Interpretation of Processes in Developing a New Provincial Education Policy to Increase Student Physical Activity

by

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AUTHORS DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Objective: Significant efforts have been made to address childhood obesity. Overtime we have realized obesity requires strong political leadership and population level interventions, considering there are many environmental factors contributing to obesity. Stakeholders in Manitoba have created a policy that in combination with other initiatives is attempting to increase physical activity and in turn combat the obesity epidemic. Therefore the objective of this study was to understand the complexities involved with developing an innovative policy. Results from this study would refine our understanding on how policy is enacted, provide information on the support for and resistance of policies for decision makers in the future, and contribute an historical record to Manitoba stakeholders. Mobilizing these context-specific findings will inform other Canadian provinces or jurisdictions on how to develop, integrate and implement a similar policy.

Methods: This study employed a retrospective single case study design. Twelve participants were purposively selected from provincial and local-levels and invited to participate in a 45 minute semi-structured telephone interview examining the developmental processes involved in the Physical Education/Health Education policy. The data consisted of two sources. The primary sources consisted of 9 interview transcripts and the secondary sources consisted of several important documents that assisted filling in gaps pertaining to the policy. Qualitative analyses were separated into two parts. The first part identified common themes from the interview transcripts, and the second part organized the data into stages from an existing model for analysis.

Results: The analysis identified several influential factors that facilitated moving the policy process forward. More specifically, the factors existing between the Policy Formulation and Implementation stages were critically analyzed revealing collaboration and on-going communication as important features for developing and implementing policies. The Stages Model proved to be relatively uninformative yielding minimal information to understanding the policy process. Therefore researchers should seek out additional theories or models in future research.

Conclusions: The findings from this research project have contributed valuable knowledge and insights. Lessons learned from this project will assist future decision makers on how to develop and implement a similar policy in another province or jurisdiction.

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Glossary of Terms

Agenda Setting: The issues or problems influenced by the public which are presented through reports, meetings, actions, actors or events.

Policy Development: The events and processes leading up to the date the PE/HE policy was enforced in schools. Policy Development includes Agenda Setting and Policy Formulation/Decision Making and excludes Policy Implementation and Evaluation.

Policy Dissemination: The events and tasks that prepare the individuals involved in the implementation of the policy or inform the individuals who are affiliated with the policy in some way.

Policy Evaluation: Policy Evaluation occurs after implementation. Evaluations are done to determine the effectiveness of the intervention. This thesis does not contain evaluations on this policy.

Policy Formulation/Decision Making: All events, processes, discussions, actions and decisions made around developing the PE/HE policy. The results and conclusions drawn from this study around the Policy Formulation stage were based on the information provided in the transcripts from all participants.

Policy Implementation: Policy Implementation refers to the date at which the PE/HE policy was enforced. In this thesis, Policy Implementation occurred September 1, 2008. All interviews were conducted prior to September 1, 2008. Therefore this thesis does not contain information directly related to the implementation process.

Top-Down Approach: Top down approach is defined as higher level participants making decisions around the policy without consulting with lower level participants.

1. Introduction and Overview

The prevalence of obesity has increased dramatically over the past few years (Larson & Story, 2007). It has evolved into a worldwide epidemic. The magnitude of this problem has grown so rapidly, it is now a priority on political agendas. The rising rates of obesity can cause disability, premature death and exponential increases in health care costs (Birmingham, Muller, Palepu, & Stettler, 1999). Immediate action ought to be taken to reverse these threatening trends. There is widespread agreement that collaboration from multiple sectors is needed to address this issue. Involvement and commitment from the government and the public is required (Swinburn, 2008). Policy is one technique that is likely to be a motivating and powerful instrument to change social norms and attitudes (Swinburn, 2008) and there is evidence suggesting school-based policy approaches may have the greatest impact at the population level (Masse et al., 2007). Although schools are an important venue for prevention, they are unlikely to reverse the epidemic of obesity by themselves. Enacting policy within a school environment may create a practical, first step to a solution for this problem. Very few jurisdictions if any have modified their curriculum intending to increase physical activity levels in children and young adults (Manitoba Education Citizenship and Youth, 2007) although some have mandated Daily Physical Activity outside of curriculum (e.g., BC, Ontario). In response to the rising rates of obesity, consultants and other decision makers developed a policy to promote and increase physical activity for grades 11 and 12 in the province of Manitoba. The policy is built into the physical education curriculum, mandates time spent exerting physical activity, and requires two additional secondary school level Physical Education/Health Education credits be obtained prior to graduation.

Social science has a limited understanding of the processes involved with policy development and implementation. Consequently, this unique policy presents us with the opportunity to study and learn from the complex dynamics involved with developing health-related school policies.

Results from this study will refine our understanding on how policy is enacted and contribute an historical record to Manitoba stakeholders. Finally, it will pass on key information to those involved in the process and begin mobilizing these contextual findings to inform or enlighten other Canadian provinces or jurisdictions on how to develop, integrate and implement a similar policy.

2. Literature Review

2.1 Overall Prevalence of Obesity

A remarkable increase in the prevalence of obesity has occurred in both developing nations as well as developed nations throughout the later part of the 20th century (Larson & Story, 2007), and has now been deemed an epidemic. Globally speaking, the World Health Organization (WHO) has estimated approximately 1 billion people are currently overweight and nearly 300 million of those are obese (World Health Organization, 2008). Individuals who are overweight or obese are major contributors to the global burden of chronic diseases. The most common chronic diseases associated with obesity and physical inactivity include type 2 diabetes, cardiovascular diseases, hypertension, and stroke (World Health Organization, 2008; Tjepkema, 2004).

2.2 Prevalence of Obesity in Canada

The percentage of Canadians who are overweight has climbed dramatically over the past few years, mirroring the worldwide phenomenon. Historically, rates of obesity have remained reasonably unchanged. There has been, however, a substantial increase in the rates of obesity in the past 30 years (Tjepkema, 2004; Swinburn, 2008). These results and the results to follow are from the Canada Health Survey which collected national data measuring height and weight from a sample of adults 18 years of age and older excluding the territories (Tjepkema, 2004). The findings from this survey revealed, in 2004 approximately 5.5 million Canadians (23.1%) over the age of 18 were clinically obese, and 8.6 million people (36.1%) were clinically overweight. The increasing rates of obesity remain relatively consistent within all provinces. There are however, a few provincial differences worth noting. Within the province of Manitoba, rates of obesity in

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the male cohort were far above the national level. Manitoban men exceeded the national level of obesity by 7% which was reported at 22.9% (Tjepkema, 2004). There has been a constant upward trend in obesity rates since 1980 in the adult cohort. The reasons as to why the rates in Manitoba are high are unknown.

2.3 Economic Burden of Obesity in Canada

The economic burden placed on Canada's Health Care System is alarming and continues to grow annually. In 2001, approximately $5.3 billion: ($1.6 billion in direct, and $3.7 billion in indirect) of the total health care costs were attributed to physical inactivity in Canada (Katzmarzyk & Janssen, 2004). These estimates have grown considerably since 1999 when the estimated expenditures spent on health care due to physical inactivity were only $2.1 billion (Katzmarzyk, Gledhill, & Shephard, 2000). Results from this study estimated a predicted savings of $150 million dollars of direct health care expenditures annually by reducing the prevalence of physical inactivity by only 10%. We have witnessed a significant increase in the estimated amount spent on health care in only two years. We should not expect far-reaching health care savings immediately following a modest reduction in physical inactivity because benefits of physical activity occur over a lifetime (Katzmarzyk et al., 2000). Evidently, stronger, more sustainable efforts need to be made to fight against the obesity epidemic.

Physical inactivity is believed to be one of the major contributors to the economic burden of obesity in Canada. This is mainly because obesity is a risk factor for several chronic diseases. Obesity involves significant social costs in terms of the risk increases for disabling diseases, co-morbidities and potentially mortality (Katzmarzyk & Janssen, 2004). It is estimated one third of all obese people in Canada are at risk for becoming

disabled, diseased, or dying prematurely (Birmingham et al., 1999). It is valuable to elucidate the economic burden of obesity in order to allocate the limited health care resources and finances more effectively and efficiently (Birmingham et al., 1999). Action should be taken to overturn physical inactivity.

2.4 Prevalence of Childhood Obesity

Childhood obesity is a major concern primarily because obese children generally transition into obese adults and face an increased risk of serious health conditions including higher risks of diabetes, heart disease, orthopedic concerns as well as many other chronic diseases (Andersen, 2000; Singh, Mulder, Twisk, can Mechelen, & Chinapaw, 2008). Type 2 diabetes is of particular concern. By 2030, type 2 diabetes has been predicted to reach pandemic levels. Increasing childhood obesity rates are similar to that of adult trends reported for Canada. The following results are from the 2004 Canadian Community Health Survey which collected nutritional information at the provincial level throughout Canada excluding the territories (Shields, 2004). In 2004, 26% of Canadian children and adolescents between the ages of 2-17 were overweight or obese. Looking back 30 years ago, only 15% of 2-17 year olds were overweight or obese (Shields, 2004).

Again, there appear to be noteworthy provincial differences. Lower rates of obesity were reported in Western parts of Canada in contrast to higher rates of obesity which were reported in Atlantic Provinces. Manitoba reported being 5% above the national average (26%) (Shields, 2004). Typically, Western provinces have been more active than Eastern provinces.

Given that the rates of obesity are rapidly rising, researchers need to uncover the basic factors influencing obesity in order to create practical interventions and strategies. Recent discussions surrounding the obesity epidemic have targeted the role of the environment as one of the major contributing factors to obesity. More specifically, the external environment has been linked to increased caloric consumption and reduced physical activity (Papas et al., 2007). To reverse the steadily growing trends, we must understand the basic causes of obesity before we move forward designing strategies.

2.5 Factors Influencing Obesity

2.5.1 Energy Balance Equation

At the most basic level, obesity is the result of the long-term individual imbalance between energy consumption and energy expenditure, which is commonly referred to as the energy balance equation (Jansen et al., 2008). This equation explains the fundamental individual physiological factors causing weight gain, but is insufficient alone to answer the question of *why* obesity rates are rising (Wells, Ashdown, Davies, Cowett, & Yang, 2007). It is important to note the factors maintaining or altering the energy balance equation are entirely individual. Two *environmental* factors can arguably explain how the stability of the energy balance equation has slowly unbalanced over the past 30 years.

Individual energy consumption is driven, dominated, and determined by the food industry. The food industry has undergone radical changes over the past 30 years by increasing the availability and accessibility of calorie dense convenient foods (Swinburn, 2008). These changes have influenced buyer behaviours and increased the amount of calories individuals are consuming.

The other side of the equation refers to energy expenditure. Major technological advances have been made over the past 100 years which have increased rates of sedentary lifestyles in the home, workplace, and community. Many tasks and occupations which once required manual labour have since been replaced with energy-saving machinery to make life easier by reducing energy expenditure (Tremblay & Willms, 2003; Hill, Peters, & Wyatt, 2007; Wells et al., 2007). As a contemporary society, we have built an environment where "we have strategically engineered physical activity out of our lives" (Wells et al., 2007, p.14). On the other hand, traditional Amish communities typically operate without any type of labour-saving type of machinery or technology. Bassett, Schneider, and Huntington (2004) found Old Order Amish, who have eschewed modern technology including motorized vehicles, walk 2.5 times more than people living in modern American culture. This example illustrates the impact and consequences machinery has had on our caloric expenditure to carry out day to day tasks since technology has evolved.

Access to home entertainment has also increased and thus created less active environments. Home entertainment includes such things such as video games, computers and television. Studies revealed the number of households with two or more computers has tripled, and households in Canada with two or more televisions have doubled between 1989 and 1996 (Tremblay & Willms, 2003). It is evident the physical and social environments children living in differs greatly from previous generations (Tremblay & Willms, 2003) and children are spending more leisure time engaging in sedentary activities, which differs from those activities children used to participate in prior to seeing the dramatic increases in obesity.

2.5.2 Social Ecological Model

Researchers working in the field of obesity have identified possible determinants of the problem and created several models of population obesity (Ulijaszek, 2008). One of the major drawbacks with former psychosocial models was they were unable to inform the development of intervention strategies that target beyond individual factors (Elder et al., 2007). Therefore, these limitations have highlighted the need to shift toward a more comprehensive model that incorporates the social environment (Fleury & Lee, 2006). One such model that incorporates the social context is the Social Ecological Model. A consensus is emerging that multi-level perspectives consistent with Social Ecological Models are promising approaches in health behaviour research and health promotion efforts (Fleury & Lee, 2006). Acceptance of multi-level perspectives has been seen in documents such as Healthy People 2010 and the Institute of Medicine (Fleury & Lee, 2006; Elder et al., 2007; USDHHS, 2001; Smedley, 2000).

Social Ecological Models have been growing in popularity in health behaviour research (Elder et al., 2007). The value of this model is the interrelationship between the physical and social environments. In other words, this model allows one to conceptualize the interdependence among people, their behaviours and their environments (Fleury & Lee, 2006).

Bronfrenbrenner, (1979;1989) as the originator of the Social Ecological Model highlighted four different levels of environments that affect a child's development: microsystem, mesosystem, exosystem, and the macrosystem. The microsystem consists of family, friends, or places. It is the immediate environment where the individual is interacting. The mesosystem is where two microsystms are interacting. An example of a

mesosystem is the connection between a child's home and school. The exosystem is an environment where the individual is not actively participating but is affected by the external experience. An example of an exosystem is the parent's workplace. Although the child is not directly involved in the parental workplace, the workplace can affect the child by how much time they have to spend with their family. Finally, the macrosystem is the cultural context which is the outer most part of a child's environment. In addition, this model assumes there are many subcomponents within these environments that should be considered: family, community, workplace, cultural, economics, the physical environment, and social relationships.

Social Ecological Models have been tailored to health promotion interventions. Bronfrenbrenner's levels have been translated into intrapersonal, interpersonal, institutional factors, community factors, and public policies as they are more applicable to health promotion. If we are trying to influence a child's physical activity level, comprehensive interventions need to consider the influences for each level. For example, a child with supportive family and friends is more likely to be active (Anderssen & Wold, 1992). Also, school environments that support physical activity will encourage children to be more active. For instance, encouraging active commuting to school through modifiable policies may re-direct physical activity back into the daily lives of teens (Robertson-Wilson, Leatherdale, & Wong, 2008). These examples illustrate the interpersonal, institutional factors, community factors, and public policy levels of Social Ecological Models. This intervention potentially considers all five levels of influence: intrapersonal, interpersonal, institutional factors, community factors and public policy. The current examination was not intended to be comprehensive, but we will consider

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institutional, community and public policy levels of influence as they appear to be the most prominent levels of influence.

2.6 Children and Physical Inactivity

How children spend their leisure time has played a major role influencing childhood obesity rates. A large proportion of children spend their time engaging in sedentary activities: playing video games, watching television, playing on the computer more than engaging in physical activities (Hills et al., 2007). Tremblay and Willms (2003) conducted a study and concluded the odds of being overweight were 4.6 times greater for youth who watched more than 5 hours of television per day compared to those who only watched 0-2 hours per day. Current Canadian guidelines suggest children and youth should spend less than two hours daily of screen time to remain healthy. Active Healthy Kids Canada is a charitable group that advocates the importance of physical activity. They develop annual reports on Canadian children's physical activity levels since 2005 and have distributed the results and possible recommendations to key stakeholders. These include such individuals from policy makers to parents to ensure effective implementation of physical activity opportunities (Active Healthy Kids Canada, 2007). Canadian children have received relatively low school-related grades: B's and C's. For the fourth straight year, the overall letter grade given was D; which indicated there was "insufficient appropriate physical activity opportunities and programs available to the majority of Canadian children and youth" (Active Healthy Kids Canada, 2008, p.3). This coincides with Social Ecological Models, where the sole responsibility is directed at something other than the individual. In this case, the fault lies within the environment regarding the lack of opportunities and supportive programs offered to

children. In the most recent report however the overall grade dropped to a letter grade of F; indicating a lack physical education opportunities for children and youth. Moreover, 87% of children are still not meeting the recommended 90 minutes of daily physical activity as outlined in Canada's guidelines (Active Healthy Kids Canada, 2009).

Considering the grade for physical activity has dropped significantly, a greater attempt by multi-sectoral levels needs to be made to increase availability of programs for children as well as combine individual and population level type interventions to respond to the obesity epidemic.

2.7 Prevention and the Role of Interventions

2.7.1 Individual-Based Interventions

The techniques and approaches employed to reduce obesity have been largely unsuccessful. Most of the approaches and interventions implemented to date have concentrated on changing individual behaviours which answers only a fraction of the problem of why obesity is on the rise (Larson & Story, 2007). Individual-based interventions have been emphasized because the fundamental determinants of obesity originate at the individual level: eating and physical activity. However, the problem interventionist's encounter is in self-motivation. It is far more difficult to motivate those overweight to start making healthier choices. It is far easier to make changes directly to the environment. Also, monitoring individual behaviours to see if they are complying with interventions is complicated as well. As suggested by Social Ecological Models, we should expect interventions based solely at the individual level to be unsuccessful.

2.8 Role of Policy

2.8.1 Population-Based Interventions

Since the size of obesity is escalating, decision-makers are leaning towards population-based interventions (Swinburn, 2008). In accordance with WHO, the impetus for reversing the current trends of obesity requires strong political leadership as it is potentially influential and successful in changing and sustaining societal norms (Swinburn, 2008). In addition to changing societal norms, changes at a population level address prevention as opposed to treatment which will help to alleviate health care costs.

Many parallels have been drawn between other epidemics and the obesity epidemic with the usual analogy of tobacco control. Tobacco control has been one of the greatest accomplishments attributed to policy change (Masse et al., 2007) and over time, has successfully changed the societal norms of smoking. Given the persistent factors that promote weight gain and weak incentives for healthy behaviours, focusing solely on individual change will not be as effective as changes built into the environment (Hills et al., 2007). Consequently, if we wanted to target children, the school environment seems like an ideal institution to build changes within since kids spend upwards of 30 hours per week in this environment.

2.8.2 School Environment

Since the existence of schools, providing physical education opportunities to children and youth has been a fundamental role. One of the reasons school environments are so appealing is that they have the potential to assist effortlessly in achieving the promotion of physical activity (Gladwin, Church, & Plotnikoff, 2008; Masse et al., 2007),

mainly because children spend approximately 6-8 hours a day for approximately 10 months out of the year in school (Leviton, 2008; Gladwin et al., 2008).

2.8.3 School-Based Physical Activity Interventions

Over the past several years, a number of school based interventions have been implemented throughout the school environment attempting to increase the amount of physical activity children are receiving (Sallis et al., 1997). Of the existing literature, many systematic reviews have been conducted to determine the effectiveness of different types of interventions (Stone, McKenzie, Welk, & Booth, 1998; Kahn et al., 2002). Several types of interventions have been implemented which include making changes to schools' PE curriculum. This has been established by adding new PE classes, lengthening the amount of time children and youth are engaging in PE as well as substituting low intensity activities with more moderate-vigorous types of activities during PE time (Kahn et al., 2002). Kahn et al. (2002) conducted a systematic review on the effectiveness of interventions to increase physical activity levels and concluded that there was strong evidence linking increased physical activities levels to changes made within the school curricula and policies.

On the other hand, while schools can get students more active, they have been less successful lowering children's BMI scores. A meta-analysis was conducted by Harris et al. (2009) to examine the effects of school-based interventions on body mass index in children. The interventions throughout these studies made changes to the school curricula using various methods in an attempt to increase physical activity. Overall, the studies that were examined did not lower BMI score, and were considered ineffective for reducing obesity rates in children.

Besides making changes to the school curriculum, an alternative approach to increase physical activity using the school environment is through non curricular activities (Wechsler, Devereaux, Davis, & Collins, 2000). Non-curricular activities include after school activities, active transport to school and activities during school breaks. Jaco and Baranowski (2004) reviewed several articles and concluded that interventions implemented during non-curriculum activities were inexpensive, promising interventions to increase physical activity levels. It seems likely that a combination of curricular and extra-curricular would be most successful.

Although the school seems like an ideal location, there is contradictory evidence. However, most of the research does indicates the most effective interventions should be complex (Yach et al., 2005), based on population-based approaches that target children and youth, and some of the evidence recommends using the school environment as the location, for reasons indicated above (Rees et al., 2006; Shaya, Flores, Gbarayor, & Wang, 2008).

Evaluations are critical to assess whether interventions are successful. Unfortunately, very few studies have examined and evaluated the *long-term* effects of physical education interventions (Marcus et al., 2000). This reason alone may help to explain why the school environment has an uncertain reputation to carry out successful physical activity interventions, even though at face value they seem promising. Of the limited evaluations that have been conducted, Campbell, Waters, O'Meara, and Summerbell (2001) reviewed the evaluations of a few school-based interventions for preventing obesity in childhood. As expected, the results of the studies provided inconsistent findings, leaving program planners left with limited knowledge and

information pertaining to successful evidence-based interventions. Due to the failure of existing obesity interventions to rein in the epidemic indicates a need for more extensive evaluations.

Given the inconsistent evidence and evaluations in support or resistance to using the school environment as the location to implement an intervention, perhaps schools need to reconsider the role they play in providing and advocating physical activity to our nation's youth. One solution may be to brainstorm different ways to execute physical activity programs (Pate et al., 2006).

We are in a paradoxical situation, where public health has a vested interest in obesity prevention but unfortunately, the evidence lacks clear direction for obesity prevention strategies. Perhaps something can be learned from response to an earlier epidemic, tobacco control. Initial tobacco control interventions were not evidence based, but represented sound judgment at the time. It takes time and plenty of evaluations for programs to become evidence-based (Yach et al., 2005). Given this analogy, even though no perfect intervention exists, it seems sensible to start designing and implementing interventions based on previous successes.

2.8.3 Developmental Challenges

One of the major challenges encountered thus far in policy development and implementation is that health promoters have paid little attention to policy change, decision-making processes, (Breton, Richard, Gagnon, Jacques, & Bergeron, 2008) and the role of evidence in policy development (Farford, 2008). In turn, practitioners or other advocates are left with very little leadership and direction in knowing how to advocate for policies (Breton et al., 2008). Most of the published literature on health promotion and

policy processes lack theoretical constructs and is therefore difficult to draw lessons from for future advocacy.

2.9 Manitoba's Physical Education/Health Education Policy

The literature review above indicated that population obesity trends in Manitoba are consistent with or slightly worse than the rest of Canada. Manitoba has taken initiative to implement a Physical Education/Health Education (PE/HE) policy to teach children and youth how to enjoy the benefits of physical activity which is one way to reverse obesity prevalence trends. This policy is viewed as an intervention to increase physical activity, which used the school environment and extended into the community environment. Manitoba chose an innovative population-based approach and the processes that lead to the eventual policy are worth discussing for future policy-makers. A synopsis of the initial stage of the policy development follows.

Background: In 2004, the Premier of Manitoba announced an All Party Task Force. The Task Force members asked Manitobans province-wide, "how can we help children and young people enjoy the best possible health now and into their adult lives" (Manitoba Government, 2006, p.8). The All Party Task Force was interested in factors affecting child health in the areas of nutrition, physical activity, and injury prevention (Manitoba Government, 2006). The Task Force received information through emails, presentation and web-based questionnaires (Manitoba Government, 2006). The Task Force recommendations cover ten key areas: educational health promotion initiatives; nutrition in schools; physical activity in schools; recreation facilities and access; recreation leadership; active transportation; low-income families; First Nations communities; and mental health and wellness (Manitoba Government, 2006). The government has

guaranteed to implement all 47 recommendations stated in the report (Manitoba Government, 2006, p.3). For the purpose of this thesis, only three of the recommendations related to schools and physical activity will be discussed in detail. *Recommendations:* Three of the 47 recommendations affect schools and the provincial government pledged to:

(1) not only recommend but mandate the amount of time Grades 9 and 10 students spend in PE/HE. Children can choose to meet their mandated times within the timetable or use an out of classroom model for up to 20 hours of the 110 of the mandated hours,

(2) develop a new curriculum for Grades 11 and 12 students; and,

(3) require Grades 11 and 12 students complete two PE/HE credits for graduation, in addition to the two credits required in Grades 9 and 10. Schools may choose to include the PE/HE credits in the timetable or use an OUT-of-class delivery model (Manitoba Education Citizenship and Youth, 2007, p.3).

Schools will implement the Grades 11 and 12 PE/HE curriculum based on the following implementation model illustrated in Figure 1. They many choose the proportion of IN and OUT time for the courses they offer based on local priorities and preferences, while ensuring alignment with minimum requirements to this model.

Figure 1: Implementation Model (Manitoba Education Citizenship and Youth, 2007)
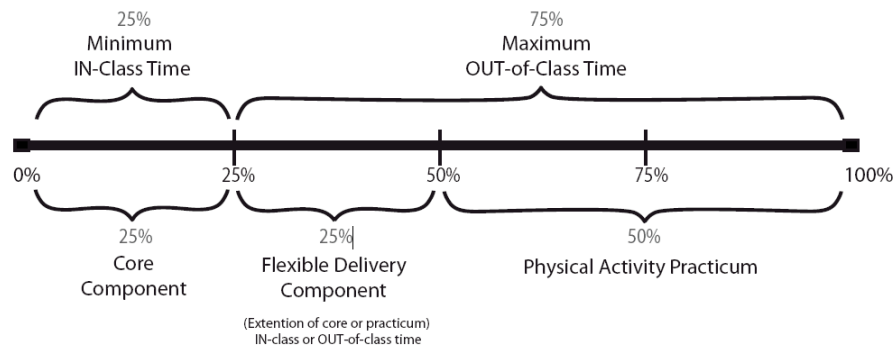
The Details of the Implementation Model are as Follows

1. The curriculum learning outcomes are focused on developing active, healthy lifestyles that are achievable though an IN-class and/or OUT of-class delivery model, and are evaluated by a teacher

2. A minimum of 25% of IN-class time for the Core Component is spent on learning outcomes focusing on health and personal planning. Therefore, schools may choose to offer up to a maximum of 75% OUT-of-Class time.

3. A minimum of 50% is required for Physical Activity Practicum that focuses on participation in physical activity. This may be achieved though IN, OUT, or a combination of IN and OUT time. Therefore, schools could choose to offer 100% IN-class time, which would include a minimum of 50% physical activity practicum that would occur in class or in school-supervised activities.

4. The flexibility component allows up to 25% of the time to be spent exploring selected areas of interest or specialization, either by the class, through an increase in the IN time, or by individual students, through an increase in OUT time, depending on local resources and needs.

5. The OUT-of-class model includes a teacher and parent/guardian pre and post sign off process

6. If a parent or guardian is unwilling to approve the OUT-of-class component outlined by the schools, the school should provide other opportunities for the student to meet the time expectation, such as IN-school supervised activities.

7. At a parent's/guardian's request, a school offering a 100% IN model must allow the student to opt for a minimum of 25% OUT-of-class option as part of a personalized physical activity practicum.

8. Physical activities selected for the OUT-of-class component do not qualify when the activities are the result of employment where the student receive payment. Figure 2 is an example of the 4 types of Delivery Models.

Figure 2: Four Possible Delivery Models (Manitoba Education Citizenship and Youth, 2007)
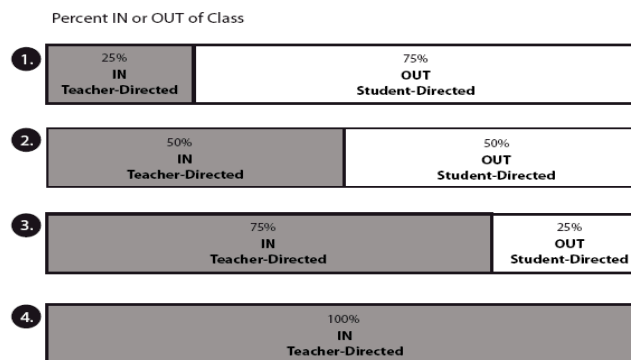
2.10 Social Ecological Model and its Relation to the PE/HE Policy

Social Ecological Models are an appropriate framework on which to understand the PE/HE policy. The PE/HE policy influences positive health-related changes at the institutional, community, and public policy levels.

Research has indicated that those who are not physically active at work/school are also inactive at home (Active Healthy Kids Canada, 2008). This policy has addressed this concern by increasing students' physical education credits. It emphasizes the importance of physical activity as well as creates a supportive school and community environment that encourages and promotes physical activity.

Integrating community resources into a child's life that support physical activity can influence more active behaviour (Fleury & Lee, 2006). At the community level, this policy is bridging gaps between schools and communities providing windows of opportunities for children to engage in physical activities. By doing this, children are connecting with their communities and exploring new interests that will hopefully persist into their adult lives.

To summarize, Social Ecological Models appear to be the most appropriate type of model to understand the PE/HE policy, as this policy is comprehensive and targets many environmental influences.

2.11 Perceived Physical Education/Health Education Policy Concerns

The PE/HE policy was designed in light of the existing evidence for obesity interventions. Seeing as obesity has yet to be conquered, currently no perfect intervention exists. The literature suggests the most effective interventions should be comprehensive, that is, target all of the internal and external factors influencing obesity (Yach et al., 2005). Also, interventions should be coordinated, collaborative and sustainable over time. Interventions should be based on population-based approaches that target children and youth, and use the school environment as the location (Rees et al., 2006; Shaya et al., 2008). It should be noted, that few 'single' interventions on their own,

will be comprehensive enough to truly influence obesity. It should also be noted, that this policy is part of a larger initiative. In combination with all the other initiatives (47 recommendations) are striving to increase the health and well-being of Manitoba citizens. Conceivably, the PE/HE policy includes all of the above suggestions as it bridges and utilizes both the school and the community environment, thus creating an overall comprehensive approach.

However, policies can only state a direction. The effectiveness of the policy depends on implementation and compliance. Therefore, there are potential issues like lack of teachers, resources or facilities in which to implement the physical activity requirements of the policy. Using the school as a 'hub' and expanding out into the community to utilize community facilities and resources may address or alleviate some of these concerns.

2.12 Demographics of Manitoba

Canada consists of 10 provinces and 3 territories and Manitoba is located in the center of the country from spanning from east to west. Approximately 1,213,815 people reside within the province (Statistics Canada, 2009). There is a small population spread over a large space, with the exception of Winnipeg. Almost half of the province's population is living in the city of Winnipeg (Statistics Canada, 2006). The landscape of Manitoba is extremely diverse, ranging from prairie grasslands to unspoiled lakes and forests (Manitoba Government, 2009). This diversity presents possible implementation challenges. Each area will require their own creative solution.

As of September 2008, student enrollment for Senior years (grades 9-12) was 66 492. There are 37 school districts with approximately 305 schools that include at least

one Senior grade level. The number of Senior grade schools per division varies from 1-20 (Manitoba Education Citizenship and Youth, 2009).

2.12.1 Accounting for Slight Differences in Obesity for Manitoba

There has been a constant upward trend in obesity rates since 1980 in the child and adult cohort (Tjepkema, 2004), and Manitoba is consistent with or slightly worse off than the rest of the country. Although the research does not explicitly state the reasons accounting for why Manitoba is doing somewhat worse, some potential causes should be considered.

Manitoba is a unique province in that the population is culturally and geographically diverse. Previous research has indicated that the health of Manitobans varies substantially across the province. Residents of northern Manitoba have a much poorer health status compared to central and southern counterparts (Sullivan, 2001). Many Aboriginals live in the northern communities of Manitoba and experience different health issues and concerns than non-aboriginal Canadians. Type 2 diabetes is increasing in children, which is particularly apparent among Aboriginal children, but also affects non-aboriginals (Public Health Agency of Canada, 2003). Therefore, the diversity may account for some of the differences.

In some regions, residents may lack access to recreational facilities. In addition, there may be a lack of available programs meeting the needs of the communities (Active Healthy Kids Canada, 2007; 2008; 2009). Climate may also be an issue that may impede physical activity. In northern regions of Manitoba, the temperature falls below -40 degrees during the winter months, prohibiting children from participating in outdoor

activities and staying active. These are speculated reasons as to why Manitoba's rates of physical inactivity may be slightly higher than average.

This next trend however, may not specifically contribute to the reasons why Manitoba is doing slightly worse although it does help infer why *overall* statistics are high. A small part of the obesity trends in Canada could be attributed to the aging population – as research indicates older Canadians are more likely to be overweight or obese than younger Canadians (Tjepkema, 2004).

The exact reasons for why Manitoba's obesity rates are slightly worse are uncertain. Yu, Protudjer, Anderson, and Fieldhouse (2007) assessed the risk factors of childhood obesity in Manitoba. They concluded that identifying high risk factors in certain areas such as gender, age, and geography, will assist in developing tailored public health policies and programs for childhood obesity prevention/intervention.

2.13 The Framework for the Study of Policy Development: The Stages Model

Policy practitioners have long ignored learning and understanding about the decision-making processes, the role of evidence, and other processes involved with policy change. Most of the literature remains largely a-theoretical which makes learning from policies difficult (Breton et al., 2008). To address this problem, the Stages Model was employed to draw lessons from for future advocacy as it has been broadly accepted and used in policy research by policy practitioners and researchers (Fafard, 2008; Sabatier & Jenkins-Smith, 1993; Fischer, Miller, & Sidney, 2006). Policy research derived from the works of Harold Lasswell, David Easton among others in the early 1950's (Lee, Estes, & Rodriguez, 2003). The idea of modeling the policy process into stages was first developed by Lasswell and modified by many other researchers later on.

Lasswell wanted to improve the information rendered to the Government and therefore focused on the policy process, more specifically the stages that government would go through during the life of a policy (Sabatier, 1991). Lasswell's first model consisted of seven stages: intelligence, promotion, prescription, invocation, application, termination and appraisal. The stages model has diffused into policy literature, however the content and specifications within each stage varies considerably (Sabatier & Jenkins-Smith, 1993). The most conventional and universal stages for analyzing the chronology of the policy processes are: *Agenda Setting, Policy Formulation, Decision-Making, Implementation* and *Evaluation* (Fischer, 2003; Sabatier, 2007). Simply put, any type of Stages Model breaks the policy process into functional and sequential distinct sub-processes (Sabatier & Jenkins-Smith, 1993) to organize and make sense of the complex policy processes. Although the Stages Model is not a predictive theory of policy making per se or even an accurate account of how policy is made in the real-world, it has been among the most widely used models and encourages learning, discovery, and understanding of the processes of the policy process (Fafard, 2008). Hudson and Lowe (2004) had similar opinions regarding the Stages Model. "Models such as the Stages Model should not be thought of as 'real-world' descriptions but as models or metaphors for developing knowledge about the policy process" (Hudson & Lowe, 2004, p.5). This model was used to draw knowledge from because it makes the complexities and overwhelming state of the policy process more manageable. Also, Hudson and Lowe (2004) claimed the simplicity of models using 'stages' more easily captures how policy processes work and are often useful in the evaluations of case studies. Given that the literature remains a-theoretical, this model will be used to systematize the processes

involved and highlight the different types of evidence, events and information used in each of the stages of the PE/HE policy process.

According to this model, the stages in the policy cycle are as follows: (1) *Agenda Setting*, (2) *Policy Formulation*, (3) *Decision-Making*, (4) *Policy Implementation* and (5) *Policy Evaluation*. *Agenda setting* is the stage that the Government decides what important issues to focus on. This stage is often inherently a political process. *Policy Formulation* is the stage that the Government seeks to identify the range of possible solutions to a given definition of the problem. *Decision Making* is the stage that decisions are being made and conclusions are being drawn. The emphasis is getting the research into the hands of people who are making executive decisions. There is a fine line between *Policy Formulation* and *Decision-Making*, therefore, they are often merged into one category. *Policy Implementation* is the stage that the policy is executed. In most cases, policies are carried out by means of a program. Finally, *Policy Evaluation* is the stage in which the policy is being assessed and examined for its effectiveness.

Post hoc methods were used in this thesis. After the interviews were conducted, the researchers employed the Stages Model to see if the developmental processes of the PE/HE policy fit with the five stages just mentioned from the Stages Model. This was done to shed light into the learning processes and increase awareness around policy development for practitioners.

3. Rationale and Research Questions

The literature review has identified the need to respond to the current childhood obesity epidemic. It identified policy responses as potentially effective. An All-Party Task Force report in Manitoba called for provincial policies to increase the quantity of physical activity in schools. Subsequently, the Department of Education Citizenship and Youth has implemented a mandatory Physical Education/Health Education policy in secondary schools designed to increase regular physical activity. Unfortunately, our understanding of the complex dynamics determining the development of health-related policies in schools is still a learning process. Therefore, the purpose of this study is to increase our understanding of the complexities involved with developing this particular policy. Results from this study will refine our understanding on how policy is enacted, provide information on the support for and resistance of policies for decision makers in the future, and contribute an historical record to Manitoba stakeholders. Mobilizing these context-specific findings will inform other Canadian provinces or jurisdictions on how to develop, integrate, and implement a similar policy.

3.1 Research Questions:

1. How did Manitoba's Physical Education/Health Education policy develop and what influenced its development? A specific sub-question relates to the above:

   a) Why did policy-developers choose a flexible OUT-of-class delivery model?

2. How well does the development of Manitoba's Physical Education/Health Education policy fit with the Stages Model?

4. Methodology

4.1 Research Design

The research employed an interpretivist theoretical perspective. An important feature from the interpretivist's paradigm is that individual reality is *socially constructed* (Willis, 2007; Creswell, 2003). The purpose of research through an interpretivist lens is to understand the *context* in which an event or interaction is researched. Understanding the context is critical to the interpretation of the data collected (Willis, 2007). Emphasis is on contextual understanding of situations rather than finding universal laws and rules. Interpretivists' intend to make sense of the meanings others have about the world (Willis, 2007) and understand *multiple truths* and realities exist. The research goal was to understand the complexities and truths from numerous perspectives as they all contribute to the overall picture (Creswell, 2003).

Viewing the research question posed through an interpretivists lens is a useful lens for building an understanding and is consistent with Social Ecological Models which indicates that different contexts influence individuals differently – i.e., there are multiple realities. Willis (2007, p.99) noted, "it is not a single understanding of the right way of viewing a particular situation. Instead, it is an understanding of multiple perspectives on that topic". In this study, both the environments (context) where the PE/HE policy is being implemented and the opinions and perspectives (social construction) from multiple key stakeholders (multiple realities) are critical. Each aspect provided a unique perspective that built and layered towards a comprehensive, rich understanding of the research questions. Understanding the historical events, documents, and processes involved in the developmental stages of the PE/HE policy provided insights into the

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decisions supporting the current design and implementation plan for the PE/HE policy. Furthermore, elucidating the developmental stages of the PE/HE policy has provided relevant practice-based evidence for policy-makers and practitioners in other Canadian provinces or jurisdictions to consider as a guide if they choose to integrate a similar policy in the future.

The research employed a retrospective single case study design to examine the processes involved in the development of the PE/HE policy. Case studies are most often employed for policy research (Yin, 1994), because no two polices are identical. According to Yin (2003), the preferred strategy to answer "how" and "why" questions are by designing case studies. It was the most appropriate design for this research project because it allowed the researcher to retain meaningful characteristics of real-life events as they are seen from multiple perspectives (Yin, 2003).

Establishing the boundaries of the "case" is critical in case study designs. The case for this research project is bound by stakeholders who influenced, or were actively involved making decisions throughout the developmental stages of the policy. Stakeholders must be directly involved in the developmental stages or would be affected by the implementation of the policy. Finally, stakeholders only included those from provincial levels and school district levels.

The interpretive case study design gave potential to provide a rich, detailed overview of the case (Willis, 2007). Data collected for interpretive case studies are used to develop conceptual categories that support or challenge existing theories. The focus for interpretive case studies is on understanding the particulars of the specific situation, setting, or individual, but understanding the local understanding may be related to

preexisting theories (Willis, 2007). The data obtained for this research project related to the stages depicted by the Stages Model.

To note, all procedures were approved by the Waterloo Institutional Ethics Review Board.

4.2 Participants

The researcher's supervisor had previous contact with the PE/HE consultant from Manitoba's Education Citizenship and Youth Department. This person also played a significant role in the development of Manitoba's PE/HE policy. Together, the investigator and PE/HE consultant selected potential participants who represented stakeholders from two levels: provincial and district. The researchers strived to include multiple perspectives from government and school district representatives with roles as Consultants, Superintendents, Physical Education District Representatives, and Others. Two different levels of stakeholders and multiple perspectives within those levels were included to comprise a diverse sample of participants to gather the most accurate description of the phenomenon under investigation. Non-governmental organizations were not included in this investigation.

The final sample consisted of nine participants, however there were twelve participants invited to participate in the study. Three participants were lost for different reasons: one participant did not think the transcript was an accurate representation of their thoughts which is discussed in more detail further on, another participant requested their transcripts not be used in any publications or thesis and we did not receive an email back from the final participant, and therefore an interview was not scheduled. Although two individual's transcripts were not included in the study, similar perspectives, roles and

affiliations to the policy were captured by others who did participate in the study. There did not appear to be any biases in the participants who were not included in the study in terms of level, role or gender.

There are 38 school divisions in Manitoba and the participants in this study represented five of the school divisions. Of these five school divisions, there was a range of rural and urban and North and South school division locations. The investigators ensured that participants recruited at the local level were supportive as well as challenged the implementation models to ascertain various perspectives on the policy.

4.3 Data Collection and Procedures

Semi-structured telephone interviews with all of the key informants served as the primary source of data. Information such as events, meetings, consultation and dates from the interviews were coded and categorized into the stages from the Stages Model to serve two purposes: 1) To develop the timeline of events and processes leading up to the development of the policy and the implementation of the policy and 2) to compare and contrast the PE/HE policy process to the Stages Model. The interview transcripts were explicitly used in the coding and data analysis portion.

Other data sources were identified based on recommendations given by the PE/HE consultant and participants. These other data sources included the *Policy Document,* the *Healthy Kids, Healthy Futures Task Force* report (Manitoba), and the *Proactive Information Services: Helping Clients Make a Difference – Final Report*. These secondary sources of data provided background information which assisted filling in the chronology of the policy process. The information coded within the interviews which developed the timeline were checked against the information extracted from the

secondary sources of data. Therefore, data triangulation was established during this part of the analysis portion which confirmed the chronology of the events and processes.

4.3.1 Background Information

Prior to the interviews, background information was gathered on each of the participants. Information included the participant's position or assumed affiliation to the policy, school division, school population, rural/urban school environment, and/or other useful background information relevant to the participant who was interviewed. Additionally, the date and time of the interview were recorded. These profiles were made to learn and discover more about the participants' background so that thorough, detailed interviews were conducted. Reflexive and back up notes were taken during each of the interviews that included personal thoughts, speculations, general feelings, ideas, and impressions (Creswell, 2003).

4.3.2 Interview Methods and Procedures

In consultation with the researcher, the PE/HE consultant purposively selected and contacted known key informants by email to achieve the desired sample of 12 participants. The PE/HE consultant contacted these individuals by email to ask if they would be interested in participating in the study. If they expressed interest, they were invited by the main investigators of the study through email to participate in a semi-structured telephone interview regarding the development and implementation plans for the PE/HE policy, monitoring/compliance and short and long-term outcomes of the policy. Participants could accept or decline this request. All who agreed, received an information letter (Appendix A) and consent form (Appendix B) by email. The consent form requested participants indicate Yes or No to participate in the study, agree the

interview be recorded, and agree to use anonymous quotations in a thesis or publication. Of the informants who agreed, investigators scheduled telephone interviews at a time convenient for the informant. The telephone interviews lasted approximately thirty to forty-five minutes and were completed between May 5 and August 29, 2008. The interviews were audio recorded and transcribed by a contracted service to ensure accurate interpretation of the interview. Audio recordings, transcripts and consent forms are kept confidential in a secure location and electronic copies of the interviews are stored in a research office at the University of Waterloo secured with a password. Thank-you emails were sent to all participants following their interview.

4.3.3 Interview Protocol

The interview protocol used four different categories of semi-structured, open ended questions. The protocol consisted of key research questions needing to be addressed. The framework and general content of the interviews was as follows: (a) general questions regarding the informant's position and their involvement in either the development or implementation of the policy, (b) questions discussing the development and implementation of the policy, (c) how the policy is going to be monitored and finally (c) outcomes and expectations. The questions in each category were altered slightly depending on if the interview was with a provincial or school-level representative. See the respective appendices for the full interview questions for "Provincial Consultants" (Appendix C), "School District Staff" (physical education district representatives and superintendents) (Appendix D), and "Academics" (Appendix E).

4.3.4 Participant Feedback

Eleven interviews were conducted, professionally transcribed and paid in full. A thank-you email was sent out to each participant with their corresponding transcript. Participants were given an opportunity to review their transcripts to make any necessary changes to ensure their responses portrayed their thoughts accurately. Comments or changes to the transcripts were submitted by August 25, 2008. If we did not hear back from participants, we assumed a non-response indicated the transcripts were accurate (as outlined in the email). This was a method of member checking, to ensure correct interpretation of the interviews and integrity of the final results.

All participants, with the exception of three read and approved their transcripts. Minor changes were made to one of the transcripts to satisfy the requests of the participant so that the data may be used in the study. One participant requested the transcript not be used in any publication or thesis, and another participant was not completely satisfied with the information and requested their interview transcript not be used for research purposes.[1] He felt the transcript was difficult to decipher and did not feel it was an adequate or clear reflection of the message he was trying to convey. He requested the transcript not be used.

4.4 Qualitative Analysis

The Social Ecological Model is an appropriate framework to understand the PE/HE policy. It provides a basis for understanding the reciprocal relationship between

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[1] The audio recorder stopped recording shortly into the interview. An oversight was made on my behalf, and the incomplete transcript was attached to the thank-you email and sent to the participant. In an attempt to resolve this problem, the hand written notes were typed up in extensive detail and emailed to the participant along with a letter of apology and a request these notes may be used as a replacement. He never replied.

people, behaviours, and environments as well as understanding the influences at various levels: institutional factors, community factors, and public policies. Therefore, this approach is an ideal framework in which to understand the PE/HE policy and the impact it has had at the institutional, community, and public policy levels.

4.5 Data Analysis and Coding

Interpretivists believe there are multiple pathways to obtain knowledge (Willis, 2007). Multiple perspectives from interview transcripts were used in the analysis to achieve an understanding of the complex dynamics of the PE/HE policy process. To achieve these multiple perspectives, two sources of data were used: telephone interviews and several documents and reports. The documents and reports were not included in the coding portion of the analysis and only assisted filling in any uncertainties pertaining to the chronological background.

The analysis began with an initial read through of the interview transcripts to get an overall picture of the events and processes leading up to the development and implementation of the policy and the influential factors that facilitated the development of the policy. Following the preliminary read through of the transcripts, open coding was conducted. Open coding separated the data into discrete parts which were then examined for similarities and differences. Emergent concepts that seemed to be similar in nature and meaning were grouped together to form simple or broad categories or codes (Strauss & Corbin, 1998). Constant comparative methods were also conducted during the open coding portion of the analysis. This was employed to ensure consistency and accuracy throughout the coding process.

Following the open coding, axial coding was conducted. From the multitude of categories that were created during open coding, only certain categories that seemed promising and relevant to the research questions were selected for axial coding. Axial coding systematically developed and related codes and categories to each other. This process assisted in identifying emergent themes and potential relationships (Strauss & Corbin, 1998). Axial coding assisted in bringing the data back together to identify more specific themes that related to the development of the PE/HE policy and the factors that influenced the development of the policy. Two factors determined whether a theme was identified from the transcripts: 1) if a code or category continually emerged from the data, or 2) was expressed as particularly important by the interviewee, it was identified as an emergent theme. The emergent themes captured and organized the data and provided a conceptual understanding of the development of the policy and the factors that facilitated the development of the policy (Strauss & Corbin, 1998). Within these emergent themes, there were sub-themes. These sub-themes were equally important, but fell under the umbrella of the emergent themes for organizational purposes.

After axial coding was completed and the data had been categorized into themes, the transcripts were then re-coded for the stages from the Stages Model: *Agenda Setting, Policy Formulation, Decision Making, Implementation,* and *Evaluation.* This process was conducted to examine how well the stages of the PE/HE policy aligned with the stages from the Stages Model. Subsequently, the documents were reviewed to fill in any uncertainties relating to the details of the policy. After this was completed, the documents were reviewed a second time to include additional information pertaining to the events and processes organized along the timeline.

5. Results

5.1 Introduction

The description of results begins with background information on study participants illustrated in Table 1. Next, Figure 3 depicts the chronology of events leading up to the development and implementation of the final policy. Subsequently, text describes each event or process in the timeline. This combination serves as a foundation to guide and understand the concepts and information discussed throughout the results.

5.2 Description of the Participants

Table 1: Description of Participants

Participant	Level	Organization	Role	# Years Experience
P-1	Provincial	Government	Consultant	11.5
P-2	Provincial	Government	Consultant	2
P-3	District	School District	Superintendent	16
P-4	District	School District	Superintendent	1
P-5	District	School District	Superintendent	6
P-6	District	School District	PE District Representative	Unknown
P-7	District	School District	PE District Representative	Unknown
P-8	Provincial	Government	PE District Representative	3
P-9	Other	Other	Other	31

It is important to note the participants who are described as 'Consultants' actually held different levels of positions within the government. A common title was chosen to protect their identity.

***Question 1: How did Manitoba's Physical Education/Health Education policy develop and what influenced its development?*5.3 Development of the Policy**

5.3.1 Visual Timeline of the Events and Processes Leading up to the Policy

Below is a basic visual presentation of the important events and processes established by the participants and checked against secondary documents. The timeline was created to conceptualize historical process involved in the development of this policy.

Figure 3: Timeline
Events and processes leading up to the development and implementation of the MB PE/HE Policy

| 1. New Directions Report | 3. Combined PE/HE Curriculum | 5. All-Party Task Force Announced | 7. Curriculum & management project teams chosen | 9. PE/HE consultant facilitates Regional Workshops | 11. Policy Writer hired Submission to Cabinet | 13. PE/HE consultant hired for implementation | 15. Spring Orientation sessions launch Gr. 11 PE/HE | 17. Spring Orientation session launch Gr. 12 PE/HE |

Timeline: 1994-1995 | 1996 | 1997 | 2004 | 2005 | 2006 | 2007 | 2008

| 2. Steering Committee Formed | 4. PE/HE Consultant hired | 6. Healthy Kids, Healthy Futures recommendations released | 8. MECY hired Proactive Consulting Company | 10. School Visitations | 12. PE/HE consultant meets with Educational groups | 14. Fall Planning Sessions for Grade 11 and 12 Curriculum | 16. Grade 11 and 12 policy implemented in schools |

Please Note: The numbers in each text box correspond to the numbers and descriptions below.

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5.3.2 Description of Events and Processes Leading up to the Policy

A visual presentation has been displayed above and the following paragraphs which will provide more detail regarding the events and processes leading up to the policy. Excerpts from the transcripts will be incorporated where appropriate.

There appears to be a gap between 1997 and 2004 where essentially very little was discussed by participants in the interviews. During this time period, discussions and studies had begun revealing hard hitting facts pointing to potentially serious health problems for children and youth (Manitoba Government, 2006).

1. In 1994-1995 the Conservative Government wrote a report titled *'New Directions'*, making physical education optional after grade eight. During this time, physical education and health were two separate curricula. Participant 1 (prior to her filling her position as the PE/HE consultant) created a public relations package for teachers to present to their schools to make children and parents aware of the radical changes that were proposed. As a result, there was a huge outcry from physical education partners about this change. Evidently, there was a strong physical education voice in the province of Manitoba that kept this issue active.

   "...It was also driven by, and I guess that's sort of an underlying reality, but there is certainly a very strong physical education and I guess I could add Physical Education/Health Education community in this province and historically they have been very present in I guess determining how schools, how important this issue is to schools and to a certain degree how important it is for government." [Consultant, Participant 2, 126]

The conflict of interest between the Government and physical education partners did not end here.

2. Next, a *Steering Committee* was formed to lobby against physical education

   becoming optional after grade eight. The '*New Directions'* report created so much

   hype it soon became a political issue within the Cabinet.

3. Approximately one year later, a solution was created. Previously, physical

   education and health education were two separate entities. Their solution merged

   physical education with health education thus introducing 'Physical

   Education/Health Education' (PE/HE). In 1996, the Conservative Government

   mandated PE/HE to Grade 10.

4. Shortly after in 1997, Manitoba Education Citizenship and Youth (MECY) hired a

   PE/HE consultant to develop the new combined PE/HE curriculum.

5. In the midst of these events, the political party changed from Progressive

   Conservatives to New Democrat party in 1999. Both political parties were

   concerned with the health of the population. Studies began revealing factors

   pointing to potentially serious health care problems for children and youth. These

   hard hitting facts triggered the creation of the All-Party *Healthy Kids, Healthy*

   Futures Task Force to help children and youth enjoy the benefits of physical

   activity (Manitoba Government, 2006)

> *"...statistics are disconcerting, health of children is declining, health care*
> *costs are going to be ridiculous..."* [Consultant, Participant 1, 48].

> *"...well our province is concerned that ah, as many other jurisdictions,*
> *that you know kids are, are now suffering for a new series, series of health*
> *problems – diabetes, overweight children. Children are not as active as*
> *they used to be."* [Consultant, Participant 8, 50]

In August 2004, New Democrat leader, Premier Gary Doer announced the

creation of an All-Party Task Force called *Healthy Kids, Healthy Futures Tasks Force*.

The Task Force asked Manitobans how to help children and young people enjoy the best possible health now and into their adult lives. The Task Force was particularly interested in factors that affect children's health in the areas of nutrition, physical activity, and injury prevention (Manitoba Government, 2006).

6. One year after the consultations mentioned in point 5, the All-Party Task Force released the *Healthy Kids, Healthy Futures Task Force* report summarizing the recommendations made by the citizens around the province of Manitoba. Interestingly, the All-Party Task Force was headed by the Healthy Living Minister.

"...and that was spear-headed by Honourable Theresa Oswald…she was the current Healthy Living Minister." [Consultant, Participant 1, 390]

Her position at the time and affiliation to the Task Force is interesting. Given the Task Force was headed by the Minister of Healthy Living, this may have influenced the government to implement all of the 47 recommendations.

As a recap, three of the 47 recommendations affect schools and *only* these recommendations will be examined for the purpose of this thesis;

(a) not only recommend but mandate the amount of time Grades 9 and 10 students spend in PE/HE. Children can choose to meet their mandated times within the timetable or use an out of classroom model for up to 20 hours of the 110 of the mandated hours,

(b) develop a curriculum for Grades 11 and 12 students; and,

(c) require Grades 11 and 12 students complete two PE/HE credits for graduation, in addition to the two credits required in Grades 9 and 10. Schools may choose to include the PE/HE credits in the timetable or use an out of classroom model (Manitoba Education Citizenship and Youth, 2007, p.3).

7. Following the release of the recommendations, MECY facilitated the development of a curriculum and project management team. The curriculum development team was representative of the school population and the project management team was well represented by partners within the Department of Education Citizenship and Youth.

8-9. MECY hired a consulting company called "Proactive", which is a well respected, trained information service with a wealth of experience in education-related projects. In partnership with the PE/HE consultant, Proactive conducted five consultations. The consultations were structured to include morning and afternoon sessions. The morning sessions were facilitated with divisional teams including representatives from various schools, and the afternoon sessions were facilitated with students. The information resulting from the consultations were used to create a framework for the development of the grades 11 and 12 PE/HE curriculum. Specifically, the consultations aided in determining;

a.) What should the PE/HE curriculum look like?
b.) What delivery model will work?
c.) Given the current resources and best practices, what will work best for Manitoba schools and students?

School divisions were invited to bring four members of their divisional team. This included: an administrator, a physical education teacher, a health education teacher, and a divisional consultant (Proactive Information Services Inc, 2006).

10. Taking the information learned from the regional/divisional consultations discussed in point 9, the PE/HE consultant visited 7 different schools to present the design of the implementation model. Figure 1 illustrates the Implementation Model for the

new PE/HE curriculum, and Figure 2 presents examples of the 4 possible delivery

models;

Figure 1: Implementation Model (Manitoba Education Citizenship and Youth, 2007)
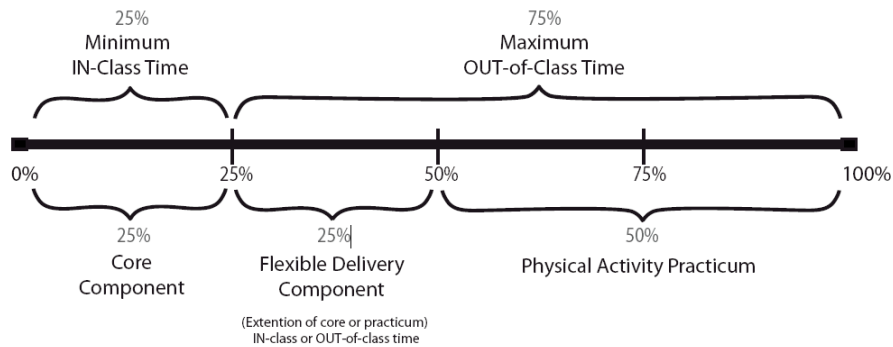
Figure 2: Four Possible Delivery Models (Manitoba Education Citizenship and Youth, 2007)
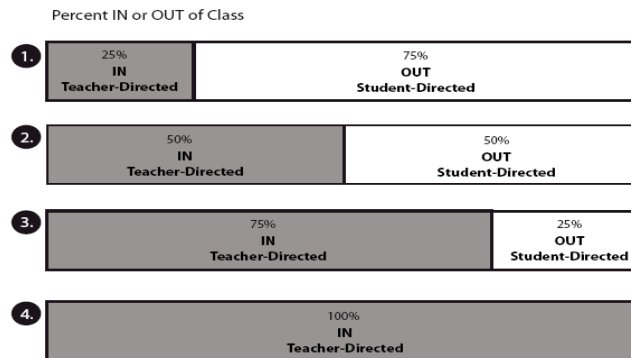
Note: All of the details pertaining to this model can be found in the *Implementation of*

Grades 11 and 12 Physical Education/Health Education: A Policy Document (Manitoba

Education Citizenship and Youth, 2007).

11. Shortly after, MECY hired a policy writer. The PE/HE consultant wrote the final

draft of the policy while working in partnership with the project management team.

The project management team consists of approximately 6 partners within the

Department of Education. Continual feedback was provided by an advisory group,

which consisted of principals, Manitoba Association of Trustees, Executive

Directors, Manitoba Physical Education Teachers Association (MPETA), and

Manitoba Physical Education Supervisors (MPESA) group. Then in 2007, the

written policy was completed and was submitted and approved by the Cabinet.

12. In spring of 2007, the PE/HE consultant traveled around to all of the different regions

in Manitoba sharing the policy with school divisions/districts. Following that,

consultations with Educational Partners were facilitated to accumulate feedback on

the curriculum and implementation models. It is important to note that the

Educational partners were included throughout various parts of the developmental

process of the policy and not limited to this one event.

13. As illustrated in Figures 1 and 2, each school has flexibility on how superintendents

and advisory teams plan to implement this model. In September 2007, MECY hired

an additional PE/HE consultant to deal with implementation questions and concerns

of the policy that superintendents, teachers or school districts/divisions might have.

14. Several resources were put in place to prepare teachers, principals, superintendents,

physical education district representatives among others affected by the policy. First

the PE/HE consultant organized fall planning sessions to share additional examples

and visions of implementation strategies and provide extra information on the

planning process. At the fall planning session, only a draft of the curriculum was

previewed to school divisions because the final curriculum was incomplete.

*"...So the fall planning session was a sneak preview of the grade 11
curriculum because the final one wasn't, wasn't ready yet. Um because we
were still with the editing and desk toppers. But we, you know, so then the big
focus on that was planning."* [Consultant, Participant 1, 867]

The focal point of this planning session was to help schools decide on their implementation model. Second, small grants were also available to school divisions that needed extra funding. These grants were called *responsive requests*. Third, the PE/HE consultant was also made available to help facilitate or answer questions about the implementation process.

15. In the spring of 2007, orientation sessions launched the reveal of the final curriculum for grade 11.

16. That fall, the new grade 11 and 12 policy was implemented in schools.

17. In 2008, spring orientations sessions launched the reveal of the grade 12 curriculum.

Having explained the historical events and processes leading up to the policy, the analysis now turns to an examination of the prominent themes that emerged from the transcripts.

5.4 What Influenced the Development of the Policy

The above section described the participants involved in the study and the processes involved in the development of the policy. This section in particular deals with the influential factors that facilitated the development of the policy. The themes in section 5.4.1, 5.4.2 and 5.4.3 all relate to the policy stages: *Agenda Setting, Policy Formulation* and *Decision Making*. Themes in section 5.4.4 and 5.4.5 mainly relate to *Policy Formulation* and *Decision Making*. As expected, the provincial level participants provided more information in their transcripts pertaining to the events and processes leading up to the development of the policy than did other participants. With few exceptions, 'School District' and 'Other' level participants essentially did not comment on provincial level events and processes. Please note and pay special attention to

sections where there are both 'Provincial' and 'School District' or 'Other' level

commentary exists. The following section examines the prominent themes that emerged

from the transcripts.

5.4.1 Emergent Theme: Impetus for the Policy

The first theme that emerged from the transcript analysis was the impetus for the

policy. Several sub-themes emerged: *Healthy Kids, Healthy Futures Task Force* report,

Health of Manitoba's youth, *New Directions* report, determined physical education

community, and public opinion. Each of these sub-themes will be discussed and

passages from the transcripts will be included where necessary.

Sub-Theme: Healthy Kids, Healthy Futures Task Force Report

The most common sub-theme that emerged from the transcripts when asked the

question, "What was the impetus for the policy" was the *Healthy Kids, Healthy Futures*

Task Force report. This report was brought up by every participant and discussed in

lengthy detail. For instance,

> *"...this policy is coming it, is, has been put in place , that was done*
> *throughout the province. Ah there was an all-party task force that was*
> *responsible for looking at the variety of issues ah related to the health of our*
> *youth in our province."* [Consultant, Participant 8, 42]
>
> *"... the impetus in my view is definitely the Healthy Kids, Healthy Future*
> *Task Force recommendations. I understand impetus as being sort of the*
> *trigger that really got this going. Obviously, the history of how this came*
> *about is more complex and I guess dates back a lot longer but the task force*
> *recommendations are definitely what have driven this specific initiative."*
> [Consultant, Participant 2, 118]

It appears from the last passage that the final push for the development of the

policy was from the *Healthy Kids Health Futures Task Force* report, however the initial

incentive for a related policy has been building over time and dates back even further.

Presumably, the historical events leading up to the development of the policy had been extremely influential.

Sub-Theme: Health of Manitoba's Youth

Another common sub-theme that emerged from several of the interview transcripts was that the health of Manitoba's children and youth was declining and action needs to be taken to discontinue these unhealthy trends.

> *"... saying um you know the statistics are showing that our health, youth and ah you know our health of children and youth is seriously declining, health costs are going to be crazy you know everything in the media, everything that was coming in out of the reports from Health Canada. Um you know it was, it's, it's just been in the news right? And so it's been every province, every ah across the country from even from a federal level that I mean we have to do a better job in their individual provinces um about healthy living... So that still was part of that history you see."* [Consultant, Participant 1, 322]

The incentive for the All-Party Task Force to consult with citizens around the province was in response to the declining health status of Manitoba's children and youth. The All-Party Task Force believe the recommendations to be part of an on-going, evolving basis that will help create the necessary environments that support their efforts to promote healthy living for children and youth (Manitoba Government, 2006).

Sub-Theme: New Directions Report

Another sub-theme that emerged from the transcript analysis was the *New Directions* report. This is another historical milestone that seems to have been influential in the development of the policy. The *New Directions* report declared the curriculum was no longer mandating compulsory physical education classes from K-10. Instead, physical education classes were going to be optional after grade 8. This created angst and anger among physical education partner groups, parents among others. Soon after, a half

victory prevailed and physical education was combined with health education and mandated until grade 10. Unfortunately, physical education partners were unable to extend physical education all the way through until grade 12, which was their ultimate goal. The upcoming passage illustrates this issue.

> *"...And then ah there was always that anger though underneath that we didn't get mandated time for physical education and health education. And that it wasn't K to 12."* [Consultant, Participant 1, 326]

Sub-Theme: Devoted Physical Education Community

The concept of having a devoted physical education community was yet another sub-theme that emerged from the transcript analysis. Given the determined physical education community in the province of Manitoba, it makes sense that the impetus for the PE/HE policy would be influenced by this passionate community devoted to keeping physical education a priority. Participant 2 clearly illustrates this point.

> *"...It was also driven by, and I guess that's sort of an underlying reality, but there is certainly a very strong physical education and I guess I could add physical education / health education community in this province and historically they have been very present in I guess determining how schools, how important the issue is to schools and to a certain degree how importation it is for government."* [Consultant, Participant 2,126]

> *"...And I'd say another factor again would be the strong physical education, Physical Education/Health Education and sort of the physical activity community which is once again traditionally strong and so I've always been driving these principles and we have a strong core of people who really believe the need for this, for active healthy lifestyles basically."* [Consultant, Participant 2, 138]

Presumably, having a strong physical education community, public knowledge of the declining health status, and the controversy over the proposal in the *New Directions* report were significant and powerful enough events to generate a political movement that

created the All-Party Task Force. In communication with the public, the All-Party Task

Force gathered opinions from the public on several health issues. These opinions appear

to be another influential factor leading up to the development of the policy.

> *"... As I mentioned with the task force people spoke. There is also I think because of public opinion and because of what is currently perceived as a real social issue there is definitely a political will to do what is best for the population."* [Consultant, Participant 2, 134]

There appears to be a series of influential events that have contributed the

development of the policy. Undoubtedly, the impetus for the policy were the

recommendations related to schools listed in the *Healthy Kids, Healthy Futures Task*

Force report. However, the events and actions leading up to the development of that

report have played an important role in developing the policy as well.

5.4.2 Emergent Theme: Intent of the Policy

Two prominent sub-themes emerged from the transcript analysis when

participants answered the question, "What is the intent of the new Physical

Education/Health Education policy?" The first sub-theme was that this policy was one

piece of a larger puzzle and the second was to improve the health and well-being of

Manitoban's children and youth.

Sub-Theme: One Piece of the Puzzle

As observed from a consultant's perspective, two of the three consultants consider

this policy as part of a larger initiative that will improve the health of children and youth.

> *"...Ah I don't think that the Manitoba Government, Government is pretending that this new policy will solve all the problems. However, we feel that this new policy, with other initiatives that have been, have been put in place in the province, will help improve the health of our children. That's I think the main goal."* [Consultant, Participant 8, 52]

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"...the intent is to um look at ways that's part of, part of the big picture of looking at ways to improve the health and well-being of Manitoba's children and youth. [Consultant, Participant 1, 43]

Consultants are in agreement that this policy is insufficient to reverse the trends of obesity. In collaboration with other initiatives that target health-related issues, population-based interventions may help reverse the trends of obesity overtime. Interestingly, district level participants did not comment on this policy as being one piece of a much larger initiative. Instead, district level participants viewed this policy as a means to increase physical activity and improve the health of children and youth.

Sub-Theme: Improve Health Status of Children and Youth

Another sub-theme that emerged under the intent question was the policy was intended to improve the health and well being of Manitoba's children.

"*…The lifestyles of our children and youth are not great and that there should be some improvement as far as physical activity and nutrition and attitudes and habits towards healthy lifestyles.*" [Other, Participant 9, 21].

Another participant made a similar comment.

"*...in my perspective the policy is a reaction to a concern about the you know inactivity of our students and the physical ah fitness level of our students."* [Superintendents, Participant 3, 70].

More specifically, participants perceived the intent of the policy to be helping students learn and develop the skills they need to maintain healthy habits into the future.

"... help the students understand, in other words learn the knowledge and the skills that they need to embark or to maintain habits, good healthy lifestyle habits as students, and throughout their lives." [Consultant, Participant 2, 178]

"...develop the knowledge and skills, start making healthy decisions and to increase physical activity, opportunities…fitness, to increase physical activity, participation of secondary students." [Consultant, Participant 1, 43]

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It is evident the goal of the policy is to provide students with the *knowledge* on the importance of physical activity and teach them the skills they need to be able to perform a variety of activities. More importantly, encourage students to maintain these healthy lifestyle habits.

5.4.3 Emergent Theme: Collaboration

Collaboration was one of the most prominent and significant themes that emerged from the transcript analysis when participants were asked questions referring to the developmental processes. Participants indicated several instances where collaboration occurred. This theme has two sub-themes: i) Communication Between Policy-Makers and Local Practitioners and ii) Well Represented Groups. The subtheme Communication Between Policy-Makers and Local Practitioners includes 4 micro themes related to feedback: student level feedback, school level feedback educational partner level feedback, and other level feedback.

Sub-Theme: Communication Between Policy-Makers and Local Practitioners

One of the essential factors that facilitated the development of this policy was on-going communication between decisions makers, teachers, students, partner groups, communities etc. For example, one of the consultants points out the continual communication between local practitioners.

> *"…I also think it's important to note that throughout the process there has been ongoing communications with the school community and this includes consultation with teachers, parents, students and other partner groups…Whenever there was an expressed need to make sure that people understood where we were going with this we gave them opportunities to be informed about it and to give us their opinion of it. So I think that's important…"* [Consultant, Participant 2, 150]

To follow are examples of where communication occurred at the student level that assisted in the development of the policy.

Student-Level Feedback

What makes this particular process so appealing is the absence of a top-down approach. After the recommendations from the *Healthy Kids, Healthy Futures Task Force* report were released, there were several instances where communication existed between decision makers and students that allowed the student to be informed and contribute their opinions.

> "*...I think personally we were very thorough in communicating with um with our consultation process ah to make sure that ah we were being considerate of, of all of the, the concerns out there and issues at the same time looking and building on success that existed.*" [Consultant, Participant 1, 200]

One of the first events where collaboration and open communication occurred was at the Regional/Divisional Workshops. This consultation was facilitated by the PE/HE consultant in conjunction with Proactive which happened to be the first consultation after the recommendations were released. These workshops were conducted province-wide to accumulate feedback from students who would be affected by the changes of this policy as well as school division teams who were responsible for deciding on an implementation model that was feasible within their schools. The following passage views the student's responses and reactions to the policy through the eyes of a consultant;

> "*...And so that was our starting point and basically everybody voted for the combination of in and out. And the kids thought the out was a fantastic idea. Um especially the students that were the athletes because they were already active so that would count towards their credit.*" [Consultant, Participant 1, 256].

Incorporating the students' opinions and suggestions so early in the developmental

process helped design an implementation model that was respectful of students' needs.

> *"...we had you know established what we felt was the key criteria in terms of making sure it contributes to health and well-being of the students but at the same time it wasn't binding and it was respectful of all students in terms of their abilities and capabilities and access."* [Consultant, Participant 1, 963]

Even those students who were not athletes saw how flexible the model could be;

> *"...ah for the students that you know physical education was a negative experience for them they just thought this was great because they didn't have to go to phys ed class and change in front of others, and but yet they had there own interests that they could do outside of school. And they thought that that was still good because you know it's important for them to be healthy like they were quite reasonable and mature about it all."* [Consultant, Participant 1, 258]

Despite the positive feedback, some of the students' reactions were not as

supportive;

> *"...And ah and then there was an interesting group of kids that said...Gee, if you don't, you know we want the schools to organize it for us. (laughing) They, they um, they kind of said you know like this sounds too much work for me, um you know or I, I'd rather just go to phys ed and, and because they like going to phys ed and but they're not you know athletes at all but they enjoy the fun of phys ed. And ah they thought this was too much work to, to do the, the out part."* [Consultant, Participant 1, 262]

Although the comments in the last passage were negative, it illustrates the need

for change. This message informs decision makers that this policy might really have an

impact on students. One of the goals of the implementation model is to help students

take ownership and discover activities they can continue throughout their daily lives. The

design of the flexible IN and OUT-of class models allows students to take more

responsibility for their health.

Student workshops provided student's with an opportunity to express concerns and share opinions which eliminated the middle person. Therefore, decision makers were learning first-hand what students' likes and dislikes are of the proposed curriculum and implementation model. This way, decision makers could tailor the policy to meet the students' needs.

School-Level Feedback

The next step involved receiving feedback from the school-level. The information collected from school division teams and students helped design the first draft of the implementation model. Policy-makers then visited seven dissimilar schools to test their newly designed model. Principals, superintendent's physical education teachers, and school councilors attended the school visitations. This opportunity provided other individuals at the local level to discuss concerns that they had with the implementation model. This part of the process was to ensure all schools were able to implement the model.

> *"... Basically at the end of the day is this feasible using our, our current or*
> *our proposed implementation model? And all seven schools said they could"*
> [Consultant, Participant 1, 116].

Schools included those who would not necessarily be supportive of the policy to get the most accurate feedback as well as to challenge policy-makers thinking and to modify the policy in a way that satisfies as many people as possible.

Educational Partner Group-Level

Policy-makers also made presentations and received feedback from educational partner groups. These groups consisted of Manitoba Physical Education Supervisors Association, Manitoba Physical Education Teachers Association and agencies for school

health. These groups were supportive and influential throughout the developmental process while policy-makers and consultants informed the public about the policy.

> *"...partner with other organizations that can be influential in providing some support...Manitoba Teachers Association, Society and Manitoba Physical Education Supervisors Association. They are groups that have been partners along the way and who have a contribution and they are willing to make was we continue to try to bring everybody to the same page."* [Consultant, Participant 2, 226]

> *"... We also have the collaboration of many knowledgeable local practitioners and experts from various partner groups..."* [Consultant, Participant 2, 170]

> *"...Ah agencies for school health which is our health organization. We made a presentation to MAPC, the Manitoba Association of Parent Councils. So they, they were part of that as well... They were kind of part of the process along the way...,"* [Consultant, Participant 1, 174]

As illustrated by these passages, on-going communication and collaboration was demonstrated between decision makers and educational partners.

Other-Level (Steering Committee)

Throughout the consultation processes as described above, there was on-going communications between the Physical Education Health Steering Committee and policy-makers, especially during the curriculum and policy writing process. However, it should be noted that policy-makers did receive insight from local-levels throughout the *entire* developmental process of the policy as well.

> *"... our major partners are represented on the steering committee. So while we were working on the curriculum, all, and the policy we had many opportunities to, to discuss this with the members of the steering committee. And the kind, the kind of feedback they provided ah was ah very much ah helpful in, in the process."* [Consultant, Participant 8, 74]

> *"... And so we meet three or four times a year throughout the process of all of our development and we, ah we always are communicating with the steering committee on how things should look and I am always getting information,*

feedback from them as part of the development process …Ah but you can see
what I mean. It was very collaborative." [Consultant, Participant 1, 614]

Sub-Theme: Well Represented Groups

Throughout the process, each team or group was well represented. Each team

that was formed as a result of this policy was carefully selected. For example, the

curriculum team consisted of representatives from the field who had experience

teaching, therefore were familiar with the school curriculum. The curriculum team

understands students' likes and dislikes with respect to the curriculum content. In

particular, Participant 8 captured the representativeness of the curriculum team and

identifies some of the advantages.

> *"…so we try ah in our curriculum teams to have representatives from the field*
> *that you know have the work, the classroom experience and that can, can*
> *really talk about the kind of ah, ah you know day-to-day life that teachers are*
> *going through."* [Consultant, Participant 8, 68]

The Physical Education Health Steering Committee was also well representative.

This committee had representatives on it from multiple associations, therefore providing

feedback from multiple levels: partner groups, universities, school principals,

administrators, superintendents, trustees etc.

Another occasion where representativeness was identified was in the school

visitation consultations. Decision-makers visited seven schools that included features

that were well representative of Manitoba's school demographics. Participant 1

captured the representativeness of the seven schools in the passage below.

> *"…Ah yeah, they had a different representation um like we had to choose*
> *schools that were small and large, um rural and urban um, um basically ah*
> *you know ah different economic ah backgrounds. And um ah some were, some*
> *were already doing some grade 11 phys ed, some weren't. We have not, we*
> *had some, a north school that I went to and so on so. It was, it was sort of ah*

representative of the different types of schools that we have in Manitoba…
Yeah. I kind of picked the schools um based on the criteria that I just
mentioned as well as um to include schools or principals especially that were
um not necessarily ah supportive of the implementation of the ah, of the 11
and 12. And to, to challenge our thinking on how we can make this work."
[Consultant, Participant 1, 120]

The representativeness of the teams and groups that were formed, provided

multiple perspectives and insights that influenced the development of the policy. The

teams were better able to relate to their tasks and voice different opinions on a number of

issues. The consultations allowed students, school representatives and education partners

to voice their concerns about the policy and create potential solutions. Ultimately, all of

these perspectives assisted in limiting the potential barriers and helped to create a policy

that was considerate of everyone's needs.

Question 1 (Sub-question): Why did policy-developers choose a flexible OUT-of-class delivery model?

5.4.4 Emergent Theme: Development of the OUT-of-Class Delivery Model

Sub-Theme: Impetus for the OUT-of-Class Delivery Model

The OUT-of-class model was developed for several reasons. Participant 1

captures essence of where the OUT-of-class delivery model originated from.

"...we looked at the possibility of schools offering an out-of-class approach.
Um it was to help students take more responsibility for their physical activity
participation. And at the end of the day recognizing those kids that actually
do…Um another one was that it needed, it wasn't to interfere with ah you
know certainly a student's academic progress and achievement and um, and
scheduling. And wanted to make sure that we encouraged parental
involvement, community involvement, the expectation was not that um you
know it's up to the schools to do everything. It had to be collaborative and,
and included multi-partnerships. And the other thing is that I guess beyond
taking great ownership for you know students taking, or their own physical
fitness but it was the discovery of activities that suited their individual
interests…And when they're at grade 11 and 12 so we're sort of into this

transition period as to saying well you know are you thinking about things you're going to do when you leave school?... And that's where the out of class idea came out." [Consultant, Participant 1, 152, 156 & 160]

Evidently, the OUT-of-class delivery model was developed for multiple reasons: increase students' physical activity responsibility, limit interference with academic performance, encourage mutli-partnerships, and discover new activities that will persist into adulthood.

5.4.5 Emergent Theme: Flexibility

A common theme that emerged from the transcripts when participants responded to questions about the development of the OUT-of-class model was flexibility. The flexibility component increased the likelihood that the policy would be manageable within every school across Manitoba. Flexibility had two prominent sub-themes: Meeting Student's Needs, and Meeting Schools Needs.

Sub-Theme: Students Needs

Decision-makers tailored the policy to satisfy the needs and requests of students. Summarized in the *Healthy Kids, Healthy Futures Task Force* report, students wanted more non-competitive sports and a greater variety of opportunities that would continue into their adult lives. Students also wanted to be recognized for their participation and efforts to be more physically active outside of school. Students said the greater their confidence in their abilities would encourage them to continue being healthy throughout the lives (Manitoba Government, 2006). Taking these requests by students into consideration, and the requests made by the students at the Regional/Divisional consultations, decision-makers created a template of what the implementation models might look like. Decision-makers were respectful of the kinds of needs students were

looking for as well as keeping in mind how this policy would improve the health and well-being of Manitoba's children and youth. Meeting student's needs are captured in the passages below as part of the plan when designing the implementation models for the policy.

> *"...I really like the idea of meeting the students needs...we really saw an advantage to allow kids to be able to choose how much and IN they can do, and be respectful of that."* [Consultant, Participant 1, 1107]

> *"...So the model has been designed in a way that school divisions, depending on the context, depending on their resources, depending on their priorities, ah depending on infrastructure, could decide which model they could use to best suit the needs of the students"* [Consultant, Participant 8, 120]

The above passages demonstrate how decision makers were enthusiastic and considerate about meeting the student's needs. The last passage in particular highlights the next sub-theme, which addressed the schools needs. Providing schools with the enough flexibility will allow them to meet the students' needs as well as their own.

Sub-Theme: Schools Needs

Designing an implementation model that was flexible enough to accommodate the needs of every school, consistently emerged from the transcript analysis. Realistically, demographics, resources and capacities vary considerably between schools. To accommodate each school as best as possible, the flexibility component was developed. The following passages illustrate reasons why the flexibility component was developed and how it will address the needs of the schools.

> *"...We needed to come up with a policy that would achieve the intent of improving the, the health of out children and the physical activity level of those children. And at the same time we had to make sure that this policy was manageable by the school system."* [Consultant, Participant 8, 58].

"...But the reality is, is that our schools don't have the gym space to accommodate k-12 physical education on a daily basis so what were we, what were we going to do that was realistic?" [Consultant, Participant 1, 1079]

"...one of the reasons for the flexibility delivery model was to accommodate, everybody is in a different situation from school to school." [Consultant, Participant 1, 1271]

Generally speaking, the policy was developed to improve the health of children and youth, and the OUT-of-class delivery model was developed so that this policy could be manageable by each school. After feedback from the regional/divisional consultations and school visitations a definitive model was developed that could *best* suit the needs of everyone. That said, there are still many barriers and concerns which were evident in the transcript analysis.

5.4.6 Emergent Theme: Delivery Model Barriers and Concerns

Delivery model barriers and concerns emerged as a prominent theme in the transcript analysis. Even though most participants were in support of the policy, participants were extremely vocal and willing to express their concerns. While several of the barriers were overcome in earlier consultations, inevitably some barriers still exist. A number of these barriers were uncovered in the transcripts. These barriers will be discussed in order of priority. The next section discusses the barriers that relate to both the IN- and OUT-of-class delivery model options: funding and staffing. Subsequently, barriers relating only to the IN-class delivery model are discussed: facilities/space, scheduling and staffing, and finally the OUT-of-class delivery model barriers are discussed: safety and liability and access. Participants developed some creative solutions that are incorporated throughout these sections where applicable.

Sub-Theme: IN and OUT-of-Class Delivery Model Barriers and Concerns

This section discusses the barriers and concerns related to both the IN and OUT-of-Class delivery model. Funding was the most prominent barrier that emerged from the transcript analysis. Although staffing was *mainly* discussed by participants when referring to the IN-class delivery model, staffing and funding had a reciprocal relationship which is why staffing will also be discussed in this section.

Funding and Staffing

Funding was a major sub-theme that emerged from the transcript analysis relating to both of the delivery models. All participants agreed that insufficient funds were allocated to school divisions to implement the policy effectively. To implement the policy, schools realized they required more physical education teachers especially for the IN-class delivery model. Preparing for the implementation process, many school divisions anticipated hiring more staff then they were funded for. The transcript analysis revealed a reciprocal relationship between funding and staffing. Participants capture some of the issues pertaining to funding and staffing.

> *"...virtually in every school district um not sufficient to meet the needs of the plans that they were asked to prepare...in fact a rough estimate is about 50% deficient"* [Physical Education District Representative, Participant 7, 332 & 336]

> *"...I don't think that the funding they provided really, really adequately addresses that you know, you know the dollars that are funded to our division. I think it was $26,000. Well that's you know doesn't go very far in terms of you know addressing the staffing needs."* [Superintendent, Participant 3, 126]

"…The government is funding a bit of money, but it is certainly not enough…We have hired 8 full time PE equivalents." [Superintendent, Participant 5, 165 & 169]

Evidently, participants are on the same page about funding and staffing concerns. The realization is that every school is in a slightly different situation, which is perceived from the above passages. Interesting, at the school visitation consultation where consultants met with school division representatives, school representatives responded to questions about whether or not this policy was possible to implement within their school division. At that time, consultants had no indication of the funding amount. All seven schools agreed that they could implement the policy with some amount of funding. Below, a participant relived that consultation.

"..,And we sat down and we had a questionnaire and ah basically interviewed them and saying, Okay, what are the demographics of your community, you know what do your facilities look like? and so on because a lot of the, the um the challenges of this um of the, of the new 11 and 12 was there was lots of barriers, i.e. facilities, timetabling, staffing, equipment, and so on. And so we wanted to be able to say okay, if we had this policy, sample policy, or this policy, could these seven schools, the question was asked, Could you actually implement the grade 11 and 12 in your school? Um and this was done without knowing any of the funding resources. Basically at the end of the day is this feasible using our, our current or our proposed implementation model? And all seven schools said they could…they could ah with the expectation that there would be some funding to support that." [Consultant, Participant 1, 116].

It is safe to assume that schools were able implement the proposed model based on the commentary above, however superintendents most likely overestimated the amount of funding each school division would receive. That said, schools chose to be creative and found ways around the funding issues.

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Insufficient funding affects both the IN-class delivery models and the OUT-of class delivery models. Insufficient staffing however, largely affects the IN-class delivery model as opposed to the OUT-of-Class delivery model. For example, with the addition of two credits prior to graduation and increased student enrollment in physical education classes, demands more staff to instruct and supervise students. Consultants expected this would cause concern, so the solution was to utilize the OUT-of-Class delivery model. Theoretically, it frees up school facilities and lessens the demand for additional teachers to instruct and supervise classes. It also allows adolescents to explore a variety of activities. The purpose of the OUT-of-Class delivery model is for students to take ownership of their physical activity, therefore requires less in-school supervision from teachers.

The following sub-themes that emerged from the transcript analysis were a result of either the IN or OUT-of-Class delivery model. The next section discusses the barriers related to only the IN-class model barriers

Sub-Theme: IN-Class Delivery Model Barriers and Concerns

Three sub-themes emerged from the transcript analysis regarding the IN-class delivery model: facility/space, scheduling, and staffing barriers. This section discusses these concerns, and where applicable introduces potential solutions participants identified or developed. Most of the concerns about staffing related to funding which was addressed in the previous section and therefore will not be discussed in this section. It is important to keep in mind, staffing was a significant barrier for the IN-class delivery model.

Facilities/Space

Facilities/space was a common sub-theme that emerged from the transcript analysis relating to the IN-class delivery model. In general, participants indicated many schools physically did not have the square footage to accommodate physical education classes and activities for grades K-12. At the time of the interview, (prior to implementation) participants were still unclear of where they would find space.

> *"...But the reality is, is that our schools don't have the gym space to accommodate k to 12 physical education."* [Consultant, Participant 1, 1079]

> *"...Um there will be implications in terms of, of um facility space and facility availability."* [Physical Education District Representative, Participant 7, 324]

> *"...You know I guess facilities and we're not sure how that's going to look. We're hoping that it's all going to work out but I think when you're implementing something new there are surprises along the way sometimes and we're hoping that there won't be any major challenges in that area but the facilities, just finding the appropriate facilities and the space for this to all occur is still sort of an unknown factor for us."* [Superintendent, Participant 5, 229]

The transcript analysis revealed specific barriers for larger schools. As expected, higher populated schools would encounter facility and space issues. Having to accommodate double, even triple the amount of students in the same amount of space would be challenging for some larger populated schools. However, some of the smaller schools may encounter space issues as well. Fortunately, the policy has provided schools with some options and flexibility. The following passages address some of the larger school related barriers.

> *"...the facilities is um, for some of the large schools that's, that's number one concern. It really does, it kind of depended on where they were coming from. I would say in the big large schools facilities was the number one concern."* [Consultant, Participant 1, 142]

"...Um, well, I mean we're being asked to for example in our large urban high school 400 kids were taking phys ed last year...there are 1200 kids will be taking phys ed. So we added, ah, we, we added two and a half teachers to that school, but we only still have the original gym that was built 35 years ago... So the space will be a huge challenge." [Superintendent, Participant 4, 137, 141 & 145]

"...And another limitation was limitations to infrastructures. To the infrastructure ah we knew that for instance some small schools and some communities didn't have a, a, a gymnasium that would accommodate ah the needs, ah the needs of the students, and the same thing could apply for a large school." [Consultant, Participant 8, 58]

"...looking for staff and facility space and the larger schools in particular." [Other, Participant 9, 69]

Consultants clearly understood space would be an issue which is why the flexibility component was created for schools to have options. The expectation is that schools will seek out facilities within the community for students to participate in or be creative with the space they already have. The following passages discuss the possibility of schools becoming more creative and staying optimistic about the space they already have.

"...trying to coordinate the use of space which is already used to a maximum, I think just with the grade 9 and 10 curriculum, I'm talking about the gym at this point and so there's not a lot of flex room so there has been, you know people have had to re-examine how they do things in many aspects." [Superintendent, Participant 5, 177]

"...So there has been that, there has been some refurbishing of some spaces to try and accommodate more options for kids to be able to partake in their activities." [Superintendent, Participant 5, 177]

Participants are concerned about having insufficient in-school facilities and space to accommodate the needs of the students. It appears that schools are choosing to be creative with the space they have rather than complain about what they don't have.

Related to facility/space, participants expressed scheduling additional students into already full physical education classes as another barrier.

Scheduling

Scheduling was another sub-theme that emerged from the transcript analysis as an IN-class barrier. Below are examples from the transcripts that revealed general scheduling concerns as a result of the implementation of this policy. This was perceived as a significant barrier by both, consultants and district level participants.

"...Recognizing that timetabling is always going to be a challenge...the scheduling was ah came out um as a barrier loud and clear." [Consultant, Participant 1, 580]

"...Oh there's lots of barriers I think. Yeah, absolutely. Um the barriers are going to be ah timetable structure." [Physical Education District Representative, Participant 7, 304]

With the addition of two credits prior to graduation, scheduling appears to be a major concern. Similar to the facility/space concerns, participants worried larger schools will not be able to organize and coordinate the timetable so that all students have two physical education classes in their timetable. The following passages illustrate participants' concerns around scheduling.

"...the larger schools in particular, they're having to add like 28 slots somehow into their timetable in order to incorporate all the grade 11s and 12s. So those are things that each separate division and school have to work out so I think that's probably one of the biggest things that they have to look at." [Other, Participant 9, 169]

"...Fitting this into the timetable, to an already very busy high school timetable has been very challenging for administrators you know trying to coordinate the use of space which is already used to a maximum..." [Superintendent, Participant 5, 177]

Interestingly, one participant explained the possible consequences if students do not successfully fulfill their required physical education classes. The reality is if students earn all of the compulsory credits prior to graduation, with the exception of a few hours of their physical activity practicum, they will be held back from graduating. Participants are concerned that teachers or administrators will overlook the incomplete practicum hours. If this occurs, the fear is the credibility of the program could be at risk. The following passage explains this situation in more detail.

> *"...And, and they've got all their other courses. They've got their science, they've got their language arts, they've got their mathematics, they've got everything in place. The only thing that's missing is 20 hours of physical activity. They haven't completed it... And now they're going to hold their graduation back...Like I'm wondering how many people are just going to write it off... That's the problem. That's the concern I have. And if that happens then the credibility of the program itself is going to be jeopardized."*
> [Superintendent, Participant 7, 460]

Similarly, another participant was concerned about mandating credits. The perception is, that mandating credits not only interferes and conflicts with course scheduling, it also makes students choose between certain electives that they previously would not have had to. Research has positively linked extracurricular activities, such as music and physical activity to academic performances (Active Healthy Kids Canada, 2009). The concern is that students already have a full agenda, and by adding two credits, students may not have time to peruse other electives. Participant 4 elaborates on this concern.

> *"...My top concern is that it was mandated... And two extra credits were mandated...and, ah what this does is it, it means that students have to choose between ah phys ed and other important ah electives such as band, ah drama, even things like physics... Ah, things that aren't, ah they just don't have time for everything in their timetable."* [Superintendent, Participant 4, 181]

As indicated by participants, the IN-class delivery model has its fair share of concerns, particularly: facilities/space, scheduling, funding, and staffing. Participants have indentified and described possible solutions to some of these barriers. As expected, the OUT-of-class delivery model also has many concerns which are discussed in the following section.

Sub-Theme: OUT-of-Class Delivery Model Barriers and Concerns

Focusing on the OUT-of-Class delivery model, two sub-themes emerged from the transcript analysis: safety and liability and access limitations. This section discusses the concerns, and where applicable identifies potential solutions that participants developed.

Safety and Liability

A sub-theme frequently discussed relating to the OUT-of-Class delivery model was safety and liability. Safety and liability has always been a concern within the school system. Participants voiced their general concerns in the following passages around this issue.

> *"...Um on the other part of it is with the out of class we are not responsible for their supervision. But the students are required to do this activity for a credit. So where's, there's some grey area there. And um at the end of the day if something happens to the student while they're participating how is that going to be handled?"* [Consultant, Participant 1, 742]

> *"OUT-of-Class delivery model...This is the biggest piece of the grade 11 and 12 courses. So how to do that, how to avoid liability are certainly some main questions."* [Consultant, Participant 2, 194]

> *"...So that's going to be an interesting conversation in September. We're hoping that the forms that have been created are actually going to hold water in a court of law if somebody gets hurt. If they're cycling and somebody gets hit, we're not sure of what the litigation process is going to be in a case like that but we're going to trust that the forms have been conducted, have been created with the appropriate you know litigatory background and we just don't want to be the division that's going to end up in front of a court of law. That's*

a barrier that we don't know." [Physical Education District Representative, Participant 6, 167]

Safety and liability was an issue from the moment the OUT-of-class delivery model was suggested. Consultants created a safety and liability section within the *Policy Document* as part of their standard protocol to protect schools and students in the event of an injury. As explained in the *Policy Document,* the responsibility for the care and safety of students is shared by the home, school, and community. The requirement is that schools and school divisions are required to develop a risk management policy related to the OUT-of-class physical activity practicum. They also have to provide risk management measures and a teacher and parent/guardian sign-off process that aligns with government policy (Manitoba Education Citizenship and Youth, 2007). As indicated, MECY has gone to great lengths to put the necessary steps in place to protect schools and students. Participants 1 and 2 discuss the documents that have been developed to protect schools and students.

> *"...we have gone way beyond what I thought we needed to do in terms of protecting school divisions and schools against any kind of lawsuit or liability. So we have sign-off forms and we have parent declaration forms and, and ah to make sure that you know students are aware of the safety information before they go off and participate in whatever they participate in... Um basically ah that was part of the policy document. So there is a section on, on safety and liability in the policy document."* [Consultant, Participant 1, 746]

> *"...So yes, we have been providing as much information as we can to reassure and to guide most administrators and teachers in this new implementation."* [Consultant, Participant 2, 194]

One participant explained that they had partnered with an external organization specializing in safety to provide information to students on risk management. The passage below explains this issue in more detail.

"...Yeah, everything we've created and we've gone one step further actually right now we're working with Safe Workers of Tomorrow with another partnership to create a grade 9 to grade 12 safety programs and the safety program is going to also involve the 11 and 12 outside vendor opportunities. So the Safe Workers of Tomorrow program which will be suited to high schools will be given to every class starting next year for grade 9 to grade 12 and it will present safety pieces with regards to if you're working in a facility like the Y what are the things you're looking for, what's the amount of space you need for working on a machine, those kinds of things. So we've tried to put into place another step in the whole risk management piece but the forms are being used that were developed by MECY. We've changed a few things in them in that the declaration forms will actually have a list of activities that the students will have to write in so when the parents sign off on it they basically can see what it is that the activities are. The safety checklist will also go home so they'll know what risk factor rating and kind of the guidelines that are outlined in the physical activity safety checklist." [Superintendent, Participant 6, 175]

"...And I mean ah we have a policy, and the department has drafted something for us and so, you know, there is a framework that I think we can make work. [Superintendent, Participant 4, 269]

Consultants have put the time and effort into making sure schools and students will be covered. Some participants are still skeptical about the issues pertaining to the OUT-of-class delivery model, while others are confident that MECY has created a valid document that protects schools and students.

"...So we believe in the province that they've done the legwork and, and we know that we're not liable for that." [Physical Education District Representative, Participant 7, 552].

Safety and liability were large concerns regarding the OUT-of-class delivery model however access was another issue that participants were concerned about.

Access

Access was another sub-theme that emerged from the transcript analysis. Implementing the OUT-of-class delivery model introduces other barriers and concerns

for students and schools that previously never existed. A few participants expressed their

concerns about access limitations in the passages below.

> *"...those schools that are going to have you know a large portion of the program offered outside of school it now becomes almost a two-tiered system in that you've got students who ah for social economic reasons may not have the where-by-all to access community based programs because community based programs ah are not free. There are fees and you know ah costs involved whether it's your local soccer program you know figure skating programs, so for some kids they're going to be limited in terms of what they can access."* [Superintendent, Participant 3, 180]

> *"...I think the biggest drawback is...some students will be disadvantaged."* [Other, Participant 9, 97].

> *"...But I think you know I think you know if a school is offering 25% in terms of that required comprehensive piece in the classroom and the kids have to find the other 75% in community activities um some kids are going to be disadvantaged in terms of being able to access you know programs."* [Superintendent, Participant 3, 192]

> *"...there's students where it's a real struggle for them within their home environment to be active because they get bussed to school everyday, um maybe they don't have access to facilities because they're in a remote, rural area."* [Consultant, Participant 1, 1107]

As indicated by participants, access to community-run facilities may be a barrier

for some students. Students who live in rural, isolated areas or who come from lower

socio-economic areas in particular may experience some of these access limitations. On

the other hand, some smaller communities in Manitoba may not be able to provide the

recreational services schools are expecting, which would help to alleviate the burden of

scheduling, timetabling, limited facility space, equipment, and staffing issues. That

said, urban and rural school division leaders have been collaborating with communities

to reduce costs and offer additional activities and programs to students.

> *"...Well other, other places like YMCAs for example in the core area, they recognize the financial need of the students in the core area is going to be*

different than in the, in the um, um in the outlying or the suburbs. So they're offering drop-in programs as well at a, at a, at a really significantly reduced rate. The universities are doing the same thing. They're onboard."
[Superintendent, Participant 7, 392]

"...Working with the community to try and find alternative sites where kids can do programs or activities that are already out there so that they can complete their practicum" [Superintendent, Participant 5, 177].

"...The City of Winnipeg has come up with a program for students to allow them to use their facilities at a reduced rate or try to develop certain kinds of passes that kids could use or even classes could use as a whole to take them to certain City of Winnipeg facilities. So that will be available to our students if they need to make use of that for sure." [Superintendent, Participant 5, 181]

The following passage explains how a school has already been utilizing the community facilities and unfortunately their community cannot offer their school many amenities or additional breaks in cost. Instead of dwelling on the negative, this participant describes how they have chosen to be creative and reinvent what they already had.

"...Well we've always used the community to some extent with ah some of ah like curling and ah swimming and different programs that we can use community facilities...Um, and I suppose that might um happen more now...Um and we're using, you know, we're using outdoors more...Ah, we have municipal, municipal pools and things like that, but um at this point there, there hasn't been any kind of ah break in, in costs as far as I know...Oh, we're being creative of course. We, um I mean our gym has, we've put a mezzanine in with fitness equipment and we're creating more teaching stations, the gym has two teaching stations, and with the fitness ah area there will be a third teaching station, and then there will likely be a fourth one outside so that we can have four to six groups going at once...different areas that we haven't used before...We can be creative within the school."
[Superintendent, Participant 4, 149, 153, 157, 165, 169, 173 & 177]

In terms of what a community can offer a school depends on their resources. In urban areas, there appears to be more facilities and opportunities for students. As well,

urban areas typically have more resources, therefore are more capable of subsidizing

costs for recreational services.

Given this policy is innovative and has never been implemented anywhere else in

the world, it is a work in progress. It is to be expected there will be barriers to every

implementation design and not everyone will be in support of the new policy. However,

it is important to address these barriers early on, so that potential solutions can be created.

5.5 Additional Themes

5.5.1 Perspectives on the Policy

Although participants expressed several concerns, their overall perspectives on

the policy were positive, with few exceptions. The following passages illustrate

participants' perspectives on the policy. It is interesting to note, that not only were

participants in this project enthusiastic about the new policy and curriculum changes,

they also reported positive responses from others not involved in the study.

"...Generally speaking parents are supportive." [Consultant, Participant 2, 262]

*"...it is very well founded and the more people are informed and educated
about why we're doing this and what the benefits are, the more support it's
getting."* [Consultant, Participant 2, 266]

*"...We're ready to go and I think we've done everything we can to prepare for
this so we put a lot of time into it last year and so everything looks like it's
going to go well.* [Superintendent, Participant 4, 272]

*"...I think our teachers, certainly our phys ed teachers have ah you know
embraced it."* [Superintendent, Participant 3, 160]

*"Um in terms of do I think this is going to work, um we've never done it
before so ah we're all a little nervous. Um and, but where we're seeing
teachers trying it and using it um at the end of the day they're the champions
and ah there's so many teachers that can make, that can make it
work."*[Consultant, Participant 1, 712]

It appears that most participants are supportive of the changes made to the curriculum and are excited about the policy. However, in the passage to follow one of the consultants who headed the entire policy development and implementation process discussed in detail what she thought local-level participants might criticize about the implementation process. Participant 1 thought school-district level participants would view the policy process as being rushed.

"…I mean the frustration from, and I totally empathize with them, is that you know they are having to implement this and make decisions without seeing the curriculum like you know and like they've seen the policy but they don't really know what the curriculum looks like. So it's, it's funny how people are I mean they, they want it all at once but it can't develop all at once…And um I mean even you know things that we've done this year in terms of the, the planning, ah like we did follow-up workshops this year and fall planning sessions as well as orientation sessions for the curriculum this spring, and ah I mean you know every consultation you do or workshop you do you learn something right? And you bring that information back. Um but its been a rush from their point of view. And I don't blame them one iota." [Consultant, Participant 1, 835]

Despite what Participant 1 claimed regarding the implementation process being rushed, interestingly *only one* local-level participant mentioned this as a concern. Although this was only mentioned by one participant in addition to the consultant, this participant felt his entire district would echo this concern. Unfortunately, the other participants interviewed were not from the same district, therefore we cannot confirm whether or not this is true. Although the comments were unsupportive towards the implementation process, it is important to note this participant was in support of the curriculum and the policy. The following passages explain this is more detail.

"…There's lots of positive here and…the tough part is that um, you know, we've had to try and stay positive while dealing with the way, with the way it was done… the way it was um implemented by the department. Ah, the people involved were great, but ah the, the way it was done it was mandated and it

um was hurried up. It was hurried up for political reasons, and ah there, there
wasn't proper consultation or planning. And our region would ah, would
echo that…and in fact our entire ah superintendents, provincial
superintendents association would echo everything I've just said."
[Superintendent, Participant 4, 305 & 289]

As indicated by participant 4, this region was particularly concerned about the

implementation process. A possible solution was identified in the following passage.

"...although a lot of my comments seem negative, I don't mean to be negative
about the whole thing. Ah I think that it would, with time if we can do what we
should have been able to do before this started…that gives the department
some facts, gives them some research, action research that things, some of the
concerns I've mentioned can be addressed such as funding, proper funding,
and so on." [Superintendent, Participant 4, 553 & 557]

The solution to this problem was to delay the implementation of the policy and

to use that time to provide more feedback to the consultants. This would have given

decision-makers more facts and research about each school division to make the

implementation process smoother. Apparently, the consultations that were held prior to

the implementation of the policy did not meet the expectations of this division.

Regardless of this complaint, overall consultants felt they did an exceptional job

informing local level informants and *most* local-level participants felt the same. The

passage to follow illustrates this point.

"...Ah so there's been um there's, there's, there hasn't been any complaints
about the lack of support um, or the terms of the information coming across
people's desks um, and the opportunities available for them to learn about it.
In fact we, in my opinion I think we've done a very good job." [Consultant,
Participant 1, 1037]

The above passage indicated very few criticisms and complaints about the lack

of support given to local-level participants. Overall, participants seem to be supportive

of the policy and have done everything they can to prepare for the implementation.

Participant 1 summarizes the inevitable.

> *"...Um I guess ah what we learned I guess, it's strongly supported that ah whatever policy we produce that one size can't fit all."* [Consultant, Participant 1, 138]

5.5.2 Emergent Theme: Social Ecological Model and Relation to Policy

Lifestyle and environment have a reciprocal influence on each other and often times this relationship is ignored. This policy has shifted away from former intervention strategies that target individual factors, by moving towards a comprehensive intervention that incorporates the social environment. This policy addressed particular levels of the social and physical environment: community, institutional, and public policy[2]. The OUT-of-class component has the potential to bridge the gap between schools and communities for students. Instead of having two separate settings to engage in physical activity (school and community), the flexible model encourages students to use them interchangeably. Active Healthy Kids Canada (2008) had indicated a shortage of physical activity opportunities for children, and therefore needed to increase the availability and opportunities for children. In the passages below, participants provided examples of how schools had collaborated with communities to increase the availability of recreational opportunities for students.

> *"Well we've always used the community to some extent with ah some of ah like curling and ah swimming and different programs that we can use community facilities. Um, and I suppose that might um happen more now."* [Superintendent, Participant 4, 149].

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[2] Due to the nature of the research, the study was unable to measure influences at the individual level. Consequently, this analysis is limited to a small portion of the overall SEM.

"...we've been working with the community to try and find alternative sites where kids can use programs or activities that are already out there so that they can complete their practicum." [Superintendent, Participant 5, 177]

Some schools have already partnered with communities to share their resources and other schools are just beginning to embrace their communities. Regardless, partnerships are being created. Two participants explain in the passages to follow how the City of Winnipeg has developed a program to encourage students to use community facilities at a reduced rate.

"...The City of Winnipeg has come up with a program for students to allow them to use their facilities at a reduced rate or try to develop certain kinds of passes that kids could use or even classes could use as a whole to take them to certain City of Winnipeg facilities. So that will be available to our students if they need to make use of that for sure." [Superintendent, Participant 5, 181].

"...Ah in fact we just had a meeting this last week with the City of Winnipeg and they have come up with a plan called Extended Physical Education Curriculum Package, and where they are offering access cards to students at a significantly reduced rate. And they're also offering ah organizational access at a reduced rate to accommodate this." [Superintendent, Participant 3, 239].

Seeing as schools and communities have been collaborating, the recreational divide between schools and communities is lessening due to the OUT-of-class delivery component. Changes have been made to two of the students' environment: schools and communities and built-in supports that encourage physical activity. Within the school, students' physical education credits have increased by two in order to graduate, thus emphasizing the importance of physical activity. Participant 1 elaborates on this point.

"...And before the message was, Oh, ah phys ed is just a fill in right? You need to do it. So ah now we have to tell kids that, you know this is an important part of your day, everyday. And we need to model that in the schools." [Consultant, Participant 1, 1359]

Within the community, students are now being offered a variety of different

programs and activities outside of the school in order to complete their credits. Students

will be more familiar and comfortable with the facilities in their community, thus making

the transition period of exiting high school easier.

> *"…Um in terms of the community, these, there's, there's so much a community can do too because this happened…the physical activity participant has to happen in their leisure time. So community can play a big role in terms of facilities and opportunities and so on."* [Consultant, Participant 1, 1359]

> *"…So what they're doing is translating out of the gym as well."* [Other, Participant 9, 167]

> *"…we're trying to transition the kids into taking more responsibility for their own, their own activity."* [Physical Education District Representative, Participant 6, 237]

This intervention [policy] has undoubtedly influenced various levels. At the

institutional level, the increase in compulsory physical education credits has really

stressed the importance of physical education. The OUT-of-class delivery model offers

flexibility and gives students the option to utilize the community, making the transition of

exiting high school and finding physical activities to participate less challenging. Using

the community resources and facilities increases physical activity options that are

different from competitive sports, intramurals and traditional games commonly played in

schools.

5.5.3 Emergent Theme: Outcomes and Expectations of the Policy

A prominent theme that emerged from the transcripts when participants responded

to questions about outcomes or expectations of the policy, was to increase physical

activity levels in students. More specifically, short-term outcomes were identified as

students embracing the OUT-of-class component and witnessing more active students in grade 11 and 12. The long-term outcome was identified as students discovering activities which will persist throughout their lifetime, thus generating more active students exiting high school.

Sub-Theme: Short-Term Outcomes

An indicator of short-term success, as described by participants was observing more physically active students who they expect will take advantage of the opportunities presented to them through the OUT-of-class component. The passages below illustrate this point in more detail.

> *"…And if it increases the physical activity ah and improves the health of our kids in grade 11 and 12 then the program is a success… they'll get exposed to a lot of different things, their fitness will improve, they'll understand more about, about health"* [Physical Education District Representative, Participant 7, 472 & 776]

> *"…So I think that part of the success is changing attitudes and changing the way that kids think about using their spare time, getting away from video games and TVs and all those kinds of things and doing something active that promotes good health. So I think that's certainly an indicator of success."* [Superintendent, Participant 5, 259]

> *"…I think short-term success would mean school communities embracing this opportunity."* [Consultant, Participant 2, 294]

Seeing more active students and exposing students to new and exciting activities seemed to be the most commonly discussed short-term outcome. Ultimately, this is individually changing student attitudes and behaviours toward living healthy lifestyles by building changes into their environments.

Sub-Theme: Long-Term Outcomes

The most common long-term outcome discussed by participants was to continue these newly developed healthy, active lifestyles as they depart high school and venture out into adulthood.

> *"...Well I think that we'll, we'll see um more children and youth taking part in physical activity. I think it's going to affect everybody. I think when kids go and, and do their thing, yeah they're going to do it with friends but they may also pull in their younger brothers and sisters, they may pull in their parents. I think it's going to have a societal impact."* [Physical Education District Representative, Participant 7, 724].

> *"...Well I mean a goal of the entire curriculum would be to try to find that one activity that kids will do for a lifetime so that they will continue to be healthy and active..."* [Superintendent, Participant 5, 201]

> *"...choose to become active and participate in something that they really like to do and saying hey I'm going to keep on doing this long after I leave high school and I don't have to attend another phys ed class but I'm going to keep on doing this thing because it's good for me and it's fun and I enjoy it."* [Superintendent, Participant 5, 259]

For the policy to be successful, participants claimed the general indicator of success was to see more healthy, active students which is the ultimate goal of this policy. For short-term goals, participants thought students and communities embracing the new opportunities would be an indicator of success. For long-term outcomes, students continuing these healthy habits into their adult lives and in turn creating a healthier, active society.

5.6 Summary of Results for the Development/Influences of the Policy

A series of historical events impacted the development of the *Healthy Kids, Healthy Futures Task Force* report which was the major impetus for the PE/HE policy. The timeline began with the release of the Conservative government's 1994 *New*

Directions report proposing physical education become optional after grade 8. The backlash received from the community about the proposal was huge. The fact that Manitoba has a strong physical education background provides insight and possible reasons to why this particular policy was developed and implemented. There is no question this voice impacted the development of this policy. Although not one single factor influenced the development of the policy, all of the reports, events and discussions that transpired over time contributed to the onset of the policy.

The policy is one piece of a much larger initiative that collectively aimed to improve the health and well-being of Manitoban children and youth. The goal of the policy is to continue educating children and youth on the value of physical activity and provide students with opportunities to explore a variety of activities. In addition to this, other goals include encouraging students to take ownership of their lives and to stay active now and throughout the rest of their lives. The OUT-of-class delivery model allows students more flexibility and choice about the types of activities they wish to participate in. It also provides school districts with more flexibility in ways to implement the program so that this policy is adaptable in every school. Therefore, the importance of physical activity is emphasized and ownership of activities will make the transition of exiting high school easier.

Collaboration played an important role in the development of the policy. As soon as the government pledged to mandate the recommendations listed in the *Healthy Kids, Healthy Futures Task Force* report, decision-makers ensured there was on-going communication and collaboration from various populations. With a pioneering policy such as this, setbacks are to be expected. Many of the potential setbacks were averted by

continuous communication and collaboration between upper and lower level participants. Consultations provided students and those at local levels to become informed and convey their opinions. Essentially, welcoming multiple opinions and creating on-going discussions helped to generate the best possible policy that would accommodate everyone's needs.

Barriers almost always accompany any type of new program or policy. Some of the barriers were alleviated as a result of the consultations. The most obvious barrier was funding, which had a reciprocal relationship with staffing. There were independent barriers for the IN-class delivery model and the OUT-of-class delivery model. Scheduling and space were issues for the IN-class delivery model. Safety and liability and access to community facilities were issues for the OUT-of-class delivery model.

In general, most of the participants were in support of the policy. The feedback about the curriculum was extremely positive. There was one major complaint by a participant about the implementation process. This participant felt the process was rushed and did not receive proper consideration. Overall, the perspectives on the policy were supportive.

The Social Ecological Model was an appropriate model with which to understand this policy. This lens has provided us with the ability to understand how important the environmental influences are. Various environmental influential levels have been modified in order to change individual behaviours and attitudes, making healthy choices, the easy choice. This policy has increased collaboration and unity between communities and schools as well as increased the availability of programs that can be offered to students.

Finally, the outcomes and expectations of the policy were consistent among provincial and local level participants. The two main outcomes this policy attempted to achieve is to increase physical activity levels in students and discover new activities that will persist into adulthood, thus down the road, in collaboration with other initiatives reduce the rates of obesity.

Question 2: How well does the Development of Manitoba's Physical Education/Health

Education Policy fit with the Stages Model?

5.7 The Stages Model & Physical Education/Health Education Policy

The literature was revisited to assist in developing clear definitions for each stage. The investigator concluded that the definitions for each stage were vague and inconsistent making the task of assigning each event or process to a stage or multiple stages extremely difficult. To address this challenge, definitions for each stage were developed before analyzing the data. Definitions can be found at the beginning of this thesis as well as in the following paragraphs. The definitions were based on some of the previous literature in combination with the investigator's knowledge. This step was accomplished to ensure that each stage had clear boundaries so that each event or process of the PE/HE policy could be assigned to one of the stages easily. After careful consideration and examination of the data, there was only evidence pertaining to the first three stages: *Agenda Setting, Policy Formulation* and *Decision Making*. (Please note, based on existing literature and for the purpose of this investigation *Policy Formulation* and *Decision Making* are considered one stage). Therefore, only part of the model was used. To avoid force-fitting events or processes into the model, only those events and processes

that fit the descriptions were assigned to one of the stages. However all events and processes are discussed. The following paragraphs define each of the stages, list the tasks associated with each stage and provide supporting quotations from the transcripts. Following each paragraph, a table summarizes this information.

As a recap, *Agenda Setting* is the stage where policy making presupposes the recognition of a policy problem. Problem recognition requires that a social problem has been defined as such that the necessity of state intervention has been expressed. Next, the recognized problem is put on the agenda for consideration. The agenda is nothing more than a list of problems that Government or other officials give serious attention to (Fisher et al., 2006). In summary, *Agenda Setting* is the stage that the Government or other officials decide what important issues to focus on. After reviewing the events and processes assembled in the timeline, I suggest the following events and processes fit the criteria for *Agenda Setting*: the *New Directions* report, formation and lobbying of the Steering Committee, and merging of Physical Education and Health Education. From the timeline, these events and processes correspond to numbers 1-3. The reason the *New Directions* report fits into this stage, is because the report threatened to make physical education optional after Grade 8. During this time, obesity rates were steadily rising. The Steering Committee lobbied against the government which consequently emphasized the importance of physical education. It may seem peculiar that merging the two curriculums fits into this stage, however the implications of this event justify why. The physical education community and other partners were dissatisfied with the resolution. The vision and intention was to mandate physical education from K-12. Only a half victory prevailed leaving many Manitobans disappointed. Therefore, the will to mandate

physical education to grade 12 never completely disappeared. Shortly after, obesity

slowly started to find its way onto political agendas worldwide. As obesity became a

priority on political agendas, the physical education community rehashed the previous

bitterness of physical education only getting mandated to grade 10 with the intention to

incorporate more physical activity into the curriculum somehow. Participant 1 discusses

these issues in more detail in the table below.

Table 2: Stage: Agenda Setting

Definition	Tasks Included	Quotations
Setting the political agenda is created by the issues or problems influenced by the public which are presented through reports, meetings, actions, actors or events.	1. New Directions Report written 2. Steering Committee formed 3. PE/HE combined	*"Back in 1994/95 before I came to the department…the… government in place at that time ah wrote a document called New Directions, and they were going to make phys ed optional… they were going to make phys ed optional after grade eight… there was a huge um outcry from ah physical education partner groups… And there was a huge um outcry from ah physical education partner groups. And at the time my job wasn't here at the department. I worked for the Manitoba Phys Ed Teacher's Association. I worked for my school division. And we as a physical education group and health partners and, and Henry Janzen was the chair of this, of physical education steering group, um committee, steering committee we would call ourselves. And it included phys ed partners and health partners um to lobby against the government about this, about this change."* [Consultant, Participant 1, 278] *"And as a result of that, that piece, um there just was many, many letters and presentations made to the, to that Minister of Education at that time. Um and the outcry was so loud and it became a political issue within cabinet."* [Consultant, Participant 1, 282]

Definition	Tasks Included	Quotations
		"...And it just carried on and then it became, it [physical activity & children] became a political issue in our province." [Consultant, Participant 1, 358]

Policy Formulation and *Decision Making*: At this stage, potential problems, proposals and demands are transformed into programs. This stage includes a definition of the objectives – what should be achieved with this policy, and considerations of different actions and alternatives. *Decision Making* is the stage where decisions are made in order for action to be taken to drive the policy process forward. Decisions around policy development are rarely the result of a single decision. They are a result of multiple decisions occurring at many stages. Therefore, since decision making occurs at more than one stage, it is often difficult to distinguish between *Policy Formulation* and *Decision-Making*, therefore these stages have been combined into one (Fisher et al., 2006). In summary, the Government and other officials seek to identify the range of possible responses to a given definition of a problem and agree on a final policy. After reviewing the events and processes assembled in the timeline, I suggest the following events and processes fit the criteria for *Policy Formulation/Decision Making*: the creation of the All-Party Task Force, the release of the *Healthy Kids, Healthy Futures Task Force* recommendations, the formation of a curriculum and management team, hiring Proactive

– a well recognized consulting company, conducting 5 regional/divisional consultations,

conducting 7 school visitations, hiring a policy writer and submitting the final policy.

From the timeline, these events and processes correspond to numbers 5-11. The reason

the creation and consultation portion of the All-Party Task Force fits into this stage is

because the Premier recognized something needed to be done about the obesity epidemic

and this group went around the province to facilitate discussions and generate possible

solutions. The release of the *Healthy Kids, Healthy Futures Task Force* report

recognized the obesity problem and summarized the opinions driven by Manitobans in

the recommendations section. The creation of the curriculum and management team

launched the central decision making hub which collected and considered all possible

program ideas heard from multi-level stakeholders. Hiring Proactive who facilitated

various workshops created opportunities for provincial level participants to receive

feedback from local level participants. This process allowed for various perspectives to

be acknowledged and all program possibilities to be shared. Finally policy submission

arguably suggests all alternative possibilities had been discussed, and the final policy

submission is the best possible policy that will achieve the goal of the policy.

Interestingly, most of the collaboration throughout the process occurred during this stage.

Participant 1 and 2 elaborate on these points in the table below.

Table 3: Stages: Policy Formulation/Decision-Making

Definition	Tasks Included	Quotations
Potential problems, proposals and demands are transformed into programs. Policy	5. All Party Task Force Formed 6. Healthy Kids, Healthy Futures Task Force recommendations	*"...once the Healthy Kids, Healthy Futures task force came about we hired a, a consulting company called Proactive, and they worked with me and they went around the province attending regional workshops and saying, what, what would you like this ah you know phys ed health*

Definition	Tasks Included	Quotations
Formulation includes all events, processes, discussions, workshops, consultations, actions and decisions created around formulating the PE/HE policy.	report released 7. Curriculum & Management Project Teams chosen 8. MECY hired Proactive Consulting Company 9. PE/HE Consultant facilitates Regional Workshop 10. School Visitations 11. Policy Writer hired Submission to Cabinet	*grade 11 and 12 curriculum to look like? And we presented some models and they were to choose which model they liked… And we met with ah team's um school division… we met with ah groups of high school students. So we had an a.m. session for the divisional teams and we had a p.m. session for students. So we've collected information as to what they thought this um the implementation should look, the model should look like."* [Consultant, Participant 1, 92] *"…after the Proactive ah consultation we also did ah something called the School Visitation Consultation, and what that was is that um ah we ah basically took the information from our consultant of our first consultation and then came up with a, our design, and ah of what the implementation model actually looks like right now and then we went into the, we visited, I visited seven schools, and we sat down and I asked each school to have a principal there and superintendents were invited as well, as well as the phys ed teacher, and school counselor as they were involved with the health. And we sat down and we had a questionnaire and ah basically interviewed them and saying, Okay, what are the demographics of your community, you know what do your facilities look like? and so on because a lot of the, the um the challenges of this um of the, of the new 11 and 12 was there was lots of barriers, i.e. facilities, timetabling, staffing, equipment, and so on. And so we wanted to be able to say okay, if we had this policy, sample policy, or this policy, could these seven schools, the question was asked, Could you actually implement the grade 11 and 12 in your school?* [Consultant, Participant 1, 116] *"…Um we have had also information sessions with, with our partners. When I say partners I'm talking about the school principals, um ah administrators, ah superintendents, trustees. We had through a variety of forms, the occasion to talk to these people and, and sometimes informally and some other times more formally,*

Definition	Tasks Included	Quotations
		and, and affirmed the, the, the kind of conversations we had with these people. We were able to ah, to determine if we were on the right track with our policy and to do, to make the necessary adjustments." [Consultant, Participant 2, 70]

The events and processes corresponding to the numerical values 12-17 do not fit exactly into the stages of the policy. After analyzing these particular events and processes, a common theme emerged. This theme was preparing and informing those individuals who would be either affected by the policy implementation or involved in the frontlines during the implementation of the policy. In other words, this theme is alluding to the collaborative processes that happened throughout the *Policy Formulation/Decision Making* stage leading into the *Implementation* stage.[3] Prior to discussing this theme and tasks 12-15 in more detail, the remaining stages will be examined.

Policy Implementation is the stage that the policy is executed or enforced by the institution or organization (Fisher et al., 2006). Unfortunately, the there was no evidence in the data that met the criteria for this stage since interviews occurred prior to actual implementation date. Tasks 16-17 listed in the table below had not occurred at the time of the interview.

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[3] The process of collaboration may have occurred throughout other areas of the policy cycle, however the bulk of the data were tailored to Policy Formation. Therefore, with limited information pertaining to the other stages, the process of collaboration will be explicitly examined in between the stages of Policy Formulation and Implementation.

Table 4: Stage: Policy Implementation

Definition	Tasks Included	Quotations
Policy Implementation refers to the date at which the PE/HE policy was enforced. In this thesis, policy implementation occurred September 1, 2008. Note: At the time the interviews were conducted, the policy had not been implemented, therefore this thesis does not contain information from the transcripts that directly relate to Policy Implementation.	16. Grade 11 and 12 Policy implemented in schools * 17. Spring Orientation sessions launch Grade 12 PE/HE Curriculum*	–

Policy Evaluation is the stage at which the policy is being assessed and examined

for its effectiveness. Unfortunately, there was no evidence in the data that met the

criteria for this stage.

Table 5: Stage: Policy Evaluation

Definition	Tasks Included	Quotations
Policy Evaluation occurs after implementation. Evaluations are done to determine the effectiveness of the intervention. Note: This thesis does not contain data relating to evaluations on this policy	–	–

Now that the events and processes have been categorized into one of the five

stages, I will now refer back to the theme that emerged throughout the *Policy*

Formulation/Decision Making stage leading into the *Implementation* stage - collaborative

processes. Referring back to the textual descriptions detailing the development of the

policy, the analysis highlighted that collaborative processes occurred in points 9-12, 14-15 and 17. Further investigation into the tasks associated with these numbers led the researcher to suggest a possible missing stage – *Policy Dissemination*. The main point of this stage is to alleviate barriers that may occur during the implementation of the program and to avoid conflict between decision makers and local level participants. Tasks 12-15 involve gatherings with decision makers and local level participants to inform and prepare those at local levels on how to carry out the policy. Therefore, this potential stage can assist in alleviating potential barriers and make the transition from formulating the policy to implementing the policy smoother. A definition and supporting data follow.

Table 6: Suggested New Stage in Policy Development: Policy Dissemination

Definition	Tasks Involved	Quotations
The events and tasks that prepare the individuals involved in the implementation of the policy or inform the individuals who are affiliated with the policy in some way	12. PE/HE Consultant meets with Educational Groups 13. PE/HE Consultant hired for implementation 14. Fall Planning Sessions for Grade 11 and 12 Curriculum 15. Spring Orientation sessions launch Grade 11 PE/HE Curriculum	*"...So the fall planning session was a sneak preview of the grade 11 curriculum because the final one wasn't, wasn't ready yet. Um because we were still with the editing and desk toppers. But we, you know, so then the big focus on that was planning."* [Consultant, Participant 1, 867]

The research question under investigation was to determine how well the PE/HE policy fit with the Stages Model. As a recap, at the time the interviews were conducted, only information pertaining to *Agenda Setting* and *Policy Formulation/Decision Making* could be collected. Keep in mind this is not a complete evaluation of the model.

The Stages Model was developed to be simplistic in order to ease the overwhelming amount of data collected for policy development research. After

examining the steps involved in the development of this policy, the Stages Model helped

organize and simplify the complex process into discrete parts which made the analysis

process easier for the researcher. Although the events and processes were highlighted

and assigned to one of the stages it provided few insights into the policy process and

neglected other important aspects of the policy cycle. Perhaps assigning events and

processes to stages is not as effective or informative as understanding the relationships,

processes, and factors existing between and within each stage that encouraged moving

this policy forward. Collaboration was one of the most important processes that was

discovered.

Even though the Stages Model did not inform the researchers with distinct factors

which moved the policy process forward, it did serve its original purpose. The purpose

was to see how well the events and processes fit with the Stages Model. After

developing clear definitions for each stage, the events and processes fit appropriately

within one of the stages with the exception of the events corresponding to the numerical

values 12-15.

5.8 Summary of Results for the Stages Model

As indicated, some of the events and processes extracted from the transcripts did

not fit exactly into the stages from the Stages Model; however a potential stage appeared

to be missing after analyzing the development of the PE/HE policy: *Policy*

Dissemination. This stage may be useful for policy developers to consider in future

research. Informing and preparing those at local levels might ease the transition of

implementing a new policy and make the policy more successful. Upon further

investigation into the Stages Model, evidence indicated the Stages Model had been subject to criticisms in recent years.

The most significant limitation to this model was its inability to produce an instrument to integrate the role of policy analysis and policy-oriented learning back into the field of policy research (Sabatier & Jenkins-Smith, 1993). After analyzing the information as instructed by the Stages Model, there was little information to report to better understand the policy process other than the sequence in which events occurred. The Stages Model does little to inform policy analysts and others involved in policy research with further insights and knowledge into understanding how policies are developed and therefore are not the most suitable models to draw lessons from. What the analysis of this policy process did reveal is the need to focus on the processes that assist moving from one stage to the next. In this case, collaboration between local and policy-level practitioners was an important feature. Moreover, the fact that each event was well-represented and various opinions were shared brought harmony amongst all those involved or affected by the implementation of the policy and created an ocean of support for the policy.

6.0 Discussion

6.1 Revisiting the Research Questions

The main research question guiding this project attempted to understand the complexities involved with developing health-related policies. More specifically, there were three questions under investigation. The first research question aimed to answer the following question. *"How did Manitoba's Physical Education/Health Education policy develop and what influenced its development?"* To answer this question a timeline was developed followed by text to further explain the events and processes leading up to the development and implementation of the PE/HE policy. The function of the timeline was twofold: 1) it provided a foundation on which to understand the findings of the project and 2) it displayed the events and processes leading up to the policy in an organized fashion. Organizing the process in a timeline assisted the investigator in arranging the events and processes of this policy into one of the stages of the Stages Model. It also helped simplify the complex process and make sense of a plethora of data. Following this, the factors that influenced the policy were discussed. There were several factors that influenced the development of the policy. The historical events leading up to the development of this policy were influential: the strong physical education advocates in the province of Manitoba, world-wide concerns about obesity and the creation of the All-Party Task Force which collected public opinions on what they could do to make children and youth enjoy the benefits of a healthy active lifestyle. These factors undoubtedly helped prioritize childhood and youth obesity on the political agenda.

However, considering the Stages Model was applied to the research after the interviews were conducted, several problems emerged when answering the first research

question. Participants were not asked questions directly related to the historical events that influenced the development of the PE/HE policy. Therefore, most of the conclusions drawn from the data relating to *Agenda Setting* were intuitive since there was minimal information in the transcripts to determine what actually went on during this process. If participants were asked more specific questions tailored to the *Agenda Setting* stage, perhaps the conclusions from the study may have differed slightly. Participants should have been asked questions like, "what influenced the development of this policy?" or "in your opinion, how did obesity/physical inactivity become part of the political agenda?" This way, conclusions could have been made based on the participant's answers rather than the investigators speculations.

Another issue that became apparent after completing a few interviews concerned the range of participants. The reason the investigators chose to incorporate such a diverse sample was to include all necessary perspectives to answer the research questions. This proved to be problematic because each of the participants had very different roles in developing the policy, or very different affiliations to the policy. Of the participants recruited for this research project, a role that could not be included was a participant informed about the historical events that set obesity on the political agenda. At the onset of the development, there was a participant knowledgeable to answer questions pertaining to the *Agenda Setting* stage. However, as stated earlier in this thesis, due to complications with the recorder the participant did not give us permission to use the transcripts. Even though this transcript could not be used in the analysis the answer might be more simple than complex after having critically examined the historical events. The information collected from the remaining interviews may be sufficient to

characterize the *Agenda Setting* stage. For instance, obesity began building into a national issue, with data indicating Manitoba youth were as bad as or worse than the rest of Canada. In conjunction, a strong physical education voice spoke up when a government report pointed in a direction that would have reduced the benefits of physical education. These events may have been reason enough to set this issue on the top of the priority list in the province of Manitoba.

Part (a) of the first research question aimed to answer the following question. *"Why did they choose a flexible OUT-of-class delivery model?"* The OUT-of-class model was chosen for several reasons: increase students' responsibility for their physical activity, limit interference with academic performance, encourage multi-partnerships and discover new activities that will persist into adulthood. Moreover, the flexibility component of the OUT-of-class delivery model was developed to best meet the needs of students and schools. Given every school has different resources, the flexibility of this model alleviated some of the anticipated barriers: facilities/space and timetable concerns. The OUT-of-class delivery model is an innovative twist to previous traditional methods for earning physical education credits. The goal of the model is to help children discover activities outside of school in 'real-life' settings that they will continue to peruse post graduation.

Finally the last research question attempted to answer the following question. *"How well does the development of Manitoba's Physical Education/Health Education Policy fit with the Stages Model?"* Considering this model was chosen after the interviews had been conducted, important questions designed to test the model were not asked. Therefore, the investigators were unable to test the credibility of the full Stages

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Model, and instead used it as a guide to organize the events and processes that occurred throughout the development of the PE/HE policy.

Moreover, the questions designed for the interview were developed based on each participant's position in the Education system and therefore questions around development and implementation were not asked in each interview even though that was the main goal of this investigation. For example, provincial level participants' questions focused on development rather than implementation questions, whereas local level participant's questions focused on implementation concerns as opposed to development. The reason the interviews were designed this way, was because the investigators knew participants at the provincial levels would be most knowledgeable about the development of the policy compared to local level participants. It should be noted that at the time the interviews were conducted, the policy had yet to be implemented, therefore answers pertaining to the implementation and evaluation stages could not be collected. In addition to this, participants were not asked questions about the *Agenda Setting* stage. The primary investigator drew her own conclusions from the information from the documents and interviews that best suited the *Agenda Setting* stage.

There were many limitations with the Stages Model which made learning from this model challenging. Since minimal data addressed the *Agenda Setting* stage and only speculations accounted for the *Implementation* and *Evaluation* stages, the study was unable to examine the policy process as a whole. What this model did provide was a straightforward guide in which to organize the data. In future, researchers should use this model as a beginning step in order to layout the events and processes in an organized fashion. The next step would be to incorporate other theories or models that explain or

critically analyze the policy process. It is far more important to analyze the relationships and concepts that occurred throughout the process instead of only describing the chronology of events, which provides minimal insights into the policy process. Although there were some advantages to using the Stages Model, more recent models and theories should be applied in future projects that integrate relevant findings back into the field of policy research. One such model is the *Advocacy Coalition Framework* (Sabatier & Jenkins, 1993). This framework examines the problems encountered by policy makers. This framework also focuses in on the relationships existing between important decision makers that occur throughout the complex policy process.

6.2 Implications for the Stages Model

Upon further investigation into the Stages Model, the policy literature indicated this model was subject to many criticisms and had outlived its usefulness and was time to move beyond this model and seek out alternative models (Fisher et al., 2006). To follow are some of the disadvantages and advantages regarding the Stages Model.

6.2.1 Disadvantages

Although there is some value and learning potential in dividing the policy process into discrete parts, it does not explain the linkages and connections existing between one stage to the next (Sabatier, 2007; Smith & Larimer, 2009). This proved to be one of the biggest downfalls with this model. The transitioning from one stage to the next offers valuable insight into the policy process. The results from this project revealed the benefit of analyzing the transitional processes particularly in between the *Policy Formulation/Decision Making* stage and the *Implementation* stage. Narrowing in on these transitional periods highlighted many useful and relevant results. This model did

however identify what was missing in the analysis. It was far more informative to focus on the relationships existing between actors and understanding the events leading up to the development of the policy.

Since a 'causal set of drivers' that govern the policy process within and across stages have yet to be identified, this model has often been criticized. Therefore without tangible hypotheses within, and connecting each stage, the model's credibility is limited (Sabatier & Jenkins-Smith, 1993; Sabatier, 2007). That said, it might be difficult to make general connections since not all policies follow the same developmental pathways. Given only one case was analyzed, it would be interesting and of value to analyze other health-related polices to identify similar patterns and processes. Since this model was separated into stages, it produces a piecemeal or fragmented type of theory for studying the policy cycle, when in actuality, strong theories tend to be cohesive, interconnected and have well-developed hypotheses (Sabatier, 2007; Smith & Larimer, 2009). At no point do these individual stages get analyzed in unity to understand the impact one stage has on the other. We did not have the necessary information pertaining to each of the stages to evaluate this policy as a whole. However, we did analyze the relationship between *Policy Formulation/Decision Making* and the *Implementation* stage and the collaborative processes that occurred throughout the transition. This provided the researcher with a more precise illustration of what moved the policy process forward, specifically between these two stages. What the Stages Model brings, is a sense of division rather than unity to the process which produces a perception that the stages are disconnected or the process should be studied in isolation (Smith & Larimer, 2009; Hudson & Lowe, 2004), when in fact it is a process and it should be examined as a

whole. For the purpose of this research project, the *Policy Formulation/Decision Making* stage was mainly examined and speculations were provided for the *Implementation* and *Evaluation* stages. Given the time the interviews were collected, information about these two stages were unknown. As for *Agenda Setting*, there were minimal questions asked pertaining to this particular stage and of the selected participants, very few were knowledgeable about the issues within the *Agenda Setting* stage. Therefore, assumptions were made but definite conclusions could not be drawn. Sabatier (2007;1991) and Smith and Larimer (2009) have suggested that instead of calling this a *model or theory*, it has often been referred to as the "stages heuristic", which is a framework to guide and learn about the factors influencing the policy process. Considering the Stages Model did not demonstrate any useful information other than organizing and simplifying copious amounts of data and to visually represent the sequence of the events, this model contributed little to learning in this project. The small contribution originates from the lack of data that were collected to test the model.

The sequence of the stages in practice: *Agenda Setting, Policy Formulation, Decision-Making, Implementation* and *Evaluation* is questionable as well. More often than not, the development of a policy deviates from the assumed sequence of the stages (Sabatier & Jenkins-Smith, 1993). In fact most policy processes rarely have clear beginning and ending points. As with this policy, there was not a defining event that commenced the PE/HE policy. Policies are constantly being reviewed, modified, and sometimes terminated, reformulated, implemented, evaluated and adapted, not always in that order. The policy process does not evolve in a sequence; instead the stages are meshed together, entwined in an on-going process (Fischer et al., 2006; Sabatier, 2007).

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In reference to the PE/HE policy, the *Policy Formulation* stage contained a lot of inner stage activity. There were several workshops and school visitations that required on-going communication and several revisions. Within this stage, there were several instances where there were continual cycles of discussions and revisions made to the policy before moving forward onto the next stage. The ideal methodology would be for the policy process to begin at the first stage and follow chronologically until the final stage; however this is not always accurate.

Finally, the Stages Model is portrayed as a top-down approach (Sabatier & Jenkins-Smith, 1993). The collaborative efforts and on-going communication that resulted from this project demonstrated the PE/HE policy process is inadequately captured by a top-down approach. Instead, the process employed more leadership and guidance. In order for decisions to be made, there must be authority and leadership to some degree. Both provincial and local level participants played active roles in designing the implementation models. This technique acknowledges other important key stakeholders and champions that were of assistance in the development and implementation process.

6.2.2 Advantages

On the other hand, there are several advantages to this model. This model has been widely used in public policy research and has also been broadly accepted for so many years because it breaks down the complex policy process down into functional and temporal sub-processes to organize the plethora of policy research (Sabatier & Jenkins-Smith, 1993; Fischer et al., 2006). This is predominantly what the researcher used the Stages Model for. Hudson and Lowe (2004) and Smith and Larimer (2009) claimed the

simplicity of models using 'stages' more easily captures how policy processes work and are often useful in the evaluations of case studies. The other appealing characteristic of this model is the ability to focus on common features within each stage (Fischer et al., 2006). Using the Stages Model as a guide did allow for the researchers to focus on common features within the *Policy Formulation/Decision Making* stage and to really narrow in on the particulars within this stage. Honing in on the *Policy Formulation/Decision* Making stage, here is where the researcher learned about a relevant process, collaboration. In summary, this model is simple, and provides policy researchers with a broad and generic outline of the policy process.

There are some benefits to employing the Stages Model, however the disadvantages seem to outweigh the advantages in most cases. However, it should be noted that the researchers did not design questions that specifically tested the Stages Model. Moreover, for what the researchers intended to use the Stages Model for, it served its purpose. In future, researchers should incorporate more rigorous models that explain and critically analyze the policy process. This way, policy practitioners and other researchers will have more empirical evidence on what factors drive the policy process forward. Therefore, they will have more evidence in which to draw lessons from for future advocacy.

6.3 Important Finding to Enhance Policy Development

The results from this study highlighted multi-level collaboration as being extremely significant in the success of policy development. The *Policy Formulation/Decision Making* stage of the PE/HE policy became the primary focus throughout the investigation. The general consensus by provincial and district level

participants was that this process lacked a top-down approach. This allowed multi-level

actors to be on the same page and express their opinions and concerns. Sabatier and

Jenkins-Smith (1993) claimed using a top-down approach neglects other key players

involved in the development and implementation stages. There were many local-level

participants involved in the process which lead participants to be more supportive of the

policy. Without gaining the support of local level participants from the beginning, tends

to set up the implementation execution for failure. The data analysis completed for this

study revealed collaboration as being an essential ingredient for successful policy

development. Unfortunately, because of when the data were collected, the researcher

was unable to track the effects of this collaboration through the implementation and

evaluation stages.

6.4 Implications for Future Research

The results from this project leave several implications for future research to

completely understand policy development. More empirical evidence needs to be

contributed into the policy research field to establish a 'gold standard' model for policy

analysis. The original model [stages model] paved a misleading path for researchers to

adequately understand the policy process. Only in the past several years was this

misconception of breaking the policy process into stages recognized. Recently, models

have been developed, e.g., *Advocacy Coalition Framework* that offer policy researchers

more insights and knowledge into the policy process. Future research should consider

moving beyond the Stages Model to employ more analytic-type models that reflect 'real

life' policy processes that will add value and knowledge back into the field. The results

from this study provided little evidence that contribute to understanding the policy

process. It did however help a novice researcher organize the policy into discrete, more manageable parts for analysis. The results did confirm some of the limitations found in the literature pertaining to the Stages Model.

Evaluations are a critical element in the policy process. Often times, policy evaluations are overlooked and never completed. Further evaluations and follow-up studies on this policy need to be considered to notify and inform policy-makers of this policy's effectiveness. Planning evaluations should have been considered near the beginning of the policy process to track students' improvements to assess whether or not the policy is in fact making a difference in students physical activity levels – seeing as this is the intent of the policy. Not only should evaluations be considered at the student level, but at the school-level and community-level as well. Evaluations should be conducted at these levels to provide an opportunity for teachers, administrators, superintendents, physical education district representatives, and community members etc, to express their concerns about implementation or program issues or express what has been successful. This way, many of the wrinkles in the program can be ironed out. One way to evaluate the programs effectiveness is through pre and post test questionnaires. The pre- and post-test questionnaires determine the impact the program has had. In retrospect, evaluations should have been developed prior to the implementation of the policy. However, evaluations can still be conducted. At the beginning of the next school year, students should be given a pre-test questionnaire to determine baseline data on student's physical activity levels prior to the onset of the program. Students could be asked a series of questions on a likert scale from 1-5. To follow are examples of the types of questions students should be asked: On a scale of 1-5, "how active are you right

now?, how many times do you exercise a week?" To follow are examples of school-level type questions: On a scale of 1-5, "are there timetable challenges at your school?, are students utilizing the OUT-of class component?, how active are students right now?" Finally community related questions might include: On a scale of 1-5, "how involved with the school systems are you?, are you networking with local schools to provide activities for students?" These are just a few examples of the types of questions that could be administered to students, schools, and communities to assess this policy's effectiveness. Another possible method to determine the effectiveness of this policy is to conduct follow up telephone interviews with the same selection of participants to evaluate their views after the policy had been implemented. To summarize, follow-up studies should be conducted primarily to analyze students' commitment to the program and evaluate physical activity levels. If students are not improving, the policy would be deemed ineffective and should be terminated or be re-evaluated. Next, school-level evaluation should be conducted to determine how well the program is running and finally, community level evaluations should be conducted to establish whether students are utilizing external activities.

6.5 Strengths & Limitations

As with any study, there are strengths and limitations to consider. Due to the nature of this study, most of the strengths have counterpart limitations. To begin, the study design of this investigation is a strength in itself. Case studies welcome flexibility and allow for exploration to occur rather than prediction. The research design was able to investigate the PE/HE policy in its 'real life' context. Collecting data for a single case study allowed the researcher to collect rich, detailed information on only one subject

matter (Yin, 1994). On the other hand, case study designs have traditionally been viewed as a limitation. Case study designs are often less desirable forms of inquiry than surveys or experiments because of the traditional prejudices or 'lack of rigor' (Yin, 1994). Case studies tend to yield criticisms on the limitations of generalizability. To counter this limitation, given this is policy is unique to Manitoba and the purpose of the study was to inform and provide insights to Manitoba Stakeholders, this criticism holds less credibility.

Another strength in this study was participant selection. Purposive participant selection was chosen based on recommendations from an informed key stakeholder directly involved in the developmental stages of the policy and who oversaw and directed the development of the policy. Based on this person's perspective, participants were recommended based on who was most informed, knowledgeable, and valuable to the study. The interviewees' responses were rich, detailed, and most representative of the phenomenon under investigation. On the other hand, purposive selection leaves the study open to selection bias. Participants were selected based on the recommendations of an informant who was directly involved in the development of the policy. The recommendations may have been skewed to recruit participants who would have been mostly 'for' the development and implementation of the policy. There was a deliberate attempt to counteract this by selecting participants who had previously expressed both challenging and favourable perspectives on the policy. The in-depth recruitment design limited the number of participants who could be included. Given the range of participants from provincial to local levels, it was difficult to achieve data saturation since participants had different positions, roles, and affiliations to the policy. Another

limitation with the participant selection is regarding the interview questions. The participants ranged from provincial and district levels and were experts in different areas of the policy process, therefore the interview questions had to be altered slightly. Unfortunately, not all participants were asked about the development of the policy, which was the intent of the project. In hindsight, perhaps a sample of individuals with the same roles or affiliations to the policy should have been selected instead of a well represented sample of individuals. This way, participants could have been asked similar questions on *only* the development of the policy making data saturation easier on the researcher.

Yet another strength in this study, was the use of multiple data sources. The research project incorporates multiple sources of data including the *Policy Document, Healthy Kids, Healthy Futures Task Force* report and *Proactive: Helping Clients Make a Difference* report. It should be noted that these reports were not used in the coding process. These data sources were used to fill in any gaps pertaining to events that occurred throughout the development of the policy and to organize the chronology of events for the timeline. The primary source of data used in the analysis were the telephone interviews. A strength to telephone interviews is that they provide anonymity so that participants feel more comfortable and candid divulging information. However, one of the major limitations with telephone interviews is that body language is unknown. More importantly, telephone interviews may have provided indirect information filtered through the views of the interviewees. The implication here is that people are not equally articulate or observant. Therefore there are slight nuances from participant to participant and without direct observations, we have to rely on the portrait the interviewee is drawing for us.

A final strength was the policy model chosen for this research project. Although there were many criticisms about the model, as a novice researcher, it made the process of analyzing the policy cycle simple. At the outset of the study, the Stages Model appeared to be the best fit, considering the set up of the investigation which included the design of the research questions and the group of selected participants. However, further investigation lead the researcher to conclude this model was subject to various criticisms and was no longer of value in the field of policy research, which became apparent in the analysis stage. The design of this model is too simple, is not a true reflection of the policy process, is depicted as being a linear process and has outlived its usefulness in policy research (Sabatier, 1999; Sabatier & Jenkins-Smith, 1993). This model provided few insights into the development and implementation of the policy process. However, it did answer the research question under investigation.

A final strength to this study was data triangulation. Interview data were checked against the documents for correct placement of events and processes along the timeline. Data triangulation increases confidence in the results when different methods lead to the same result, which is what happened in this investigation. A final limitation was the lack of multiple coders. In spite of having a single coder, rigorous coding principles of constant comparison was maintained to ensure consistency and completeness of coding and interpretation. Also, an interpretivists theoretical perspective was employed, which welcomes multiple perspectives and strives to understand situations rather than finding universal truths. Given the premise of the interpretivists perspective therefore adequately addresses the absence of multiple coders.

7.0 Conclusions

The findings from this study have highlighted and identified issues and concerns policy-makers and local level participants encountered throughout the development and implementation process of the PE/HE policy which required students earn two additional physical education credits prior to graduation. The findings from this study have contributed knowledge and valuable information for policy developers in other Canadian provinces or jurisdictions on how to develop, integrate and implement a similar health-related policy. The results from this study refined our knowledge on how policy is enacted, focused in on the events and processes that occurred during the *Policy Formulation/Decision Making* stage and provided further evidence to resist using the Stages Model for policy analysts in the future. Policy analysts need to move beyond the Stages Model to employ models that produce an instrument that integrates policy-oriented learning back into policy research. Further research is needed to understand the logistics in policy development and implementation and a follow-up study evaluating the effectiveness of this policy is needed.

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Appendix A: Information Letter

[Insert Date]

Dear [insert participants name],

In response to the current childhood obesity epidemic, Education Citizenship and Youth has implemented a mandatory Physical Education/Health Education (PE/HE) policy in secondary schools designed to increase regular physical activity. To improve our understanding of the complex dynamics involved in health-related policy development and implementation in schools, the University of Waterloo is partnering with MIPASS (Manitoba Increasing Physical Activity of Secondary Students) to examine the development and implementation of the new PE/HE policy. This information will provide important details about the complex dynamics involved in the development and implementation of school-based PE/HE policy.

Purpose of the Interview:
To assess the complexities of the development and implementation of the PE/HE policy, we are inviting policy-makers, PE/HE consultants, school superintendents, and PE/HE district representatives to participate in 30 minute telephone interviews. The interviews will be scheduled at the participants' convenience.

The Interview:
- You are being asked to participate in this interview because you provide a unique perspective in how the new PE/HE policy was developed and is being implemented in schools.
- The interview will be conducted by telephone and takes approximately 30 minutes to complete.
- Participation is voluntary. You can choose not to answer any specific question and can withdraw from the interview without penalty at any time.
- With your permission the interview will be audio recorded.
- Transcripts will be returned to you to confirm data and interpretation.

Confidentiality:
Any information you provide will be treated as confidential. You will not be identified by name in any publication resulting from this study; however with your permission, information you provide may be identified by your professional position or affiliation. Data collected during this study will be retained for 5 years in a locked office at the University of Waterloo. Only researchers associated with this project will have access. Electronic data will be kept indefinitely in a secure location. There are no known or anticipated risks to participants in this study.

This research has been reviewed and ethics clearance has been granted by the University of Waterloo Research Ethics. If you have any comments or concerns resulting from your

participation in this study, contact Dr. Susan Sykes, Director, Office of Research Ethics, University of Waterloo, at 519-888-4567 x. 36005.

If you agree to participate in the interview, the interviewer will contact you by email or telephone to schedule the interview at your convenience. We thank you for your consideration. For more information about this research, please contact Erin Hobin, University of Waterloo, at 519-888-4567 x. 36317.

Sincerely,
Erin Hobin, PhD candidate
Department of Health Studies and Gerontology
University of Waterloo

Appendix B: Consent Form

I have read the information presented in the information letter about a study being conducted by Dr. Steve Manske, Erin Hobin (PhD candidate), and Rebecca Wiebe (MSc candidate) of the Department of Health Studies and Gerontology at the University of Waterloo. I have had the opportunity to ask any questions related to this study, to receive satisfactory answers to my questions, and any additional details.

I am aware that I have the option of allowing my interview to be audio recorded to ensure an accurate recording of my responses.

I am also aware that excerpts from the interview may be included in the thesis and/or publications to come from this research. I will not be identified by name in any publication resulting from this study; however, with my permission, information I provide may be identified by my professional position or affiliation.

I was informed that I may withdraw my consent at any time without penalty by advising the researcher.

This project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo. I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact the Director, Office of Research Ethics at 519-888-4567 ext. 36005.

With full knowledge of all foregoing, I agree, of my own free will, to participate in this study.

☐YES   ☐NO

I agree to have my interview audio recorded.

☐YES   ☐NO

I agree to the use of anonymous quotations in any thesis or publication that comes of this research.

☐YES   ☐NO

I agree to the use of quotations provide to be identified by my professional position or affiliation.

☐YES   ☐NO

Participant Name: _____ (Please print)

Participant Signature: _____

Witness Name: _____ (Please print)

Witness Signature: _____

Date: _____

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┌─────────────────────────────────────────┐
│ Please complete and fax back to:         │
│                                          │
│ Attn: Erin Hobin                         │
│                                          │
│ Fax #: 519-746-8171                      │
│                                          │
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Appendix C: Interview Questions: MECY PE/HE Consultants

A. General Questions
Can you please tell me about your position at MECY and how long you have been in this position?
Can you please describe the intent of the new PE/HE policy and how is this being achieved?
What is your role in the new PE/HE policy?

B. Development
What was the impetus for the new PE/HE policy?
Who drove the addition of the new PE/HE policy?
What factors facilitated the addition of the new PE/HE policy?
Do you have any other comments or details you would like to mention about the development of the policy?
Are you confident that the new PE/HE policy is based on best practices? If yes, why?

C. Implementation
What is being done to inform and gain the support of schools in regards to the new PE/HE policy and curriculum?
What resources are dedicated to support implementation of the PE/HE policy? (teacher training/workshops, funding, evaluation, etc.)
What are the anticipated barriers that could inhibit implementation of the new PE/HE policy? What are the strategies to overcome these barriers?
Do you have any other comments or details you would like to mention about the implementation of the policy?

D. Outcomes/Expectations
What does success look like? Short-term, long-term?
What affect will the new PE/HE policy have on students' academics?

Thank you.

Appendix D: Interview Questions: School Staff (superintendents, PE district representatives)

A. Questions
Can you please tell me about your position and how long you have been in this position?
Can you please describe the intent of the new PE/HE policy and how is this being achieved?
What is your role in the new PE/HE policy?

B. Implementation
What is being done to inform and support superintendents/administrators/teachers/PE district reps around the new PE/HE policy and curriculum?
What resources are dedicated to support implementation of the PE/HE policy? (teacher training/workshops, funding, evaluation, etc.)
What are the anticipated barriers that could inhibit implementation of the new PE/HE policy? What are the strategies to overcome these barriers?
Do you have any other comments or details you would like to mention about the implementation of the policy?

C. Outcomes/Expectations
What does success look like? Short-term, long-term?
What affect will the new PE/HE policy have on students' academics?

Thank you.

Appendix E: Interview Questions: Academic

A. General Questions
Can you please tell me about your position and how long you have been in this position?
In your perspective, can you please describe the intent of the new PE/HE policy and how is this being achieved?
What is your role in the new PE/HE policy?

B. Development
What was the impetus for the new PE/HE policy?
Who drove the addition of the new PE/HE policy?
What factors facilitated the addition of the new PE/HE policy?
Why was this PE/HE policy/curriculum model chosen? Who made this choice?
What processes were used to develop the new PE/HE policy/curriculum? Who was involved?
Do you have any other comments or details you would like to mention about the development of the policy?
Are you confident that the new PE/HE policy is based on best practices? If yes, why?

C. Implementation
What are the anticipated barriers that could inhibit implementation of the new PE/HE policy? What are strategies to overcome these barriers?
Do you have any other comments or details you would like to mention about the implementation of the policy?

D. Outcomes/Expectations
What does success look like at the school-level? At the student-level? Short-term, long-term?
What affect will the new PE/HE policy have on students' academics?

Thank you