent participation programs, and after school day care, to promote and support healthy eating and physical activity among children 0 to 5 years old in BC.**

Though the objective of Appetite to Play includes building healthy eating capacity, evaluation of Appetite to Play through the Action Plan focuses on capacity-building related to physical literacy and physical activity in EYPs.



### Actions

**Building physical activity and physical literacy capacity in early years settings**



### Short-term outcomes

**Increased capacity and opportunities for physical activity and physical literacy in early years settings**

## Overview of initiative

Child Health BC worked with their partners to develop and implement Appetite to Play, to address physical literacy, physical activity, and healthy eating capacity gaps in early years environments around the province. Research conducted in 2016 helped to inform development of resources. Feedback collected through a survey of 269 EYPs in BC demonstrated the need for and interest in:

- » Greater awareness and accessibility of existing physical activity resources
- » Physical activity information that is quick, simple, easy to use and easy to navigate, similar in format to Pinterest
- » Resources in searchable categories
- » Less text and more visuals, with activities easily available in printable one-page format



Stakeholder interviews conducted in 2016 showed strong support for Appetite to Play as it was practitioner-focused and evidence-based. Stakeholders advised that, over the next two years, Appetite to Play should focus on building and maintaining resources that are flexible, adaptable and in multiple formats, dissemination and communication mechanisms, continued stakeholder engagement, continuous evaluation and improvement of training components, and sustainability strategies for the initiative’s future.

As a whole, the initiative included five complementary components, that together provided an array of in-person and online capacity-building opportunities for EYPs in BC (Table 5.1).

**Table 5.1**  
**Appetite to Play components.**

<b>Component</b>	<b>Description</b>
<b>Early years provider toolkit</b>	<ul style="list-style-type: none"> <li>» Interactive website (www.appetitetoplay.com)</li> <li>» Variety of physical activity and food literacy games, tips, ideas, and recipes (123 physical activity items, 149 healthy eating items)</li> <li>» Set of interactive tools to help with planning</li> <li>» Content updated weekly</li> </ul>
<b>Set of recommended practices</b>	<ul style="list-style-type: none"> <li>» Recommended practices on healthy eating and physical activity in the early years developed by BC experts</li> <li>» Linked to BC Child Care Licensing Regulations, and DOLSOP Active Play and Safe Play Space standards</li> </ul>
<b>In-person workshops and e-learning modules</b>	<ul style="list-style-type: none"> <li>» Food literacy and physical literacy online training (1.5 professional development (PD) credits provided)</li> <li>» In-person training facilitated through a train-the-trainer model, involving 3 Master Trainers who trained 88 Regional Trainers, who in turn delivered workshops in communities across BC (3 PD credits provided).</li> <li>» Virtual workshops (3 PD credits provided).</li> </ul>
<b>Support and communication</b>	<ul style="list-style-type: none"> <li>» To EYPs on a regular basis through social media, e-newsletters, webinars, and mailouts</li> <li>» Distributed about 10,000 general postcards, 5,000 e-module postcards, 735 brochures, and 140 booklets to health authority licensing officers, licensed childcare facilities, Ministry of Childhood Development, early childhood community fairs, and public health nurses and dieticians working with EYPs and daycares.</li> </ul>
<b>Networking</b>	<ul style="list-style-type: none"> <li>» Opportunities available to EYPs through a healthy eating and physical activity community of practice</li> </ul>

Child Health BC led implementation of Appetite to Play, and was responsible for coordination, development and maintenance of the Appetite to Play website and materials, and overall program management, including coordination of critical partnerships with the YMCA of Greater Vancouver (YMCAGV), Childhood Obesity Foundation and Sport for Life. The Childhood Obesity Foundation and Sport for Life supported development of training and website content, bringing substantial expertise on food literacy/healthy eating and physical activity/physical literacy, respectively. YMCAGV coordinated delivery of in-person training across the province. All partners contributed to major decision-making during the initiative, as well as sustainability planning.

Further collaboration and implementation support came from an advisory committee formed in the early stages of the initiative. The advisory committee included leaders from early years-related organizations, health authorities, and government ministries. Members met on a quarterly basis to advise on implementation and promotion of Appetite to Play.

BC's Child Care Resource and Referral Centres (CCRR) were key partners in delivery of in-person workshops. CCRRs formed an important starting point to reach EYPs with Appetite to Play, given their existing workshops and training to support quality child care programming in every BC community. Strong Start, YMCA and municipal recreation also supported and promoted in-person training.

An overview of the Appetite to Play timeline is provided in Figure 5.2. Briefly, development of Appetite to Play occurred in 2016, supported by a previous grant from Ministry of Health/BCAHL, which preceded engagement of the Action Plan evaluator (Stride Consulting). Late in 2016, implementation of Appetite to Play was awarded to the partnership group (with Child Health BC as lead), and their plan to fully develop the website, deliver the in-person and online training, and deliver communications and networking opportunities to early years providers over the next two years was approved. The original plan wrapped up in December 2018; however, BCAHL approved an extension to continue delivering in-person workshops through March 2019 in an attempt to reach the goal number of 225 workshops delivered.





Table 5.2

**Appetite to Play timeline from 2016 to January 2019.**

<b>Key activities</b>	<b>2016</b>	<b>Winter 2017</b>	<b>Spring 2017</b>	<b>Summer 2017</b>	<b>Fall 2017</b>	<b>Winter 2018</b>	<b>Spring 2018</b>	<b>Summer 2018</b>	<b>Fall 2018</b>	<b>Winter 2019</b>
Development of wireframe for website, set of recommended practices and draft online learning modules	█									
Website development		█	█	█	█					
Refreshing website content						█	█	█	█	█
Print & disseminate hard copy booklet, other print materials		█	█		█					
Ongoing support and communication to web users and workshop participants	█	█	█	█	█	█	█	█	█	█
Develop Master Trainer and Regional Trainer workshops		█	█	█						
Deliver Master Trainer training				█						
Deliver Regional Trainer training				█	█		█			
Develop workshop for EYPs				█	█					
Deliver workshops for EYPs					█	█	█	█	█	█
Support Regional Trainers					█	█	█	█	█	█
Develop and launch e-learning modules		█	█	█	█					
Provincial stakeholder engagement and communication, advisory committee		█	█	█	█	█	█	█	█	█
Evaluation		█	█	█	█	█	█	█	█	█
Sustainability planning							█	█	█	█

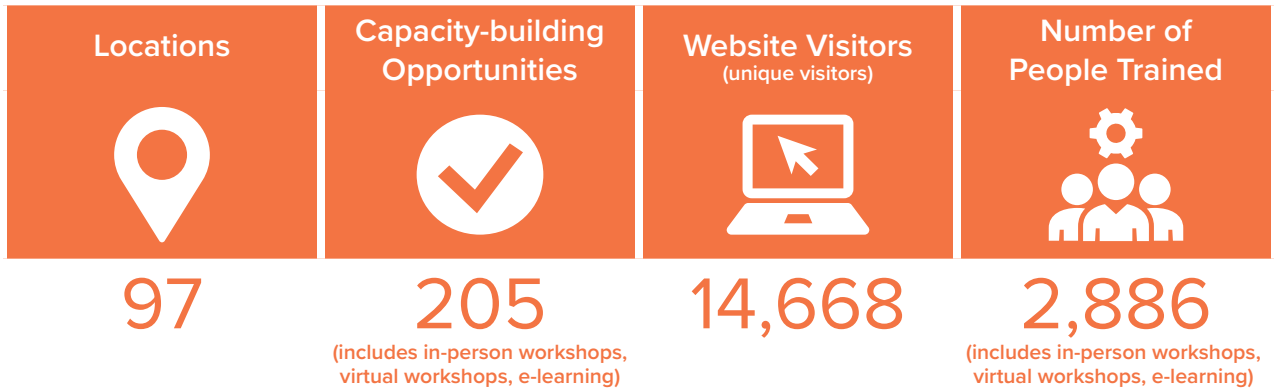
## Evaluation activities

Appetite to Play had strong evaluation support through partnership with University of Victoria and Dr. PJ Naylor's research group. Through this affiliation, and with additional support from a Canadian Institutes of Health Research Health System Impact post-doctoral fellowship, Appetite to Play benefited from a comprehensive evaluation plan, a dedicated evaluation team, and ongoing data collection that allowed for continuous program improvement. We worked with the Appetite to Play team and the evaluation support from University of Victoria in the initiative's early stages to ensure alignment of evaluation plans and tools with the Action Plan evaluation goals, and support construction of evaluation tools with a focus on consistency in language across Action Plan initiatives. The six key evaluation activities for Appetite to Play are described below and included in Appendix C.

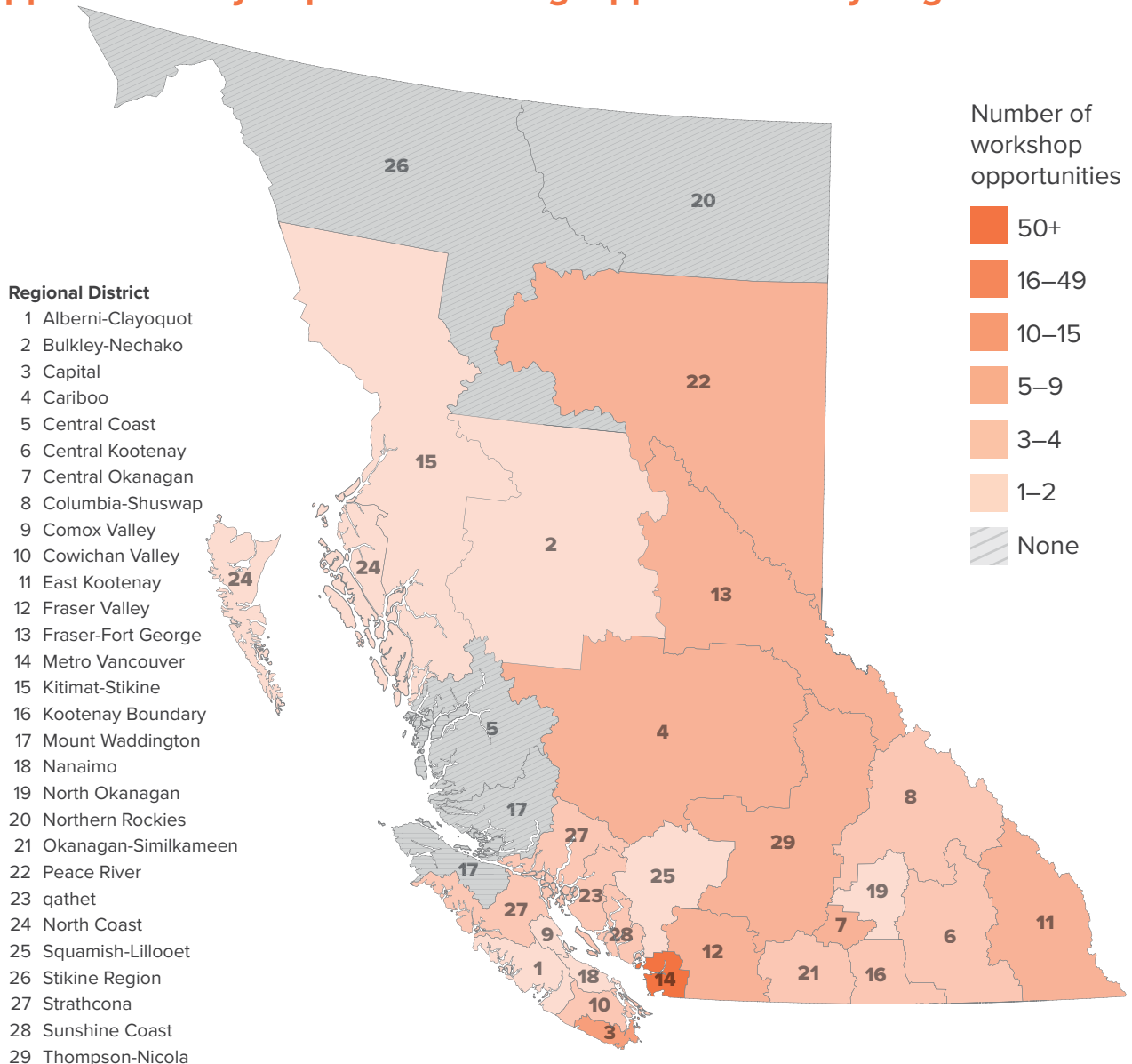
1. Regional Trainers completed pre- and post-workshop surveys when they attended their train-the-trainer sessions.
2. Appetite to Play workshop participants completed pre- and post-workshop surveys, to assess the extent to which workshops built various components (e.g., knowledge and confidence) of physical literacy capacity.
3. Follow-up qualitative interviews with EYPs who participated in workshops to assess workshop satisfaction, use of the Appetite to Play website, and application of learning.
4. Follow-up survey with host organizations (20) and follow-up interviews with Regional Trainers (40) in September 2018, to collect perspectives related to workshop logistics, workshop setting participant characteristics, and Regional Trainers' experiences.
5. Interviews with Master Trainers during winter 2018, to gather perspective about the spread and uptake of Appetite to Play, the response to training, ongoing interactions with Regional Trainers, and supports needed to continue Appetite to Play.
6. Tracking reach and uptake of the Appetite to Play website and e-learning modules through web analytics.

Initiative leads participated in early implementation interviews (January 2017) to provide their perspectives on a range of factors that were facilitative and challenging to implementation of the Action Plan initiatives. The Appetite to Play project manager contributed to initiative progress reporting via an online platform twice a year, to provide an update on task completion and challenges, and to provide their perspectives on partnership development, implementation, and sustainability at the initiative level. During fall 2018 progress reporting, Child Health BC completed a sustainability assessment for Appetite to Play, through Washington University's online program sustainability assessment tool (<https://sustaintool.org/>). Finally, Child Health BC submitted a final evaluation report in May 2019. These activities and reports facilitated analysis of the Appetite to Play implementation process, and provided data to determine the initiative's reach, outcomes, and sustainability.

## Reach Snapshot: September 2017–February 2019



## Appetite to Play In-person Training Opportunities by Regional District





## Implementation

### Organizational characteristics and capacity

The partnership team of Child Health BC, Childhood Obesity Foundation, YMCAGV, and Sport for Life had adequate organizational capacity to implement Appetite to Play provincially. Child Health BC previously supported provincial roll-out of other initiatives. Together, the partnership team had sound knowledge of the content area, great communications capacity, ability to work with a variety of stakeholders, and a reputation for applying well-coordinated approaches to project delivery. During development and implementation of Appetite to Play, Child Health BC was innovative and proactive in extending the initiative's lifespan. Child Health BC viewed implementation of Appetite to Play through a provincial lens, and considered what would make sense not just for the Lower Mainland, but for all of BC. To support this provincial outlook, Child Health BC had a strong network in place through the BC Healthy Child Development Alliance, which involves early years stakeholders across BC.

The Appetite to Play Advisory Committee (comprised of various health, early years, research, physical literacy, and food literacy organizations across BC) was instrumental in providing guidance and ideas relevant to Appetite to Play implementation across BC. The Advisory Committee also provided the team with connections to promote Appetite to Play across BC and Canada, and invited cross-sectoral linkages and new awareness-building options. Throughout the initiative, the committee advised on strategic directions and implementation.

The formal, collaborative partnership team for Appetite to Play implementation—Child Health BC, Sport for Life, YMCAGV and Childhood Obesity Foundation—was instrumental in establishing the workplan and an efficient timeline. This solution-oriented group attended monthly partnership team meetings, and contributed their diverse experience and expertise. Regular meetings were useful to determine ongoing training needs and regional trainer supports, and ensured the partnership team addressed issues as they arose. Open and respectful partnerships within this group facilitated smooth implementation.

Implementation capacity was further enhanced through the recruitment and training of knowledgeable, expert Master Trainers. The Master Trainers contributed their expertise and on-the-ground experience to ensure a balanced approach to both healthy eating and physical activity in the training materials. Bi-weekly training meetings facilitated knowledge-sharing and solutions-finding. The Master Trainers provided insight to website content creation to keep it fresh, current, and relevant. Through interviews with Master Trainers, the project team learned about Master Trainers' perspectives on the reach of Appetite to Play, the supportive role Master Trainers played to Regional Trainers and EYPs, and ideas for the future of Appetite to Play. Master Trainers indicated that while uptake of Appetite to Play within major population centres (Vancouver, Victoria) was adequate, gaps existed in rural and remote areas, and highlighted that expanding the target population to include parents and other health care practitioners would be important ways to expand reach. Further, Master Trainers noted the challenges EYPs and Regional Trainers had with attending and delivering workshops during the regular work day, and noted their own challenges

with adequately supporting Regional Trainers. Using this feedback, the project team adjusted approaches to maximize utilization of Master Trainers (for example, by including Master Trainers in more communications activities as implementation progressed). Together, the Master Trainers were a valuable resource to the initiative, contributing substantially to implementation through mentoring

“Offering mentorship was really useful to show [early years providers] how simple some of the games are ... and what they can do in order to structure activities for kids in a really quick and easy way.”

—Appetite to Play Master Trainer

and supporting both EYPs and Regional Trainers, and contributing their expertise in an ongoing manner. Clearly, Master Trainers were critical to the partnership team’s capacity to deliver the initiative. Going forward, Master Trainers indicated that more contact with the developmental side of Appetite to Play (e.g., the Advisory Committee) would help to increase their understanding of the design and rationale, and provide opportunities for their input. Master Trainers further highlighted increased communication with Appetite to Play program staff and subcommittees as an important support in maintaining the capacity of Master Trainers over time.

The partnership team experienced an implementation challenge with the structure of the Regional Trainers’ work. With so few guaranteed hours, turnover of Regional Trainers was higher than expected, and the team had to explore additional recruitment. The Appetite to Play team created options for increasing Regional Trainers’ hours, by having them shadow at local workshops and facilitate virtual workshops starting fall 2018.

Finally, in terms of capacity, the partnership team indicated that having an evaluation coordinator as part of the team from the start of implementation was very helpful. This allowed the team to see the impact of the initiative in real time, and offered quick access to data to make adjustments to the training program.

## Initiative characteristics

Appetite to Play was very compatible with the partner organizations’ missions, values and priorities, and this facilitated efficient implementation. Child Health BC was involved in development of both the BC Healthy Eating Strategy and the Physical Activity Strategy Action Plan, which led to an integrated, healthy eating-physical activity approach in the early years focus area. Appetite to Play was therefore relevant and supported by a broader range of stakeholders, which facilitated implementation in the early years setting. The initiative involved extensive stakeholder engagement, to ensure stakeholders saw themselves in the plan and were part of initiative development. Appetite to Play is adaptable, and this further facilitated uptake.

On the other hand, the combined healthy eating and physical activity approach within Appetite to Play presented some challenges. Collaboration across two content areas shifted the deliverables and delayed the development and testing process. This demanded flexibility from the project team in terms of timelines. Further, concurrent development of the Appetite to Play website and workshop training materials made it challenging to incorporate the website into Regional Trainer workshops. A staggered approach to development of these pieces would have been advantageous.

Through interviews, Master Trainers described the response to Appetite to Play workshops as mostly positive, with participants enjoying the interactivity. On the other hand, they noted challenges related to workshop length (too short to cover and absorb the volume of information) and surveys (too long and repetitive).

Interviews with Regional Trainers provided more specifics on what worked and didn't work within the local Appetite to Play workshops. Regional Trainers had challenges related to the time it took to organize workshop paperwork (which took away from workshop set up and greeting participants), length of surveys (some participants indicated that surveys were too long), settings provided by host organizations (e.g., internet problems, small space, host was late), lack of facilitation experience, the group size (too small or too large), and a high proportion of ESL participants. Regional Trainers were forthcoming with their challenges, and keen to seek support and assistance from the Appetite to Play team in remedying issues for subsequent workshops.

The team also noted some challenges related to implementation of the training plan. The CCRR strategy of booking three to five workshops in a year was not realized. The project team learned that a more realistic expectation was one workshop per CCRR per year, especially in small communities, and moved forward with that adjustment, allowing for an extended timeline for workshop delivery in the project plan. Further, few Regional Trainers were able to deliver three workshops, which was the original plan. The project team implemented an outreach strategy with the Regional Trainers in March 2018. This resulted in more workshops booked by Regional Trainers (20 workshops booked during the summer which is a lower uptake time). During fall 2018 and winter 2019, Appetite to Play piloted the virtual version of their workshop, to explore alternate ways of reaching EYPs, and decreased pressure on Regional Trainers and CCRRs to book in-person workshops in smaller communities.

Master Trainers identified several ways that Appetite to Play could be more successful moving forward:

- » Provide video examples of children playing the games and activities
- » Offer support to the EYPs after the workshop to assist with the application of new learning
- » Expand the Regional Trainers' workload to include advocacy and championing of Appetite to Play
- » Embed Appetite to Play in the early childhood education (ECE) curriculum at post-secondary institutions

“... having videos of... a group of kids playing the game, ... and what the game actually looks like when kids are running around and being distracted, picking up branches and... that kind of thing... I think would be a great support.”

—Appetite to Play Master Trainer





## Surrounding community

Appetite to Play was developed based on current theory and research regarding healthy living interventions in early years settings, and this facilitated implementation. The initiative was grounded in the best available evidence and so was highly acceptable in the broad community. There was a recognized need for resources and support around physical activity/physical literacy and healthy eating/food literacy in early years settings. Continuous flow of data from the initiative's ongoing evaluation activities demonstrated the continued need for Appetite to Play, even after a year of implementation. During implementation, evaluation data showed lingering capacity gaps among EYPs—most indicated that Appetite to Play was new information for them. These data supported continued workshop recruitment, through CCRRs and early years senior leadership.

The BC government and community stakeholders supported the initiative throughout, and there were no delays or deficits in funding. Supportive regulation through the Director of Licensing Standard of Practice for licensed childcare facilities (re: Active Play, under the Community Care and Assisted Living Act) particularly facilitated uptake of Appetite to Play with licensing officers, childcare centres, and ECE training institutions across BC.

Finally, the project team indicated that their connections to other organizations with similar mandates helped to promote Appetite to Play. For example, attending and being part of large early childhood conferences helped spread the word about Appetite to Play and increased website traffic. Further, connecting with health-related organizations on social media facilitated dissemination of key Appetite to Play messages.

One challenge in the surrounding community was imposed by the extended blackout period for provincial government communications during spring 2017 elections. Appetite to Play experienced delays in their project timeline during the blackout, and project communications and marketing materials were ultimately distributed after the Regional Trainer workshops were completed.

## Support system

The partnership team noted that monthly check-ins with BCAHL and Ministry of Health facilitated implementation by efficiently keeping funding partners up to date, and allowing opportunities for trouble-shooting challenges collaboratively. Further, the updates felt quite open and increased transparency around all aspects of the initiative.

Child Health BC noted early on during implementation that more communication and networking across the Action Plan initiatives would facilitate collaborative implementation of all initiatives. BCAHL increased communications support across initiatives through 2017 and 2018, to increase sharing and learning for all Action Plan implementation partners, and to maximize potential reach of initiatives through shared efforts in reaching specific populations. Towards the end of 2018, Child Health BC indicated that Appetite to Play was benefiting from this heightened sharing and collaboration, citing connections with BC Healthy Communities and the Active Communities initiative, ParticipACTION, and the Early Years Dietitians Network, as particularly useful in increasing the reach of Appetite to Play.



## Partnerships

Child Health BC managed implementation of Appetite to Play through a partnership model, involving Sport for Life, Childhood Obesity Foundation, and YMCAGV. A partnership with the Early Years Research Initiative (University of British Columbia, University of Victoria), which provided support and expertise for initiative evaluation, preceded the implementation of Appetite to Play. Sport for Life and Childhood Obesity Foundation led development and implementation of the regional and local training workshops, while YMCAGV played a lead role in supporting workshop scheduling and logistics. Child Health BC developed partnership agreements with the three key partner organizations, to clarify and create a common understanding of the role and obligations of each organization in implementation of Appetite to Play. The central partnership model was strengthened during implementation of Appetite to Play, with each partner organization delivering on their designated components. In addition to their specific implementation roles, the four partners collaborated well, and provided ongoing input and guidance.

Overall, Child Health BC indicated that 60 organizations supported implementation of the initiative. Over two years, Appetite to Play developed 13 complementary partnerships that strengthened the initiative's reach and delivery (Table 5.3). Partner roles and functions ranged from promotion and championing of workshops, to aspects of training delivery (Figure 5.1). The partnership that developed between Appetite to Play and BC Recreation and Parks Association (BCRPA) was extremely positive for implementation. Beginning in April 2018, Appetite to Play (through YMCAGV) subcontracted BCRPA to deliver workshops in various BC regions. The subcontract involved training 17 BCRPA HIGH FIVE facilitators as Appetite to Play Regional Trainers in May 2018, with the goal that each new Regional Trainer would deliver at least one workshop in their region by December 2018. The new Regional Trainers delivered Appetite to Play workshops as part of their work in municipal recreation, and most were located in areas with no previous Appetite to Play Regional Trainers, therefore helping to fill a gap. This partnership and implementation strategy extended Appetite to Play's reach to Williams Lake, Surrey, Langley, Castlegar, Smithers, Fort St. John, Tumbler Ridge, Golden, Campbell River, Vernon, Maple Ridge, Kitimat, Powell River, Richmond, Dawson Creek, and Pemberton. The Appetite to Play-BCRPA partnership continued to benefit workshop implementation, with focused training of BCRPA Regional Trainers later occurring in northern regions as a solution to the high demand/low trainer availability in Terrace, Smithers, Hazelton, Burns Lake, Vanderhoof and Fort Nelson.

Other significant partnerships strengthened over time, and included relationships with the CCRRs, StrongStart, and Success by 6 for workshop hosting, promotion, and recruitment. Further, licensing officers within health authorities emerged as important partners, assisting with marketing Appetite to Play while visiting licensees. Table 5.3 provides a further description of roles of Appetite to Play partners. Overall, implementation of Appetite to Play was achieved through a central partnership model, and strengthened through continued partnership development with key organizations. Further, central partners—Child Health BC, Sport for Life, Childhood Obesity Foundation, and YMCAGV—contributed to sustainability plan development, to take Appetite to Play beyond March 2019.

Table 5.3

**Overview of Appetite to Play partnerships, 2016–2018.**

<b>Partner</b>	<b>Role</b>	<b>Agreement, start date</b>
<b>Sport for Life</b>	Development and implementation of the regional and local training workshops.	Memorandum of Understanding (MOU), winter 2017
<b>Childhood Obesity Foundation</b>	Development and implementation of the regional and local training workshops.	MOU, winter 2017
<b>YMCAGV</b>	Lead role in supporting the scheduling and logistical requirements for the regional and local training workshops. Provides ongoing support to Regional Trainers.	MOU, winter 2017
<b>Early Years Research Initiative (UVic, UBC)</b>	Provides support and expertise for the evaluation.	Contractor/ consulting agreement, Prior to Action Plan funding
<b>Childcare Resource and Referral (CCRR)</b>	Strong partner for workshop delivery; host organization; assist with recruitment of participants.	Informal, summer 2017
<b>StrongStart</b>	Assists with communication and marketing of the initiative, and champions the initiative through various networks.	Informal, summer 2017
<b>Workshop hosting organizations</b>	Supports workshop delivery through provision of space.	MOUs, fall 2017
<b>I SPARC</b>	Promote Appetite to Play. Provide feedback on website physical activity posts, insight on reaching First Nations audiences.	Informal, winter 2018
<b>School districts</b>	Interested in hosting workshops.	Informal, spring 2018
<b>Post-secondary ECE training institutions: Northern Island College, Stenberg College, and Northern Lights College ECE Articulation Committee</b>	Potential partner for workshop delivery; integration of Appetite to Play into ECE curriculum.	In progress, spring 2018
<b>Success by 6</b>	Promoting workshops in various areas of BC.	Informal, spring 2018
<b>BCRPA</b>	Identify High Five facilitators to train as ATP facilitators in underserved areas. Promote High Five facilitators' workshop delivery.	MOU, spring 2018
<b>Active for Life</b>	Initial discussions have occurred regarding supporting content for Appetite to Play website.	Not formalized, spring 2018
<b>BC Dairy Foundation</b>	Initial discussions have occurred regarding supporting content for Appetite to Play website.	Not formalized, spring 2018
<b>Vancouver Coastal and Northern Health Authority dietitians</b>	Exploring potential overlap/integration of Appetite to Play with BCDF programs Better Together and Little Food Explorers.	Informal, summer 2018
<b>Health Authority licensing officers</b>	Acting as local champions to promote attendance at workshops.	Informal, summer 2018
<b>Early Years Professional Development (EYPD) Portal (Ministry of Child and Family Development and BC campus)</b>	Sharing Appetite to Play marketing materials with licensees at site visits. Support in developing ideas on how to use the EYPD platform as a place for a Community of Practice for Appetite to Play "graduates". Hosted Community of Practice Pilot in February 2019.	Hosting agreement established, summer 2018

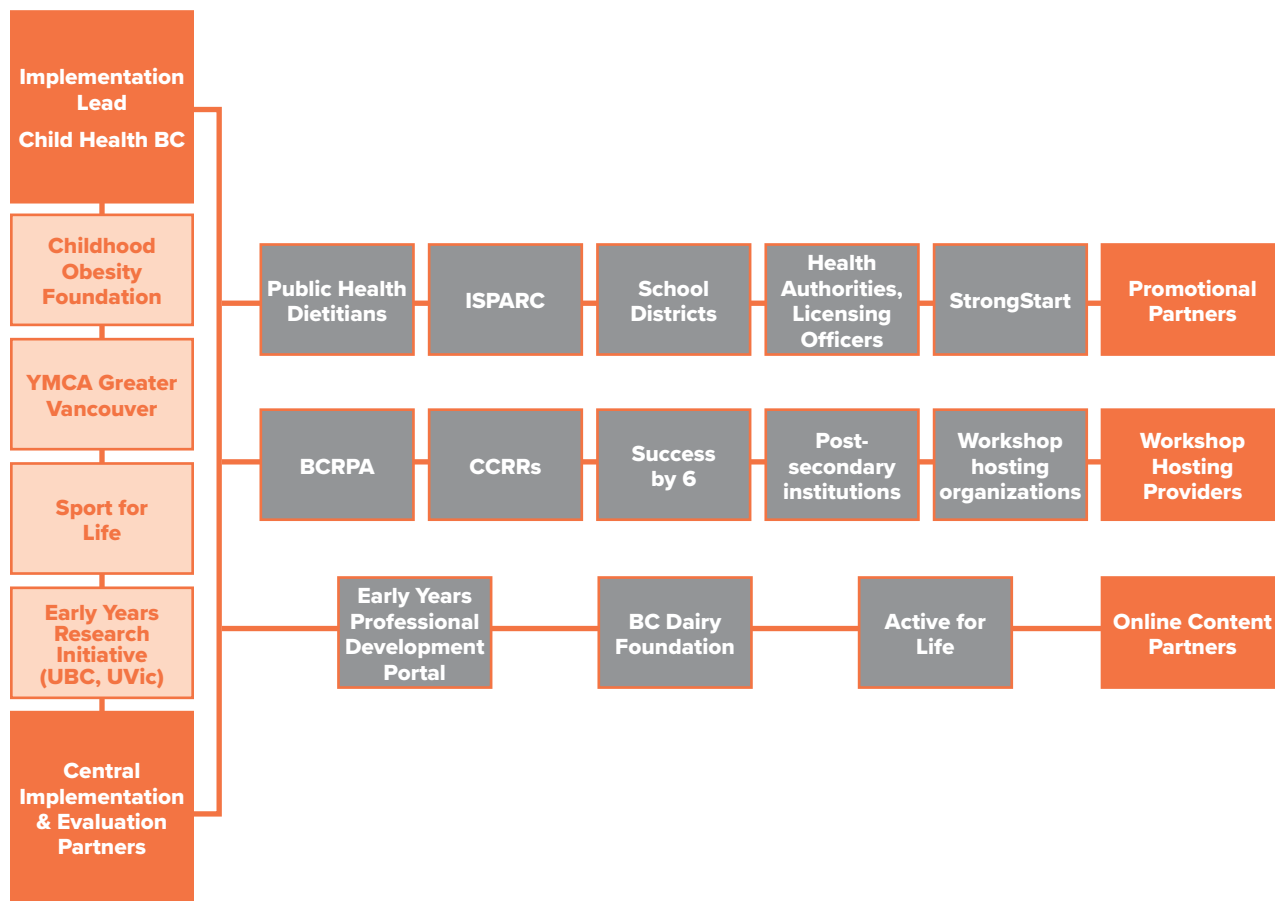


Figure 5.1  
Appetite to Play partnerships by partner role.

## Capacity-building

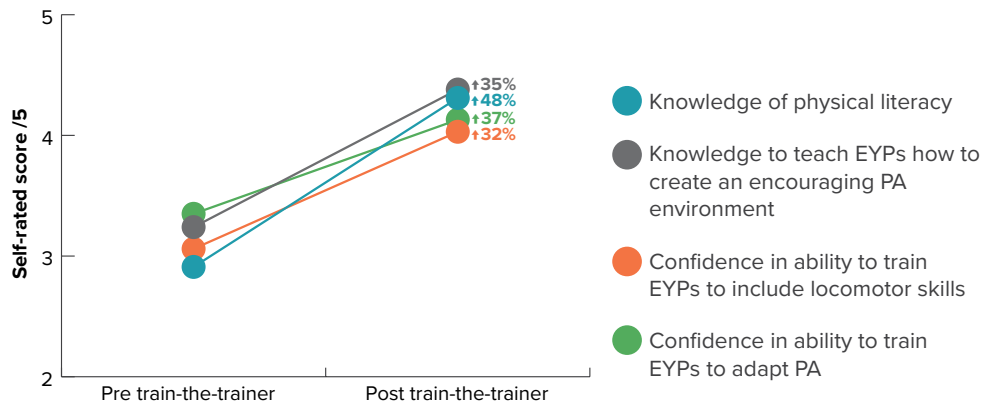
### Capacity-building through Appetite to Play website

Web analytics gathered during the evaluation period (September 2017–February 2019) indicated that the Appetite to Play website was well-utilized, and engaged many in the early years field. There were 23,659 visits; 14,668 (62%) were unique visitors and 38% were returning visitors. Across all visits, almost 100,000 page views occurred. Visitors typically spent close to four minutes on the site, and performed over four actions; returning visitors spent longer on the site than one-time visitors, indicating greater engagement. Together, visitors created 1,064 accounts; 74% of accounts remained active over the 18 months.

### Capacity-building in Regional Trainers

Appetite to Play trained Regional Trainers in summer 2017 and spring 2018 (n=88 total) through 2-day, train-the-trainer sessions in several locations. Regional Trainers were YMCA employees or BCRPA members. Data from 33 Regional Trainers described how the training increased Regional

Trainers' capacity to teach others about promoting and including physical activity in early years settings. The train-the-trainer sessions increased Regional Trainers' physical literacy knowledge, instructional skills, and confidence in their ability to train EYPs to promote physical literacy (Figure 5.2).



**Figure 5.2**  
**Regional Trainers increased their knowledge and skills to train early years providers (EYPs) in physical activity (PA) promotion in early years settings.**  
 [Source: Regional Trainer surveys (pre- and post-train-the-trainer) analysis summary, summer 2017]

Most Regional Trainers (78%) emerged from the train-the-trainer session highly confident that they could use what they learned to teach others about promoting physical activity and physical literacy.

### Capacity-building in early years providers

Between September 2017 and March 2019, Regional Trainers facilitated 195 in-person workshops in 72 municipalities, training 2,328 participants. In some cases, participants travelled from neighbouring municipalities to attend in-person workshops, bringing the reach up to at least 97 municipalities. Appetite to Play also delivered 10 virtual workshops to 164 participants. An additional 224 people completed certificates in physical literacy through online e-learning modules on the Appetite to Play website. Altogether, most training participants were female (97%) and early childhood educators (63%). Many worked in group childcare (36%) and preschool (22%). More than a third of participants (35%) had no previous training in physical activity.

**2,886 people participated in Appetite to Play training between September 2017 and March 2019.**

For in-person workshops, virtual workshops, and e-learning modules, most participants indicated they were satisfied with content (84-91%, depending on learning mode) and delivery (86-95%) of their learning session, and that training would be useful (81-86%).

In-person workshops, virtual workshops, and e-learning significantly increased EYPs' knowledge, skills, and confidence to promote physical activity and physical literacy opportunities in early years settings ( $p < 0.05$ ). Participation in any of the three training modes was related to significantly

greater access to tools and resources to implement physical activity practices ( $p < 0.05$ ). In-person workshop participants had slightly greater changes in knowledge and confidence, while e-learning participants had greater average change in access to resources and tools (Figure 5.3). Finally, most participants in all training modalities intended to promote physical activity and physical literacy in early years settings, and believed they would enjoy promoting these healthy practices.

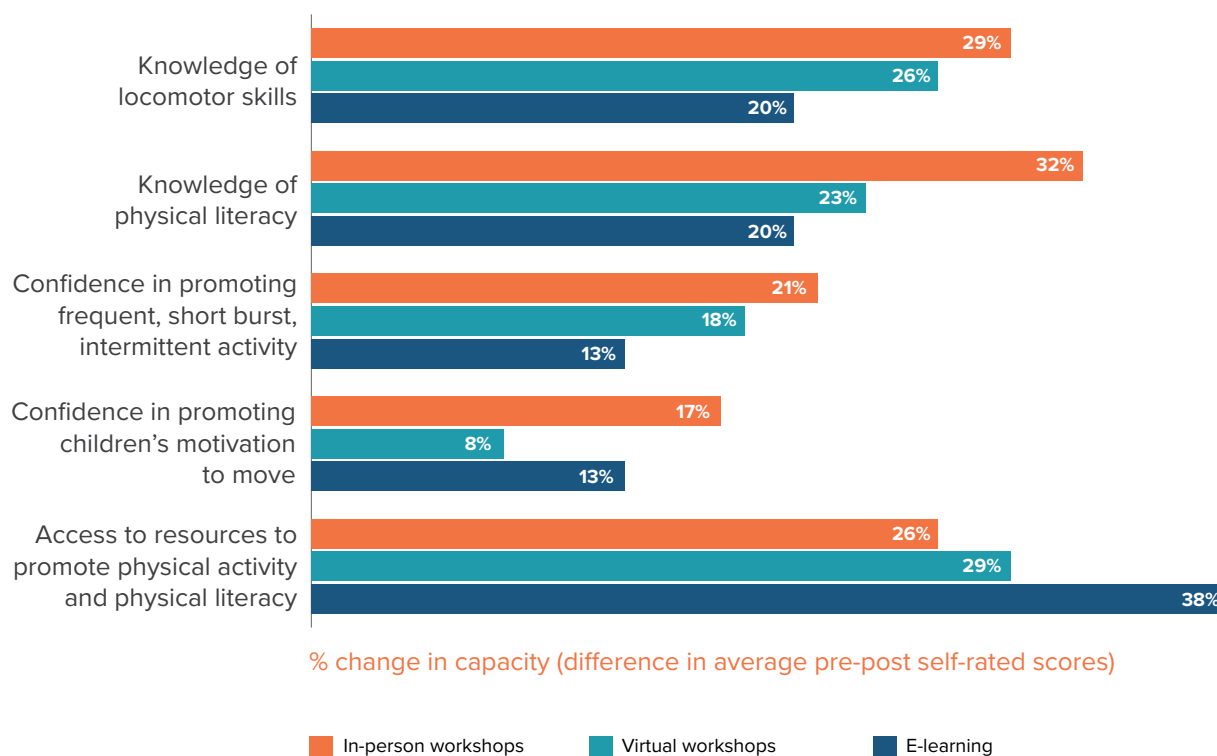


Figure 5.3  
**All three Appetite to Play training modes significantly increased early years providers' knowledge, confidence and access to resources.**

[Source: pre- and post-training surveys for in-person workshops, virtual workshops, and e-learning, 2017-2019, analysis summary provided in ATP Phase 2 Evaluation Report May 2018]

Participants indicated what would help them implement physical activity practices in early years settings. In summary, responses included using available resources (such as Appetite to Play) to provide activities, increased planning, providing equipment, and using indoor spaces such as gyms. In contrast, some indicated it would be difficult to implement physical activity practices due to weather, limited or inadequate space and resources, and issues related to the centre, policies, staff support and willingness.





## Sustainability

Child Health BC began working on sustainability early in Appetite to Play implementation, within a dedicated component of their workplan. When Child Health BC responded to BCAHL as potential proponents for Appetite to Play implementation, the proposal identified partner organization sustainability contributions, including embedding capacity and expertise to support the continued implementation beyond the initial funding period. After Appetite to Play implementation was awarded to Child Health BC, the partner organizations identified and secured the needed capacity.

Within a few months of implementation initiation, Child Health BC established a sustainability planning working group to determine the long-term plan for Appetite to Play. The group met monthly over the course of 14 months, and developed various strategies and funding plans to sustain Appetite to Play. The group developed plans related to affordable training options, including videos, self-study, and virtual workshops, which would be easier to sustain than in-person training, especially in rural and remote locations. These plans were intended to further increase access and use of the program and resources already developed. To this end, the Appetite to Play website hosts e-modules that directly allow EYPs to receive training anywhere, anytime.

Sustainability planning also included exploring partnerships with organizations that could train their employees to deliver Appetite to Play workshops within their current role (e.g., municipal staff, BCRPA staff, etc.). By fall 2018, Appetite to Play had embedded Regional Trainers within regional YMCAs and BCRPA (HIGH FIVE trainers). The YMCA committed to utilizing embedded trainers to provide Appetite to Play as part of on-boarding new Early Years staff (about 100/year starting in 2019), and will also provide Appetite to Play training through the Early Childhood Education Assistant Employment Program. Further, YMCA Early Years staff will provide ongoing support to the Appetite to Play blog and online resources, while Sport for Life and Childhood Obesity Foundation agreed to provide in-kind contributions to coordinate training workshops after March 2019.

As well, the Appetite to Play partnership group explored delivery of parent workshops to increase reach of the resource across the province. This concept was approved, and initial development of parent workshops, including parent engagement, started before the end of the implementation contract. Appetite to Play also piloted virtual workshops during winter 2019, to assess how this cost-effective option could fit into the sustainability plan.

During fall 2018, the sustainability planning working group developed five options for Appetite to Play sustainability, including a 3-year projection of costs, to test with the existing funding partners. The options included increasing workshop fees, offering virtual workshops, adding fees for e-learning courses, and creating new types of training to increase engagement. The final cost recovery model was initiated April 1, 2019, and will provide funds to support the continuous development of new content, awareness-building activities and outreach to students, health professionals, and parents, further engagement of the Regional Trainers, and quality improvement processes.

Child Health BC completed a sustainability assessment (<https://sustaintool.org/>) to examine Appetite to Play sustainability factors and challenges. Figure 5.4 shows an overview of the results from this assessment; the full sustainability results are provided in Appendix G. Scores closer to 1

indicate areas for improvement, and scores closer to 7 (maximum score) indicate a sustainability planning strength. This process uncovered mostly strengths for Appetite to Play sustainability, with near perfect scores (indicating that the initiative has the factors in place to the full extent) in most domains. Program Adaptation (7.0), Strategic Planning (7.0), and Program Evaluation (6.8) were particularly strong. There were a few opportunities to improve sustainability within each of the other domains, for example working on public support for Appetite to Play within the Environmental Support domain, increasing community leaders' involvement with Appetite to Play within the Partnerships domain, further integrating Appetite to Play into Child Health BC operations within the Organizational Capacity domain, and increasing community awareness of Appetite to Play within the Communications domain. Funding Stability was the one area with a lower overall score (4.4), due to Child Health BC's lack of certainty in September 2018 about program funding after March 2019. Over fall 2018 and winter 2019, Child Health BC explored sustained funding mechanisms as part of their sustainability planning, and successfully addressed this sustainability factor.

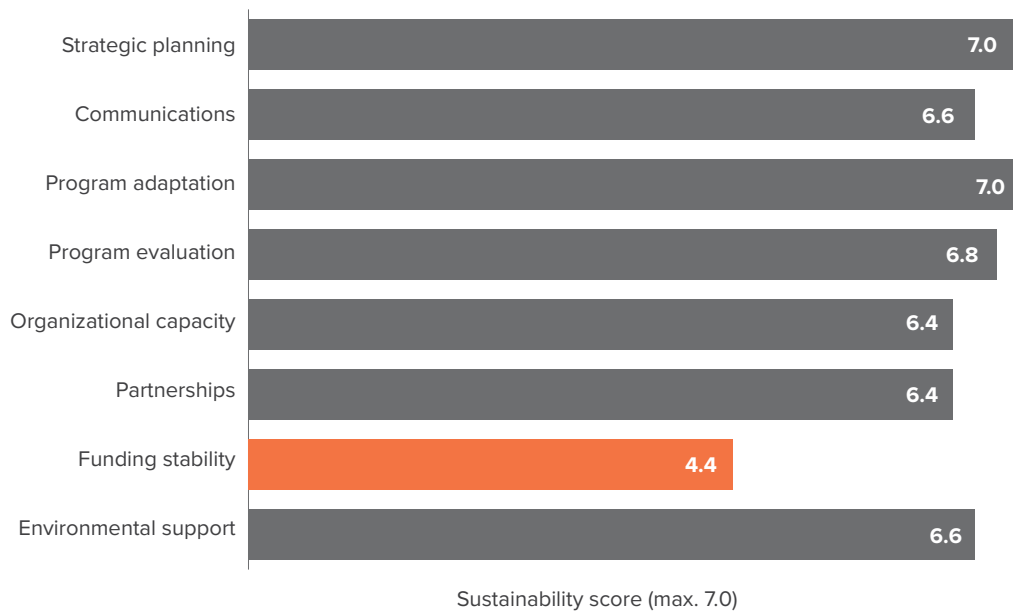


Figure 5.4  
**Appetite to Play scored high on most sustainability assessment areas, with the exception of funding stability.**  
 [Source: Child Health BC completed the sustainability assessment tool (<https://sustaintool.org/>) in September 2018]

## Summary: Appetite to Play

Child Health BC, with partners Sport for Life, Childhood Obesity Foundation and YMCAGV, successfully launched the Appetite to Play web resource toolkit and training workshops in fall 2017, eventually reaching 14,668 people with information on how to promote and support physical activity in early years settings. Appetite to Play trained 2,886 EYPs through in-person workshops in 97 locations across BC, virtual workshops, and online learning courses.

The training was effective at increasing Regional Trainers' and EYPs' physical literacy knowledge and confidence to promote physical activity opportunities in early years settings. Participants in all workshop types were highly satisfied with the content and delivery, and most participants emerged from the training with intentions to promote physical activity and physical literacy in early years settings.

Appetite to Play implementation was aided by a strong partnership group with excellent organizational capacity, established early in the initiative's life. Each partner had a clear role and contribution to the initiative's success, and



collaborated well to improve the program over time. Several key delivery partners—BCRPA, CCRRs, StrongStart, public health dietitians, among others—enhanced implementation further and extended the initiative's reach. A diverse, experienced, and committed group of Master Trainers and Regional Trainers brought more capacity to Appetite to Play, and (literally) facilitated implementation. A continuous orientation towards adapting, innovating, evaluating, and improving allowed Appetite to Play to overcome its challenges in workshop reach, eventually delivering 207 workshops (in-person and virtual), which was very close to their initial target of 225 workshops. For example, offering training in multiple modalities improved the initiative's reach and accessibility. Further, Appetite to Play maintained a long-term vision of better engagement of Regional Trainers to provide more opportunities for them, and for the initiative.

Appetite to Play was strong in sustainability, due largely to early planning efforts by an established sustainability planning committee, development and testing of innovative sustainability options, and willingness of initiative partners to sustain their commitment and capacity contributions long-term. Sustainability of Appetite to Play was evidenced by an immediate transition to the sustainability phase following completion of the Action Plan funding period.

# 12. Key Lessons and Future Considerations

## Key lessons

Within three years of Physical Activity Strategy Action Plan implementation, eight initiatives accomplished a great deal towards realization of the Physical Activity Strategy’s vision of active people and active places. The initiatives developed strategies, capacity, and opportunities for British Columbians to be physically active, and embarked on planning and improving environments that support and encourage active living. Across the eight initiatives, most objectives were accomplished (Table 12.1). Where work still needs to be done to fully accomplish objectives, the foundation was built. The Physical Activity for Health Collaborative planned a longer timeline to work on inclusion policies, Mind Fit is continuing to build the approach through scale-up across BC, and the cultural learning component of the First Nations and Aboriginal Peoples focus area will be further developed and integrated with I SPARC’s work over the next two years.

Table 12.1  
Objectives for eight Physical Activity Strategy Action Plan initiatives.

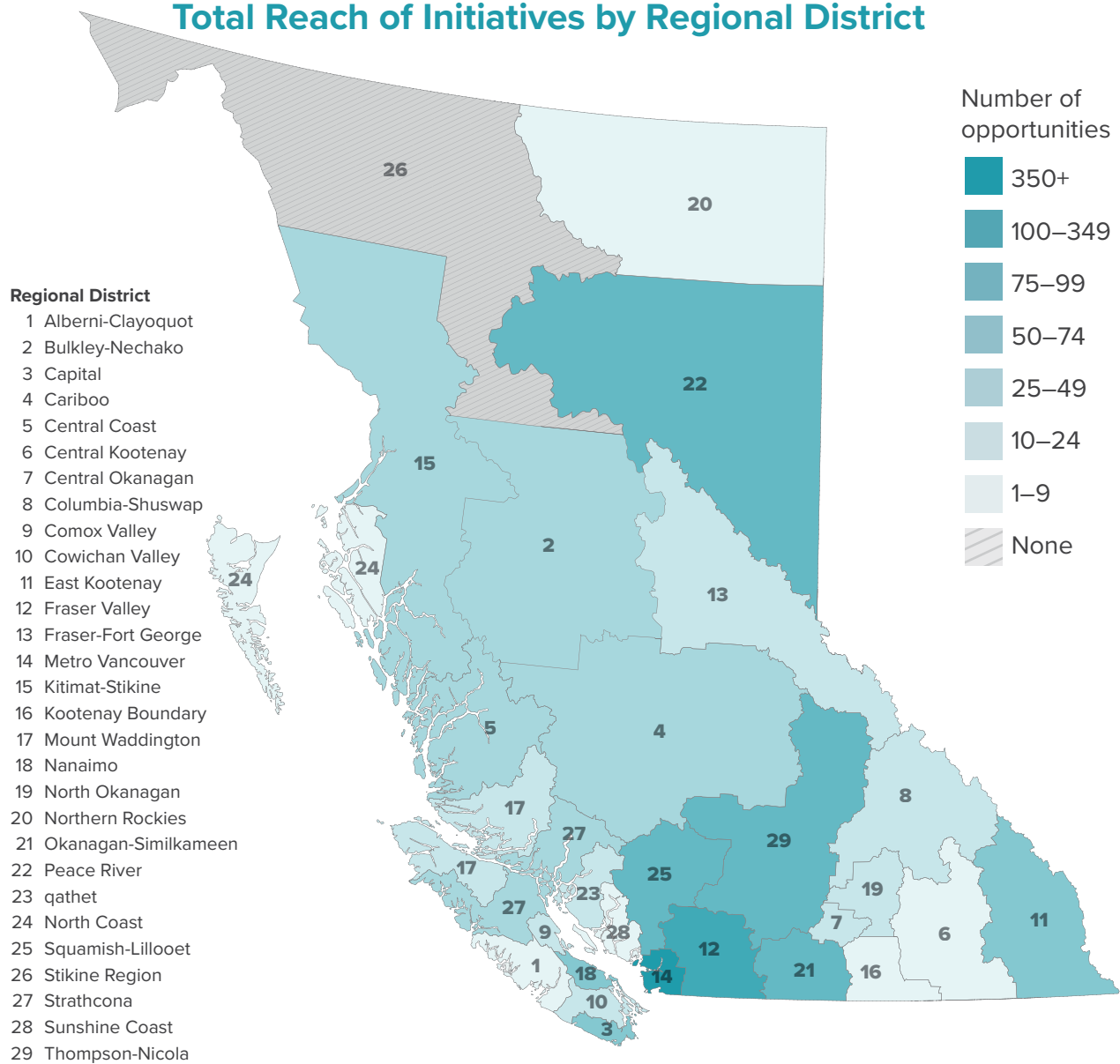
Initiative and Lead	Objective	Objective met
<b>Physical Activity for Health Collaborative</b>	To collaboratively develop and support implementation of physical activity policies.	In progress
<b>Early Years</b>	To build capacity in early years settings to incorporate physical activity and physical literacy.	✓
<b>Active and Safe</b>	To support schools, communities and organizations in providing safe physical activity opportunities.	✓
<b>All Youth Matter</b>	To increase the capacity of community sport and recreation staff to engage non-participating children and youth.	✓
<b>Mind Fit Pilot</b>	To increase physical activity and improve mental health in youth with depression.	Partially
<b>Aboriginal Healthy Living Activities</b>	To build physical activity capacity for healthy living leaders in Indigenous communities.	✓
	To increase the cultural capacity of those leading physical activity and sport.	In progress
	To increase participation in Aboriginal Healthy Living Activities.	✓
<b>Active Communities</b>	To increase physical activity opportunities at the community level.	✓
<b>Choose to Move &amp; Active Aging</b>	To build awareness, community capacity, and opportunities for older adults’ physical activity.	✓

Evaluation of implementation of the Physical Activity Strategy’s three-year Action Plan yielded many learnings related to reach, implementation, partnerships, capacity-building, physical activity opportunities, physical activity participation, and sustainability.



The first three years of implementation reached far (Figure 12.1), with nearly 1,400 opportunities for capacity-building, physical activity planning, built environment and accessibility improvements, and physical activity programs and events delivered in communities across BC (a full list of communities involved in Action Plan initiatives is provided in Appendix J). However, some areas of BC were relatively untouched by Action Plan initiatives: Alberni-Clayoquot Regional District, Central Kootenay Regional District, Kootenay Boundary Regional District, Northern Rockies Regional District, North Coast Regional District, Stikine Region, and Sunshine Coast Regional District. Most opportunities were delivered in the Metro Vancouver Regional District.

### Total Reach of Initiatives by Regional District



**Figure 12.1**  
**Total reach of in-person opportunities within Physical Activity Strategy Action Plan Initiatives fall 2016–winter 2019.**



## Implementation

Across initiatives, lead organizations consistently attributed their progress to key facilitating factors:

- » **Dedication to partnership development**, to share the implementation load, improve efficiencies, and maximize quality and reach through contributions of expertise and connections.
- » **Excellent lead organization capacity**, experience, and expertise to develop and implement the initiative. In some cases, capacity was further enhanced by well-connected and passionate training facilitators, partner organizations, and consultants.
- » **A high quality, evidence-based product**, that aligned tightly with the lead organization's mission.
- » **A responsive implementation support system** that provided assistance, helped to make connections, and allowed adequate time and flexibility to implement the vision with adjustments as needed.
- » **Consistent attention to sustainability**, through constructing and maintaining a vision of the initiative's long-term impact.



## Partnerships

Implementation of Action Plan initiatives strengthened hundreds of partnerships, leading to extensive collaborative work in physical activity across the province. As observed within Active Communities projects, more multisector partnerships tended to translate to more physical activity opportunities in communities.



## Building capacity

Implementation of Action Plan initiatives built significant capacity. Capacity-building focused on training leaders in communities to create more physical activity opportunities. There was significant demand for capacity-building workshops (e.g., viaSport exceeded their target number of leaders trained in youth inclusion, and I SPARC consistently has a waitlist for FitNation and healthy living leader training sessions). However, not all built capacity fulfilled its potential: some trained facilitators who delivered workshops within just one initiative were underemployed due to logistical challenges of hosting workshops, and the low financial incentive to facilitate a single workshop (e.g., 36% of Appetite to Play Regional Trainers did not facilitate any workshops).



## Physical activity opportunities

Initiatives that increased physical activity opportunities were successful because either sufficient capacity was already established (e.g., Aboriginal Healthy Living Activities), funding was directed towards creation of an opportunity alongside capacity-building (e.g., Mind Fit and Choose to Move), or the initiative's objective was to create opportunities (e.g., Active Communities). For all other initiatives, the priority was capacity-building for later translation to increased physical activity opportunities.





## Physical activity participation

Programs and events with established leadership capacity, and in which the target population recognized a real opportunity, influenced physical activity participation. For example, the Aboriginal Healthy Living Activities had a seven-year history of building capacity in Indigenous leaders and funding opportunities at the community level; physical activity participation in these program opportunities continued to rise during the Action Plan funding period.



## Sustainability

When sustainability planning was part of implementation and supported by partners, transition into the sustainability phase was smoother and quicker. For example, Appetite to Play initiated sustainability planning a year before implementation was complete, and transitioned to their sustainability plan, with a cost-recovery model, within weeks of completing the requirements of their Action Plan funding.



## Future considerations

The key learnings translate to several possible considerations for future Action Plan implementation.



## Reach

Look outside of Metro Vancouver, and specifically to areas with low involvement in activities and opportunities within the first three-year Action Plan—Alberni-Clayoquot Regional District, Central Kootenay Regional District, Kootenay Boundary Regional District, Northern Rockies Regional District, North Coast Regional District, Stikine Region, and Sunshine Coast Regional District—as high priority areas during the next several years of the Action Plan.



## Implementation

- » Prioritize and provide funding for partnership development across all initiatives as this will facilitate long-term implementation.
- » Continue to cultivate and draw upon lead organizations' capacity by involving them in aspects of the next iterations of the Action Plan. Encourage sharing of learnings among both new and previous lead organizations.
- » Maximize use of high-quality products delivered within the current Action Plan by integrating them into future iterations of the Action Plan. Draw on, or emulate, successful product development processes in later product development.
- » Create a system of implementation support for ongoing and new initiatives within the next years of the Action Plan, similar to what was delivered within the first three years: central implementation, communications, evaluation, and Ministry of Health liaison support. For community grant programs (e.g., Active Communities), create and fund multi-year support mechanisms within health authorities to provide better assistance directly to communities.
- » Integrate sustainability planning with implementation and evaluation planning for all new and continuing Action Plan initiatives.



## Partnerships

Find ways to maintain partner connections initiated during the first three years of the Action Plan, and integrate partners in a larger, central network. Increase sharing and future collaborative action to lead to more physical activity opportunities in BC.



## Building capacity

- » Continue to use developed and tested training resources to expand capacity even further, and reach new generations of physical activity, recreation and sport leaders. Consider applicability of new Action Plan training resources to leaders in new Action Plan programs and ensure training is delivered where relevant (e.g., Mind Fit leaders could participate in All Youth Matter as part of their leader orientation, for consistent training on youth inclusion).
- » Create opportunities to translate capacity into practice through grants, projects, networking, and new programs.
- » Consider possible transferability or adaptability of training frameworks to create similar resources that could effectively reach other target populations (e.g., Framework for Youth Inclusion could be adapted for building capacity to include new immigrant or older adult populations).
- » Continue to fund expansion of programs that demonstrated consistent high training demand (e.g., Aboriginal Healthy Living Activities), to accommodate more leader training and capitalize on the interest and ability to translate training into community-level opportunities.

- » Consider possibilities for training effective facilitators in multiple initiatives (e.g., Appetite to Play, All Youth Matter, Fit Nation, Aboriginal RunWalk, Physical Literacy for Communities, Mind Fit, Choose to Move), for the creation of a group of “Super Trainers” who can bring consistency and integration across initiatives and maximize reach, while benefiting from more consistent employment opportunities.



### **Physical activity opportunities**

Consider opportunities to translate capacity into physical activity opportunities at the community level through maintaining contact with new leaders and offering grants and creating new programs where possible. Active Communities’ overarching objective was to build physical activity opportunities at the community level; look for ways to sustain changes and momentum achieved within the grant projects. Many could benefit from a second phase of funding, or better integration into other continuing Action Plan initiatives to maximize impacts.



### **Physical activity participation**

Keep the focus on building capacity to allow for increased participation in quality physical activity programs and events led by quality leaders. With solid capacity, and time and funding to improve built environments, physical activity participation will rise. Along these lines, continued training and mentoring within Physical Literacy for Communities will support increased physical activity participation over time.



### **Sustainability**

Require a long-term vision, and integration of sustainability planning with implementation planning for all new initiatives, and provide support for sustainability planning where needed.